Centers for Medicare & Medicaid Services
Open Door Forum: Ambulance
Thursday, July 27, 2023
2:00-3:00 PM ET

Webinar Recording: https://cms.zoomgov.com/rec/share/qsVnS7SzjQLAu1Jymwj88z5uNC_FMXFutJ2K-mvA7Ib7uPNL4hvHpBuQqJHYpLpN.DOTDmwIkDMTyJRKt Passcode: AxNZ?0J@

Jill Darling: Good morning and good afternoon, everyone. I'm Jill Darling in the CMS Office of Communications here at CMS, and welcome to today's first Zoom webinar of the Ambulance Open Door Forum. We have the agenda today for you to view before we get into it. Before we begin, I do have a few announcements. This call is being recorded. The recording and transcripts will be available on the CMS Open Door Forum Podcast and Transcript webpage. That link is on the agenda. If you are a member of the press, you may listen in, but please refrain from asking questions during the webinar. If you have any questions, please email press@cms.hhs.gov. All participants are muted. For those who need closed captioning, a link will be located in the chat function of the webinar. We will be taking questions today at the end of the presentation. You may use the raise hand feature at the bottom of your screen, and we will call on you to ask your question and one follow-up question. We will do our best to get to as many questions as we can today. Now I will turn the call over to Maria Durham.

Maria Durham: Good afternoon or good morning to everyone, depending on where you're located. On behalf of the Center for Medicare and Medicaid Services, we would like to welcome you to today's CMS Ambulance Open Door Forum, or what we affectionally call ODF. My name is Maria Durham, and I'm the chairperson for today's Ambulance ODF. I'm the Director of the Division of Data Analysis and Market Based Pricing, and my division falls under the Technology Coding and Pricing Group in CMS' Center for Medicare. My division is responsible for the coverage and payment policy under the Ambulance Fee Schedule and the Medicare Ground Ambulance Data Collection System, or what many of you are already familiar with, the Medicare GADCS, among other things.

As many of you are aware, a couple of quick notes: selected ground ambulance organizations are required by law to report cost, revenue, utilization, and other information to CMS' GADCS portal. The GADCS portal is the online web-based system in which you use to report, submit, and certify your data.

Briefly, I'd like to discuss with Year 1 and Year 2 selected organizations and a little about your requirement and then talk about Year 3 and 4. Selected organizations in Year 1 and Year 2 were required to begin their continuous 12-month data collection period in 2022, and most of you or many of you have started reporting your data to CMS this year, in 2023. CMS' records, as of this month, show that some of the Year 1 and Year 2 selected organizations have not started their GADCS reporting requirement. An organization is required to report within five months after the end of your data collection period. Due to this, CMS recently mailed out notification letters. We

sent emails to organizations who should have completed their reporting by now. If you're one of those organizations, it's really important that you comply. Nobody wants to have a reduction in your fee schedule payment, so please, please report.

For selected organizations in Year 3 and Year 4, most of you are currently in your continuous 12-month data collection period beginning in 2023. All organizations Year 1 through Year 4 were required to have already submitted your initial information, including the start date of your 12-month data collection period and your contact information. CMS also mailed notification letters and sent emails last week to selected Year 3 and Year 4 organizations that have not submitted their initial data requirements. It includes those data collection start dates and contact info.

Lastly, I want to put in a quick plug for our GADCS website. If you're in the middle of reporting and you have questions, there are so many great resources on that site, including FAQs, User Guide, and helpful fact sheets, so I encourage everyone to visit the GADCS website. For example, we get a lot of questions about how do I register? Or how can I get into that portal? We have a great fact sheet on that: Quick Tips on Registration and Requesting Access to the GADCS portal that's available on our website. So just a reminder for Year 3 and Year 4 organizations and since you'll be collecting your data in 2023, I do want to point out that you will not be able to enter the system itself: the web-based GADCS portal, until January 1, 2024. If you want to see what the system looks like, go onto our website, and look at the User Guide—that has some great screenshots.

