

Moderator: Jill Darling
November 7, 2019
2:00 pm ET

Coordinator: Welcome and thank you for standing by. At this time all participant lines are in a listen-only mode. After today's presentation you will have the opportunity to ask questions. And at that time you may press Star then 1 on your phone's keypad to ask a question. Today's conference call is being recorded. If you have any objections to this please disconnect at this time. Now I would like to turn the call over to your host for today, Ms. Dina Payne. Ms. Payne, you may begin.

Dina Payne: Thank you (Fred). Good morning and good afternoon everyone. My name is Dina Payne and I'm with the Office of Communications. And I am filling in for Jill Darling today on our Ambulance Open Door Forum.

Thank you for joining us and we thank you for your patience as we waited for additional parties to dial in.

I do have one brief announcement before we get into today's agenda. This open door forum is open to everyone. But if you are a member of the press you may listen in but please refrain from asking questions during the Q&A portion of the call.

If you have inquiries, please contact CMS at press@cms.hhs.gov. Thank you and now I would like to turn the call over to our ambulance chair, Sarah Shirey-Losso.

Sara Shirey-Losso: Good afternoon and good morning for some of you. Thank you for joining us today. I'm Sara Shirey-Losso again, the Director in the Division of

Ambulatory Services here at CMS. And one of the policies that our division is responsible for is payment policy for ambulance providers and suppliers.

Today we have a fairly full agenda. And for that reason we have increased the call time to 90 minutes. So hopefully then we'll be able to get to more questions at the end today. Considering that we put on display last Friday a final rule of the Physician Fee Schedule and there are a few ambulance provisions in there that I'm sure you all have seen and can't wait to hear about.

So I want to, on that note, thank everyone for sending in comments to our proposed rule. We read them, made a few changes based on comments and we really appreciate the time that people take to review and comment on our proposals.

Pertaining to the ambulance data collection system, we have posted a list of ambulance organizations on our Web site that have been selected in our first sample for the first year of data collection.

Today regarding also the data collection system we're going to do a high-level overview. We'll be having ongoing training and assistance. And we'll have a few speakers going into a little more detail of our final proposals and some outreach plans that we have going forward.

So with that I will turn it over to Glenn in one second. But I did want to say that we have posted some slides to our agenda. If you have the agenda in front of you, the slides are on our Ambulance Services Center Web site. And when we get to that portion of the meeting you can follow along with those slides. Okay, thank you.

Dina Payne: Thank you. Now I'd like to turn it over to our first presenter, which is Glenn McGuirk who will provide information on the Ambulance Inflation factor.

Sara Shirey-Losso: Why don't we go to the next one and we'll check on Glenn. Thanks.

Dina Payne: Thanks. Pivoting now to the authorization model - I'm sorry, the announcement on the one-year extension of the Medicare prior authorization model for repetitive scheduled non-emergent ambulance transport. I'd like to turn the call over to Angela Gaston.

Angela Gaston: Thank you Dina. CMS announced on September 16 that the repetitive scheduled non-emergent ambulance transport prior authorization model currently operational in the states of Delaware, D.C., Maryland, New Jersey, North Carolina, Pennsylvania, South Carolina, Virginia, and West Virginia it was extended for one additional year while we continue to work toward nationwide expansion.

The model is now currently scheduled to end in all states on December 1, 2020. The link to the Federal Register notice announcing that extension can be found in today's agenda. And I do have one additional announcement.

As part of the Paperwork Reduction Act approval process, which is one step in the overall process on making a determination for nationwide expansion, CMS is inviting the public to comment on our intention to collect information on the possible nationwide expansion of the repetitive schedule of non-emergent ambulance transport prior authorization model.

Comments will be accepted until December 20, 2019. More information about how to comment can be found in the Federal Register notice that was published last week on October 29. The link is not in the agenda, but you can

search for the notice by going to the Federal Register Web site using the document identifier CMS-10708.

And I will repeat that one more time. You can go to FederalRegister.gov. In the middle of the page there is a search bar. And you can search CMS-10708. So that's it for me and I will turn it back to Dina. Thank you.

Dina Payne: Thank you so much. We now would like to provide information on the ambulance inflation factor. And we will turn the call over to Glenn McGuirk.

Glenn McGuirk: Thank you. Section 3401 of the Affordable Care Act requires that specific prospective payment system and fee schedule update factors be adjusted by changes in economy-wide productivity.

The statute defines the productivity adjustment to be equal to the ten-year moving average of changes in the annual economy-wide private non-farm business multi-factor productivity known as the MFP.

The MFP for calendar year 2020 is 0.7%. And the CPIU for 2020 is 1.6%. According to the Affordable Care Act, the CPIU is reduced by the MFP even if this reduction results in a negative AIF. Therefore the ambulance inflation factor for calendar year 2020 is 0.9%.

Dina Payne: Great, thank you so much Glenn. We'll now turn it over to Amy Gruber and Andrew Mulcahy to provide information on ground ambulance data collection system - the ground ambulance data collection system final rule. Thank you.

