

**October 7, 2021 Transcript: Medicare Ground Ambulance Data Collection System  
Webinar: Medicare Ground Ambulance Data Collection Instrument Section 7, Labor  
Costs**

**Maria Durham:** Good afternoon and good morning to everyone, depending on where you're located. My name is Maria Durham, and I am the Director of the Division of Data Analysis and Market Based Pricing (DDAMBP). My Division falls under the relatively new Technology, Coding, and Pricing Group (TCPG) at CMS in the Center for Medicare and is responsible for other things, but most primarily the ambulance fee schedule (AFS) and Medicare Ground Ambulance Data Collection System. Sometimes we call that the Medicare 'GADCS'.

So today we're here with our contractor and our subcontractor from MITRE and RAND who are helping us with the GADCS effort. Please note, if you have to drop off, you get cut off, somebody wanted to come and couldn't be here, all is not lost, we are recording this session. And we will post the transcript and the recording of the session on our Ambulance Services website under Spotlights, under Webinars. And our moderator is posting the link to that website in the chat box so you can reference it more easily.

So, today is the fourth webinar of our GADCS series, and today we're going to be taking a deep dive into the Labor section or Section 7 of the Medicare Ground Ambulance Data Collection Instrument. So, you may be thinking, why is this important to you? It is very important, because selected ground ambulance organizations are required by law to report cost, revenue, utilization and other information about providing ground ambulance services to CMS to send to MedPAC, which is the Medicare Payment Advisory Commission. MedPAC will use this data to submit a Report to Congress on the adequacy of Medicare payment rates for ground ambulance services, so it's really important that you do report.

Before we get into the presentation proper, I'm going to start off by addressing some of our very frequently asked questions (FAQs) about the timing and the process. As a reminder, due to the delay caused by the COVID-19 public health emergency, CMS delayed the start date for data collection for organizations already selected to participate in year 1 and year 2 of the GADCS. These organizations will now collect information over a continuous 12-month data collection period that begins between January 1, 2022 and December 31, 2022 and report information up to a five-month period that begins the day after the last day of the ground ambulance data collection period. Organizations may choose to collect information over a calendar year or their organization's fiscal year.

If you don't know whether you're on year 1 or year 2 selected organization, please go to that same Ambulances Services Center website under Spotlights and you will be able to find your answer. CMS also plans to send out notification letters to selected ground ambulance organizations in year 1 and year 2, starting in November of 2021. Within 30 days of receiving the notification letter, selected organizations will need to provide the start date of your data collection period, and this letter will include instructions about how to do that and provide contact information to CMS. Later in 2023, selected organizations will start reporting to CMS using a web-based portal that is currently under development. CMS will provide more details on

the web-based portal closer to 2023 and, additionally, if you are not selected, never fear you will likely be selected in the future, so this is still a great webinar to listen to.

Now, moving on to today's session. We have the entire hour dedicated to reviewing the Labor section, or section 7, of the Ground Ambulance Data Collection Instrument. My colleagues are here from RAND, who will walk through Section 7 in detail. For reference, the printable version of the Ground Ambulance Data Collection Instrument is available, also on our Ambulances Services Website under Spotlights, fourth bullet, it says 'New Medicare Ground Ambulance Data Collection System'.

So, we do have a few housekeeping items and somebody sent in a question early, and I'm going to answer it really quickly. All of you will be muted during this presentation. If you have any questions during the presentation, please feel free to submit your questions, using the Q&A icon at the bottom of your Zoom screen. We will answer as many questions as we can, and really try to use our available time wisely. Historically, we've gotten an incredibly large volume of questions as today's presentation is really important. If we cannot get to all of your questions, we will answer them via email, and sometimes will update our frequently asked questions (FAQs), because our questions, so far, have been so great and many of them would benefit from everyone hearing the answer. So, we'll try to make sure that we do that as well.

Finally, as a reminder, and I said this before, the transcript and the recording from today's webinar will be available on the Ambulances Services Center website. And if you have any questions that you think about later, you wish you had asked, just shoot an email to us in our mailbox. We will post the link to that in chat as well. We very much want to be in touch with you. So, without further ado, thank you for taking time out of your busy schedule to join us today. I know it's important, and I really appreciate the time that you took and at this point I'm going to turn it over to Andrew Mulcahy from the RAND Corporation to start today's presentation. Thank you everyone.