So, today we have a full hour dedicated to announcements and updates on the following four topics: (1) We'll begin with a meeting announcement for the Ground Ambulance and Patient Billing Advisory Committee, (2) We'll provide you with an update on the CMS Emergency Triage Treat and Transporter, or the ET3 model, (3) We'll provide with an update on the proposed changes in the Calendar Year 2024 Physician Fee Schedule (PFS) proposed rule pertaining to the Medicare GADCS, and lastly, (4) W will provide an update on the Consolidated Appropriations Act of 2023, Section FF, Section 4103, the extension of the add-on payments for ambulance services. We will conclude today's Ambulance ODF, as we always do, with an open question-and-answer session. We welcome your questions. I just wanted to say I know you all are so busy, so I just want to thank you for taking time out of your busy schedules to join us today. I'm going to turn it back to Jill Darling from our CMS Office of Communications to kick off the agenda.

Jill Darling: Thanks, Maria. First up, we have Shaheen Halim.

Shaheen Halim: Thank you very much, Jill. I am Shaheen Halim, and I'm the designated Federal Official for the Advisory Committee on Ground Ambulance and Patient Billing. My last update to this group was around mid-April. I'm here today to announce that the committee's second meeting will be occurring on Wednesday, August 16, 2023. This meeting will be open to

the public, and there will be a federal register notice displayed tomorrow that will have more details about the meeting registration instructions and instructions to submit public comments. The meeting notice number is CMS-9893-N, as in Nancy. The registration link is actually available now on the Ground Ambulance and Patient Billing Advisory Committee website. I will put that website link in the chat feature at the end of my presentation. We encourage members of the public to register in advance due to capacity limitations that we might run up against.

So, at this public meeting, we will be covering preliminary findings and discussion items from two subcommittees that were formed at the end of the May 2 and 3 meeting. These subcommittees were going to research specific issues and topics that came up during the first meeting in more depth for the larger committee. If you're interested in seeing the progress of this committee as it's occurring and commenting on these issues that they will be covering, then I would encourage you to attend. Members of the public will be able to submit written comments. There are two ways you would be able to do that. During the meeting itself, there will be a chat feature, much like in this webinar, and you will be able to submit public comments during the meeting itself. However, if you have lengthy written comments to submit, we would recommend not using the chat function but emailing those lengthy written comments to the Ground Ambulance and Patient Billing Advisory Committee email box, which is gapbadvisorycommittee@cms.hhs.gov . Understandably, people may have written comments to submit after hearing the discussion that occurs during this public meeting. Folks can submit public comments at any time. Still, if you have specific comments about the topics that are presented at this meeting, we would suggest that you submit those to this email address by September 5 in order to ensure that the subcommittees of the larger committee can take those into account as they are drafting their final recommendations to present to the committee later this year.

We will be posting a more detailed agenda on the GAPB website closer to the date of the meeting, and we hope to see, virtually, many of you at that meeting. I will put the link to register for that meeting in the chat box now. So, I just put in the link to the Ground Ambulance and Patient Billing Advisory Committee website that is hosted on CMS.gov. If you go to the meetings section of that website, you will find the registration link. You can register all the way up to August 15. Thank you very much, and that concludes my announcements. Wait, one more announcement. We have recently updated the GAPB website with the meeting summaries and materials and the recordings from the May 2 and 3 meeting, the first meeting, so be sure to check out those resources while you're there. Now I will turn it over to Marvin Nichols.

Marvin Nichols: Thank you, Shaheen. I'm trying to share my screen. Good morning and good afternoon. My name is Marvin Nichols, and I am the ET3 model lead, and I will be presenting an update to the ET3 model. The purpose of the CMS Innovation Center is to test innovative payment and service delivery models to reduce program expenditures while preserving or enhancing the quality of care furnished to individuals under such titles. Three scenarios for success from the statute are quality improvement, cost neutral; quality neutral, cost reduced; and

quality improvement, cost reduced, which is the best-case scenario. If a model meets one of these three criteria or other statutory prerequisites, the statute allows the secretary to expand the duration and scope of a model through rulemaking.

