Centers for Medicare & Medicaid Services

Open Door Forum: Ambulance

Moderator: Jill Darling

Thursday, December 1, 2022

2:00 pm ET

Coordinator: Welcome and thank you for standing by. Today's call is being recorded. If you have any objections, you may disconnect at this time.

All participants are in a listen-only mode until the question and answer session of today's call. At that time, you may press star 1 to ask a question. I would now like to turn the call over to Jill Darling. Thank you. You may begin.

Jill Darling: Thank you, Kelly. Good morning. And good afternoon, everyone. I'm Jill Darling in the CMS Office of Communication and welcome to today's Ambulance Open Door Forum.

Before we get into the agenda today, I have one brief announcement. 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 do have any inquiries, please contact CMS at press@cms.hhs.gov. And I will hand the call off to our chair, Maria Durham.

Maria Durham: Thank you. Good afternoon or late good morning to everyone, depending on where you're located. On behalf of the Centers for Medicare and Medicaid

Services, I would like to welcome you to today's CMS Ambulance Open Door Forum.

My name is Maria Durham, and I'm the Chairperson for today's open door forum. I'm also 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 data reporting tools and pricing for a variety of areas but most importantly for you, in addition to the Medicare Part B Ambulance Fee Schedule, we are also responsible for the Medicare Ground Ambulance Data Collection System, and many of you are familiar with that, called the Medicare GADCS.

I have a couple of remarks first about the GADCS. It is a very busy time of year for selected ground ambulance organizations for Year 1 and Year 2. You are collecting data. Many of you have collected about 12 months worth of data.

As you know, organizations may choose to collect information over a calendar year or the organization's fiscal year and many have fiscal years that coincide with a calendar year, so you're already 11 months into data collection.

Beginning in January of 2023 selected ground ambulance organizations will start reporting data to CMS using a web-based portal. CMS has posted on our website several helpful materials, including a user guide, frequently asked questions, a guide that will help you get connected to the CMS portal.

And to note, if you have any questions about the timeline, you want to see some examples of the data collection period and the data reporting period, this is in our frequently asked questions document on the GADCS webpage or the Ambulances Services Center website.

CMS has also posted on our website lists of Year 3 and Year 4 selected ground ambulance organizations. These organizations will also receive letters via regular mail and email from their Medicare Administrative Contractor beginning this month in December of 2022.

Finally, I just want to remind you that there are two upcoming webinars on 12/8 and 12/15. This is where you are going to get to see the system live and get to see what the GADCS is really all about before you start reporting your data. So, more information will be forthcoming on that.

So, moving to today's agenda. We have an entire hour dedicated to six topics. Chanelle Boone will talk about the ET3 model. Shaheen Halim will talk about the Ground Ambulance and Patient Billing Advisory Committee. Then we have Dr. Andrew Mulcahy from RAND talking about the Medicare GADCS final rule changes.

And Ms. Amy Gruber will be talking about the origin and destination requirements under the Ambulance Fee Schedule during the COVID-19 PHE, Emergency Hospitals and the Outpatient Perspective Payment System Rule as well as ASCs and then finally the Ambulance Inflation Factor.

And as usual we will conclude this section with Q&A. So, without further ado, Jill, do you want to get started?

Jill Darling: Great. Thank you, Maria. First off, we have Chanelle Boone, who has some updates on the ET3 model.

Chanelle Boone: Sure. Thank you. Hopefully you can hear me okay. My name is Chanelle Boone representing the ET3 model team. The model sits within the Division of Healthcare Delivery within the CMS Innovation Center. I'll share an update regarding the model in a second here.

Firstly, just for the audience, I'll provide a brief refresher on the model component. The ET3 model is a voluntary five year payment model that provides greater flexibility to ambulance care teams to address emergency healthcare needs of Medicare fee for service beneficiaries following a 911 call.

The model consists of two inventions, transport to an alternative destination, referred to as TAD, and treatment in place, referred to as TIP. The TAD and TIP interventions may be offered if the ambulance is dispatched to the scene. An individual could either be transported to the ED as a covered destination under traditional Medicare or be transported to an alternative destination under the ET3 model.

