



Ground Ambulance Organizations: Data Collection System

Moderated by: Diane Maupai
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Operator: At this time, I would like to welcome everyone to today's Medicare Learning Network® event. All lines will remain in a listen only mode until the question and answer session. This call is being recorded and transcribed. If anyone has any objections, you may disconnect at this time. I'll now like to turn the call over to Diane Maupai; thank you, you may begin.

Announcements & Introduction

Diane Maupai: Thank you Erika. As Erika said, I'm Diane Maupai from the Provider Communications Group at CMS and I'll be your moderator today. Welcome to this Medicare Learning Network call about the Ground Ambulance Organization Data Collection System. We'll provide an overview including selection of organizations required to report and details about the data collection instrument. Before we get started, you received a link to the presentation in your confirmation email.

The presentation was updated late yesterday Eastern Time probably around 6 o'clock so you can find the updated presentation at this URL go.cms.gov/npc for National Provider Call; again, that URL is go.cms.gov/npc. Today's event is not intended for the press and the remarks are not considered on the record. If you're a member of the press, you may listen in but please refrain from asking questions during the question and answer session. If you have inquiries, contact press@cms.hhs.gov.

Four of our presenters are from the RAND Corporation. Our first presenter this afternoon will be Andrew Mulcahy and he is in the room. The other three presenters are at the RAND offices. So, with that, I'm going to turn it over to Andrew.

Presentation

Andrew Mulcahy: Thank you very much. My name is Andrew Mulcahy and I'm a Health Policy Researcher at the RAND Corporation, a nonprofit research organization that is helping CMS design and implement the Ground Ambulance Data Collection System. I'll be presenting today along with three of my RAND colleagues, Doctors Sara Heins, Lisa Sontag-Padilla, and Christine Buttorff. Before I get started, I'll note that the acronyms used in the presentation are listed on slide 2 for reference.

And now, on to the agenda on slide 3; the presentation today will provide an overview of the Medicare Ground Ambulance Data Collection Instrument. The presentation is structured and follows the printable version of the data collection instrument, starting with the first section in the instruments and then working through in order until the end. We'll describe each section of the instrument and summarize the questions in each section at a high level, usually on a single slide. We will not discuss every question in the instrument in detail.

We will though walk through selected questions from each section, focusing on questions that are more complex, where that may require your Ground Ambulance Organization to change the way that you collect information. We'll also highlight important features of the instruments and data collection notes in call-out boxes on some slides. I'll reemphasize we are not going to go through every question on the instrument. If you have any questions about questions that we aren't covering today, you can ask them during the Q&A at the end of the session, or send them to the CMS email address which will be provided at the end of the presentation.



If you haven't already seen it, there's a printable version of the questions available on the Medicare Ambulances Services Center website. Importantly, CMS is posting an updated instrument with some clarified instructions very soon over the next few days. We encourage you to check the website later this week for updated information and the instrument. There are several other resources posted on the Medicare Ambulance Services Center website including slides in earlier presentation, reviewing the information that Ground Ambulance Organizations must collect and report, a quick reference guide on required information, and then a frequently asked questions document.

If you do have a copy of the printable version of the instrument, the question numbers in the presentation today will match up with the question numbers in that printable instrument. Slide 4 lists the sections in the instrument which also serve as the sections for our presentation today. At this point, I'll turn the presentation over to Sara Heins who will cover sections 2 through 4.

Section 2 Summary: Organizational Characteristics

Sara Heins: Thanks Andrew. Now, we'll start walking through some of the survey content. After the general instructions in section 1, this is the first section of the instrument with questions for your organization. The overall purpose of this section is to learn more about your ambulance organization's characteristics. For example, do you use volunteer labor, are you hospital based, fire-based, do you offer air ambulances? Beyond giving CMS a better understanding of your organization, these questions are important because they will determine which questions and instructions you see later on.

We now turn to slide 6. These are two examples of questions about your organization that will help determine which questions we see later in the survey. Question 2 in this section asks if your organization used more than one National Provider ID or NPI to bill Medicare for ground ambulance services, that is land and water ambulances, during the data collection period. Most organizations will bill only under one NPI, but some organizations such as large companies or organizations that have merged may bill under multiple NPIs.

If this describes your organization, you'll receive some additional questions asking you to report on costs and revenue related only to the NPI samples to report information. Otherwise, you won't see these instructions. Similarly, for question 7, if you indicate that your organization uses volunteer labor, you'll get additional questions about volunteers when we get to section 7 which asks about labor costs, but otherwise you won't see these questions.

Moving on to slide 7. Question 8 asks what category best describes your ground ambulance operation? The options are fire department-based, police or other public safety department-based, government standalone, EMS agency, or a hospital or other Medicare provider of services. There are two options for independent or proprietary organizations either that provide — primarily provide EMS services, so that's responding to emergency calls, or that provide non-emergency services, for example scheduled medical transport. There's also an option for other where you can write in your answer.

Question 9 is a follow up question for those who answered A, B, or D in question 8, and that asks if you share some or all costs with these other services. These questions help target the questions that you'll see later on. For example, if your organization is fire-based and you confirm that you share operational costs, you'll get



additional questions and instructions about how to separate out ground ambulance costs from your organization's total cost.

Moving on to slide 8. These questions ask if your organization operates air and water ambulances. Water ambulances are considered ground ambulances, but air ambulances are not. If your organization operates water ambulances, you'll get additional questions tailored to operating water ambulances, and if your organization operates air ambulances you'll get additional instructions to not include air ambulance costs unless specifically asked for.

Section 3 Summary: Service Area

Next, slide 9 gives a summary of section 3 on service area. Your service area is the area in which you respond to calls for service. While developing the instrument, CMS heard from ground ambulance organizations about a wide range and different types and configurations of service areas. Sometimes, an organization is the exclusive EMS provider for one municipality but occasionally provides services in other areas through mutual and auto-aid arrangements.

In other cases, an organization might serve a very broad area like several counties or an entire state. The questions in the instrument of our service area were designed to allow organizations some flexibility in reporting these different scenarios. More specifically, this section asked about what you think of as your organization's primary service area? And if you think of your organization as having your secondary service area, we define your primary service area as the area in which you are exclusively or primarily responsible for providing services at one or more levels and where it's highly likely that the majority of your transport pickups occur.

Some organizations might also have secondary service areas which we define as areas where you regularly provide services through mutual or auto-aid agreements; however, for either category, do not include areas where you provide services only under exceptional circumstances. For example, responding to a natural disaster or a mass casualty event. This section also asks about average trip time.

Slide 10 shows some of the questions in section 3. For the first question, you'll be asked to select the zip codes that make up your primary service area. Question 4 asks if you have a secondary service area, and if you do, you'll be asked to select the zip codes in the next question.