The ET3 model aims to reduce expenditures, preserve or enhance the quality of care by providing person-centered care such that beneficiaries receive the appropriate level of care delivered safely at the right time and place while having greater control of their health care through the availability of more options, encouraging appropriate utilization of services to meet health care needs effectively and increase efficiency in the EMS system to more readily respond and focus on high acuity cases. The ET3 model may help make EMS systems more efficient and can provide beneficiaries with broader access to the care they receive. Beneficiaries who receive treatment from alternative destinations may also save in out-of-pocket costs. An individual can always choose to be brought to the emergency department if they prefer. The entities involved in the ET3 model are as follows: we have participants who are ambulance suppliers and providers, we have qualified health care partners, or QHCPs, who are organizations and/or individual practitioners who have agreed to furnish treatment and place services, and Alternative Destination Partners, or ADPs, who are organizations that have agreed to serve as alternative destinations for the ET3 model.

As of June 2023, there were 151 ambulance providers and suppliers from 34 states. The EMS operational modes represent both rural and urban regions, and they can be private for-profit, private not-for-profit, fire-based, hospital-based, and government-owned. On June 20, 2023, the model data for paid Medicare Fee for Service (FFS) claims reflect the following information for dates of service between January 1, 2021, and April 30, 2023. We had 65 participants who have billed for ET3 model inventions. The total number of ET3 interventions was 2,711. The total number of treatment-in-place interventions was 2,546, and the total number of treatment-to-alternative destination interventions was 165. So, the ET3 model will end early on December 31, 2023, two years prior to the performance period ending. This decision was made due to lower-than-expected participation levels. Emergency medical services remain an area focus for CMS, and we believe that the lesson learned from the ET3 model can aid in development of potential future initiatives. This decision does not affect any current model participants through December 31, 2023. If you have any questions, you can always reach out to the model via email, and for more information, you can visit our ET3 model website. I will post those links in the chat. That is my presentation. I'll turn it over to Andrew for the next presentation.

Andrew Mulcahy: Thanks very much, Marvin. I'm Andrew Mulcahy from the RAND Corporation, a nonprofit research organization supporting CMS through the development and implementation of the GADCS. I'm here with my colleague, Dr. Lisa Padilla, who will present the middle section of this presentation. The focus today is on changes that CMS are proposing to make in the Calendar Year 2024 Physician Fee Schedule proposed rule. The GADCS, as Maria mentioned, is now in full swing with different organizations reporting data, at least the Year 1 and Year 2 organizations now reporting data. There are a set of clarifications that CMS is

proposing to make for this rulemaking cycle in the PFS. The volume and type of changes included in this round of rulemaking compared to prior years for those of you who are repeat ODF participants and have been through a couple of these presentations, the scope is pretty modest. There are just a handful of changes. We'll go through them pretty quickly today. We'll also talk for a bit about the timeline and how these potential changes, if they are finalized, could come into play down the road for Year 1 through Year 4 participants.

We have a brief GADCS overview. Maria already covered much of this material, so I'll go through that very briefly. We have a summary of the specific changes in the proposed rule. We'll go through those one by one. Then I'll end with a couple of thoughts and suggestions on GADCS resources: where to look for help resources, future information about these proposed changes, and how they ultimately are finalized and implemented. The link on your screen now, this federalregister.gov link, will take you to the summary of the GADCS-related items in the proposed rule; you can see it on page 889. CMS also encourages interested folks to submit comments, and the comment period on the proposed rule ends September 11, 2023.

All right, for a brief overview, there's a series of webinars and other resources, including a User Guide and FAQ that I'll come back to at the end of our presentation today, that go through these steps of the GADCS. Many of you who have been on a prior webinar probably find this figure familiar. There's a multi-step process that CMS laid out to fulfill this requirement from Congress to collect and then analyze and send to MedPAC information from ground ambulance organizations. So, we're towards the right side of the timeline. At this point, all the Year 1, 2, 3, and 4 organizations have been notified. All Year 1 through 4 organizations have reached the point where they owed CMS some initial information, including: contact information, so CMS can stay in touch, as well as the start date for their 12-month data collection period. As Maria mentioned, many organizations have done so. For those who have not, it's really crucial to get that initial information. The actual data collection and reporting and certifying comes into play. So, step three is for organizations to collect data around their costs, revenue, utilization, and some other information over a 12-month period. Step four is you go into that GADCS web-based portal that Maria mentioned and enter that information. And then crucially and importantly, after it's all entered and the person or persons submitting the data hit submit, a certifier, typically a second person at each ground ambulance organization, needs to go through and review the information submitted and certify that it's complete and accurate.