**Andrew Mulcahy:** Thanks very much Maria. My name is Andrew Mulcahy, from the RAND Corporation, which is a nonprofit research organization. RAND is helping CMS to design and implement the Ground Ambulance Data Collection System, or as we call it the GADCS, to add one more acronym to our long list of acronyms. I'll be presenting today, along with my RAND colleagues, Dr. Lisa Sontag-Padilla and Dr. Sarah Heins. We will switch off today roughly every 10 slides or so. Before we get started, I'd like to remind everyone as Maria did a minute ago that today's slides and printable version of the GADCS questions, which we call the instrument, are available on the CMS Ambulances Services Center website. It may be helpful to have both the slides and the instrument at hand as we go through the presentation today, or as a reference later. As Maria mentioned, you can find the website by googling CMS Ambulances Services Center. You can also use the link that's in the chat box right now.

The link to the slides is at the very top of the web page and you probably saw it when you registered for this session. So, two more quick logistical reminders. First, you can submit questions using the Q&A session at the bottom. I know a couple of folks have already submitted questions. We will reserve as much time as we can today to answer your questions at the end. If

you can't, if we don't get to your question this section, we will as Maria mentioned follow up by email. We will also be holding additional webinars and dedicated Q&A sessions in the coming weeks. So, if you don't get an answer today or would like to talk with someone later as Maria mentioned, we will find a way to get back to you and answer your question. And then, lastly, just a quick reminder today's session is being recorded, so you can listen again and read the transcript afterwards which will be posted on the Ambulances Services Center website.

So, now on to Slide 2. The presentation today will cover an overview of section 7 of the Medicare Ground Ambulance Data Collection Instrument. Section 7 covers staffing and labor costs, and our presentation today will cover questions in section 7 and will walk you through examples of complete responses from many other questions. As we go through the presentation we will highlight some important features of the instrument and we'll also try to point out cases where the instrument will tailor the questions that you will face for your organization based on your responses earlier in the instrument and in particular to Section 2, which is about organizational characteristics.

Moving on to Slide 3. Please note that today's presentation focuses specifically on the Labor section, which is Section 3. If you have questions about other sections that we aren't covering today, there are a couple of references I will point you to ahead of time and then we will close by reminding you where you can find some of these resources. The first is a Quick Reference Guide that lists the information we need to collect and report across all of the sections of the instrument. We also have FAQs posted on the website and then a set of prior webinars. Many of which are already posted. There are also some planned webinars that will cover some other sections that might be relevant to your organization. So, I encourage you to check those out as they are hosted. And it's important to note the wording of the questions.

Moving on to Slide 4. It's important to note the wording of the questions that we will have up on the slides today, and the structure of the tables that we will review today reflect some changes and clarifications that CMS has made as part of the CY 2022 Physician Fee Schedule Proposed Rule. So, as a result, you might notice some differences between the wording of the questions up on the slide today and then the wording of the questions you might see in your version of the printable instrument, say, or if you have attended prior webinars, from those prior webinars. Just an important caveat here, CMS' proposals related to Section 7 have not yet been finalized, and they may change. Any future changes can be found on the Ambulances Services Center website and CMS will update a printable instrument on the website after the final rule is published in the coming months.

Alright, moving on to slide 5. Slide 5 provides a high-level overview of Section 7. The goal of Section 7 is to capture information on your organization staffing and the costs associated with ground ambulance services. Broadly, the section is split up into three consecutive steps. The first step labelled as question 1 on this slide is reporting which types of staff are used by your organization. So, in order to report which types of staff you use, you must first assign all of the staff at your organization into some specific categories as laid out in Section 7. We will review the instructions on how you do that in a minute. The goal is to allow ground ambulance organizations as much flexibility as possible in reporting the types of staff that they use, while

still having some rules in place so that all of the organizations that are collecting reporting information will do so in a consistent way so that data can be analyzed later.