Amy Gruber: Thank you Dina. As Dina stated, I'm Amy Gruber. I work in the Center for Medicare Hospital and Ambulatory Policy Group Division of Ambulatory

Services. My division under Sara's leadership is responsible for the coverage and payment policy for the ambulance fee schedule.

If you do not have a copy of today's agenda, our Ambulance Services Center Web site can be found on the CMS.gov Web site. If you click on Medicare, scroll down to provider type on the left-hand side and then click on Ambulance Services, you should be able to view that page.

And our slides are listed under the new Medicare Ground Ambulance Data Collection System. And it is the seventh bullet.

Moving on to Slide 2, which is our agenda, I will be providing the first item, which is the review of the calendar year 2020 physician fee schedule, PFS, final rule including the statutory requirement and finalized proposals.

Andrew Mulcahy from the RAND Corporation will summarize the information that the sampled ambulance organizations will need to collect and report. And on the third item our new colleague Michele Franklin will provide an overview of CMS's outreach and education activities.

Moving on to Page 3, calendar year 2020 PFS final rules went on display on November 1, 2019. And the publication date will be November 15, 2019.

The establishment of the Ground Ambulance Data Collection System begins on Page 926 of this document. We have provided this display copy on our Web site. The publication final rule when it's available we will also provide that on our Web site as well.

Other information on our Web site includes - as Sara stated - there's a list of the ground ambulance organizations sampled to collect and report data in the

first year of the system. Those ambulance organizations should be hearing soon from their Medicare administrative contractor.

Additional information, we also have a quick reference guide. Andrew's presentation will be tied to this quick reference guide. We also have a frequently asked questions document on our Web site.

Moving on to Page 5 of our document where we go over the statutory requirements to remind folks it was Section 50203(b) of the Bipartisan Budget Act, BBA, of 2018 which added a new paragraph 17 to Section 1834(l) of the act. I have provided you four bullets of summary of this provision on this Page 5 as well as on Page 6.

Moving on to Page 7, the next series of slides provides our finalized proposals to implement this provision. First step is the finalized proposals for sampling. On Page 1014 of the final rule you can find our discussion regarding sampling.

Moving on to Page 8 with regard to eligible organizations, we finalized our proposal to the sample from all natural provider identifiers, NPIs, that bill Medicare for ground ambulance services in a prior year, 2017 for the first year of the data collection.

We also finalized our proposal to describe eligible organizations in terms of their volume of Medicare billed transports, service area, population density, ownership, provider versus supplier status.

Moving on to Slide 9, our proposals regarding the sample size, we finalized our proposal to sample 25% of ground ambulance organizations in each year. A sample of this size, which is approximately 2650 organizations per year, is

expected to cover all subgroups of ground ambulance organizations regardless of whether Medicare currently collects the data necessary to identify subgroups.

As stated previously, the list of the first year selected group can be viewed on our Web site. Moving on to Page 11 of the slide presentation with regard to the finalized proposals for collecting and reporting of information on our data collection system, you can find that on - beginning on Page 1034 of the final rule.

We've identified three - finalized three proposals with regard to the data collection, data collection period, and the data reporting period. First up, data collection period, we determined that we would like your data collection to be of a continuous 12-month data collection period based on the ambulance provider or supplier's annual accounting period, whether it be calendar year or fiscal year.

Next data collection period, we finalized our proposal that the first data collection period will be January 1, 2020 through December 31, 2021 with organizations reporting on a calendar 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.

And finally the data reporting period we finalized our proposal to allow up to, you know, five months to report to CMS data following the end of its 12-month data collection period.

The next slide provides you with the timeline for the sampled organizations. Moving on to our next finalized proposals, and that is for the payment

reduction for failure to report. You can find this information on Page 1039 of the final rule.

Moving on to Slide 14 we provided you our proposals with regard to the failure to report. We finalized the proposal that we would make a determination that the ground ambulance organization is subject to the 10% payment reduction no later than three months following the date that the ambulance organization's data reporting period ends.

We finalized our proposal so that if we find the data reporting is not sufficient we would notify the ground ambulance organization that it will be subject to the 10% payment reduction for ground ambulance services during the next calendar year. And we also finalized our proposals to apply for the hardship exemption as well as the informal review.

Moving on to the next finalized proposals and that is for the data availability. You can find this information on Page 1047 of the final rule. On Page 16 with regard to the data availability, we finalized our proposal to post on our Web site a report that includes summary statistics, responding characteristics and other relevant results in aggregate so that individual ground ambulance organizations are not identifiable.

We also finalized our proposal so that the data will be available to the public on our Web site at least every two years. And we also finalized that we will post summary results by the last quarter of 2022.

I also would like to point out to you that there is an impact section in the final rule beginning on Page 1905 where you can find our estimated costs of the data collection reporting as well as the estimated costs in providing a hardship

exemption form and informal review process. I will turn the presentation over to Andrew Mulcahy.

Andrew Mulcahy: Thank you Amy. My name is Andrew Mulcahy and I'm a health policy researcher at the RAND Corporation, a nonprofit research organization that's helping CMS design and implement the ground ambulance data collection system.