Alternatively, an individual could receive treatment in place by a qualified healthcare practitioner, either onsite where they are or through telehealth.

We currently have 159 participants representing 35 states servicing both urban and rural areas. Participants have varying operational structures, such as hospitals, fire departments, etcetera.

We currently have certain flexibilities in place for participants by delaying the required start date for TAD interventions and 24/7 access to an ET3 intervention. Additionally, we are allowing participants to offer the TIP intervention while they work towards getting TAD up and running.

Recently on November 14th, CMS communicated that the date by which participants must make the TAD intervention and 24/7 access available has been extended to December 31, 2023. In addition, the flexibility that allows participants who elect to implement the optional intervention without implementing the TAD intervention first has been extended to December 31, 2023 as well.

These flexibilities are being offered in response to participant feedback and to further support implementation efforts, not delay them. We are continuing to encourage participants to push forward, full steam ahead, to achieve model goals.

Please note that these flexibilities only apply to participants currently in the model within an amended participation agreement.

So, that wraps up my update for the ET3 model. And, at this time, I will hand it back over.

Jill Darling: Thank you, Chanelle. Next, we have Shaheen Halim who will talk about the Ground Ambulance and Patient Billing Advisory Committee.

Shaheen Halim: Thank you. This is Shaheen Halim. I am the designated federal official for the Ground Ambulance and Patient Billing Advisory Committee.

And I last spoke with you all, I think it was last year around this time. So, as you know the Ground Ambulance and Patient Billing Advisory Committee is a FACA committee that was authorized under the No Surprises Act, Section 117. And it is a FACA committee that is to be jointly run by the Departments of Health and Human Services, Department of Labor and Department of Treasury.

And the purpose of the committee is to review options to improve the disclosure of charges and fees for ground ambulance services to better inform consumers of insurance options for these services and to protect consumers from balance billing.

The Ground Ambulance and Patient Billing Advisory Committee charter was signed last year by the three departments. And we published a Federal Register notice last November that solicited members for the committee. And we received 52 completed nominations by the end of the solicitation period.

So, I am pleased to announce that we have now completed the membership nomination review process among the three departments and the membership selections have been made. We have selected 17 members to represent the

various statutory representation requirements for the committee as required under Section 117 of the No Surprises Act.

And we anticipate publishing a Federal Register Notice later this month, mid-December 2022, announcing the membership roster for the GAPB committee.

That federal register notice will also contain the anticipated dates of the first committee meeting, which will be open to the public. And the notice will include the high level agenda registration information for the meeting and deadlines to submit comments for the committee's consideration.

Materials for the meeting itself will be made available on CMS's Ground Ambulance and Patient Billing Advisory Committee website closer to the dates of the actual meeting.

And so, I urge you to check the Web site frequently for updates. The Web site itself is https://www.cms.gov/regulations-guidance/advisory-committees/advisory-committee-ground-ambulance-and-patient-billing-GAPB. And should you have any questions about the upcoming announcement of the roster or the meeting itself, I urge you to email me, gapbadvisorycommittee@cms.hhs.gov.

Thank you. And that wraps up my announcement. Back to you, Jill.

Jill Darling: Great. Thank you so much, Shaheen. New we have Andrew Mulcahy from RAND who will talk about the Medicare Ground Ambulance Data Collection

System for the Calendar Year 2023 under the Physician Fee Schedule final rule.

Andrew Mulcahy: Great. Thanks so much. I hope that folks have a copy of the slides in front of you. If you don't, you can navigate to Medicare's Ambulances Services Center website and, under Spotlights, you'll find a link to the slide presentation today there.

I'm Andrew Mulcahy from the RAND Corporation, which is a nonprofit research organization That's helping CMS implement the GADCS and then analyze the collected data.

I know many of you will be following along with the slides today, so I'll do my best to shout out slide numbers as we go. Moving on to Slide 2 to quickly review our agenda for today, the goal is to cover the changes finalized by CMS in the calendar year, or CY, 2023 Physician Fee Schedule, or PFS, Final Rule.