Then at the tail end, steps five into six will involve some follow-up to CMS of any non-responders. As Maria mentioned, there's a 10% payment reduction that may be applied to folks, organizations, that do not sufficiently report information. The ultimate goal, and I think this is important to stress, is that the data, after it does come into CMS, will end up being transmitted to the MedPAC. That's the Medicare Payment Advisory Committee. They have a separate commission, a separate report that they're required by Congress to write and submit to Congress, having reviewed the GADCS information with a focus on the adequacy of Medicare payment rates. Maria mentioned a little bit about the timeline. This chart summarizes it quickly for Year 1

through Year 4 organizations. You'll see, I probably should have drawn a line on here, we are towards the middle end of 2023, of course, so organizations have some flexibility in deciding when they're going to start their data collection period. Many organizations have a fiscal year that starts on January 1, and for those organizations, your data collection period will likely start on January 1.

This chart shows what the timeline looks like for a January 1 data collection start date organization. You can see in Year 1 and Year 2, which is over 5,000 ground ambulance organizations, roughly half the industry; the end of that five-month data reporting period has ended, it ended on May 31 of this year. So again, as Maria mentioned in her intro, for organizations that are in Year 1 and Year 2 who have not completely submitted and certified their GADCS information, it's crucial to do so ASAP, and CMS sent out a set of reminder letters to many of those organizations. In Year 3 and Year 4 timelines, we're in not the blue reporting bar but the yellow data collection bar for most organizations. If your organization has a January 1 data collection period start date, then we are more than halfway through your 12-month data collection period. There are a few stragglers and organizations with, say, October 1 fiscal year start dates. Your data collection period will start on October 1 of this year, so it's right around the corner.

This is a brief overview of the content of the GADCS, again, familiar to most folks on this call, I'm sure. There are 13 sections. The first one covers some general survey instructions. Sections 2 through 4 cover organizational characteristics. It's important to note that in the system itself when you go in, organizations need to complete Sections 1, 2, and 3 in order to verify you've read the instructions and provide some initial information before you can go on beyond Section 3. At that point, you can bounce around and enter information section by section, go back and forth, and revisit a section as you want until your submission is complete. Sections 5 and 6 cover the services provided, so the number of responses, transport, the mix of those services across different HCPCS codes, etc. Sections 7 through 12 are the bulk of the GADCS, and these get into expenses, labor facilities, vehicles, everything else, and then a grand total in Section 12. Section 13 is on revenue. This covers revenue for billed ground ambulance, services, and transport, but also other sources of revenue. That's the snapshot of the scope.

Let me turn it over to Lisa now, who will walk through it. Oh, sorry, let me finish up this one slide, and then I'll turn it over to Lisa. We want to stress a couple of points about the timeline here. The proposed rule, as I mentioned, is posted up on the Federal Register. The link on that first slide will get you there and has the page number where the GADCS-related content starts. So, the comment period is in process now; comments are due September 11. Then we move on to the next milepost on this rough timeline, and that's the final rule being posted, which typically happens around November. When that final rule goes up, there will be another opportunity to find one of those long Federal Register links and see how CMS responded to comments but also finalized any changes to GADCS.

I just want to stress that by this point, by November 2023, Year 1 and Year 2 organizations, nearly all of them, have already submitted and certified their GADCS responses. There will be no need to go back and revisit any of those previous responses. The proposed changes in the proposed rule are narrow in scope and clarifying in nature such that the goal is to improve future runs through the GADCS future cohorts but without the intent of requiring Year 1 and Year 2 organizations that are already complete to do anything new or different or have to revise a submission. The final rule, the effective date for finalized changes is January 1, 2024, and by that date, the clarifications that are finalized and any other changes would be implemented. So now, without further ado, I'll turn it over to Lisa, who will walk through the changes in the proposed rule.

Lisa Padilla: Thank you, Andrew. As Andrew mentioned, we're going to go through step-by-step and talk about the proposed rule changes. The first one is really about ambulance organizations that have been selected to participate in the GADCS but may have been or may be in operation for only part of their continuous 12-month data collection period. So, regardless of whether or not your ambulance organization was or is operating the whole time or part of the time, you are still required to collect and report data. That said, originally, the GADCS did not have a way for organizations to indicate whether they were only operating for part of their 12-month data collection period. So, in these cases, CMS would not know that the costs, revenue, and utilization reported by these partial-year organizations were comparatively smaller than those reported by similar organizations that were, in fact, in operation for the entire 12-month period. As a result, some of the statistics from the analysis of the GADCS data, for example, total annual expenditures per ground ambulance organization, those would be skewed downward. To address this issue, CMS is proposing to add a response option to Question 1 of Section 2, which focuses on organizational characteristics.