My section of the presentation today will cover the information that ground ambulance organizations will need to collect and report. Like to stress before diving in that my presentation will provide only a high-level overview of the required information.

There are other resources available on the Medicare Ambulances Services Center Web site you should review including a printable version of the questions that sampled organizations will need to answer, a frequently asked questions document, and a quick reference guide that lists the different categories of required information.

I structured my presentation today to match the flow of the quick reference guide available on the Web site. You can if you'd like use the written list to follow along today or the checklist for your organization as you're preparing to collect the required information.

I also want to mention before getting started that my overview today will not involve a walk-through of the specific questions that you will be asked on the data collection instrument. CMS will host a follow-up to today's session early next month where we'll do just that.

But again in the meantime you can access a printable version of the specific questions you will be asked on the Medicare Ambulances Services Center Web site.

On Slide 18 there are some broad principles for collecting and reporting the required information that I'll cover first. These principles provide general guidance on how you and your organization should think about collecting data.

First you should collect data that's relevant to your entire ground ambulance operation, not just the services or costs or revenue associated with Medicare ground ambulance services. It's important that CMS get a complete picture of your organization's costs and revenues.

Second, each cost and revenue item should be counted only once when you're collecting and reporting data. For example, we'll discuss in a few minutes that you will need to collect and report labor costs for response and administrative staff separately.

If your organization has staff with both response and administrative roles, it's important that you count their costs towards only one category, not both. Otherwise the cost that you report will be too high.

The data collection instrument includes instructions detailing how to deal with these complex cases that may arise by remembering the general principle that individual cost and revenue items should be reported only once. It will help to streamline your data collection and reporting.

Third you should collect information on services, costs, and revenue over your organization's entire 12-month data collection period starting January 1, 2020 for some organizations.

Fourth, except for a few places where the instructions allow reporting an estimate or a best guess, you must report the exact information requested in terms of counts, services, or costs or revenues in dollars.

In some cases your organization may need to change the way that it tracks information so that you will have the required information available to report.

Finally your ground ambulance staff may need to reach out to other individuals and entities to collect information on costs that are relevant to your ground ambulance operation. We've heard for example that it's common for some government-run ambulance organizations to have facility, utility, fuel, or even benefit costs paid by their local municipality.

If these scenarios apply to your organization your staff may need to reach out to the municipality to collect cost information. Otherwise the information as reported would be incomplete and your organization's cost would be underestimated.

Looking to Slide 19, also we'll recap quickly some of the points Amy raised earlier regarding national provider identifiers or NPIs. Your organization's NPI is a ten-digit number used to identify health care providers in a consistent way. You can update information associated with your NPI - for example your mailing address - at the Web site listed in the first box.

Your organization's NPI is associated with one or more Medicare enrollment records from Medicare's Provider Enrollment, Chain, and Ownership System

or PECOS. You can view and update enrollment records at the Web site listed in the second box on the slide.

Ground ambulance organizations are sampled to collect and report information each year by NPI as Amy mentioned. You should collect and report costs and other information that is specific to the sampled NPI. CMS recognizes that a single business or other entity sometimes operates multiple NPIs.

The data collection instrument includes instructions of how to deal with these complex cases. Most organizations though bill only under a single NPI.

Moving on to Slide 20, the remainder of my presentation will walk through the required information. As I mentioned earlier I've organized the following slides to match the four headings in the written quick reference guide available from the Medicare Ambulances Services Center Web site.

The headings are organizational characteristics, services provided, information on costs, and information on revenue.

Slide 21. The first broad category of required information focuses on organizational characteristics. You'll be asked to confirm that the NPI that was sampled is used to bill for ground ambulance services.

You should also know whether your organization bills under one or multiple NPIs. You'll be asked to enter or update some information about the staff collecting and reporting data.

There are some important and fairly straightforward information that you'll need to report to CMS so that those analyzing the data understand what your

organization looks like and compares them to other organizations. You'll have to report whether your organization is for-profit, nonprofit, government run or a public/private partnership.

You'll also have to report whether your organization provides services other than ground ambulance services, for example fire, police or other public safety services, air ambulance services, or non-ambulance health care services.

You'll be asked whether your organization uses volunteer labor. You'll also be asked whether your organization uses a more static staffing model where the same number of response staff is maintained 24 hours, 7 days a week, a more dynamic staffing model where the number of response staff varies with your needs or a blend of the two.

As I mentioned, providing this information on your organization's characteristics will help CMS accurately describe your organization compared to others. It will also help the data collection instrument ask questions that are more targeted to your organization later on.

For example if you report that your organization uses volunteer labor, you will be asked for more specific information about your volunteer labor later on.

There are two ways to get a better sense for how your organization's characteristics will affect the specific information that you'll need to collect and report.

First the written quick reference guide document available on the Medicare Ambulances Services Center Web site describes some of the most common scenarios in text boxes.

Second the principle text - sorry, the principle data collection instrument indicates all the ways that questions are linked together in bracketed blue text.

Moving on to Slide 22, next you'll need to report information regarding your organization's service area. CMS recognizes that service areas might look very different from one ground ambulance organization to another.

