



Ground Ambulance Data Collection System Proposed Rule

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CY 2020 Physician Fee Schedule (PFS) Proposed Rule

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- The proposal to establish the Ground Ambulance Data Collection System begins on page 40682 of this document.
- Federal Register available on our Ambulances Services website:
<https://www.cms.gov/Center/Provider-Type/Ambulances-Services-Center.html>.
Under spotlights, 2nd bullet, click on CY 2020 PFS proposed rule.
- The comment periods ends on September 27, 2019.
- The public may submit their comments in 4 ways: electronically through www.regulations.gov, by regular mail, by express or overnight mail, or by hand or courier.
- Each comment received timely will be reviewed. Comments will be summarized, and responses to the comments will be provided in the Final Rule. Final determinations on the proposals will be published in the Final Rule.

Statutory Requirement for Ground Ambulance Providers and Suppliers To Submit Cost and Other Information

Proposed Rule Section 2

Statutory Requirements

- Section 50203(b) of the Bipartisan Budget Act (BBA) of 2018 adds a new paragraph (17) to section 1834(I) of the Act.
- Section 1834 (I)(17)(A) of the Act requires the Secretary to develop a data collection system (which may include use of a cost survey) to collect cost, revenue, utilization, and other information determined appropriate by the Secretary with respect to providers and suppliers of ground ambulance services.
- Such system must be designed to collect information:
 - Needed to evaluate the extent to which reported costs relate to payment rates under the AFS;
 - On the utilization of capital equipment and ambulance capacity, including information consistent with the type of information described in section 1121(a) of the Act;
 - On different types of ground ambulance services furnished in different geographic locations, including rural and low population density areas commonly referred to as super rural areas.

Specification of System and Reporting of Cost Information

The new paragraph (17) at section 1834 (I) of the Act includes several provisions in addition to the development of the data collection system that addresses:

Specification of Data Collection System (Section 1834 (I) (17)(B) of the Act):

- The Secretary must specify the data collection system by December 31, 2019.
- Identify the ground ambulance providers and suppliers that would be required to submit information under the data collection system, including the representative sample.
- This provision states that no individual provider or supplier should be included in the sample in 2 consecutive years, to the extent practicable.

Reporting of Cost Information (Section 1834 (I)(17)(C) of the Act):

- Each year a ground ambulance provider or supplier identified in the representative sample as being required to submit information under the data collection system for a period for the year must submit to the Secretary the information specified under the system in a form and manner, and at a time specified by the Secretary.

Payment Reduction and Ongoing Data Collection

10 Percent Payment Reduction for Failure to Report (Section 1834(I) (17)(D) of the Act):

- This provision includes beginning January 1, 2022, a 10 percent payment reduction to the ambulance fee schedule payments made to a provider or supplier that is required to submit information under the data collection system with respect to a period, and does not sufficiently submit such information, as determined by the Secretary.
- **Hardship Exemption** - The Secretary may exempt a provider or supplier from the payment reduction with respect to an applicable period in the event of significant hardship, such as a natural disaster, bankruptcy, or other similar situation that the Secretary determines interfered with the ability of the provider or supplier to submit such information in a timely manner for the specified period.
- **Informal Review** - The Secretary must establish a process under which a provider or supplier may seek an informal review of a determination that the provider or supplier is subject to the payment reduction.

Ongoing Data Collection (Section 1834 (I) (17) (E) of the Act):

- Allows the Secretary to revise the data collection system as appropriate and to continue data collection for years after 2024 if deemed appropriate but in no case less often than once every 3 years.

Other Provisions

Report by the Medicare Payment Advisory Commission (MedPAC) (Section 1834(I)(17)(F) of the Act):

- Not later than March 15, 2023, MedPAC must assess, and submit a Report to Congress on, information submitted by providers and suppliers through the data collection system, the adequacy of payments for ground ambulance services and the geographic variations in the cost of furnishing such services.
- Contents of the report are to include: an analysis of information submitted through the data collection system, an analysis of any burden on providers and suppliers of associated with the data collection system, a recommendation as to whether information should continue to be submitted through such data collection system or if such system should be revised and other information determined appropriate by the Commission.