Section 4 Summary: Emergency Response Time

Slide 11 gives a summary of section 4 on emergency response time. You'll only see the section if you respond to emergency calls. For example, if you indicated previously that your organization only does scheduled transports, you won't see the section. We'll talk a little bit more about some of these definitions in the next slide, but overall, we're interested in your average and 90th percentile response times for your primary service area, and if you have one, your secondary service area. We will also ask some questions about whether your organization has response time targets, and if so, if you're incentivized to meet these targets.

Moving on to slide 12. The first question in section 4 asks about the way your organization defines response time. The instrument defines response time as the time from when the call comes in to when the ambulance or



another EMS response vehicle arrives on the scene. If you also define response time in this way, you won't see the next question. If you define response time differently, you'll be asked to specify how you define it in question 2 and you'll be able to use that definition going forward.

Moving on to slide 13, section 4, question 3, asks about your average response time and your 90th percentile response time. Your average response time is the mean time it takes for your ground ambulances to respond to emergency calls. Your 90th percentile emergency response time is the time below which 90% of your emergency responses fall. This is one question where estimates are okay if your organization doesn't collect this data. We will go through more detailed examples of how to answer question 3 in the next slide.

Now, on slide 14, here's an example of how to answer question 3 for a hypothetical ground ambulance organization. This organization has 10 total emergency responses. To get the average response time, you add up all the response times and divide by the number of responses in this case 10 for an average response time of 4.4 minutes. To calculate the 90th percentile of response time, you find the response time that is higher than 90 percent, or in this case 9 of your responses. The response time 6 minutes is higher than your fastest 9 responses. I'll now hand it back over to Andrew, who will talk about the service volume section.

Section 5 Summary: Ground Ambulance Service Volume

Andrew Mulcahy: Thanks Sara. We'll move on to section 5 of the instrument and slide 15 in the presentation. Section 5 includes questions on the volume of ground ambulance services of different types that you provided during the data collection period. There are questions asking about your volume of total responses to calls for service including responses that did not involve a ground ambulance, total ground ambulance responses, the number of ground ambulance responses that did not result in a transport, the number of ground ambulance transports, the number of ground ambulance transports that were paid in full or in part, and the number of several other categories of service.

One important consideration for all of section 5 and for collecting and reporting data in general, it should include all services in accounts, not just services to Medicare beneficiaries. For example, when collecting and reporting the number of ground ambulance transports that were paid in full or in part, think about all of your paid transport, not just paid Medicare transport. As in other sections of the instrument, if your organization bills for ground ambulance services under more than one NPI, you need to collect and report service volume information so that the reported information is only for the sample NPI.

There are detailed definitions of each of the service categories in the instrument. We've copied these definitions on slide 16 and 17. I'll highlight some key points on the definitions rather than read through them verbatim. First, there's an important distinction between total responses and total ground ambulance responses. The definitions for both terms are on slide 16. Total responses include all responses to calls for service by your organization regardless of whether an ambulance was deployed.

There are a few scenarios that CMS heard about as the instrument is being developed that could result in a different number of total responses and total ground ambulance responses, even for organizations that provide only ground ambulance services. For example, as a vehicle other than the ambulance like a supervisor vehicle is dispatched, and then for whatever reason the call is canceled before an ambulance is deployed, the response would count towards total responses but not towards total ground ambulance responses.



There will also be a difference between total responses and total ground ambulance responses for most fire, police, and other public safety-based ambulance organizations. Responses that involve only fire, rescue, police, or other public safety vehicles and staff count towards total responses but not toward total ground ambulance responses. Other transport categories involve transports, which is defined in the instrument as the use of a fully staffed and equipped ground ambulance responding to a request for service to provide a medically necessary transport based on the rules relevant to the applicable payer.

These service categories are listed on slide 17 and include ground ambulance responses that did not result in a transport, ground ambulance — all ground ambulance transports, and ground ambulance transports that were paid in full or in part. I'll walk through an illustrative example on slide 18 to highlight some relationships between these service categories. Your reported number of total responses including responses that did not involve the ground ambulance will always be the largest number you report in this section, because this service category is the broadest.

In this illustrative example, the ground ambulance organization had 1,000 total responses. Some share of these responses will involve a ground ambulance and will contribute to your reported number of ground ambulance responses. This number will be by definition less than or equal to reported total responses. In this case, the organization had 600 ground ambulance responses. The difference between 1,000 total responses and 600 ground ambulance responses maybe due to a range of reasons. For example, this might be a fire or other public safety-based ground ambulance organization and ambulances may not be dispatched in response to every call for service.

Moving over to the third column, your reported number of ground ambulance transports and ground ambulance responses not resulting in transport should roughly if not exactly add up to your reported number of ground ambulance responses. In this case, of 600 ground ambulance responses, 450 resulted in the transport and 150 did not. The 150 might reflect refusals for transport, cases where patient could not be located, or medical treatment at the scene. There's a separate question in section 5 on ground ambulance responses that did not result in a transport, but that did involve treatment at the scene.

Finally, moving to the 4th column, your reported number of paid ground ambulance transports will be by definition less than or equal to your reported number of total ground ambulance transports for many but not all ground ambulance organizations. These 2 numbers will be close. There are range of reasons why your organization might not pursue payment from every patient who has transported and even when there is an attempt to bill, in some cases no payment will be made. In this illustrative example, the ground ambulance organization was paid in part or in full for 425 of the 450 ground ambulance transports.

Moving on to slide 19, section 5 also includes questions asking whether you respond to calls for service jointly with other organizations. It's important to report if this scenario is relevant to your organization. If another organization provides a critical input into responses, for example, paramedic labor, then your organization's costs may look lower than costs from similar organizations that provide paramedic labor themselves. If you indicate that this scenario is relevant to your organization, there are follow-up questions where you can report the shared responses that we're joint, and the type of labor involved.



There are two questions on slide 20 that ask you to report the number of responses where your organization provided paramedic intercept services following CMS' definitions, and the number of responses where your organization provides an advanced life support intervention to meet a basic life support ambulance from another organization. At present, only certain ground ambulance organizations in New York meet CMS' definition of paramedic intercept, and so only organizations in New York should respond to question 9.

CMS understands that similar services may be provided in other states, and so organizations and states other than New York may respond to question 10. These questions will only appear if you indicate in section 2 that you provide these services. As with the questions on the previous slide, it's important to know whether you provide these services. If you do, your labor costs it may look high relative to similar organization on a per transport basis.

Section 6 Summary: Service Mix

Now, we'll move on to section 6 on slide 21. While the previous section focused on service volume, that is accounts of services, section 6 focuses on the mix of different types of ground ambulance responses and transports. You'll report the share of ground ambulance responses that were emergency versus non-emergency, the breakdown of ground ambulance transports by type using Healthcare Common Procedure Coding System or HCPCS codes, the share of ground ambulance transport that were interfacility versus not.

Moving on to slide 22, question 1 in this section ask you to report the share of your ground ambulance responses that were emergency versus non-emergency. The question includes CMS' definition of an emergency response which is a BLS or ALS1 level of service that have been provided in the immediate response to a 911 call or the equivalent.