Some organizations might only serve within specific municipal jurisdictions or boundaries. Other organizations might have large share of responses or transports in other jurisdictions through mutual or auto-aid arrangements. How your organization views its service area might also vary for different levels of service.

You'll need to report the specific ZIP codes that comprise what your organization considers to be its primary service area, which is the area in which you are exclusively or primarily responsible for providing service at one or more levels and where it is highly likely that the majority of your transport pickups occur.

Separately if it's applicable to your organization you can report the specific ZIP codes that comprise what your organization considers to be its secondary service area which consists of other areas where you regularly provide services through mutual or auto-aid arrangements.

You should not report areas where you provide services under only exceptional circumstances such as when your organization contributes to coordinated responses to major natural disasters or events.

Moving on to Slide 23 you'll need to report on your organization's approximate average trip time which CMS defines as the time between when an ambulance leaves the station to when that ambulance is available to take another call in your primary service area and if applicable to your organization in your secondary service area.

This question is one of those where you can provide an estimate rather than report a specific average time.

Organizations responding to emergency calls for service will also need to collect and report information on response times. CMS recognizes that organizations use different approaches to measure and track response times. And for that reason the first information you'll have to report is on how your organization tracks response times.

Then using your organization's approach to measure response time, you'll need to provide information on the average and the 90th percentile response times separately in your primary service area and if applicable in your secondary service area.

You can calculate both the average and 90th percentile times in a program like Microsoft Excel or Google Sheets. The 90th percentile response time is the response time separating your shortest 90% of responses from the longest 10% of your responses.

The 90th percentile time will help CMS understand whether a small share of your organization's responses have much longer response times than others.

It's important to note that estimates are also permitted for the response time questions. You should collect and report precise times if possible but if not you can enter an estimate for both the average and 90th percentile times.

In addition to reporting these times you'll be asked whether your organization is incentivized to meet certain response time targets and if so by whom.

Moving on to Slide 24, now we'll pivot to the next category of required information, information on the services that your organization provides. Much of the information in this category involves counting or tallying up all the services of a particular type that your organization provided during the 12-month data collection period.

CMS understands that many organizations already collect and track some or all of this information. It's important to note that there are specific definitions in the data collection instrument for each of the bullets on this slide. If your organization currently tracks information on service counts you should check to make sure that the definition in the instrument matches up with what you're currently counting.

If not you might need to make some adjustments to how you track services. The specific services that you'll need to count and report include first your organization's total number of responses to all calls for service. This number should include responses by fire and police-based ground ambulance organizations where no ground ambulance was dispatched.

Second the number of ground ambulance responses, which are responses involving a fully equipped and staffed ground ambulance scheduled or unscheduled with or without a transport and with or without payment.

Third the number of ground ambulance responses that did not result in a transport. Fourth the number of ground ambulance transports which tallied how many times a fully staffed and equipped ground ambulance provides a medically necessary transport based on the rules relevant to the applicable payer.

Fifth the number of ground ambulance transports paid in full or in part by an insurer and/or a patient which by definition will be a subset of your organization's total ground ambulance transports.

Sixth whether your organization provides stand-by services, for example at events, and finally the number of paramedic intercepts following Medicare's definition of this service. And then separately the number of cases outside Medicare's definition of paramedic intercept where your organization provided an advanced life support intervention as a joint response to basic life support ambulance from another organization.

As a reminder for all of these counts of services include all services, not just Medicare services, and tally the total number of services over the full 12-month data collection period.

Moving on to Slide 25, other information focuses on the types rather than the counts of services that your organization provided. You'll need to track and report the share of your ground ambulance responses that were emergency versus non-emergency involved response staff from other organizations and were in your primary service area.

And then among all of your ground ambulance transports you'll need to track and report the shared transports by type of service where type of service is defined by Healthcare Common Procedure Coding System or HCPCS codes.

The instructions for the instrument as well as Medicare manuals list the detailed definitions for each ground ambulance HCPCS code. Separately you'll need to report the share of ground ambulance transports that were in a facility that is transports with a hospital or other health care facility origin and destination.

Moving on to Slide 26 we'll now pivot to the third category of required information, information on your organization's ground ambulance costs. This slide illustrates conceptually how CMS is approaching collecting information on ground ambulance costs.

The information is collected and reported by category including ground ambulance labor costs, facility costs, vehicle costs, supply and equipment costs, and other costs. Adding all of these components together will allow CMS to estimate your organization's total ground ambulance costs.

For organizations that provide ground ambulance services only and not fire or police services for example it's more straightforward for organizations to collect and report ground ambulance costs in each of these categories and then for CMS to add up to get to the estimate of total ground ambulance costs.

Moving on to Slide 27, but for organizations providing services beyond ground ambulance services, only a portion of costs in each category may be related to ground ambulance services.

For example, for an organization providing both ground and air ambulance services, only a portion of the organization's total labor costs will be related to ground ambulance services. To deal with these cases, cost information must

be collected and reported in such a way that ground ambulance costs alone can be estimated.