Public Availability (Section 1834 (I)(17)(G) of the Act)

- This provision requires the Secretary to post information on the results of the data collection on the CMS website, as determined appropriate by the Secretary.

Implementation of the provisions of section 1834 (I)(17) through notice and comment rulemaking (Section 1834 (I)(17) (H) of the Act).

Collection is Paperwork Reduction Act (PRA)-Exempt (Section 1834 (I)(17)(I) of the Act).

No administrative or judicial review of the data collection system or identifications of respondents (Section 1834(I)(17)(J) of the Act).

Air Ambulance

This proposal is for ground ambulance providers and suppliers only. However, some stakeholders have expressed interest to us in also making this type of information available for other providers or suppliers of ambulance services, such as air ambulances. If you'd like to comment on this, please submit your comments by September 27.

Research to Inform the Development of a Ground Ambulance Data Collection System

Proposed Rule Section 3

Contractor Research

The RAND Corporation, working with MITRE and CMS:

- Conducted an environmental scan consisting of a review of existing peer-reviewed literature, government and association reports, and targeted web searches to collect information on costs and revenues of ground ambulance transportation services, identify background information regarding the differences among ground ambulance organizations including state and local requirements that may impact the costs of providing ambulance services, and describe financial challenges facing the ambulance industry.
- Five previously fielded ambulance cost collection tools were also identified and analyzed.
- Conducted interviews with ambulance providers and suppliers, billing companies, and other stakeholders to determine all major cost, revenue, and utilization components, and differences in these components across ground ambulance organizations. These discussions provided valuable information on the process for developing a data collection system, including how to best elicit valid responses and limit burden on respondents, as well as the timing of the data collection.
- Analyzed Medicare claims and enrollment data, including all fee-for service Medicare claims with dates of service in 2016, the most recent complete year of claims data for ground ambulance services.

Contractor Report

- RAND's findings and recommendations are described in a report posted on the CMS Ambulance Services Website:
<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AmbulanceFeeSchedule/Downloads/Ground-Ambulance-Data-Collection-System-Sampling-Instrument-Considerations-Recommendations.pdf>.

Proposals for the Data Collection Instrument

Proposed Rule Section 4

Data Collection Instrument Overview

Definition: The data collection instrument is the tool that ground ambulance organizations will use to submit data to CMS. The instrument includes instructions, definitions, and a set of questions.

- CMS made several proposals related to the instrument:

Format The overall structure and flow of the instrument (Section 4.a.)

Scope Which costs and revenues must be reported (Section 4.b.)

Domains How costs and revenues are categorized (Section 4.c.)

Items Inclusion and wording of specific questions (Section 4.c-d.)

Section 4.a.: Proposed Format

- We do not believe that any existing tool would be sufficient to collect the data required by Section 1834(l)(17)(A) of the Act.
- After considering several formats for a newly-developed instrument, including a survey and a cost reporting template, we are proposing to use a secure web-enabled survey-based data collection instrument.

Section 4.b.: Proposed Scope of Cost, Revenue, and Utilization Data

- We propose to collect information on total ground ambulance costs, revenue, and utilization.
- We are proposing to collect information from all providers and suppliers that bill Medicare for ground ambulance services.
- We recognize that costs and revenue may be shared between ground ambulance and other functions (e.g., firefighter/EMTs), therefore, we are proposing that respondents:
 - Report all costs and revenue that are entirely related to ground ambulance services.
 - Report information so that CMS can calculate an allocated share of costs for labor, vehicles, facilities, etc., that are partially related to ground ambulance services.
 - Do not report on costs and revenues entirely unrelated to ground ambulance services (e.g., air ambulance) as they are out of scope.

Definition: Allocation refers to applying a factor to assign a share of a reported cost to ground ambulance services while excluding the remainder.