A few important points to highlight on this question. First, the shared responses that were emergency plus the shared responses that were non-emergency should sum to 100%. Second, many organizations will have a mix of emergency and non-emergency responses, but some may have entirely emergency responses and others may have entirely non-emergency responses. Enter 0 percent in the row if your organization did not provide any emergency or non-emergency responses. Third, please note that this question asked about the mix of ground ambulance responses, not transport. As a result, you will not be able to report percentages in response to this question based on codes used for billing.

Slide 23 presents question 3 from the service mix section. Here, report on how your ground ambulance or transports fell across different types of transport, where the types correspond to HCPCS codes. Each of the HCPCS codes on the Medicare ambulance fee schedule are listed in the table, including, for example, basic life support non-emergency which is HCPCS codes A0428. Your organization may collect this information in-house, or you may have to request this information from a billing company if your organization uses one. Please note that this question asked for total transport not just bill transports, and so if your organization does not bill for all transports for one reason or another, your breakdown of all ambulance transports across HCPCS codes may look different than your breakdown of paid transport.

Slide 24 includes some example responses to question 3 on the mix of ground ambulance transports by types. I'll stress that these are illustrative examples only, we expect each organization to report different breakdowns



of transports across types. Organizations that provide only a basic life support level of service will likely report a breakdown of transports across relevant BLS codes.

In the example in the left-most column, 25 percent of ground ambulance transports were BLS non-emergency and 75 percent were BLS emergency. Many EMS organizations will report that large shares of ground ambulance transports were emergency as opposed to non-emergency. In the example in the middle column, 80 percent of the organization's transports were advanced life support 1 emergency, 10% were ALS2 emergency, and 10 percent were ALS1 non-emergency.

Some organizations may provide primarily non-emergency transports such as the example in the right-most column where 70 percent of transfers were BLS non-emergency and 30 percent ALS1 non-emergency. That wraps up section 5 and 6. I'll turn the presentation over to Lisa Sontag-Padilla who will walk through sections 7 and 8 of the instrument.

Section 7 Summary: Labor Costs

Lisa Sontag-Padilla: Thanks Andrew. Turning now to slide 25, I will walk through some of the content of section 7 which covers labor costs. Before I do so, I want you to know that a future webinar will focus in more detail on the labor section. Today's discussion is meant to be more of a high-level overview of key areas in section 7. The overall goal of section 7 is to capture staffing and costs associated with ground ambulance labor. As we move through this section, I want to note that I will be going over a lot of instructions to help clarify what information you will need to be gathering and how to report it within the instrument.

Broadly, this section of the instrument is broken up into two steps. The first step is determining where each staff member fits in terms of different labor categories. One general instruction in section 7 is to count each staff member only once, in one labor category. The instrument includes detailed instructions about how to handle complicated cases and we'll review these instructions in a bit. The reason for this approach is twofold.

First, it is important to make sure each staff member is only counted once in your reporting. Second, assigning each staff member to one labor category avoids the need to split hours and compensation for individuals across labor categories, which would result in complex calculations for some organizations. After assigning your staff, the categories in this section first ask whether you use staff in different categories during the data collection period.

The second step is collecting the reporting information on staffing and cost for each staff category. For each paid staff category, this includes reporting total annual compensation, total hours worked annually, and total hours worked annually unrelated to ground ambulance operations. For each volunteer staff category, this includes reporting number of individuals who are volunteers, total hours worked annually, total hours worked annually unrelated to ground ambulance operations, and total costs related to volunteers such as stipends allowances, etcetera. Again, we will go into details as to how to calculate and report the numbers associated with the cost for staff members in a bit.

Moving on to slide 26, I want to mention again that it is important for each staff member to contribute only to one labor category. Even if they perform multiple roles in your organization, this is important because it prevents double counting and potentially this complex calculation on your end when staff members have



multiple roles and responsibilities in your organization. In this slide, we summarize the instructions on categorizing each of your staff members into only one category with some examples of how to think about categorizing different types of staff that may have different and multiple responsibilities.

For instance, staff with both EMT and administrative roles should always be included in an EMT category. For example, a paid EMT-Basic who also performs administrative duties should be categorized as a paid EMT-Basic. Another example is thinking about staff who are both paid and volunteer during the reporting period. In this instance, the staff member should be categorized in the appropriate paid staff category. For example, a paid EMT-Paramedic who volunteers additional unpaid hours should be categorized as a paid EMT-Paramedic.

When thinking about administration or facility staff with multiple roles, you should assign each individual to a category indicating the individual's primary activity. For example, a paid administrator handling billing and clerical duties and occasional vehicle maintenance should be categorized in the paid administration facilities category because this is their primary responsibility. When considering staff who started as a volunteer in an EMT response category and then switched to a paid EMT response category, these individuals should be categorized based on two rules.

First, the staff member should be categorized in the appropriate paid staff category as they transition to a paid position during the reporting period. Second, you should categorize the individual based on the rank reported at the beginning of the data collection period. So, for example, a volunteer EMT-Intermediate who became a paid EMT-Paramedic during the data collection period should be categorized as a paid EMT-Intermediate. Finally, when considering whether to include staff or not, include only individuals who had responsibilities that were either partly or entirely related to your ground ambulance operation. So, in this instance, a paid EMT-Paramedic with only air ambulance responsibilities would not be included in any of the staff categories as this staff does not have any ground ambulance responsibilities.

On slide 27, I will walk through an example of how to complete the table in section 7 question 1. This table is where you'll indicate whether you have staff in each of the lever categories. As a reminder, each staff member will contribute to only one labor category even if they perform multiple roles in your organization. In this table instead of reporting a count of how many staff members fall into each category, you'll simply check whether you have any staff members that fall into each of the following staffing categories.

To help ensure staff are not double counted and to also make reporting of their compensation hours easier for you later in the instrument, we break up each staffing category into 4 possible classifications. Paid staff without fire, police or public safety roles; volunteer staff without fire, police, or public safety roles; paid staff with fire, police, or public safety roles; and finally, volunteer staff with fire, police, or public safety roles.

Again, this information will be used to determine which questions you are asked later in the instrument. When categorizing staff, it's important to remember to include only individuals who had responsibilities that were either partly or entirely related to your ground ambulance operation. Only assign staff to EMT response categories if they have EMT response roles at your organization. It's important to not report outside contracted services in this section, for example vehicle maintenance provided under contract. If the contract covered services and supplies are in addition to labor, you will have an opportunity to report these costs and other contracted services in another section.



Finally, do not include staff without any ground ambulance responsibilities like individuals who are only firefighters or only air ambulance staff. These staffs will not be included anywhere. If you do not select any of the categories in a row, you will be asked in the follow up section to report reasons why this would be in section 7 question 2. Now that you've indicated which staffing categories are relevant to your organization, you'll be asked to report on three key pieces of information relevant to labor costs. This is covered starting in slide 28. If your organization indicated that you have any paid staff in each of the staff categories for both individuals with and without fire, police, or public safety roles, you will then answer several questions pertaining to the paid EMT response staff within your organization during the data collection period for those specific categories.