The instrument includes detailed instructions on how several categories of ground ambulance organizations should report cost information. These categories of ground ambulance organizations include fire-based ground ambulance organizations, police department based and other public safety based ground ambulance organizations, ground ambulance organizations that also provide air ambulance services and ground ambulance organizations that are providers of non-ambulance healthcare services.

In each of these cases some portion of reported total costs will be considered out of scope for the purposes of estimated ground ambulance costs. Future CMS Webinars will go into more detail on collection and reporting instructions for organizations in these categories.

Moving on to Slide 28 there's a single question on the data collection instrument that asks for your organization's total costs not limited to ground ambulance costs during the reporting period.

CMS is collecting this information in order to understand for organizations that provide ground ambulance and other services how large a share ground ambulance costs are relative to your organization's total costs.

Moving on to Slide 29, CMS understands that labor costs are one of the largest cost categories for many ground ambulance organizations. You'll need to collect and report information about both staffing - that is whether you have staff in different categories and how many hours they worked over the reporting period - and compensation. That is, how much these staff were paid.

As a first step you'll need to report whether your organization used paid and/or volunteer labor in a wide range of categories during the reporting period.

One set of categories are for emergency medical technician or response staff including subcategories of EMT basic, EMT advanced, EMT paramedic, nurse, doctor, respiratory therapist or other medical staff, emergency medical responder, and non-EMT or EMR ambulance driver subcategories.

Medical director staff is another staff category. And finally there are several categories related to administration and facility staff including administrative staff - for example clerical, HR, billing, and IT support staff - management staff - for example executives and public information officers - dispatch and call center staff, vehicle maintenance staff, facilities and maintenance staff - for example janitorial staff and mechanics - and other administration and facility staff not reported above.

For paid staff you'll need to collect staffing levels in terms of hours worked over the 12-month data collection period and compensation over the 12-month data collection period.

CMS's definition of compensation includes salaries and wages and also benefits, for example health insurance premium contributions, paid time off, retirement contributions, stipends and life insurance as well as overtime, training time, and call-back and stand-by pay.

While you report whether your organization has paid and volunteer staff in detailed administrative and facility staff categories, in order to reduce respondent burden you'll need to report just one total number of hours and

total compensation amounts for all administration and facilities staff combined.

You'll also need to report whether you have someone on your staff performing certain specific duties such as training, billing and data analysis more than half time.

CMS understands that it's common for individual staff members to have multiple roles in ambulance organizations, particularly in smaller organizations, and that roles can change over time. The data collection instrument includes detailed instructions on how to categorize and collect information for staff with multiple roles during the 12-month data collection period.

In general the important principle is that individual staff members should contribute to your tallies of hours worked and compensation only once. It's more important that costs are only counted once than it is to place each staff member in the right category.

Moving on to Slide 30, you'll collect and report information on volunteer staff separately from paid staff, although the categories for reporting staffing levels are very similar.

You will report the total number of volunteers and the total hours worked by volunteers in different labor categories. You'll also need to collect and report a single total cost for all stipends and other payments to staff that your organization considers to be volunteers.

Moving on to Slide 31, there are a few special cases in terms of reporting, staffing, and labor cost that apply to only some types of ground ambulance organizations.

First fire and police-based ground ambulance organizations will need to report the total hours worked by fire fighter EMTs and police officer EMTs separately from the total hours worked by EMTs who are not fire fighters or police officers.

This information will allow the allocation of a portion of total compensation for fire fighter EMTs and police officer EMTs to ground ambulance costs. The information is collected and reported in such a way that those analyzing the data will do the adjustments, not the organizations reporting data.

Second, organizations offering services other than ground ambulance, fire, and/or police services must report the time worked by staff that was unrelated to ground ambulance services.

For example for an organization offering both ground and air ambulance services, if a particular staff member worked 1000 hours providing ground ambulance services and 500 hours providing air ambulance services, the 500 air ambulance hours must be reported so they could be subtracted out of ground ambulance costs.

Again this adjustment will be done by those analyzing the data, not the organizations reporting data.

Third, NPIs that are part of a broader parent organization like a for-profit company operating multiple NPIs will need to report a portion of their parent

organization or central office labor costs allocated to the NPI for which data is being reported.

Moving on to Slide 32, next you'll need to collect and report information on cost for facilities related to your ground ambulance operation. This involves assembling a list of facilities, their square footage and the approximate share of each facility that is dedicated to ground ambulance services.

You'll need to indicate whether you rent, lease or own the facility and then report the annual cost per facility. Then separately you'll need to collect and report your organization's total facilities-related insurance costs, maintenance and improvement costs, utility costs, and taxes for all of the facilities on your list combined.

CMS is asking for this information in terms of totals across all of your facilities combined to cut down on the burden of collecting and entering the information facility by facility.

Moving on to Slide 33, the information that you'll need to collect for vehicles follows a similar format. You'll assemble a list of all of the ground ambulance and other vehicles that are related to your ground ambulance operations and report the total number of vehicles and miles traveled across all vehicles.

Then vehicle by vehicle you'll provide some information on what type of vehicle it is and your annual cost associated with either leasing or depreciation (unintelligible) on the vehicle.