The second step, which is this second blue box here, involves reporting information on hours worked and costs for your paid staff in each category collectively. That is, you will never be reporting information on individual staff members, but for all of your staff in the same category combined. So, for example, you'll report total hours worked and total compensation for all of your paramedics combined not separately for each paramedic. As another example, you will report total hours and total compensation for all of your paid administration and facility staff together, not person by person. And then third, CMS recognizes that many ground ambulance organizations use volunteers as part of their service. And there are a separate set of questions asking about volunteers, the number of volunteers you have and the hours that they have worked, as well as any incidental costs, stipends, uniform allowances, other expenses that you may incur for your volunteers and related to your volunteer staff.

So that's a broad overview of what we will cover today. I'll turn the presentation over to Lisa now who will start to walk through the specific Section 7 questions. Sarah will take over after that and then the presentation will come back to me towards the end for a couple of recap slides.

**Sara Heins:** We are sorry, but Lisa had to step out for a second, but I'm going to take over her sections and hopefully she'll be able to join us soon. So, moving on to slide 6. As you can see here, Question 1 of Section 7 asks you to report whether your organization has staff in different categories using a table like this. And each labor category is in a row in the table. And then the two columns are checkboxes for whether you have paid or volunteer staff in each category. In this table, instead of reporting a count of how many staff members fall in each category, you will simply check off whether you have any staff members that fall into each of the categories. There are a couple ways that this table might look different for your organization than what is presented on the slide. First, the volunteer column will only appear if you've indicated previously that you use volunteer labor. And second, ground ambulance organizations that are public safety based will see additional columns where they will report whether their staff do or do not have public safety responsibilities. We encourage organizations using volunteer labor or public safety organizations to join upcoming webinars focused on reporting for these topics.

Moving on to slide 7. We want to stress that the data collection instrument is flexible on where you report information, but it is critical that you only report information once. CMS has heard about many scenarios where ground ambulance organizations contract out entire aspects of their operation like billing, vehicle maintenance or even staffing ambulance to another company. If this applies to your organization, you can report the expense in Section 11. Importantly, if you report expenses for contracted services in Section 11, please be sure not to also report the expense in Section 7.

Slide 8. So, this slide focuses on assigning staff to labor categories. It is important that each staff member is assigned to just one labor category for the purposes of reporting throughout Section 7 even if they perform multiple roles in your organization. Assigning staff members to just one category lowers the risk of double counting and eliminates the need to split hours and

compensation for a single person across multiple categories for reporting. The instrument includes detailed instructions on how to assign each staff member into a single labor category.

This slide distills the most important instructions down to a flow chart and the instructions can be simplified to four main questions. First, if the staff members have ground ambulance responsibilities at your organization, such that they should be included for reporting. Second, were they paid or volunteer staff at your organization? Third, did they have an EMT or response role at your organization? And finally, which specific EMT response or administrative facilities category do they belong to? This last question requires a different approach, depending on whether the staff has an EMT response role at your organization or not. If they have an EMT response role, then their detailed category is based on the EMT response level or role at the start of the data collection period. If not, their detailed administrative or facilities category is based on their primary role during the data collection period. Answering these four questions for each of your staff members will tell you in most cases, how they should be categorized for the purposes of reporting.

Moving on to slide 9. We will walk through some examples about how to think about categorizing different types of staff that may have multiple responsibilities. The printable instrument includes detailed instructions in handling each of these cases. First, staff with both EMT and administrative roles should always be included in an EMT labor category. For example, a paid EMT Basic (EMT-B), that's the first row, who also performs administrative duties should be categorized as a paid EMT-B. Also, staff for both paid and volunteer during the reporting period should be categorized in the appropriate paid staff category. For example, a paid EMT-Paramedic who volunteered previously should be categorized as a paid EMT-Paramedic. Administration or facility staff with multiple roles should be assigned to the category indicating their primary activity. For example, a paid administrator handling billing and clerical duties and occasional vehicle maintenance should be categorized in the paid administrative category, because that is their primary responsibility.

EMT response staff who change levels during the reporting period should be categorized based on their level at the beginning of the data collection period. For example, a volunteer EMT-Intermediate who became a volunteer EMT-Paramedic during the data collection period should be categorized as a volunteer EMT-Intermediate. Assigned staff who started the reporting period as a volunteer then switch to a paid position or vice versa, to the appropriate paid category. For example, a volunteer EMT-Basic who became a paid EMT-Basic during the data collection period should be categorized as paid EMT-Basic. And finally, only include individuals in your reporting who had responsibilities that were either partially or entirely related to ground ambulance operations. So, in this instance, a paid EMT-Paramedic who only had air ambulance responsibilities does not need to be reported at all.