Currently, the response options are simply “yes” or “no” to the question of “is your organization used to bill Medicare for ground ambulance services during the data collection period.” CMS proposes splitting the yes response into two separate responses. So, either yes throughout the organization's continuous 12-month data collection period, or yes, but for only part of the organization's continuous 12-month data collection period. The no response will remain as-is. Organizations that select yes but for only part of the continuous 12-month period, they would then be prompted to enter the date they started and/or stopped operations during this continuous 12-month period in a separate popup box and then would be presented with instructions on how to proceed through the remainder of the GADCS reporting process. This approach is going to allow CMS to understand when reported costs, revenue, and utilization are measured over a period less than the full 12 months, if necessary, whether they need to adjust partial year responses so that they're more comparable to most responses that will cover the full 12-month period. Furthermore, CMS believes this approach will help reduce confusion and burden for organizations that are in operation for only part of the 12-month data collection period. Andrew, before I move on to the next slide, is there anything that you would like to add or any examples you want to provide?

Andrew Mulcahy: Yeah, thanks. I just mentioned that CMS does get quite a few inquiries about how to handle situations along the lines of the scenarios that this question helps address. It may be that a company, a hospital, say, is still in operation but has stopped providing ground ambulance services. This question gives organizations in that situation a way to communicate that information to CMS even though the hospital itself would continue to have expenses and realize revenue from other sources. They've ceased providing ground ambulance services. This is still a very flexible approach to signal basically any situation leading to an organization providing ground ambulance services for only part of the year. Some very small organizations will have very low numbers of transports that they bill to Medicare. That by itself is different from what this question is attempting to address. As long as you're in a position to respond to ground ambulance calls for service, that is still considered to be in operation. Hopefully, this will, as Lisa mentioned, clear up some confusion or ambiguity about how organizations with only partial-year ground ambulance services should respond.

Lisa Padilla: So, focusing on the next substantial change or more substantial change, when speaking to ambulance organizations, we noted that some organizations that do not meet our definition of shared services, meaning they share services with public safety, a hospital, or other medical organizations, they may nevertheless have shared costs with other types of operations. For example, a government-based ground ambulance organization may have computers and printers shared by other municipal services. So, organizations who report in the GADCS that they have both ground ambulance and fire police or other public safety responsibilities, they will see a programming note indicating that they'll see instructions and items later in the instrument that are related to fire, police, and other public safety departments or ground ambulance organizations.

In contrast, a for-profit, ground ambulance-only organization should not be asked whether they have ground ambulance staff with fire, police, or other public safety responsibilities. However, the way that the GADCS is currently programmed, this got muddied for hospital-based organizations who answered yes to any of the following questions in Section 2. If they answered yes to having fire department-based police or other public safety departments-based operations, if they answered yes, that they shared some or all costs, or if they answered yes to Question 9 about fire, police, or other public safety departments, and any yes to these questions would trigger subsequent questions around fire, police, or other public safety labor costs in Section 7. To clear up any confusion, any incorrect assignment of some operations to this category, CMS is proposing a change to the programming such that only NPIs that report yes to all the fire, police, or other public safety options in Section 2 will ultimately see these questions in Section 7 related to fire, police, or public safety labor costs and hospital-based NPIs will not see questions about fire, police, or other public safety in later sections of the GADCS. Again, to clarify, the original questions will come up in Section 2, and the new changes and proposed changes around the programming will make sure that only the appropriate ambulance organizations will see

associated questions around fire, police, or public safety labor costs. Andrew, are there any other considerations that you would like to add on?