The slides do include the link to get to the final rule if you'd like to review it. It also has a link to the GADCS website, which has a wealth of resources and information there on the GADCS, as Maria mentioned earlier, including a link to the FAQ document, user guide, et cetera.

One important note there, there are some older webinars from the prior two years hosted up on the Ambulances Services Center website and the GADCS website. Those have not been updated to reflect the CY 2023 PFS Final Rule changes.

So, it's important as we go through the changes today to note that some of this may lead to a sort of addendum to the information in some of the earlier CMS webinars.

So, moving on to Slide 3 and then Slide 4, I have a very brief overview of GADCS. Maria already covered most of these points during her introductory comments. So, I'll go very quickly here.

Process-wise on Slide 4 is a schematic that lays things out in six steps. We are right now past the point where CMS notified the Year 1 and Year 2 ground ambulance organizations participating in GADCS. As Maria mentioned, we are past the point where many of those selected organizations have been collecting data now for 11 months, some for a shorter time, but many for several months at this point.

And we're about to get to Step 4 in this schematic where users would register and link to the web-based GADCS portal or system and then would actually report information.

I mentioned that many organizations will have already been collecting data for some months, but not all of them. And that's because organizations, at least some organizations, have a choice between collecting data over a continuous 12-month period that aligns with your fiscal year, which in many cases itis a calendar year, starting January 1, or if your fiscal year starts at a later date,

you can collect information over that later 12-month period, starting at the beginning of your fiscal year beginning 2022.

So that means some organizations started collecting data later and the reporting period, which is the five months after the end of your data collection period, will also shift out a bit. And so, slide 5 has a schematic on what this means in practice for an organization here with a January 1 data collection period start date on the top and then a July 1, 2022 data collection period start date on the bottom.

The FAQ document that we mentioned earlier does have more examples of data collection period and data reporting period start and end dates. But, for most organizations collecting in Year 1 and Year 2, the organization's data collection period started January 1, 2022 and will end December 31, 2022.

And then the data reporting periods, again for those organizations using a calendar year basis for collection, data reporting periods will start January 1, 2023 and proceed through the end of May, 2023.

Slide 6 is just a very brief reminder on what information is in scope for GADCS. There are 13 sections of the system that cover, at a very high level, some organizational characteristics in Sections 2, 3 and 4, the services in terms of the number and mix of services you provide in Sections 5 and 6 of the GADCS, information on costs in Sections 7 through 12 and then information on revenue in Section 13.

Again, whether or not you've been selected for Year 1 and Year 2, if you have questions on the scope for what's necessary for collection and then reporting, you can see these other resources at the link below.

So, moving on to Slide 7 and then 8, we'll cover some of the specific changes in the CY 2023 PFS Final Rule related to GADCS. This first few set of slides starting on Slide 8 covers some more general changes. We will then afterwards go into some more question specific changes.

So, the first change described in Section 8 is to add some more instructions to help primarily government-based ground ambulance organizations understand what information that they do and don't need to collect and report from their local government itself.

CMS has heard that many government-based organizations take advantage of their local government's HR, IT departments, sometimes vehicle or building maintenance, fuel, and dispatch services in cases where dispatch may be shared between police, fire and ground ambulance operations.

In all of those cases, if there isn't an effort made to track down those costs and report them, the information you'll report to GADCS won't reflect the full costs of your ground ambulance operation.

And so, in this change, some text that previously was in the GADCS FAQ was moved into the instrument itself, into the instructions to help clarify when primarily a government-based ground ambulance organization should collect

that other information from other corners of their municipal government and then report it.

Relatedly on Slide 9, there's a second change that was finalized that gets at methodology that we've talked about in prior CMS webinars called allocation. So, when a cost is on the books for a government organization or a hospital or another kind of entity and part of that cost is relevant to ground ambulance operations and part is relevant to some other operation, say a hospital or a fire department, then it's important to have a data driven approach to carve that expense up so that only the portion that's related to ground ambulance services is reported via the GADCS.

So, there's some new FAQ entries in the user guide and some new instructions that help provide some guidance on how ground ambulance organizations can practically allocate some of these common expenses.