The instructions ask you to collect and report information on all vehicles related to your ground ambulance services including SUVs or other vehicles

used for quick response or by managers and including fire trucks used to transport response staff to the scene.

You'll report vehicle registration, license, insurance, maintenance and fuel costs one time each including all costs for all of your vehicles together. You'll also report your best estimate of the share of maintenance and fuel costs that were associated with different categories of vehicles.

Moving on to Slide 34, you'll be asked to collect information on equipment and supply costs. You will not need to collect or report any itemized costs for individual pieces of equipment or types of supplies. All of the costs that you'll report will be total costs associated with broad categories of equipment and supplies.

These categories include capital medical equipment, capital non-medical equipment, medical supplies and consumables excluding drugs, drugs as a separate category, non-medical supplies and consumables excluding uniforms, and then finally uniforms as a separate category.

You'll be able to use your organization's current accounting approach to distinguish between capital and non-capital equipment expenses when reporting information.

For capital equipment you'll need to report total depreciation as well as other costs associated with the equipment like maintenance, certification and service costs.

You'll also be asked to estimate the share of costs in each of these equipment and supply categories that were related to ground ambulance services. As in

other cases, if your organization provides only ground ambulance services, you'll likely report 100%.

Moving on to Slide 35, because one of the goals of data collection is to collect information on your organization's total ground ambulance costs, you'll need to collect and report on all costs related to your ground ambulance operation that were not reported elsewhere.

The instrument includes a long list of potential other costs and allows you to write in additional categories if necessary. The listed categories include for example contracted billing, accounting, dispatch, call center, and information technology services, training costs not captured elsewhere, software and IT costs, laundry costs, fees for toll roads, et cetera.

It's important that you only report costs in the other cost section when they have not been reported elsewhere. For example if your organization has some labor and some miscellaneous costs associated with training activities, only report the miscellaneous costs in this section because the relevant labor costs will have been reported elsewhere.

Moving on to Slide 36, the fourth and final category of information that you'll need to collect and report is information on your organization's revenue.

You'll be asked to collect and report revenue from different categories of health care payers, including fee-for-service Medicare or traditional Medicare, Medicare Advantage, that is Medicare managed care, fee-for-service Medicaid as well as Medicaid managed care, Tricare, Veterans Health Administration, commercial insurance, workers compensation, and patient self-pay.

Your organization might currently track this information in house or you might use a billing company to do this for you. In the latter case, the billing company may need to run a report so that you have this information available.

As with all other information that you'll collect and report, revenue must be tallied over the entire 12-month data collection period. You'll also need to provide some information on how patient cost sharing is tallied with your revenue totals.

CMS has heard that some organizations combine payments from payers with cost sharing from patients with that source of coverage for the purposes of tracking revenue by source.

CMS has heard that other organizations pool cost sharing from patients regardless of their source of coverage with all other payments from patients including those paying entirely out of pocket without using their insurance coverage.

Finally you'll need to indicate whether you routinely bill patients will different types of coverage.

Moving on to Slide 37, you'll collect and report information on all other sources of revenue related to ground ambulance services including tax base or other revenue from municipalities, revenue from contracted services that your organization provides, for example with a hospital from donations and from all other sources.

And then finally in a single item you'll report your organization's total revenue including revenue unrelated to ground ambulance services.

That's the final slide of my overview of the required information for collection and reporting. As I mentioned at the start of my presentation, our intent was to provide a high-level overview of the required information rather than go too far into the details on specific items.

A presentation next month will go through the specific data collection instrument questions in more detail. I'll also remind listeners that the content I just reviewed maps closely to the written quick reference guide posted on the Medicare Ambulances Services Center Web site.

I'd encourage you to refer to that document and the printable data collection instrument if you have additional questions. And now I'll turn it over to Michele Franklin from CMS who will provide an overview of CMS's education activities around the ground ambulance data collection system.

Michele Franklin: Thank you Andrew. As you can see we have a number of educational activities planned including Webinars, the first of which will occur on December 5, 2019, FAQs, which are currently posted on the Ambulances Services Web site.

We will also offer periodic office hours where we will offer live Q&A. And we are also looking into developing an educational campaign in early 2020. This is just a sampling of the educational activities we plan to offer.

Remember to visit the Ambulances Services Center Web site for more information on these and other upcoming activities. Thank you and now I will turn the presentation back over to Sara.

Dina Payne: Thank you all. This is Dina, just wanting to thank you all for joining us. And we would now like to open the lines for Q&A.

Coordinator: Certainly. If you have a question at this time please press Star then 1 on your phone keypad. Please unmute your phone and record your name at the prompt. If at any time your question has been answered you can remove yourself by pressing Star 2.

Once again that is Star 1 on your phone for questions at this time. Please stand by. One moment please. The first question is from (Brenda McAdams). Your line is open.

(Brenda McAdams): Yes my question is just for clarification. If an agency is selected in the first round and their fiscal year begins September 1, will the reporting be September 1, 2020 through August 31, 2022 for that first round of data?

Amy Gruber: Yes, it would be - well it would be September 1, 2020 through August 31, 2021.

(Brenda McAdams): Twenty-one, correct, I'm sorry.