Andrew Mulcahy: I think I'd just mentioned that this is a step that will reduce burden for hospitals who right now do get presented with a set of questions around fire, police, and other public safety staff when the response for hospitals would almost certainly be no down the row of questions. So, I think, in general, the GADCS aims to tailor the questions to the characteristics of the organization. This is one case where the GADCS instrument could get a little cleaner in the distinction to avoid asking hospitals and other Medicare providers services that also provide ground ambulance services, prevent them from having to see that bank of questions. For hospitals that have already completed their submission or are in the process of doing so, there's no change to any of the instructions or to the questions that you have answered or would have considered answering. You will have put in zeros in these categories, whereas if this proposed change is finalized, the questions simply wouldn't be asked at all. Thanks, Lisa.

Lisa Padilla: The final handful of changes that we wanted to mention, in addition to the more substantive changes that we just reviewed, CMS is proposing to make four corrections to the GADCS printable instrument. First, CMS proposes changing the language for the organization in the printable instrument to match the text in the web-based GADCS for consistency. Currently, in the printed version in Section 2, Question 3, it asks "what is the name of your organization," whereas in contrast, the web-based GADCS pre-populates the organization name, and then Section 2, Question 3 would ask the NPIs to confirm that the unpaid listed is the correct one for the organization. So, this proposed change will then use the term organization to refer to the NPI for which CMS is requesting data both in the printed and the web-based. Again, this is around eliminating confusion between small differences between the printed and the web-based version. Andrew, can you go to the next slide?

So, additionally, Section 9.1, Question 5 currently reads, and also actually, Section 9.2, Question 5 currently reads, "do not report ground ambulance acquisition costs related to an annual depreciation expense." We identified this as something that did not quite make sense, and so CMS has proposed correcting the statement to read "do not report an acquisition cost in an annual depreciation expense for the same ground ambulance operation." A similar type of change for Section 9.2, Question 5, where, again, "do not report non-ambulance vehicle acquisition costs related to an annual depreciation expense for the same ground ambulance." Finally, CMS proposes correcting a handful of typos that don't have any meaningful changes to the meaning of the statements but just some corrections in punctuation or minor changes. Andrew, back to you.

Andrew Mulcahy: Thanks, Lisa. I want to make sure that the serial comma is always in GADCS. We have one slide to close, and it will be a familiar one to folks who have been on prior sessions, we just wanted to highlight some key GADCS resources. Maria mentioned in her intro, I dropped a URL in the chat to everyone—the link to the CMS GADCS website was

recently redesigned not that many months ago, and as Maria mentioned, it has a wealth of information. There's a printable version of the instrument in English and Spanish. It includes a change log versus any earlier versions so you can keep track of what might have changed versus a printed version you have from a couple of years ago. There's a GADCS User Guide that has really in-depth question-by-question advice, tips, and pointers for each of the GADCS questions. There's an FAQ document, and that's all on the website; we want to stress that some of the resources on the website are on the older side relative to the proposed changes that Lisa and I just walked through. If you come across an old webinar or the current User Guide, for that matter, those documents will not reflect these proposed changes because they haven't been finalized, and even after they're finalized, there may be some that are or are not updated. Pay attention to the date on those files and refer back to this presentation if you have any questions about what might have changed since then.

Finally, just to close out, I want to mention the CMS ambulance data collection mailbox, the email at the bottom of this last slide, slide 15, which you can reach out to with any questions or any need for potential or further clarification. With that, I'll turn it over to Amy Gruber.

Amy Gruber: Thank you, Andrew. I will be providing the last announcement. Division FF, Section 4103 of the Consolidated Appropriations Act 2023, extended the three temporary add-on payments for ground ambulance services. The three temporary add-on payments include a 3% increase to the base and mileage rate for ground ambulance transports that originate in rural areas, a 2% increase to the base and mileage rate for ground ambulance transports that originate in urban areas, and a 22.6% increase in the base rate for ground ambulance transports that originate in super rural areas. These provisions were set to expire on December 31, 2022, but have been extended through December 31, 2024. CMS is proposing in the Calendar Year 2024 Physician Fee Schedule proposed rule, beginning on page 889, to revise regulations to conform with these requirements. Thank you. Back to you, Jill.

Jill Darling: All right, well, thank you to all of our speakers. At this time, if do you have a question, please use the raised hand feature at the bottom of your screen, and we will give it a moment and call on you.

Jackie Ryan: Okay, we have two raised hands. Tom, you're first. You can unmute yourself.

Tom Reynolds: Hello. Can you hear me, okay?

