Centers for Medicare & Medicaid Services
Ambulance Open Door Forum
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Webinar recording:
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Jill Darling: Good morning and good afternoon, everyone. My name is Jill Darling, and I am in the CMS Office of Communications. Welcome to today's Ambulance Open Door Forum (ODF). Before we begin our agenda, I have a few announcements. This webinar is being recorded. The recording and transcript will be available on the CMS Open Door Forum podcast and transcript webpage. That link was on the agenda, and I will provide it in the chat for you all. If you are a member of the press, please refrain from asking questions during today's webinar. If you have any questions, please email press@cms.hhs.gov. All participants are muted upon entry. For those who need closed captioning, I provided a link, and I will provide it again for you in the chat function. For today's webinar you see the agenda slide, and we'll also provide a common question slide regarding the Medicare Ground Ambulance Data Collection System (GADCS). So, we will be taking questions for today. We note that we will be presenting and answering questions on the topics listed—the Medicare Ground Ambulance Data Collection System. So, we ask that any live questions relate to this topic presented, and if you do have any questions unrelated, we may not have the appropriate person on the call to answer your questions. As such, we ask that you send any of your unrelated questions to the appropriate policy component, or you can send your email to the ODF resource mailbox that I will provide, and we'll try to get your question to the appropriate component for a response. You may use the raise hand feature at the bottom of your screen, and we will call on you when it's time. When the moderator says your name, please unmute yourself on your end to ask your question and one follow-up question, and we will do our best to get to your questions. So now I will turn it off to Maria Durham.

Maria Durham: Thanks, Jill. I really appreciate it. Good afternoon and good morning to everyone, depending on where you're located. On behalf of CMS, I'd like to welcome you to today's Ambulance Open Door Forum, which is also abbreviated to say ODF. As I said, I am Maria Durham. I'm the Chairperson for the Ambulance Open Door Forum. I'm also the Director of the Division of Data Analysis and Market-Based Pricing (DDAMBP), and my division is responsible for the coverage and the payment policy under the Ambulance Fee Schedule (AFS) and the Medicare Ground Ambulance Data Collection System. You'll also hear us call that Medicare GADCS. So, for today's Ambulance ODF, our colleagues that have in the past presented at the ODF don't have any announcements. So, we are going to spend the whole Open Door Forum today providing you with an update on CMS' Medicare Ground Ambulance Data Collection System, followed by a question and answer session. And we really do welcome your questions.

As many of you are aware, selected ground ambulance organizations are required by law to report cost, revenue, utilization, and other information to CMS through our online, web-based GADCS portal. Briefly, we'd like to discuss selected organizations in year one and year two that were required to begin their continuous 12-month data collection period in 2022 and report their data to the GADCS in 2023. If your organization was selected in year 1 and year 2 and you haven't reported, please do so immediately. If you don't report by the end of your five-month reporting period, it will be subject to a 10% reduction in Medicare payments under the Ambulance Fee Schedule for the following calendar year. And we, of course, would prefer to receive your information rather than assess a 10% payment reduction. Selected organizations in year 3 and year 4 were required to begin their continuous 12-month data collection period in 2023 and report their data beginning in 2024. CMS mailed notification letters and sent emails to selected organizations in year 3 and year 4 that have not submitted their initial data, which includes the start date of the 12-month data collection period and the points of contact that will act on behalf of the organization as the submitter and certifier of the data in the GADCS portal.

Lastly, we encourage you to visit our CMS GADCS website, where numerous resources are posted, including the printable version of the GADCS instrument. We have that in English and Spanish, frequently asked questions, a user guide, and various videos and tip sheets. Prior webinar recordings can be found on our ambulance events website, and we also recommend that you view the CMS GADCS walkthrough video on the GADCS website to submit your data into the online portal. You know, this is a fantastic tool to really help you and your organization navigate your way through the GADCS.

So today, we have a full time dedicated to the Q&A sessions on the GADCS. CMS and their contractors and our contractors from RAND (Research and Development) and DCCA (Data Computer Corporation of America) will be available to address any questions. Please use your raise hand buttons, as Jill said, at the bottom of your Zoom screen, and our moderator will open up your microphone so you can ask us live questions. We ask that you keep your question to only one question so we can try to answer everyone. Again, thank you very much for taking the time out of your busy schedules to talk to us today. At this point, I'm going to turn it back over to Jill Darling for our item on the agenda.

Jill Darling: Thanks, Maria. So, like you said, we can jump into the Q&A. I'll provide this slide, and if you have a question, please use the raise hand feature. We'll just give it a moment and get some hands.

Isaac Fisher: OK, we have Sharon Neely. Sharon, you can speak now.

Sharon Neely: I was wondering when the reporting that will be happening to Congress will be made available to everyone.

Maria Durham: So, this is Maria. CMS will report aggregated, obviously de-identified data on our website before the end of December of each year, and we will also be sending our data to MedPAC (Medicare Payment Advisory Commission) as well.

Sharon Neely: Great, thanks.

Isaac Fisher: We have Jerry. Jerry, you can speak now.

Jerry Hurley: Yes, sir. I've got a question. I'm finishing up and getting ready to—I'm on year 3 and on cost and I think it's item 4, I don't have it in front of me. Number 12 for the total cost, it is asking for all total operating costs included, and in the previous sections where the payroll was broken down via EMTs (Emergency Medical Technicians) and paramedics, EMRs (Emergency Medical Response), and so forth—should that do, does Medicare, or does the reporting, does the payroll need to be reported in the total cost or just operating costs? Because it was a little ambiguous. I don't know where that one was kind of going. I didn't want to basically double calculate.