In section 7.1, question 1, you will first be asked to report on total annual compensation for paid EMT response staff. Total annual compensation includes salary or wages and when applicable, benefits such as health care, paid time off or PTO, retirement, stipends, life insurance, overtime, training time, and callback and standby pay for a paid staff. Next, you'll be asked to report on total hours annually for paid EMT response staff. Total hours worked annually should include hours worked by both full time and part time staff during the data collection period. This includes total hours worked on ground ambulance and all other activities that staff do.

Finally, for the same staff that contributed to your total work hours, you'll also report hours worked annually unrelated to ground ambulance responsibilities or fire, police, or other public safety activities. These other responsibilities could include air ambulance operations, health care delivery unrelated to ground ambulance such as work in a clinic, public health responsibilities, community education and outreach, community paramedicine, and any other responsibility unrelated to ground ambulance and fire, police, or public safety activities.

Unlike for total hours annually, staff contribute only a fraction of their hours worked annually to your response in this item. For example, think about a paramedic working 2,000 hours annually who splits work time evenly between ground and air ambulance operations. This person would contribute 1,000 hours to this item. As we move to slide 29, section 7.2 focuses on administration, facilities, and medical director staff. The instructions and the structure of this question are very similar to what we just covered for EMT response staff. One difference is that there are only two categories for reporting. All the administration or facilities staff of your organization are combined into a single category for the purposes of reporting hours and compensation.

As a reminder, staff with both response and administration of facilities responsibilities should be categorized as response staff and reported in the prior question. So, some smaller organizations where all staff are responders may not report on administration/facilities staff separately. As before, you will report on total annual compensation for paid administration/facilities and medical director staff. You will also report on total hours annually, and finally hours worked annually unrelated to ground ambulance or fire, police, and public safety duties. Slide 30 summarizes some of the key instructions related to reporting on staffing and labor costs. I've mentioned many of these before, but I'll walk through some of the key instructions here as a reminder.

First, total compensation includes not just salary and wages, but also, when applicable, benefits. For example, health care, paid time off, retirement contributions, stipends, life insurance, overtime, training time and callback and standby pay. Again, if one or more components of total compensation such as benefits were paid by another entity in which you had a business relationship, for instance the municipality that you serve, please obtain and include these costs when you report total compensation. Third, total hours worked annually is the



sum of total hours worked at your organization by all staff assigned to a labor category. Total hours include all activities including activities unrelated to ground ambulance operation.

For example, if a firefighter EMT spends 1,000 hours annually responding to medical calls for service and 1,000 hours responding to fire calls, you report total hours or 2,000 hours in this case. Finally, hours worked annually unrelated to ground ambulance or public safety duties includes time worked by staff on activities other than ground ambulance or public safety duties. Again, these other activities might include air ambulance operations, health care delivery unrelated to ground ambulance such as work in a clinic, public health responsibilities, community education and outreach, and community paramedicine.

So, on slide 31, to help tie some of this together, we provide an illustrative example. In this example, a fire-based ground ambulance organization had three paid EMT-Basics during the data collection period, each with a total annual compensation of 40,000 dollars. See the first table for details on each staff member. The first staff member is a paid EMT-Basic who is not a firefighter, only has the ambulance responsibilities, and worked 1,500 hours as a part-time staff member during the data collection period. The second staff member is also a paid EMT-Basic, however, this person is also a firefighter, only has fire and ambulance responsibilities, and worked 2,000 hours during the data collection period as a full-time staff.

The third staff member is also an EMT-Basic and a firefighter performs community outreach 25 percent of the time and worked 2000 hours during the data collection period as full-time staff. The second table illustrates the first two completed rows from section 7.1 question 1. The EMT-Basic who's not a firefighter is reported on the first row. Total compensation for this staff member is 40,000 dollars, total hours worked annually is 1,500 hours and hours worked unrelated to ground ambulance or fire, police or public safety duties is 0 because this staff member has only ground ambulance responsibilities.

The hours in compensation for the two firefighter EMT-Basics must be added together before being reported on the second row. Total compensation is 80,000 dollars, or 40,000 plus 40,000. Total hours worked is 4,000 hours, or 2,000 plus 2,000. Hours worked annually unrelated to ground ambulance or public safety duties come from just the third staff member, because this is the only staff member with duties outside ambulance and fire. So, in this example, 25 percent of 2,000 hours are unrelated to ambulance and fire duties, which is 500 hours as reported in table.

This same approach is applied to all the labor categories that are relevant to your organization. All of the questions in the labor section up to this point has focused on paid staff. The instrument includes separate questions on volunteer staff, which we discussed on slide 32. Reporting total hours for volunteers mostly follow the same instructions and steps as reporting for paid staff. More specifically, you will report on the number of individuals who were volunteers during the data collection period, by labor category. The total hours worked for volunteer EMT response staff by category, following the same format as for paid staff. You'll also report on hours worked unrelated to ground ambulance and public safety roles.

Finally, you report in a single question your total cost related to volunteers including stipends, allowances, honoraria, and others. We'll now transition from staffing and labor costs in section 7 to facilities costs in section 8 and slide 33 of the presentation.



Section 8 Summary: Facility Costs

This section will ask questions about the number of buildings your organization uses, and the name and function of each building. For example, you may have a call center or garage or administrative buildings. We'll ask questions about the square footage and the cost of renting or owning each facility. We'll also ask questions about insurance, maintenance, utilities, and tax cost across all the facilities combined. In other words, you won't need to separate these costs out by facility.

Moving on to slide 34, section 8 question 1 asks how many separate buildings you use related to ground ambulance operations. Examples of facilities to include are buildings that you use for dispatch call operations, garages, administrative buildings, and buildings for your EMT staff. However, don't include facilities that are used by contracted entities and not occupied by your organization. For example, don't include a call center that you pay a monthly fee to, or a mechanic's garage where you sometimes take your vehicles for repairs. These costs will be accounted for later in the instrument. Question 2 asks you to provide a name or function for each of the facilities. For example, if you have just one building that houses all of your organization's activities, you could just give it your organization's name.

Another example is if you have a fire station that houses your fire trucks, ambulances, and firefighter EMT staff, and another building for administrative operations, you could call your buildings fire station and administrative building. These names will be used to refer to each building for the later questions in the instrument. Moving on to slide 35, section 8.1 question 3 asks for information on each facility you listed in the previous question.

For each facility, you will choose one of the options in columns two through five on this table that best describes your facility. Do you make rent or lease payments on the facility, do you own the facility and make mortgage interest or other payments towards ownership, and do you own the facility outright, meaning you don't make any payments on it, or was the facility donated? Your selection here will impact the questions you get about each facility later. For each facility, you will also need to enter the total square footage of the facility and the percent of the facility related to ground ambulance services. In the next slide, I'll go over an example to illustrate how to answer all these questions.