Jackie Ryan: Yes.

Tom Reynolds: So, you may have answered this in previous webinars, either I don't remember or I don't remember hearing it. Is it possible to have more than one in the submitter role on the portal?

Andrew Mulcahy: Hi, Tom. Yeah, you can register more than one user and then assign them to the same NPI to serve in the submitter role.

Tom Reynolds: Okay, to clarify, I think what I heard before about the person that verifies or certifies that has to be somebody different than the submitter. Is that correct?

Andrew Mulcahy: For most organizations, it will be someone different, like a CEO, Fire Chief, or someone else with signing authority for the organization, which the data submitters may not have. There are some very small organizations where there may be one person wearing many, many hats, and in that situation, there are ways for the same person to remove the submitter role from their account, add the certifier role, and play both roles, but you can't have both roles at the same time.

Tom Reynolds: Got it, thank you very much. Appreciate it.

Jacki Ryan: Ok, Next, we have Gordon. I think that's how you pronounce it.

Leanne: It's actually Leanne. I had a question, Could you repeat the 2% for the urban increase that was extended to what date?

Amy Gruber: The three temporary add-on payments have been extended through December 31, 2024.

Leanne: Ok, Thank you.

Jackie Ryan: All right, Next up is Jerry.

Jerry Hurley: Yes. Quick question on, I think, revenue definition. We are in the 2023 data collection, and with beneficiaries that have a Medicare replacement policy, should they go under the Medicare case mix, or should we define them under our commercial or the other umbrella that they would go under? It's going to be a little ambiguous to keep apples to apples, but if it was a conditional Medicare Part B patient, I'm assuming that is what we would want to report, and the others would go as a six-figure, is that correct?

Andrew Mulcahy: Are you referring to like a Medicare Advantage, or like a Managed Care kind of situation, Jerry, or something else?

Jerry Hurley: Yes, yes. These people that have these replacement policies, Medicare Advantage, Humana Gold, there's a laundry list of them, and in our geographic area, we see a lot of that. Our case mix, as I said, I want to be precise upon reporting. I break that down, and if I need to make a correction or adjust an entry, I want to get out in front of that.

Andrew Mulcahy: Yeah, absolutely. The GADCS asks only ever for a total count of services, so luckily, thankfully, you won't have to worry about that breakdown. On the revenue side, there are two different categories. One for a fee-for-service traditional or fee-for-service Medicare and one for Medicare Managed Care (Medicare Advantage). Different Medicare Advantage Plan offerors in different parts of the country will use different names. Same for Medicaid, where Medicaid itself and then Managed Care equivalence may be called different things. For both Medicare and Medicaid, there's a distinction between the traditional fee for service flavor and then Managed Care. So that revenue information would have to be split out separately and reported in two different rows in Section 13, Question 3.

Jerry Hurley: Well, like I said, I'm still in the entry-level and I do that. I mean, I break everything down accordingly. I can highlight it. Again, I haven't looked at this input section yet. I have all my data being collected and bringing it forward. I guess the only other question that I would have, and I picked up on this, is that we are a for-profit small service, and we do about 5,000 runs per annual. I am the CFO, so I'm also the data collector plus the submitter, plus the certifier. So, what hoops do I need to jump through, or do I need to get another person involved in this? I have some help with the data collection part of it, but I'm pretty much wearing all three hats.

Andrew Mulcahy: Yeah, and that's the case for many organizations, Jerry. If you can hang on and give me a couple of minutes, I can try to point you to it specifically. I think it's in the User Guide; it will give you a step-by-step sense of how to switch. I can drop the page number in the chat, but there are instructions on how to physically remove that submitter role, assign yourself a certifier role, and, if necessary, undo that to go back and revise the submission. Maria came off camera, so maybe she has more to add,

Maria Durham: You know, Michelle, I think you probably have done it before. It's page 130 in our User Guide. But you probably know it by heart.

Michelle Berman: Page 130 is where the step-by-step instructions for the certifier begin. Talking about how to switch from a submitter to a certifier, and it's a little bit different. You can ask for both roles. Once you're ready to certify, you're going to remove that submitter role, it will leave you with your certifier role, and you're good to go.

Maria Durham: You'll submit your data first, then go in and request the other role, and then go in and certify your data.