Moving on to slide 10. Most organizations will have staff in some, but not all, of the categories listed in the table and in Question 1. For each labor category that you report on in Question 1, you'll be asked in Section 7, Question 2, to report on the reasons why you report it now. There are a few common reasons listed in the question itself, including the labor category as part of your ground ambulance operation but it's paid for or provided at no cost by another entity. One

or more of the staffs perform these functions, but the staff were assigned to other categories, based on the instruction. So, for example, they were assigned to an EMT or response category. You don't have labor in this category related to the ground ambulance operation or you contract with another organization for this role. And if that's the case, you would report them later on in the instrument. And if none of these apply, you can enter your own reason. Note that you are able to check multiple reasons per category.

Next slide. We now move on to slide 11, which focuses on paid EMT response staff. And now that you have indicated which staffing categories are relevant to your organization, you'll be asked to report on three key pieces of information relevant to the labor costs for paid EMT response staff. This includes total annual compensation, total hours worked annually, and hours worked annually by activity. The total hours worked annually should be the sum of the hours spent in each of the three categories: ground ambulance activities, fire, police, or public safety activities, if that's applicable to your organization and all other activities. In the next handful of slides, we will provide more detail as to what each of these categories mean and provide some examples illustrating how to calculate and report each piece of information.

Next slide. On slide 12, we discuss total annual compensation. You will report total compensation across each of the EMT response categories. Total annual compensation includes salary or wages and applicable benefits such as healthcare, paid time off for PTO, retirement, stipends, life insurance over time, stand-by pay, etc. If one or more components of compensation costs were paid by another entity with which you had a business relationship, please obtain and include these costs when you report total compensation. In the event that the outside entity can only provide total cost for a category, for example, total benefit costs across all staff, please collect the total costs and then allocate these costs to the various labor categories, based on salary or wages across labor categories.

Slide 13. Slide 13 shows an example organization with three staff members who respond to ambulance calls. Employee A is an EMT-Basic, and Employees B and C are Paramedics. Employee A makes \$20,000 per year and total compensation, which includes salary or hourly pay as well as any health insurance or other benefits. Total compensation was \$38,000 for Employee B and \$42,000 for Employees C. So, in the row for the total annual compensation for EMT-Basics, the organization reports \$20,000 and in the row for the total annual compensation for EMT-Paramedics, the organization reports \$80,000, which is the total across both paramedics staff members.

Next slide. And here on slide 14 we discuss total hours worked annually for both full and part time paid EMT response staff. Total hours worked annually should include hours worked on ground ambulance and all other activities, including air ambulance operations, health care delivery unrelated to ground ambulance such as work in the clinic, public health responsibilities, community education and outreach, community paramedicine and any other responsibility unrelated to ground ambulance or public safety. But please note that the hours worked does not include hours spent on call.

Slide 15. So, turning back to a previous example, assume each employee works 1,500 hours per year. The total number of hours worked in the row for EMT-Basics is 1,500 hours, the total for the Paramedic row is 3,000 hours for both Paramedics combined, or 1,500 plus 1,500.

Next slide. Moving on to slide 16. For the same staff that contributed to total hours worked annually, you will also report hours worked annually related to ground ambulance responsibilities. This includes responses to calls for service, time at the station, and administrative, facilities, management activities related to ground ambulance services. On call time is not included. Use your best judgment to estimate hours worked specifically on ground ambulance versus other activities. Note that total ground ambulance hours are, by definition, less than or equal to the total hours worked.

On slide 17, we turn back to our example. Employee A has 1,000 hours per year dedicated to ground ambulance activities out of 1,500 total hours. So, 1,000 hours is reported in the EMT-Basic row. Employee B has 800 hours out of 1,500 hours dedicated to ground ambulance activities, while all of the 1,500 hours of Employee C's time is devoted to ground ambulance activities. So, the total hours related to ground ambulance activities for the Paramedic row is 800 hours plus 1,500 hours or 2,300 hours. If Lisa is around, I will turn the presentation over to her, and if not, I can continue. Okay, great thanks Lisa, I turn it over to you.