Slide 36 gives an example for a fire department-based organization that has two facilities related to ground ambulance operations. One is a leased fire station that houses ground ambulances, fire trucks, EMTs, and firefighters. The second column in the second row is checked to indicate that the building is leased. The square footage of the entire fire station is listed in column six and the percent of the facility that is dedicated to ground ambulance services, in this case, 60 percent is listed in the last column. This is another one of those cases where an estimate is okay. As I understand, it can be difficult to separate out building space for different functions. If the building has separate physical space for ambulance activities, estimate what percent of the building that space uses.

If the distinction is not clear, for example, you have a staff room that is used by both EMTs and firefighters or staff who are both firefighters and EMTs, you can allocate in a different way. For example, if 60 percent of the emergency calls your staff takes are EMS calls and 40 percent are fire calls, you might choose to allocate 60 percent of your facility space to ground ambulance services. The second facility in this example is a municipal building owned outright by the organization's municipality. The municipal building houses ambulance



administration activities, but also houses administrative activities for other government functions such as the parks department and animal control.

In this case, a hypothetical organization estimates the activities related to ground ambulance services account for about 10 percent of facility space. Moving on to slide 37 section 8.2 question 1, as in the previous question we discussed, your answers about the number and names of buildings will carry forward to this question. If you indicated previously that you've leased or rented the building, you will be asked to enter the amount you pay in annual lease or rental costs for that facility. If you indicated that you own the building and make mortgage interest or other payments towards ownership, you will be asked to enter the amount you pay in annual mortgage, bond interest, and other cost of ownership for that facility.

If you own the building outright or the building was donated, you do not have to report costs in this question. You will have the chance to report other types of facilities costs such as maintenance and insurance later in the instrument. For this question, you must report the entire cost of the facility, not just the cost related to ground ambulances. If you own the building, you'll also need to report annual depreciation, that is, the value that the building loses in a year. We'll talk about calculating depreciation expenses in more detail later in the next section of the presentation. On slide 38, we go back to the fire-based organization example. We previously indicated that the fire station was leased or rented and that the municipal building was owned outright.

Therefore, this organization is prompted to enter their annual lease or rental costs for the fire station, which is 75,000 dollars. We previously indicated that municipal building was owned outright, so they don't have any annual cost for this facility. That wraps this section and now I'll hand the presentation over to Christine.

Section 9 Summary: Vehicle Costs

Christine Buttorff: Thanks Lisa. My name is Christine Buttorff, and I will now give an overview of the final sections of the instrument. On slide 39, we turn to section 9. The goal of this section is to collect information on the costs associated with vehicles related to your ground ambulance service. Section 9 asks for information on vehicles including the number, type, and costs associated with each vehicle. Section 9 asks for information on ambulance vehicles. Section 9.2 asks for similar information on non-ambulance vehicles. Non-ambulance vehicles may include fire trucks or SUVs that respond with ground ambulances.

The initial questions in both of these sections ask for some summary information about your ambulance and non-ambulance vehicles. These include the number of vehicles that are owned versus leased and the miles traveled. Slide 40 discusses question 5 for section 9.1 and 9.2 in more detail. This question asks you for several pieces of more detailed information on each vehicle. For owned vehicle, you are asked to report the annual depreciation expenses for each vehicle. We will provide more details on calculating annual depreciation expenses in the upcoming webinar.

This slide shows an example calculation if your organization does not already have a method for calculating annual depreciation expenses. Calculating the straight-line depreciation requires three main pieces of information, the purchase price, and the years of useful life, and the value of the vehicle at the end of its useful life, which is also called the salvage value. In this example, a 100,000-dollar vehicle has a salvage value of 20,000 dollars and a useful life of 8 years. We subtract the salvage value from the initial purchase price and divide this by the number of years of useful life for an annual depreciation expense of 10,000. For leased



vehicles, you are asked to report whether the vehicle transported patients, and the lease costs associated with each vehicle.

In section 9.1 for ground ambulance vehicles, question 5 asks you to report whether the vehicle was used to transport patients, and whether the vehicle was donated. Question 5 also asks whether the ground ambulance vehicle was remounted and the cost of the remounting. For non-ambulance vehicles, you are asked to provide similar information in section 9.2 if your organization uses any non-ambulance vehicle. These questions include whether the vehicles are owned or leased, the annual depreciation expense, and lease cost. Slide 41 summarizes section 9.3.

The previous parts of section 9 ask for costs related to each vehicle. Section 9.3 pivots to asking about costs for both ambulance and non-ambulance vehicles together. These costs include registration, license costs, and fuel. You will be asked to provide an estimate of how your maintenance and fuel costs are broken down across different categories of vehicles such as fire trucks and ground ambulance vehicles. We now turn to section 10 on slide 42. This section asks about expenses for equipment and supplies.

Section 10 Summary: Equipment, Consumable, and Supply Costs

The questions in this section differentiate between equipment that you capitalize, for example expensive medical equipment and other equipment and supplies. The questions in this section also separate out medical equipment and supplies from non-medical equipment and supplies. Question 1 in this section summarized on slide 43 asks you about your organization's costs for capital medical equipment. Capital medical equipment is equipment that is used repeatedly, such as ventilators, monitors, or power lifts, and they cost more than 5,000 dollars. You are asked to report the annual depreciation expenses for all of your capital medical equipment and annual maintenance costs.

This question also asks you to report the percentage of the cost of this item that is attributable to ground ambulance services. For the questions in section 10 for the non-capital equipment and supplies, you are asked to report the total cost of the equipment and the percent of these costs attributable to ground ambulance services. The rest of section 10 asks you to report costs associated with several other categories. The first category is non-capital medical equipment and supplies, which include things like medications, bandages, or gauze. Medications are asked about in a separate question, but only if your organization is able to separately report this information.

Non-medical capital equipment includes things like computers, dispatch equipment, or furniture. Uniforms are asked about in a separate question since this can be a large cost for many organizations. Finally, section 10 asks about non-medical supplies, which would include office supplies or postage.

Section 11 Summary: Other Costs

The next section, section 11 starts on slide 44. Section 11 includes all other costs that haven't been reported elsewhere in the data collection tool. This section includes cost for outside contracted services such as dispatch or call centers, and a variety of miscellaneous costs. As with the previous section, if your organization shares costs with another service such as the fire department, you will be asked to report the percentage of costs related to your ground ambulance service.



Now, on to slide 45, the first question in section 11 asks you to report your cost for any outside contracted services. A list of commonly contracted services will appear, such as billing or accounting services. If your organization contracts for any of the services, you will be asked to report the total cost of the service and the percent attributable to ground ambulance. You should only report individuals performing these services once throughout the instrument in either the labor section or in this section, but not both.