Jerry Hurley: Okay, I understand. Those were just things, like when I'm in data collection, like I said, I've got this because I'm trying to make it, you know, as efficient as I can, and because of all the other things, and I have the data after. I just need to know where to pull it from. Again, as I said, the case mix was my main question. When submitter versus certifier comes up, I better ping that one also. Thank you very much.

Jackie Ryan: Next up, we have Paul. You can unmute yourself.

Paul Legge: Hello. Thanks for taking my question. I work for a hospital-based organization in California, and I'm a little bit new to the process. I had a basic question. Our collection period just began on July 1; our fiscal year runs from July to the end of June. I want to make sure I understood the timeline. We don't report any of the main data until the end of the collection period, the five months after the 12 months. Is that correct?

Andrew Mulcahy: That's correct. So, if you just started, you will have until the end of November, and that's the end of your five-month period in 2024.

Paul Legge: Okay, is there anything I should be doing until then? I noticed one of the graphics said there was some other information that needed to be entered. Does that need to be entered before that five-month window? I think the organizational characteristics, the service area, the emergency response time, or can that wait?

Andrew Mulcahy: That's a good question, Paul. That specific information does not need to be entered ahead of time. That's just when you do get in 2024 when you do get to actual reporting that's what you have to report first before you can move on. What is due is a very, very brief web survey to provide CMS with some initial information, basically, contact information, and then your data collection period start date. So, suppose your organization hasn't done that already. In that case, there's a Palmetto GBA, one of CMS' MACs, (Medicare Administrative Contractors). They host a web forum that lets you enter that information, and it would probably take you three minutes to do it. If you haven't already done it, that's another link that Michelle or Maria or someone else might beat me to it, but I can drop it in the chat in a minute if they don't. That was due 30 days after the receipt of the notification letters.

Paul Legge: Yes. And I do believe we did that. I believe we're in compliance there. Thank you very much.

Jill Darling: Jackie, we'll take one more question, please.

Jackie Ryan: Okay, Perfect. The next person, it doesn't say their name, just Samsung SM. You can unmute yourself.

Man: Yes, I apologize. Can you hear me?

Jackie Ryan: Yes.

Man: I got logged out and had to log back in. My question is, my service, we have two NPIs, one that we do primary billing and the other one for Medicaid specifically. Are we going to have to do two different reports, and how would we report that?

Andrew Mulcahy: That's a great question. Was the Medicaid NPI selected to participate in the GADCS?

Man: I'm still trying to get that figured out. I've had, got some of the information from our CEO. I'm new in my role. I've been here about three weeks, so I've been hitting the ground running. We were trying to get all of our data and figure out how we were going to pull all of our information, and with the two NPIs, I'm trying to figure out which one was selected or if they were both selected. I'm not sure. If that's a bad question, I apologize.

Andrew Mulcahy: The first link I dropped in the chat, or if you Google CMS GADCS, you'll get to the GADCS website. On that website, there's a list of Year 1, Year 2, Year 3, and Year 4 organizations that have been selected for the GADCS. You can look for the NPIs there. If it's not on one of those lists, that NPI has not been selected, and you don't need to submit any information for that NPI. The sampling for the GADCS is based on Medicare claims from a prior 12-month period, so if that Medicaid NPI was never used to bill Medicare for ground ambulance services, then there's no way it could have been selected for the GADCS. We hear from a lot of organizations who think that their NPI has never been used to bill Medicare for ground ambulance services, but somehow one or two sneaks into the Medicare claims, so I would double-check to make sure that Medicaid NPI is not on one of those four lists.

Man: Perfect, thank you.

Jill Darling: All right. Well, thank you, everyone. Maria, do you want to say something really quick?

Maria Durham: I just wanted to thank everyone for attending today's Ambulance ODF session. Hopefully, you gained some valuable information. If you have any questions and you think about them later and wish you would have asked them, feel free to reach out in our mailbox. We will answer every question. As a reminder and for the ODF schedule updates and email registration, please visit the CMS website under Open Door Forum so you can keep up to date with everything. That's it, Jill.

Jill Darling: Great. Thanks, everyone. I did post the podcast and transcript web page link into the chat. Give us a week or so, and we'll get that posted along with the webinar recording. Thanks, everyone. Have a wonderful day.