**Lisa Sontag-Padilla:** Thanks Sarah. So, we'll move on to slide 18 now. Organizations that reported earlier, in Section 2 of the instrument, that their Fire Department based or otherwise also provided public safety services, you'll be asked to separately report hours worked in each category on fire or other public safety duties. So, for example, for a Firefighter EMT, you'll be asked to report total hours worked related to ground ambulance versus fire activities. For organizations that don't provide fire or public safety services, you won't see this particular column.

Moving on to slide 19. We continue with our earlier example. So, remember earlier, we noted that Employee A spent only 1,000 of their 1,500 total hours on ground ambulance activities. And then Employee B spent only 800 of those 1,500 total hours on ground ambulance activities, while Employee C spent 100% of their 1,500 hours on ground ambulance activities. So, in this example, much of the remainder of Employee A and Employee B's time was for fire responses. More specifically, Employee A has 400 hours worked related to fire duties. So, 400 is reported in the EMT-Basic category. Employee B has 500 hours related to fire duties but Employee C has none. So, the total reported for the Paramedic category is 500.

Moving on to slide 20. Here we present the final step for completing this table where you will report hours related to all other responsibilities that are not related to ground ambulance, or if applicable to your organization, you would also be reporting on fire and other public safety activities. These duties could include air ambulance, community paramedicine, or public health responsibilities. If your staff do not have any activities that fall into this category, you will just report zero hours in this column.

Slide 21 shows an example of reporting for hours worked for all other responsibilities. Employee A has 100 hours of other responsibilities, for example, community paramedicine. So here, you

would put 100 hours reported for the EMT-Basic category. Employee B spent 200 hours on community paramedicine, while Employee C has no other duties. So, 200 hours are reported for the Paramedic category.

Slide 22 reviews the hours reported for EMT response staff by activity category, so the sum of the last three columns must equal the total hours worked annually.

Now we are on slide 23. Section 7.2 pivots away from the EMT response staff to focus on administration facilities and Medical Director staff. The instructions and structure of the question are very similar to what you just covered for EMT response staff. As a reminder, staff with any EMT responsibilities should only be recorded in the prior question. So, some smaller organizations where all administrative staff have response roles may not report any staff here in that case. So, as you did in a prior section, for administration and facilities staff, you will report on total annual compensation, total hours worked annually for paid staff and hours worked annually by activity. You report total hours and compensation for all administration and facilities staff in a single category, which is different from the prior question. And then Medical Director hours and compensation are reported separately.

Slide 24 lists the administration facilities and Medical Director staff members from a hypothetical hospital-based ground ambulance provider. Now there are five staff in total. One clerical staff, two managers, one of whom has some hospital responsibilities that are unrelated to ground ambulance, a maintenance staff member with some responsibilities unrelated to ground ambulance, and a part time Medical Director.

So, on slide 25, you will see there are boxes across the top that summarize the compensation and hours worked for the five employees. The middle table shows the responses from Section 7.2, Question 1, and the bottom box on the slide lists the calculations that we use to fill in the table. For total compensation of administrative and facility staff, we added together the compensation for staff number 1 through 4 for a total of \$210,000. For total hours worked, ground ambulance hours worked, and hours work related to ground ambulance or sorry, yes, we added together the hours for staff 1 through 4 and input 8,000 hours, then 5,500 hours and the 2,500 hours respectively. The Medical Director's compensation hours reported separately with a reported \$50,000 in salary and 520 hours total worked and 0 hours worked annually unrelated to ground ambulance.

Let's move on to slide 26. And the last part of Section 7. Now, all the questions in the Labor Section up to this point has focused on paid staff. The instrument also includes separate questions on volunteer staff if you report in Section 2 that you have volunteer staff. Reporting total hours for volunteers follows many of the same steps for reporting total hours for paid staff. In addition, you will report the number of individuals who are volunteers during the data collection period by labor category. You will also report your total costs associated with volunteers, including stipends, allowances, honoraria, and other relevant costs.