I will point out there's from last year, last calendar year, an allocation specific webinar and some other resources, including the FAQ, that gives more practical guidance on how to handle allocation for different scenarios, like a fire department based ground ambulance organization.

Moving on to Slide 10, this is something that is one of the few new questions that was finalized through the final rule. This is a question at the very end of Section 2, which gets at the characteristics of ground ambulance organizations.

This is Section 2, Question 18, and this question asks whether the organization broadly contracts out EMS services, including EMT staffing to say a contractor or the entire provision of EMS or other ambulance services.

The reason this question was first proposed and then finalized as an addition in Section 2 is that there are separate questions later on in the instrument in Section 11 that ask about expenses for contractors and broadly contracted services.

And there was some ambiguity about whether in a case where an organization is contracting out all or some of its EMT labor, for example, whether or not that expense should go in Section 7, which covers labor expenses and labor hours or in Section 11.

And this new question, if you answer yes, that you do broadly contract out EMS staffing or services entirely, you will now see instructions that pop up asking you to report on labor hours, the number and type of facilities and the number and type of vehicles that your contractors use in Sections 7, 8 and 9, but not the related expenses in those sections. Instead, the entire expense for that contract should be reported in Section 11, which is other costs, question one.

So, if that does apply to your organization, I'd encourage you to check out the new Section 2, Question 18 and stay tuned for some more FAQ material on that specific scenario.

Moving on to Slide 11, this describes another change to try to clarify some of the instructions in the GADCS. Here, there were some programming notes, which are the behind the scenes under the hood programming checks that the GADCS web-based system makes as you're entering information.

In some cases, those programming notes would only allow respondent to put in a cost that was shared between ambulance and some other operation like a fire department say in certain circumstances. And in several of those cases, those programming restrictions were removed to give respondents more flexibility to report a cost and then an allocated expense of that - an allocated share of that expense rather related to their grounds ambulance services.

Slide 12 is a straightforward, but an important change for clarity to insert the word ground ahead of nearly every mention of ambulance across the GADCS questions. So, whereas before there were a few instances where just the word ambulance appeared and there might have been some ambiguity as to whether or not that was ground or air ambulance, it now explicitly says ground in each of those instances.

Slide 13 lists a range of other editorial and technical corrections that CMS finalized in the CY 2023 PFS Final Rule like using the past tense for clarity to clarify that the questions in the GADCS ask about a continuous 12-month data collection period that's since closed for example.

Those kinds of technical corrections and edits generally are minor and don't change the meaning of questions, but they are important to ensure that the questions are clear.

So, moving on to Slide 14, the heading that separates the more general finalized changes that we just covered into some more specific changes that get into individual GADCS questions.

Slide 15 is an important one for organizations that are no longer an operation or are still billing under an NPI but no longer providing ground ambulance services. There is a set of follow-up questions to a question that has been around since the beginning of the GADCS, Section 2, Question 1, and that asks is the NPI that you're reporting an NPI that your organization used to build Medicare for ground ambulance services during the data collection period?

If you answer no to that question, for instance, if you still use the NPI but didn't bill for ground ambulance services during your data collection period or the NPI is not being used at all at this point, if you answer no, there's a series of follow-up questions that will pop up and confirm your answer that you did not use the NPI to bill for ground ambulance services and completing that set of follow-up questions will complete your entire response to the GADCS.

Slide 16 describes a clarification in Section 2, Question 9, which asks about other operations in your organization that are beyond ground ambulance operations. It used to be an option here that listed another healthcare organization as an option in Section 2, Question 9.

CMS finalized a change to make it clear that that option, Option D, referred to a healthcare delivery operation, such as a clinic or urgent care center. The

definition also excludes hospitals, skilled nursing facilities for other Medicare providers of services because they're separately listed in Option C, which is immediately before Option D.

Slide 17 adds a new question on contracting arrangements. And this is related to what I mentioned earlier about the new question in Section 2, Question 18. I will say there are changes in the instructions along the way in Sections 7, 8, 9, and 11 to reflect this change.

So, in addition to the new question, there are a set of new instructions throughout other sections in the GADCS to implement this change.