Section 4.c.: Summary of Proposed Data Collection Elements

Component (Data Collection Instrument Section)	Description
Ground ambulance organization characteristics (2-4)	Information regarding the identity of the organization and respondent(s), service area, ownership, response time, and other characteristics; broad questions about offered services to serve as screening questions.
Utilization: Ground ambulance service volume and service mix (5 and 6)	Number of responses and transports, level of services reported by HCPCS code.
Costs (7-12)	Information on all costs partially or entirely related to ground ambulance services.
<ul style="list-style-type: none"> ● Staffing and Labor Costs (7) 	Number and costs associated with EMTs administrative staff, and facilities staff; separate reporting of volunteer staff and associated costs.
<ul style="list-style-type: none"> ● Facilities Costs (8) 	Number of facilities; rent and mortgage payments, insurance, maintenance, and utility costs.
<ul style="list-style-type: none"> ● Vehicle Costs (9) 	Number of ground ambulances; number of other vehicles used in ground ambulance responses; annual depreciation; total fuel, maintenance, and insurance costs.
<ul style="list-style-type: none"> ● Equipment & Supply Costs (10) 	Capital medical and non-medical equipment; medical and non-medical supplies and other equipment.
<ul style="list-style-type: none"> ● Other Costs (11) 	All other costs not reported elsewhere.
<ul style="list-style-type: none"> ● Total Cost (12) 	Total costs for the ground ambulance organization included as a way to cross-check costs reported in the instrument.
Revenue (13)	Revenue from health insurers (including Medicare); revenue from all other sources including communities served.

Section 4.c.1.: Collecting Data on Ground Ambulance Provider and Supplier Characteristics

- We are proposing to collect information on your organization's characteristics including information regarding the identity of the organization and respondent(s), service area, ownership, response time, and other characteristics as well as broad questions about offered services to serve as screening questions.
- Responses to some of these questions will be used to tailor later questions to be more relevant to your organization.

Section 4.c.2.: Collecting Data on Ground Ambulance Utilization

- We are proposing to collect information on your organization's volume of ground ambulance services during the data collection year including:
 - Number of ground ambulance responses
 - Number of ground ambulance responses not resulting in a transport
 - Total number of ground ambulance transports
 - Number of ground ambulance transports that resulted in full or partial payment
 - Number of standby events
- We are proposing to collect information on total utilization, not just Medicare utilization.

Section 4.c.2.: Collecting Data on Ground Ambulance Utilization

- We are also proposing to collect information on the shares of:
 - Transports by level (e.g. ALS 1, BLS non-emergency, etc., by HCPCS code)
 - Responses that were emergency versus non-emergency (if applicable)
 - Transports that were land versus water (if applicable)
 - Transports that were inter-facility transports (if applicable)

Section 4.c.3.: Collecting Data on Costs

- We are proposing to collect information on ground ambulance organizations' total costs inclusive of costs unrelated to ground ambulance services in a single question.
 - The instructions provide information on how costs partially related to ground ambulance services should be reported throughout the rest of the instrument.
- We are proposing that respondents collect and report information on costs related to ground ambulance operations that are paid by other entities (e.g., municipalities paying rent, facilities, or benefits).

Section 4.c.3.i.: Labor Costs

- We are proposing to collect information on staffing and labor costs related to staff with responsibilities that are entirely or partially related to ground ambulance services, including:
 - Staffing in terms of hours during a typical week during the data collection year
 - Total annual compensation for paid staff
 - Volunteer staff and hours during a typical week during the data collection year
 - Costs associated with volunteer staff (e.g., stipends)

Definition: Total annual compensation include salary/wages and, when applicable, benefits (e.g., health and retirement), overtime, training time, and callback and standby pay for paid staff

Section 4.c.3.i.: Labor Costs

- We are proposing that staffing, labor cost, and volunteer labor information be reported using the following categories:
 - Several response staff categories (e.g., EMT-basic, EMT-intermediate, and EMT-paramedic)
 - A single all administrative/facilities staff category
 - A medical director category
- Separate questions ask whether organizations have staff in more detailed administrative/facilities categories and roles.
- The instrument collects information necessary to allocate labor costs for firefighter/EMTs and other staff with ground ambulance and other responsibilities.