Amy Gruber: Yes.

(Brenda McAdam): My mistake, yes, ma'am. That's what I meant. Thank you so much.

Amy Gruber: You're welcome.

(Brenda McAdam): That's what I - that was my question, thank you.

Coordinator: Thank you. The next question comes from (Corrie Alt). Your line is open.

(Corrie Alt): Hi, just a quick question. So you all extended this demo. And I was wondering why we stuck with the same number of states and didn't expand it nationwide.

Angela Gaston: Hi, this is Angela Gaston. We are still continuing to test the model in order to determine if it meets the criteria for nationwide expansion. So we're continuing in the current states while we continue that to test it.

(Corrie Alt): And is it clear to you sort of what information is still required of that testing?

Angela Gaston: Hold on one second.

(Corrie Alt): Sure.

Angela Gaston: I'm sorry, can you repeat it one more time?

(Corrie Alt): Is it clear to you guys, you know, what information is still required out of that testing before you would expand it nationwide?

Angela Gaston: Yes, we just have certain steps that we have to follow. And we're still working through that process.

(Corrie Alt): Okay. Thanks very much.

Coordinator: Thank you. The next question comes from (David Smith). Your line is open.

(David Smith): Yes, just curious. We currently report to GEMT. The cost sheet that they provide us, will the vast amount of information be able to be directly transferred from that cost sheet to this program?

Andrew Mulcahy: The current plan is to have a Web-based data collection instrument that - where you go item by item responding to questions. Part of the important structure of the data collection instrument is that your responses to some early questions influence what information you're asked about later on. And that is complicated to translate into a spreadsheet type format.

(David Smith): But if I'm correct, a lot of these data fields and data sets are the same thing that we report to GEMT, correct?

Andrew Mulcahy: In terms of the types of data collected, there is some overlaps.

(David Smith): All right, thank you.

Coordinator: Once again if you would like to ask a question please press Star then 1 and record your name. The next question is from Scott). Your line is open.

(Scott): Yes, good afternoon. I'm in Pennsylvania. We're a basic life support ambulance. This is a data question. We're selected for the first round already in a rural area.

We receive our advanced life support from a hospital-based intercept truck so it does not really fit the criteria or the definition that you guys use for ALS intercept because we're not in New York state and basic life support and advanced life support both bill.

However under Medicare rules we need to jointly bill for services to Medicare. So we bill at the ALS rate and then split that money out between us and the hospital-based intercept. And that's done by contract and it's pre-established.

How are we going to report the ALS expenses because that hospital intercept truck intercepts with about nine different basic life support ambulances throughout the county so that their expenses, A, are included, but not counted ten different times?

Andrew Mulcahy: I think that's a good question and that's one that might be useful to other organizations on the FAQ document at some point. There is in the other cost section a place to enter a cost that you're paying to other ambulance organizations as part of maybe the kind of contractual arrangement that you have with that other organization.

So there is a place I think to report those costs. And in terms of providing some more specific guidance on how to report that, I think that would be useful to add to the FAQs.

(Scott): Okay. I'll look for the e-mail address of where to submit that scenario or that arrangement so that it is included in a future FAQ, thank you.

Amy Gruber: Sure, and for today's purposes our email address is ambulanceodf@cms.hhs.gov. And we'll get that to the right team.

(Scott): Thank you.

Coordinator: Thank you and once again if you would like to ask a question please press Star then 1. Our next question is from (Judy Bing). Your line is open.

(Judy Bing): Hi, yes, we have been selected for the first round. And you indicated that our MACs will be reaching out to us. Can you give me - tell me what it is that we can expect and when will they be reaching out?

Sara Shirey-Losso: Sure. This is Sara Shirey-Losso. So we have been working with the MACs. They will be sending you a letter. And that letter will detail information about the data collection system and resources.

The main question in that letter of information that you'll have to get back to your MAC with is whether you will - is your start date, basically whether you're a calendar year or a fiscal year and when that is.

(Judy Bing): Great, thank you so much.

Sara Shirey-Losso: Sure.

Coordinator: One moment for our next question please. (Kimberly Welk) your line is open.

(Kimberly Welk): Yes, in looking at the information related to counts and types of services, I see that you are going to look at responses that did not result in a transport. But also on the list you have transports paid in full or in part by an insurer and/or patient.

But in Pennsylvania we have a new law that we are actually getting paid for treat/no transports. So how do we - do we report those as transports paid or do you want those reported separately? And how do we report those types of services?

Andrew Mulcahy: This is Andrew Mulchay from RAND. As we've worked with CMS to develop some recommendations to the instrument we heard from many different organizations about state-specific issues that might come up/crop up in the course of collecting and reporting information. I think this sounds like a great example.

And I guess I'd encourage you to submit that as a question too so that if necessary a response can be added to the FAQ document.

(Kimberly Welk): Thank you.

Coordinator: Once again if you would like to ask a question please press Star then 1. The next question is from (Patty Tufflin). Your line is open.

(Patty Tufflin): Hi this is (Patty) with City of Portales Ambulance. And most of your rural communities or ambulances have only got one person doing all of this work. How do you expect all this information to get to you in five months after the fiscal year ends?