Moving on to Slide 18, you have finalized some changes to the definition of response times in your primary and secondary service areas. The Question 1 in Section 4 asked about response time to emergency calls for service in your primary service area.

And the change that CMS finalized strikes that phrase in your primary service area so that the question - Section 4, Question 1 - refers to your overall response time for emergency calls to service regardless of whether or not those responses were in your primary or secondary service area.

There's also some change to that programming logic under the hood to make it clear that you should be asked about response time in your primary and secondary service areas only when you indicate you responded to emergency calls for service in your primary and secondary service areas.

Slide 19 covers a straightforward, but another clarifying change here. There's a question in Section 4 about response time penalties, contractual or otherwise, and CMS finalized their change to specify that the question refers to monetary penalties not potential other penalties.

Slide 20 describes a finalized change on the clarification of total responses. The change splices in the word emergency responses instead of just total responses in Section 5 in a couple questions to make it clear what the question is asking.

Moving on to Slide 21, the clarification on joint responses. CMS heard through comments on the proposed rule that there were some questions as to what constituted a joint response. And so, in the final rule, CMS added some examples and some more context to help respondents understand what the Section 5, Question 3, instructions were getting at in terms of joint responses.

Slide 22 is a related question, Section 5, Question 3A, if you report you do have joint responses. Previously the question required a specific share of ground ambulance responses that were joint where the non-transporting agency continued to provide medical care in the ambulance during transport.

CMS heard from some organizations that this number is difficult to know precisely because the activity is from another organization that may not be tracked. And so, the final rule finalizes a change to allow an estimate for that response in Section 5, Question 3A.

Slide 23 in Section 7 now clarifies how to deal with cases where the labor categories in your State or jurisdiction don't completely match up with CMS' categories and the categories that are listed in the Section 7 tables.

The new instruction at the start of Section 7 asking respondents to use your best judgment to assign staff categories in your state or jurisdiction to the categories in the Section 7 tables.

Slide 24 is another place where this new question in Section 2 on broadly contracted EMT labor or other EMS services comes into play. Here, if you say that you do contract out EMT staffing to another company, you should report hours worked in Section 7 but not total compensation. And again, that compensation, the payment for those contracted EMT staff would fall under Section 11, Question 1.

Slide 25 is also on the Section 7 labor categories. The prior labor categories ended with this phrase that is in quotes on the slide, at the top of Slide 25 with fire, police, and public safety roles.

It's important for Section 7 to note that for organizations that are a ground ambulance and fire operation or ground ambulance and police, there is separate reporting for staff that have just ground ambulance responsibilities and staff that have both ground ambulance and fire police or other public safety roles.

So, there are some questions about what a fire, police, or public safety role meant and whether or not that required the staff to actually be responding to

calls for service. The Final Rule finalized the change that clarified that it's not just going out on calls, but supporting fire police and/or public safety operations very broadly.

So, you have an EMT that also does desk work for fire safety that would still qualify as having both ground ambulance and fire roles.

Slide 26 describes a set of changes and a reordering of questions around reporting medical director expenses, ground ambulance organizations bring in medical director expertise in many different arrangements, including as salaried staff through contracts and other arrangements.

And so, this change that CMS finalized reorders some of the questions to ask whether you contract with the medical director earlier in Section 7 so that that web-based system can better apply some of that under the hood programming logic so that the questions you're asked later on in Section 7 make sense.

Slide 27 have some additional instructions again related to that Section 2, Question 18 new questions just not to beat a dead horse here, but again, if you do contract out EMS services broadly, the number and type of facilities and vehicles should be reported in Sections 8 and 9. The expense should not be though. And the expense should be reported in Section 11, Question 1.

Slide 28 covers the introduction of a new set of Excel workbook templates to report information on specific facilities and specific vehicles in Sections 8 and 9. These templates cover some of the questions in Sections 8 and 9, not all of the questions in Sections 8 and 9.

CMS recently delivered a separate webinar on these templates and how to use them. The templates are available up on the CMS GADCS website. So, I won't go into much more detail here in the interest of time. But if your organization is larger, relatively larger, in terms of operating many vehicles, ambulance or not, and using many facilities, it may be worthwhile checking out these templates as an alternative to typing the information in directly into the web-based system.