Section 4.c.3.ii.-iii.: Facility and Vehicle Costs

- We are proposing to collect information on facilities including:
 - Each facility related to your ground ambulance operation
 - Annual lease, mortgage, or depreciation costs for each facility as applicable
 - Total facilities-related insurance costs, maintenance and improvement costs, utility costs, and taxes for all facilities combined
- We are proposing to collect information on vehicles including:
 - Each vehicle related to your ground ambulance operation including information on vehicle type (e.g., ambulance, supervisor vehicle, etc.)
 - Annual lease or depreciated value as applicable
 - Total registration, license, insurance, fuel, and maintenance costs for all vehicles
 - Factors to allocate costs for vehicles only partially related to ground ambulance services

Section 4.c.3.iv-v.: Equipment and Supply Costs and Other Costs

- We are proposing to collect information on equipment and supply costs including:
 - Capital medical equipment (e.g., defibrillators, ventilators, monitors, and power lifts)
 - Medications
 - Medical equipment, supplies, and consumables
 - Non-medical capital equipment (e.g., computers and dispatch equipment)
 - Uniforms
 - Non-medical supplies
- We are proposing to collect information on other costs including:
 - Contracted services including billing, vehicle maintenance, and IT support services
 - A wide range of other miscellaneous costs not captured in a category described above

Section 4.d.: Revenue

- We are proposing to collect information on:
 - Total ground ambulance revenue for the organization from all sources
 - Revenue from health care payers, by payer (e.g. commercial, Medicaid, Medicare, etc.)
 - Revenue from all other sources, including:
 - Funding from municipalities
 - Contracts from facilities
 - Charitable donations
 - Grants
 - Membership fees associated with ambulance clubs

Proposals for Sampling

Proposed Rule Section 5

Sampling Requirements

- Section 1834(I)(17)(B)(ii)(II) of the Act requires CMS to collect information from a representative sample that is:
 - Representative of the different types of providers and suppliers of ground ambulance services (such as those providers and suppliers that are part of an emergency service or part of a government organization)
 - Representative of the geographic locations in which ground ambulance services are furnished (such as urban, rural, and low population density areas)

Eligible Organizations

- We are proposing to sample from all National Provider Identifiers (NPIs) that billed Medicare for ground ambulance services in a prior year (2017 for the first year of data collection):
 - This is the unique identification number for your organization
 - Please make sure your organization's information is up to date:
 - <https://nppes.cms.hhs.gov/>
- We are proposing to describe eligible organizations in terms of their volume of Medicare billed transports, service area population density, ownership, provider versus supplier status.

Sample Size

- We are proposing to sample 25 percent of ground ambulance organizations in each year.
- A sample of this size is guaranteed to cover all subgroups of ground ambulance organizations, regardless of whether Medicare currently collects the data necessary to identify subgroups.
 - The instrument will collect information on other characteristics, including the use of volunteer labor
- There are approximately 10,000 ambulance providers and suppliers that bill Medicare, so under CMS's proposed approach the sample will include approximately 2,500 organizations per year.

Proposals for Collecting and Reporting of Information Under the Data Collection System

Proposed Rule Section 6

Collecting and Reporting of Information Under the Data Collection System

- We are proposing a continuous 12 month data collection period based on the ambulance provider or supplier's annual accounting period (either calendar or fiscal year).
- Data Collection period: We are proposing that the first data collection period be January 1, 2020 through December 31, 2021, with organizations reporting on a calendar year basis collecting data from January 1, 2020 through December 31, 2020, and organizations reporting on a fiscal year basis collecting data over a continuous 12-month period of time from the start of the fiscal year beginning in calendar year 2020.
- Reporting period: We are proposing up to 5 months to report to CMS the data following the end of its 12 month data collection period.

Proposed Payment Reduction for Failure To Report

Proposed Rule Section 7

Payment Reduction For Failure to Report

- We are proposing to make a determination that the ground ambulance organization is subject to the 10 percent payment reduction no later than 3 months following the date that the ambulance organization's data reporting period ends.
- We are proposing that if we find the data reported is not sufficient, we would notify the ground ambulance organization that it will be subject to the 10 percent payment reduction for ambulance services during the next calendar year.
- We are proposing a process to apply for hardship exemption and a process to apply for informal review.

Please send us your comments

- We look forward to receiving your comments.
- Please reference ground ambulance data collection somewhere in your comment submission.
- Proposed Rule available at: <https://www.cms.gov/Center/Provider-Type/Ambulances-Services-Center.html>. Under spotlights, 2nd bullet, click on CY 2020 PFS proposed rule.
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