Question 3 in this section asks about a variety of other miscellaneous costs. These include medical or ambulance-related expenses, such as laundry or biohazard waste removal. It also includes administrative and general expenses such as travel, organizational dues, funds paid to other organizations for services, or IT software and licensing fees. This section also includes fees and taxes, which can include things like 911 service fees, business registration fees, or fees paid to local jurisdictions as a condition of providing ground ambulance service.

Similar to question 1, prompts will appear for each type of cost that your organization incurs, and ask for the total amount and the percent attributable to ground ambulance services if this is applicable to your organization.

Section 12 Summary: Total Cost

Now, we turn to section 12 on slide 46. Section 12 is the shorter section in the instrument and asks you to report your organization's total cost. The total cost reported here should include all operating and capital expenses, which includes cost not related to ground ambulance services. This question serves as a way to cross check total costs reported throughout the instrument.

Section 13 Summary: Revenues

Now, we turn to our final section of the data collection tool on slide 47. This section asks about revenues from a variety of sources. These sources include revenues from health insurers like Medicare, funding for municipalities, contracts from facilities, charitable donations, and grants. This section also includes a question asking you to report your organization's total revenues for the reporting year. You should include revenues from services not related to ground ambulance services. On slide 48, question 2 asks whether your organization has the ability to report revenues by health care insurer such as Medicare or Medicaid. Other payer types include the military health programs like TriCare and the Veterans Health Administration. Commercial insurance such as the type many Americans receive through their employer or worker's compensation. If your organization can report revenues by payer, you will be asked to report these revenues received from each payer. You will also be asked whether your reported totals include patient cost-sharing. This is because this section also includes patient cost-sharing as a payer type, and it is important to know whether your organization separately tracks this information.

Finally, this section asks about how often your organization billed each payer type. CMS heard that organizations may not consistently bill particular payers. Question 5 on slide 49 asks whether your organization receives revenue from one or more of a list of common revenue sources. These revenue sources include standby events like a county fair or a football game, charitable donations or local taxes just to name a few. For each revenue source that your organization indicates that are received, you will be asked to report the total



revenue. If your organization has shared services such as a fire-based organization, you are also asked to report the percent of this revenue that is attributable to ground ambulance services.

That brings us to the end of our overview of the data collection tool and now we will turn it back over to Diane for the question and answer period.

Question & Answer Session

Diane Maupai: Thank you Christine. So, now we're going to take your questions. Please remember that this event is being recorded and transcribed. In an effort to get to as many questions as possible, each caller is limited to one question. To allow participants the opportunity to ask questions, please send questions specific to your organization to the resource mailbox on slide 51 so we can do some more research. Preference will be given to general questions applicable to a larger audience and we'll be mindful of the time spent on each question. All right Erika, we're ready for our first caller.

Operator: To ask a question, press star followed by the number one on your touchtone phone. To remove yourself from the queue, press the pound key. Remember to pick up your handset before asking your question to assure clarity. Once your line is open, state your name and organization. Please note your line will remain open during the time you are asking your question, so anything you say, or any background noise will be heard in the conference. If you have more than one question, press star one to get back into the queue and we'll address additional questions as time permits. Please hold while we compile the Q&A roster. Please hold while we compile the Q&A roster.

We'll take our first question from the line of Scott Besler.

Scott Besler: Yes, hi. Thank you for presenting today. The question that I have is hospitals' year-end, if we're a 06/30 year-end, would our time period begin 07/01/2020 through 06/30/2021?

Sarah Shirey-Losso: Hi. This is Sarah Shirey at CMS and yes, that's correct.

Scott Besler: Okay. Thank you.

Operator: Our next question is from William Doyle.

William Doyle: Hi. Good afternoon. My question is relative to what date perspective we should be using when reporting payment data. Obviously, that's something that's going to change every day, so if for example my fiscal year ends on September 30th, is October 1st going to be the day I look back at the payments and provide data on what's been paid?

Andrew Mulcahy: So you should be accumulating that information about bill transports on the entire 12-month data collection period, but recognizing as you point out, at the very end of that data collection period there may be a lag before you bill for certain services. There is data reporting period of 5 months, and so if you were to report later in that window, you would have more complete information on services that were billed for during that data collection period, but that lag that you point out is something that CMS is aware about.



Diane Maupai: Thank you, Andrew – oh, go ahead.

William Doyle: No recommendations at this point – no recommendations at this point whether it's immediate or 5 months?

Sarah Shirey-Losso: Right, you would –. At some point within those 5 months.

Andrew Mulcahy: But it will be different for everybody unless you pick something.

William Doyle: Unless you pick something.

Andrew Mulcahy: So, the – yes, the date range for 12 months for the number of transport stays, that would cover service dates within that range and that would not change. It can be only – the important point you're making is billed services.

William Doyle: Right.

Operator: Your next question comes from the line of Dorothy Bacon.

Dorothy Bacon: Hi. Good afternoon. Thank you for your time here. I have a question about the service area. With us, we are one of only two ambulances in the entire county. One has a very dedicated section in this area. We cover the entire rest of the county. Would the secondary service areas for us be any of the surrounding areas like the other ambulance service area, or a couple of other counties where we do mutual aid?

Andrew Mulcahy: CMS heard that there is a wide variety of different arrangements in terms of service area. I think in your case, one approach would be considered for those counties where the other organization is not operating as your primary service area, and then that area we do overlap through some kind of auto arrangement. You could report that as a secondary service area. There's some flexibility in how you perceive your primary or secondary service areas and that would be one approach.

Diane Maupai: Thank you, Andrew.

Operator: Your next question comes from the line of Jenny Cutright.

Jenny Cutright: Hello. My question has to do with labor costs. When we're reporting our total hours worked, do we have to report actual hours worked or can we include all of their hours, such as if someone uses paid time off?

Andrew Mulcahy: I think that's a – that would be a great question to submit to the CMS email inbox.

Diane Maupai: You'll find that on Slide 51.

Jenny Cutright: Okay. Thank you.



Diane Maupai: Sure.

Operator: Your next question comes from the line of Debbie Brewer.

Debbie Brewer: Yes, I believe the answer – my question was answered but it was concerned about the date on the fiscal year. So, we had actually sent in the paperwork stating that we're going to do it starting October 1st, 2019, and ends in September 30th, 2020. Do we need to resubmit that as starting in 2020 and ending in '21?

Sarah Shirey-Losso: Hi. This is Sarah Shirey and that's correct. So, if you're selected in the first group as first collecting periods that begin in 2020. So, you would start your collection, I think you said your October, in October 2020 through September 30th, 2021.

Debbie Brewer: Okay. Okay. All right. Thank you.

Sarah Shirey-Losso: Sure.

Operator: If you would like to ask a question, press star one on your telephone keypad. To withdraw your question or if your question has been answered, you may remove yourself from the queue by pressing the pound key.

Your next question comes from the line of Kristen Jeffers.