The use of these templates is completely optional, and it's up to each organization to decide to use them or not or just use the web-based system directly. Again, if you'd like some more information, that earlier session is a great place to get a heads-up on these new templates. And the use of those templates and the process were finalized in the CY 2023 PFS final rule.

One more slide on this one. If you do broadly contract out EMT staffing or EMS services holistically, like you're billing under your organization's NPI, but then you pay another organization to provide EMS services billing under your NPI, then that total expense for that contract should be under Section 11, Question 1.

And then finally the last change I'll cover today is on Slide 30. And that's some clarifications to the other cost categories a little later on in Section 11. This is a kind of - a very long table, a kind of long laundry list of different categories and an opportunity to report any expense that you haven't already included in your response up to that point in the GADCS.

There are a couple of editorial changes to the row headings in Section 11 to help clarify what CMS intended should fall in some of these different individual rows. We won't go through the details of each of those changes. I will say at the end, at the bottom of this table, there still remains as there has always been, a write-in option, and other category.

And so, if you do reach the end of that table at the bottom of Section 11 and don't find the category you're expected to see, it's probably worth scanning through it one more time. And if you don't see it there, you can always use that other write-in option.

And with that, I will stop and turn it over to Amy Gruber.

Amy Gruber: Thank you, Andrew. We are on now on to Slide 31. In addition to the proposed and finalized changes to the GADCS instrument, we had another proposed change. In an effort to improve efficiency and reduce submission time, we proposed to automate the process for hardship exemption requests and informal review requests.

There was a discussion about this issue, including responses to the comments that we received can be found on pages 70022 through 70023 in the Calendar Year 2023 PFS Final Rule. Moving on to Slide 32, this provides background on the hardship exemption request.

Moving on to Slide 33, this provides the background on the informal review request. And so, for both the hardship exemption requests and informal review

requests, we stated that these requests should be sent to the Ambulance ODF website.

So, on Slide 34, we finalized our proposal to update our regulations to give us the necessary flexibility to specify how ground ambulance organizations should submit these requests, including to our GADCS web-based portal once the portal is operational.

We would note that a copy of the hardship exemption request form is available on our website. You may submit a hardship exemption request via the GADCS portal after the organization receives notification that it will be subject to the 10% payment reduction as a result of not sufficiently submitting information under the GADCS.

Moving on to Slide 36, on this slide we provide our GADCS services resources. This concludes the slide presentation on the finalized changes to the GADCS in the Calendar Year 2023 PFS Final Rule.

I will be presenting the remaining announcements. The next announcement is on the origin and destination requirements under the Ambulance Fee Schedule during the COVID-19 public health emergency only. In the Calendar Year 2023 PFS final rule on pages 70130 through 70131, CMS finalized our interim final policy that the expanded list of covered destinations for ground ambulance transport was for the duration of the COVID-19 PHE only.

In the interim rule with comment period, which was published on April 6, 2020 in the Federal Register, citation 85 FR 19276, we state that during the

COVID-19 pandemic only, a covered destination includes a ground ambulance transport from any point of origin to a destination that is equipped to treat the condition of the patient consistent with state and local EMS protocols where the services will be furnished.

These destinations include, but are not limited to, any location that is an alternate site determined to be part of a hospital, critical access hospital or skilled nursing facility, community mental health centers, FQHCs, RHCs, physician offices and urgent care facilities, ASCs, any location furnishing dialysis which is outside of an ESRD facility where an ESRD facility is not available, and the beneficiary's home.

When the COVID-19 PHE ends, our regulations will reflect longstanding ambulance services coverage for the following destinations: hospital, CAH, rural emergency hospital, which will be effective with services on or after January 1, 2023, SNF, a beneficiary's home and a dialysis facility for an end-stage renal disease patient who requires dialysis.

The next announcement is on the rural emergency hospital ambulance services. There were two proposals that were finalized in the Calendar Year 2023 Hospital Outpatient Prospective Payment System, and Ambulatory Surgical Center System Final Rule that was not included - that was in those rules and not included in the Calendar Year 2023. This is your fee schedule final rule where all the aforementioned ambulance services and the GADCS finalized changes reside.