Andrew Mulcahy: Jerry, this is Andrew from RAND. It's a very good instinct to stay far away from double counting. I think the sections before heading into Section 12, so from Section 7 which covers labor all the way through 11, which is a miscellaneous other costs section. Those sections and the questions in those sections ask you about very specific expenses tied to different things, like, as you mentioned in Section 7, to different types of labor. So, you need to report that all fully there. In Section 12, it's just a single question and it's not meant to be in any way additive to what you reported up to that point. It is just the total across all of your expenses for the 12-month data collection period. So, for some organizations, if you're only providing ground ambulance services and are not also, say, a fire department or hospital or other Medicare provider of services, if you're just pure pay ground ambulance, one way to think about it is that the sum of all the information on expenses you report in Sections 7 through Section 11 should about equal the total amount you report in Section 12. And that Section 12 Question 1 amount is your total organizational expenses not just for labor but across all of those other categories you're reporting on in Section 7 through Section 11.

Jerry Hurley: That's fine. The reason that I asked, and like I said, I had just followed up with because I'm kind of dovetailing this with my corporate return and I have my whole income statement and wage expense is one of them, which I have pulled out, so I understand what you're saying. Seven through 11 should basically parallel what 12 would be. So that makes sense. Thank you very much.

Andrew Mulcahy: Sure thing, Jerry. One quick note for others who might be in a different situation. If you are part of an organization that does things other than provide ground ambulance services, like a hospital or fire department, in that case, your answer to Section 12, Question 1, which asks about total expenses, might be quite a bit beyond larger the sum of expenses over Sections 7 to 11. That's because in 7 to 11, you're focusing just on ground ambulance expenses,

and that's Section 12, Question 1, sort of the only places in GADCS where it says, you know, even including things other than ground ambulance, what are your total expenses? That applies more to some organizations than to others. In some cases, it will be a very close match. In other cases, it'll be a bigger number.

Jerry Hurley: Thank you.

Isaac Fisher: We have Frank Williams with a question. You can speak, Frank.

Frank Williams: Hello from Kansas County Government Agency, who is reporting this year from our 2023 section of NPI (National Provider Identifier). We're part, of course, of a government, county government, and our NPI relates to our health department, we share one. Guidance on how I split those out, and does it go back to what was just stated about having to report everything from our county clerk's office and then narrowing that down to EMS?

Andrew Mulcahy: That's a great question, Frank, and a common one. Did I hear you correctly that as part of the public health department, there may be other services you're performing, billing for, other than ground ambulance services? I think there might be 2 parts to the question, but I want to make sure I understand.

Frank Williams: Yeah. Ourselves and our health department share the same NPI and have for multiple decades. Those are the only 2 organizations that are listed under that NPI, although the primary name on it is Butler County Clerk.

Andrew Mulcahy: Gotcha. OK. So, I'll split that up into two parts and let me answer them in turn. The first one is when you're thinking about how to report the expenses throughout Section 7 through 11, you're going to have to focus on a share of the expenses from that public health department or that budget for that public health department that's specific to your ground ambulance operation. So, there's a question in Section 2 that asks if your ground ambulance operation also provides other kinds of health care. And so, your organization would almost certainly check that off, and that is a tip to the system that will modify some of the instructions and questions you see later on, prompting you to be sure to report expenses and revenue only from that ground ambulance portion of your broader public health department.

The second part of this question, which is also addressed in the FAQ and is probably worth the look, for Section 12, Question 1: When you're reporting the entire overall total expenses for your organization for municipal government-based organizations, you don't need to report the entire county or city or other municipality budget. If you do have an amount that is specific to ground ambulance or maybe your broader public health department, you could put that in, and that's acceptable. Some very big government-based reporters out there like FDNY (Fire Department New York) it doesn't make sense to put in the entire New York City expenditure for New York City in that Section 12, Question 1 field. So, there is an FAQ providing a little more information on that scenario for Section 12, Question 1. Then otherwise, through whatever means are most

easily applied on your end, you'll need to split out any expenses that are related to other activities within the public health department from your ground ambulance activities and expenses that you report to GADCS.

Frank Williams: OK. Thank you.

Isaac Fisher: The next question is from Christopher Truitt. You're unmuted, Christopher.

Christopher Truitt: Thanks. Just a quick question. Once the aggregated de-identified data is put forth, will it be separated for private EMS, fire-based EMS, and such so we can compare apples to apples and oranges to oranges?

Andrew Mulcahy: Maybe I'll just chime in first, and then Maria and others could add on. The data will be aggregated, and it's important to circle back to the original design of the sampling plan for GADCS. In fact, CMS very purposefully sampled organizations in such a way that there was good representation across many different organizational characteristics in each of the 4 years of the GADCS. So, to answer your question, I think revisiting those distinctions in terms of ownership, service area, population density, urbanicity, volume, and provider versus supplier status—those 4 divisions—I expect that to be important in how results are aggregated and shared publicly.

Christopher Truitt: Great.

Isaac Fisher: Currently, there are no more raised hands.

Jill Darling: Great, thank you. We'll just give it just a couple more seconds in case we get any hands. OK. Well, we thank you all for joining us. We hope this was very helpful. You will get some time back. I will provide again the information for the podcast and transcript and the Ambulance Open Door Forum email for any questions. And thank you, everyone, for joining us today. Have a great one. This concludes today's call.