In slide 27. In the event your organization will report on volunteer labor, there are a few things for you to consider. First, and this is true of both paid and volunteer, do not count any employee twice across the various staff categories. More specifically, an employee should not be counted

as both paid and volunteer. If an employee transitioned from volunteer to paid, count them as paid and only count the hours worked and compensation from when they were paid. If a volunteer receives benefits or a nominal stipend, they may still be considered a volunteer, and associated hours worked and cost will be reported in the volunteer section. Finally, report all costs associated with volunteers, such as stipends, health insurance, and training that are not reported elsewhere in the instrument. Do not double count costs such as uniforms for volunteers in multiple sections of the instrument. I will now turn the presentation back over to Andrew who will recap the key instructions and pointers for collecting and reporting staff member information in Section 7.

**Andrew Mulcahy:** Great thanks Lisa. So, I will recap a couple key Section 7 instructions starting on slide 28. First, each staff member should contribute only one labor category for the purposes of Section 7, Question 1 and for all of the other questions in Section 7. This is the case, even if they perform multiple roles in the organization. CMS has heard that, particularly in smaller organizations, a single staff member could perform four or five or more individual responsibilities or activities. It is important that the instructions are followed, specifically in terms of how they are tallied up. Next, include only individuals that have responsibilities that were either partially or entirely related to your ground ambulance operation. The staff that volunteer at another organization, whether a firefighter is at another organization but not yours, shouldn't be categorized as such for your organization.

Third important point is that staff that have no ground ambulance responsibilities, say, are only firefighters and not EMTs or work only in another healthcare setting and not as part of an emergency EMS role, shouldn't be included in the scope for this reporting at all. And shouldn't contribute to your total compensation or total hours worked. It is important that everyone that is contributing has at least some responsibilities related to your ground ambulance operation. Our fourth key point in many cases, staff may have EMT or response roles and also perform other duties around administration, facilities, vehicle maintenance, etc. In that case, one of the key instructions in Section 7 is to count those staff as being part of an EMT or response category, even if they have those important administrative or facilities responsibilities.

Moving on to slide 29. More key points. You'll only need to categorize administration and facility staff for Section 7, Question 1. In Section 7, Question 1, there are a couple of different categories for administration and facility staff of different types, so you will indicate in that question whether you use staff across these different categories. But then, for the remainder of Section 7 when you are reporting total hours worked and total compensation, you just need to report a single total across all of those staff combined. It is a way to reduce burden on your organization when reporting that information. You will still let CMS know that you use staff in certain categories, but it is not necessary to break out all of your hours worked and total compensation data across all of those different categories for administration and facility staff. Third point on slide 29 is something Sarah mentioned earlier. CMS recognizes that there are many different arrangements in operating an ambulance service, and in some cases, your organization may contract out a lot of, or all of a specific activity, like billing or vehicle maintenance or even staffing ambulances with EMTs or Paramedics may contract that out to

another company. So, if that's the case you have the option to report the total amount of that contractual arrangement and the total expense in Section 11, which is the other costs section. Important point is that if you do report the total contracted expense there, that you not also include that expense in section 11. If you were to do so, that would result in double counting and expenses that are higher than actually.

Moving on to slide 30. Slide 30 recaps some of the key points around total compensation. First point is that the definition of total compensation in the instrument is broad. It covers wages, salaries, any other benefits such as health insurance, paid time off, retirement contributions, stipends, life insurance, overtime, training time, and call back or standby pay for paid staff. It is really all inclusive to be the total amount that your organization pays to your staff. For some organizations, move down to the second bullet that involves collecting some information from other entities. CMS has heard that many government-based ground ambulance organizations have at least some portion of their total labor expenses covered by their local municipality, for instance, where another organization that they have a business relationship with. If that's the case, you will have to contact that other part of your municipal government, for instance, and collect that information on the relevant expense. If you don't do that, then the reported costs in Section 7 will be lower than they actually are. There are some FAQ entries up on the CMS Ambulance Services Center website that provide some more guidance on when this comes into play.

Moving on to the last slide with content here, Slide 31. Slide 31 recaps some key points on reporting hours worked. So first, for total hours worked annually, that is the sum of hours worked in total at your organization across all staff assigned to the category and all of your activities. So, it is important to note that this includes hours both related and unrelated to your ground ambulance operation. You will never be asked to report information for an individual staff member. Another frequently asked question is how do I report information for one Paramedic versus another? They will never actually do that. The only information you will have to enter into this system is a total count of hours and total compensation for all of the staff assigned to this category.