Kristen Jeffers: Hi. I had a question regarding the revenues. I know that the instrument and the slides say total revenues. You're not taking into account anything along the lines of bad debt and contractual. I just wanted to make sure it was total revenue versus net.

Andrew Mulcahy: That's correct. It's total revenue.

Kristen Jeffers: Thank you.

Operator: Your next question comes from the line of Kenneth Devin.

Kenneth Devin: Yes, in many of the sections you referenced both ground transport and EMS-related activities and non-related activities; however; in the total response section, it only references EMS call types. When we're reporting total responses, do you want for those providers that are fire-based, all call types, meaning EMS, fire, and service?

Andrew Mulcahy: For the service category, that are total responses. That's correct. It includes responses that are fire or police or other public safety base.

Kenneth Devin: Thank you.

Operator: Your next question comes from the line of Anita Arnum.

Anita Arnum: Hi. Good afternoon. Thank you. I'm assuming that this is a new tool that you have required and I'm just curious what the anticipated burden is to fill this out on an annual basis as far as number of hours?



Sarah Shirey-Losso: So, we do have a frequently asked question on this, and we are going to see if we can pull it up quickly for you. And if you want to take the next call and then when we have the answer to that, we can drop back with that response.

Anita Arnum: Thank you.

Operator: To withdraw your question or if your question has been answered, you may remove yourself from the queue by pressing the pound key. Your next question comes from Shandra Jenkins.

Shandra Jenkins: Hi. I just heard the young lady was saying it. She sent to you guys paperwork when they want to start the collection. What address or what email address do I send our request for to begin the paperwork? And also when we begin the paperwork, do we begin at that 5 months from like with as we are starting our fiscal years, October 1st through September 30th, so would that 5 months include like from October 1st gathering data of 2020 for the 5 months to submit to you, or will we have to do it on a calendar year from January?

Sarah Shirey-Losso: Sure. So, this is Sarah. I think there's a couple of questions in there. The first is if you are selected in the first data collection year for 2020, you should have received a letter from your Medicare Administrative Contractor giving you information where you can send your information with your fiscal year start date, and as well as check the list we have on our website of the ambulance providers and suppliers that were selected in the first year.

For the second question, I believe you said your fiscal year start date was October 1st, 2020. So you would be collecting all of your data through September 30th, 2021, and then you have within the 5 months after that your data would be due to CMS and you would report it then through we're going to have an automated system that you would log into to report your data during that time, but it would be after your data collection period has ended.

Shandra Jenkins: Okay. And I know with our group was one that was selected but I don't know what the time frame was. I just know we were a list one of the companies that were selected. So how would I check to determine if we were selected for the first part or second part or third part or what?

Sarah Shirey-Losso: So, we've only release that have been selected in the first sample. So, if you are on the list then you have been selected. If you have not received a letter from your Medicare Administrative Contractor, you can send us an email through our email box on Slide ...

Diane Maupai: 51.

Sarah Shirey-Losso : On slide 51, and we will check in with your MAC if all of their letters have gone out.

Shandra Jenkins: Okay. So that would be AmbulanceDataCollection@cms.hhs.gov. Okay.

Diane Maupai: Thank you. We're now going to move and answer the previous questions.



Andrew Mulcahy: So there is a question on the FAQ document that was updated just today on the ambulances services website and the question is, how long will it take to collect and report data, and the answer is CMS estimates will take 20 hours on average to collect information including an ongoing collection information over your organization's 12-month collection period, and CMS estimates will take three hours to enter and report the requested information.

Diane Maupai: Thank you, Andrew.

Operator: Your next question comes from the line of Jamee Bradshaw.

Jamee Bradshaw: Yes. My question is regarding primary and secondary zip code. We are an actual 9-1-1 service in an unincorporated county. And we have an interlocal agreement with the city. We are primary in the unincorporated area but inside the cities we will have the same zip code and discover several zip codes, so we would – how do we primary and secondary in all of these, so I'm not quite sure how I would fill that part out.

Andrew Mulcahy: I think that would be a good question to submit to the CMS email address and it's probably one that could be addressed through a future FAQ. In that case, I think it would be up to your organization to assess which zip codes do encompass your primary service area versus secondary service area. Certainly, zip codes do not always perfectly align with municipal boundaries, and in some cases, they can cross state lines and there are some issues around zip codes. There may be in the programmed instruments some other options on reporting service areas that align more with municipal boundaries, but for the time being, thinking about your primary service area, I think you would assess each of those zip codes on a case-by-case basis and put it into a primary or secondary service area based on how you feel that aligns to the definitions management.

Jamee Bradshaw: Thank you.

Operator: To withdraw your question or if your question has been answered, you may remove yourself from the queue by pressing the pound key. Your next question comes from the line of Stephanie Smith.

Stephanie Smith: Yes. Good morning everyone, or afternoon. We have in this Sprinter that we utilize on 9-1-1 and transfers but when you had it in there, you separate it out SVV Sprinter in that. Do we count that Sprinter as an ambulance, or you want us to keep it separate because we staff it and stock it like a first-out unit?

Andrew Mulcahy: If the instructions in the instrument state the only vehicles that meet the definition of ambulance in your jurisdiction should be considered ambulances for the purposes of reporting, if you do use other vehicles to respond to calls for service, they would be included in the other vehicle questions if they do not meet the definition of an ambulance in your jurisdiction.

Stephanie Smith: Okay. Thank you.

Operator: Your next question comes from the line of Cara Gazdik.

Cara Gazdik: Hello. My question refers to an all-volunteer department. I belong to a 100% volunteer department, so I appreciate the question about the burden that this places on volunteers but also wanted to



ask does this include time spent doing fundraisers and other activities that may not be related to providing health care or education but is certainly paramount to running a volunteer department.

Andrew Mulcahy: I think I'd ask you to submit that as a question to the email address.

Diane Maupai: Thank you, Andrew.

Operator: Your next question comes from the line of Russell Thompson.

Russell Thompson: Good afternoon. I have tried to find, and a woman earlier ask the same question, of how to actually submit that we're going to be working off of a fiscal year versus a normal year. I got a CMS letter stating we were in the first group. With that, I also got that if within 30 days we haven't notified our Medicare Administrative Contractor that we automatically default to calendar year. I've called CO Manager in Boston and today's conference was supposed to clarify this for me of actually where to notify that the town of Springfield will be working off of a fiscal year?

Sarah Shirey-Losso: Hi. So, this is Sarah and I apologize that the letter wasn't clear. If you would send your question into our email box, we will reach out personally to your Medicare Administrative Contractor and get the information for you on to when and where to send your fiscal year start date information.

Russell Thompson: And that email box is on Page 51.

Diane Maupai: That's correct. That's right.

Russell Thompson: Thank you very much.

Operator: Our next question comes from the line of Deborah Wrench.

Unidentified Female: Go ahead Deb.

Deborah Wrench: Hello?