Amy Gruber: So that is a really good question. And I think that we're going to have resources to help you with the data collection. And the instrument we're expecting is going to be a Web-based instrument where you'll be keying in information to the survey.

It's going to have a lot of skip patterns and things like that. And I think that it will be easy to use and we'll be testing that system on entering the data.

We'll be talking about how to look at resources you might currently have to sort of collect your data on an ongoing basis throughout the year.

(Patty Tufflin): So you only want this information started - like we are July through June.

Amy Gruber: Correct.

(Patty Tufflin): So you want it from July 2020 to June 2021.

Amy Gruber: Correct.

(Patty Tufflin): But it's got to be into your office in five months after that end date.

Amy Gruber: That's correct.

(Patty Tufflin): Okay. And there will be something that we can work with? I mean, they'll have all the information there that we just need to punch in?

Amy Gruber: Absolutely. So what we'll have is you have - we have the copy of the survey online today. It's like a Word version of that. And you can scroll through that and see the types of information that will be needed and work on processes I think to look into the information that may be easier to get than others.

And then with that, that survey will be translated into an easy Web-based tool that then you can key that all in once your reporting - or your collection period has finished.

(Patty Tufflin): Okay. Okay this is not going to be fun. I can already tell you that. I'm dreading it.

Amy Gruber: I thank you for your question.

Coordinator: The next question will come from (Christine Bosserman). Your line is open.

(Christine Bosserman): Good afternoon. My question to you is we are a county-based fire and EMS 911-only system. And we are an all hazard system, so we respond to whatever the first call is that comes in. So it could be a fire call, could be HAZMAT, could be EMS, could be all three together.

Will we need to come up with a way of separating out anything that does not involve ground ambulance to look at non-EMS related?

Andrew Mulcahy: So for the most part specific questions are designed that you'll report information in such a way that those analyzing the data will actually do that allocation. But there are specific instructions around say reporting labor costs and staffing that you'll need to pay attention to in that case where you provide both ground ambulance and other services.

But the calculations themselves, like taking some share, that would happen - that would be done by those analyzing the data, not on your end.

(Christine Bosserman): Okay, so the fact that we don't staff a unit, we staff a station, so being able to separate out those percentages will be done on the other end after I answer the questions that are going to be on the tool.

Andrew Mulcahy: I think to the extent that it's possible for that to happen in the instrument, it's written to accommodate that. There may be some cases where you'll have to follow some specific instructions on what to report versus not what to report. One case if you have staff or a facility that is not at all related to ground ambulance services, that should be out of scope for the purposes of tallying costs today. Although in your case it sounds like that might not apply.

(Christine Bosserman): No, not at all. Every single station is fire and EMS together. We got to do it all. All right, I'll look forward to seeing what we have on the questions. Thank you so much.

Coordinator: Thank you. And once again if you would like to ask a question please press Star then 1. The next one I believe the name is (Sharatina)? Your line is open.

(Shara Tisa): Yes, good afternoon. I'm (Shara Tisa). I have a general billing question. It's regarding the CMS patient signature form. Our facility is hospital based again in a rural area. And we are wondering if we need one signature per trip or one signature on file for future trips as we have several patients that will commence daily.

Sara Shirey-Losso: I'm going to pause for a minute - this is Sara Shirey - to see if we have any of our colleagues in CMS on the line that are familiar with this form.

(Shara Tisa): Okay.

Sara Shirey-Losso: And they can jump in to answer that. I'm hearing silence so if you don't mind to send your question in to our open door forum e-mail box, that is ambulanceodf@cms.hhs.gov, we'll be sure to get your question to the correct area.

(Shara Tisa): Okay, perfect. Thank you so much.

Sara Shirey-Losso: You're welcome.

Coordinator: Thank you. Once again for questions please press Star 1. The next question comes from (Carolyn Lewis). Your line is open.

(Carolyn Lewis): Hello. I'm part of a rural, super rural tribal ambulance. Is there anybody that's going to be exempt from this program?

Sara Shirey-Losso: So there are no automatic exemptions. We are required to sample ambulance organizations for their cost and revenue data. I think looking back at the prior caller as well - (Patty) I believe - I think we really want to try and

balance the need for data but we also want to ensure that we capture the rural and super rural organizations.

I think that their data is really important in the scheme of this collection and to have those costs reflected and to say that, you know, we will be doing a lot of outreach and assistance to help you get the data to us.

(Carolyn Lewis): Okay I'm like a previous caller. I'm the person that does it all. So I'm probably going to need some help should this happen. Thank you.

Sara Shirey-Losso: I appreciate it, thank you.

Coordinator: And once again please press Star then 1 if you have a question. Please stand by for further questions. Once again that is Star 1 for a question. And at this time we've had no further questions from the audience.

Dina Payne: Great, thank you. If there are no further questions I would like to thank everyone for joining us today on the Ambulance Open Door Forum. And we look forward to having you join us at a future forum and enjoy the rest of your day. Thank you so much.

Coordinator: Thank you for your participation on today's conference call. At this time all parties may disconnect.

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