Second point on slide 31, if your organization is fire department-based or provides other public safety, or safety services, they will have to split the hours worked between ambulance, fire, or other public safety responses as best you can. Different organizations will have different approaches to do this. You may be able to base it on share of responses that your staff are involved in, or some other metric, but it is important to have a clear separation between hours spent on ground ambulance versus other activities, including fire and other public safety responses, even if that distinction feels a bit artificial in your organization in terms of culture or how you staff. It's important for CMS and later MedPAC, to be able to understand the contributions of your staff to ground ambulance operations specifically.

Then, the third point on this slide. The Section 7 questions ask you to report time in terms of total hours on activities that aren't ground ambulance or fire other public safety. That can include a wide range of other activities, depending on what your organization does and what services you provide. It can include things like air ambulance operations, can include medicine during the

pandemic, and administering vaccines or infusions, a wide range of other activities. It is important that all contribute to total hours you reported as part of Section 7, but it is very important that that's not included in the hours you report for ground ambulance activity and for fire and other public safety activity. That's why there is that third column in the Section 7 tables. The sum of those three, as I think all the speakers today have mentioned, should equal the total hours worked at your organization.

So, I will pause here to note that there are a set of slides in your deck, not in the one I am presenting today. Slides 32 through slide 43, that include an additional walkthrough of an illustrative example response to Section 7 across all of the questions. This is an example of how a hypothetical organization would complete this section of the instrument. In order to have enough time for your questions today, we are not going to go through this in detail today, but the slides are there in case you would like to walk through another example using slightly different assumptions and sets of staff we went over earlier in the presentation today. So, I am going to switch to the second to last slide in your deck and before I turn it over to Q&A, I just want to draw your attention to a couple things that Maria mentioned at the start of this presentation. The FAQs are available on the Ambulances Services Center website. There is a lot of great information on there, including many questions specific to the labor section Section 7.

And then the last slide in the deck today, you know, a few closing thoughts. Examples we have gone through today are for illustration purposes only. Responses from your organization will almost certainly be different than what we went over today and will vary depending on the characteristics of your organization, how you staff your organization, and many other factors. And the main factor determining the specific questions you see are your answers to some earlier questions in the instrument in Section 2. Your answers in Section 2 will determine whether or not in Section 7, for instance, you see questions about volunteers at all. So, you read Section 7 when it comes down to report information, you have volunteers and you don't see questions related to volunteers, it is probably due to responses in the earlier section. The last thing I note is that CMS is hosting additional webinars that dive a little deeper into issues around collecting and reporting data for certain types of organizations, including public safety organizations, volunteer-based organizations, provider Organizations, hospitals.

Those webinars will be featured on the Ambulances Services Center website. When registration is open for them we encourage you to check those out. There are also posted on the same website, recordings and transcripts from earlier sessions, that might be helpful if you're getting up and running in terms of the data you need to collect and report. So, with that, I think we will end our presentation today and pivot over to Q&A.

We have a lot of questions that have come in. I will start reading a couple of them that are related and will be giving some general responses so we can get through as many as possible given the time remaining. A couple folks have asked about what gets incorporated into total compensation, questions about whether training over time, other components, sick time, vacation, workers' compensation benefits. As I mentioned earlier, all of that should be included. CMS recognizes that the way your organization might keep tabs on some of those expenses varies. Organizations

have a lot of flexibility in terms of how they use the information they have in their existing financial systems to come up with these total compensation amounts.

In some cases, for example, if you pay an overall premium for workers' comp for your entire organization and your staff or a blend of those with and without ground ambulance responsibilities, you will have to do back-up of the envelope allocation to get down to an amount that is relevant just to ground ambulance. The FAQs have a couple examples of how you may tackle some of those trickier situations. Not everything will necessarily be included on a paycheck. There may be some other expenses that you will need to think about and collect information on during the year.

A couple other questions have to do with the availability of an excel spreadsheet, or application, or other table so that you can prepare information. A couple points I will make in response to that one. On the printable instrument which is available online now has mockups of what the tables in Section 7 will look like. As I mentioned CMS proposed some changes to the structure of those tables as part of the Calendar Year 2022 Physician Fee Schedule Proposed Rule. When those changes are finalized, that printable instrument will be updated. That will give you a great sense of how the information actually needs to be structured for you to enter it into the system. It was very stressed a couple of times, you will never be asked to report information for individual staff members. We understand that many organizations may have information at that individual staff member level. The important consideration for reporting is grouping that information up into the right kinds of categories.