Sarah Shirey-Losso: We can hear you.

Deborah Wrench: Okay. Thank you. I appreciate your time. I had a curiosity with all the details that you're requesting that goes above and beyond the fire department. What's the purpose for CMS to collect this data?

Sarah Shirey-Losso: Sure. I'm sure you're aware we did have a statutory mandate to collect this data. I can only speculate that one reason is that ambulance rates haven't been updated since the early 2000s except for inflation, and I think one of the pieces of the legislation is that this data is shared with the Advisory Commission in Medicare and as part of a Congressional report, and I think that it's to assess the cost of ambulance, providers, and suppliers that are receiving in the country and to look at possible, note the potential if the current Medicare rates are adequate.

Deborah Wrench: Okay. Thank you very much.



Operator: Our next question comes from the line of Patty Bashaw.

Patty Bashaw: Good afternoon. Like what that was mentioned earlier, we also come from a very rural upstate New York all volunteer agencies, and the ones that have been chosen for the first round are clearly volunteers that will need assistance and guidance from the county region and then hopefully the CMS folks. So, my questions is two. One: Is there going to be the availability of having this session that was recorded available to us, so that we can share with our volunteers who probably are actually working right now and didn't attend this conference? And two: Is there going to be a point person locally and even if it's regionally that we can talk to, to help walk us through the volunteers through this process?

Diane Maupai: This is Diane Maupai, and I'm going to answer the first part of your question and that is that we are going to post a transcript and audio file of this call within two weeks and it'll be on the go.cms.gov/npc page. I understand that some folks are having trouble opening that link, so if you go on to the cms.gov and search on MLN calls for Medicare Learning Network – MLN Calls, you'll come up with that page and you can scroll down and see ambulance — your ground ambulance call, and if you click on that you'll see the transcript and audio in about two weeks, and we will also put something in our newsletter but I'm not sure how many of you are actually subscribed to that. And then I'm going to turn it over to Andrew.

Andrew Mulcahy: Yes. So, to get to some of your – the second part of your question. There are several resources that CMS has posted on the ambulance's services center website, including slides from an earlier presentation that was an overview of the data that's required for collection and reporting, as well as an FAQ and some other supplemental documentation that may help. There will also be future webinars hosted by CMS, including one specific to volunteer organizations as well as a kind of office hour concept where you can submit questions and have some discussions in real-time with folks about some of the specific questions that might come up as you're collecting information.

Diane Maupai: Thank you, Andrew.

Operator: Your next question comes from the line of David Waterson.

David Waterson: Good afternoon. This information is invaluable as ambulance providers begin to migrate to this sort of practice. Providers who fail to report adequate data will incur a 10 percent reduction of the Medicare allowable for services rendered, per the FAQ material. Well, this varies from how other providers are treated when additional data was requested from CMS, such as how physicians were provided bonuses to report MIPS/MACRA data to reflect the cost of their additional effort, it is important to know how these adjustments will come across in the 835. What claim adjustment reason codes would be used to reflect this allowable reduction for a provider that is not able to report out this complex data set?

Sarah Shirey-Losso: Hi. Thank you for your question. So because the assessment of a 10 percent penalty or reduction wouldn't be applicable for at least a year and a half or so, we have not developed remittance remark method at that time, but that is something that we will be working towards as we get a little further along in the process, and once we have started collecting the data we will be working on claims processing instructions and new remittance CARC codes or remark codes as necessary. So that would be something that I guess if an entity had received the penalty would be reflected. They get the timing because the reduction would occur, the



calendar year after the data-reporting period. So, the soonest that would occur would be January 2022 – I'm thinking out loud – and so remark codes would be implemented in that timeframe.

Diane Maupai: Thank you, Sara. We will take one more question from the line.

Operator: Your final question come from the line of Eric Murray. And your final question comes from the line of Glen Langlinais. And Glen, your line is open.

Glen Langlinais: Yes. I have a question. Do you all have a draft form of the data collection tool out there somewhere on your website?

Sarah Shirey-Losso: We sure do and it is in the resources slide, we have a draft of the form, frequently asked questions as well as all the relevant statutory language, a quick reference guide of things you can start thinking about now to collect, and that is all on our webpage, and is the link on the last page of our slide?

Diane Maupai: It is. So, if you look on Slide 51, the first link is to the ambulance services center page which has all of those resources that Sarah was talking about, and the second item is the email address for submitting your questions. Did you have another question or did we –?

Glen Langlinais: I think – I'm trying to locate. I said a draft form that we can kind of start planning and kind of see how it is going to all unfold when you start entering the data on there, so but I had – I've looked and I've really had not seen anything. I don't know if I had missed or not so...

Diane Maupai: If you hold on one minute or... If you hold on for one minute, we're looking to see what the name of it is on that page.

Unidentified Female: Hi. Did you all go to Walmart today or –?

Diane Maupai: If someone could mute their phones. Somebody – somebody is going to Walmart.

Sarah Shirey-Losso: Yes. So, the title is the Medicare Ground Ambulance Data Collection System and it is PDF on our website.

Diane Maupai: So, which – where is it? Is it like the third item or first item? It's the second item. Those – I guess the draft that you're looking for, something where you can look through the data collection system, is the second item on that ambulance services center page.

Female on Participant's Line: Is it called the Medicare Ground Ambulance Data Collection System?

Andrew Mulcahy: Yes.

Diane Maupai: Yes, that's it.

Female on Participant's Line: Okay.



Andrew Mulcahy: And if you click on that then on the next page, you click on the Medicare Ground Ambulance Data Collection System PDF and that is –.

Female on Participant's Line: And we have a PDF. We were wondering if you have an interactive tool – the actual instrument.

Sarah Shirley: No. We have that – we do have that –.

Unidentified Female: Yes. So –.

Sarah Shirley: We'll have a tool when the data-reporting period opens and that would be available late next year for the first group of reporters, where you can enter your data into the system but at this point, no. We do not have an interactive tool.

Female on Participant's Line: Oh, I see. Okay, and so there was something called the Amber software? So that is not, is that a vendor or is that what it's going to be called? The CMS-approved instrument?

Sarah Shirley: Nope. That's not something that CMS has created.

Female on Participant's Line: Okay. That would be some type of vendor that's trying to come up with something.

Additional Information

Diane Maupai: Yes. Okay. So unfortunately, that's all the time we have for questions today. If we didn't get to your questions, again, see Slide 51. And we also hope you'll take a few minutes to evaluate your experience. See Slide 52 for more information. Again, my name is Diane Maupai, and I'd like to thank our presenters and also thank you for participating in today's call.

Before I sign off, I wanted to let you know that we're going to continue to update the Q&A document on that Ambulance Service Center page, so keep an eye on that for updates. And again, thank you for attending today's call on the Ground Ambulance Organization Data Collection System. Have a great day, everyone.

Operator: Thank you for participating in today's conference call. You may now disconnect. Presenters, please hold.