Today's agenda includes a link to the final rule. You can also find this information on our Ambulances Services Center website under Spotlights. It's the second final rule listed. You can find our finalized proposals on Pages 72181 through 72182 of this final rule.

In the rural emergency hospitals regulation, there's a section about ambulance services, specifically Section 125 of the Consolidated Appropriations Act 2021, which added section 1834(x)(3) of the Act, which states for provisions related to payment for ambulance services furnished by an entity owned or operated by a rural emergency hospital see Section 1834(l) of the Act.

Accordingly, this statute makes clear that the ambulance provisions under Section 1834(l) of the Act apply to REHs' that owns and operates an ambulance transportation in the same manner that they do for other ambulance providers and suppliers that receive ambulance fee schedule payment for ambulance services.

We finalized our two qualifying proposals. We finalized our proposals to revise our regulations at 42 CFR 410.40(f) to include REH as a covered origin and destination for ambulance transport and that an REH that owns and operates an ambulance transportation may enroll in Medicare as an ambulance provider and receive payments under the Ambulance Fee Schedule if all coverage and payment requirements are met.

Today's final announcement is on the Calendar Year 2023 Ambulance Inflation Factor and Productivity Adjustment. On October 13, 2022, CMS released Transmittal 11624, Change Request 12948 to annualize the

Ambulance Inflation Factor for Calendar Year 2023 in Chapter 15, Section 20.4 of the Medicare Claims Processing Manual so that Medicare contractors can accurately determine payment amounts for ambulance services.

We included a link to this transmittal in today's agenda. It is also posted on our Ambulance Services Center website under Spotlights.

The effective date of this transmittal is January 1, 2023 and the implementation date is January 3, 2023. The Ambulance Fee Schedule base rates and mileage base rates are updated annually by an Ambulance Inflation Factor, which is a Consumer Price Index for All Urban Consumers (CPI-U), which is the June - over June of the previous year, reduced by Multifactor Productivity.

The CPI-U is reported by the U.S. Bureau of Labor Statistics and the Multifactor Productivity is determined by CMS' Office of the Actuary.

The Multifactor Productivity for Calendar Year 2023 is 0.4 percent and the CPI-U for 2023 is 9.1 percent. According to the Affordable Care Act, Section 3401, the CPI-U is reduced by Multifactor Productivity even if this reduction results in a negative Ambulance Inflation Factor update.

Therefore, the Ambulance Inflation Factor for Calendar Year 2023 is 8.7 percent. Thank you. Back to you, Jill.

Jill Darling: Thank you, Amy, and to all of our speakers. Kelly, will you please open the lines for Q&A?

Coordinator: Absolutely. If you would like to ask a question, please press star 1, clearly state your name after unmuting your phone, if it's muted. And if you'd like to withdraw your question, press star 2. And again, to ask a question, press star 1.

And it could be a moment or so before the calls come through. Our first question comes from (Jeanne Bradshaw). (Jeanne), your line is open.

(Jeanne Bradshaw): Hello. We were selected for Year 1 reporting and I just want to clarify this. We are going by our fiscal year, which begins October 1st through September 30th. So we should start collecting our data October 1, 2022 through October 2023 and then report after that?

Andrew Mulcahy: This is Andrew. That sounds right to me. So you would collect October 1, 2022 through September 30, 2023, and then you'd have a data reporting period that would be five months starting October 1, 2023.

(Jeanne Bradshaw): Okay, great. That's what I thought. I just wanted to make double sure. Thank you.

Andrew Mulcahy: Good to double-check.

Coordinator: There are no other questions in the queue.

Jill Darling: All right. Well, thanks, everyone. I will pass it back to Maria for closing remarks.

Maria Durham: Thank you very much, everyone. I really appreciate the time you took to listen to us today. And as usual, if you think about questions, if you have any questions, feel free to reach out to us. Thank you very much.

Coordinator: That concludes today's call. Thank you for participating. You may disconnect at this time. Speakers, please allow for a moment of silence and stand by for post-conference.

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