So, the resources we went over today in terms of some of the flow charts, the tables in their blank form up in the printable instrument are all helpful resources to take a look at as you prepare for data collection starting for some organizations in just a couple months in January. And the examples that we went through today, and also the illustrative example up in the slide deck you can look at later, may also give you a clear sense of what actually needs to be collected and reported.

A couple of questions have come in about levels, particularly for different types of EMT and response staff around different approaches in some states. The EMT as compared to the EMT-Advanced category. Someone wrote in asking about different EMT levels in Alaska. CMS has heard from organizations throughout the development of the instrument that there are some really important state-specific and sometimes locality specific differences in how ground ambulance operations work and terminology. That's an area that that may be right for some future clarification to map up that the specific types of staff in your state, or that you use at your organization with the categories in Section 7. I think the most important advice at this point is to make sure that everyone is included somewhere and if there ever is ambiguity, I think the goal should be to line them up with the closest staff category from your perspective.

We do have a couple questions about contracted labor. This has come up a couple times, so I will recap the instruction here quickly. The most important consideration is that all of the expenses around the labor that you use in your organization is reported somewhere. For medical directors is one great example. There are many ways that organizations compensate medical directors. In

some cases, they are paid employees; in other cases, it's more of a contracted employee and in some cases it's a payment for medical director and other services paid to a third party entirely. There are all of those channels that are compatible with the way the questions are asked in the instrument. You have your choice of which one to use. The most important thing is that you only report that expense in one place.

The most common scenario that we get questions about is how to report a situation where you're contracting out for a broader service. It is not contracting with an individual for the purposes of having them available to provide a service, but more for making a payment to a third-party company to handle all billing for the staff ambulances, broadly say. And, in those cases, it is Section 11 of the instrument that I suggest you take a look at. The very first question in Section 11 that is where you report expenses associated with those kinds of broader contracts and services. Again, the important piece is if you include an expense there in Section 11, please be sure not to also include that expense in Section 7, the labor section.

We have a couple of questions about volunteers and how to handle expenses associated with volunteers. We had this up on the slide just very briefly, but at the bottom, at the very end of the volunteer section, Section 7.3 in the instrument, there is a question that asks holistically for the total expense associated with volunteers. From what CMS has heard from organizations, that can include things like stipends and other amounts paid as honorary or in recognition of their participation in your service. That amount is just a single amount reported in total. The other comment, there is that there are separate places where you can report expenses related to uniforms and other types of benefits you might think that are being provided to your volunteers. The important notion there again is that expenses are only reported once. So, if you're going to report an expense around uniforms, or some other benefit, subsidized public transit, or some other kind of benefit, that's going to be reported in Section 11, which is where the other place you might think of putting it; it should not be included in that single question about expenses related to volunteers in Section 7.

Let's see. A couple of questions on specific scenarios around staff. You probably notice as we went through the presentation today there's a long list of specific rules in Section 7 about how to think about staff members that change roles, come, leave your organization over time. Those instructions, they are bulleted out in Section 7 do cover a lot of different scenarios. One specific question that came in was about an employee that wasn't at your organization the whole year. If that applies to you, it's perfectly fine. They would still contribute to the total, your total hours and total compensation. They would only if they were employed for half a year, say, and they had a salary that was \$50,000. They would only contribute half of that, \$25,000, in total compensation. Similarly, if they worked full time, their contribution for total hours worked for half of the year would be half of that. The instructions are compatible with staff that are there for part that not all of your data collection period.

There is a couple of other questions about the timeline, the time period over which you need to report. And it's related to what we just the prior question, I want to stress it's a very important point. The instructions throughout the instrument ask you to collect data over a 12-month period. So, that means that when you are tallying total hours worked or total compensation, with the total

number of volunteers, that it is important to think about that over the entire 12-month period. This is not the kind of data collection that you can do as a kind of snapshot in time. Just looking in December and saying, this is the mix of staff and the amount we paid in December. It is more of tracking your costs and staffing over that full 12-month period, so you have the full information that you need to collect and report.

And I think we probably have time for one more question. A couple of questions about on-call time, and I think the instructions are specific about time your staff spends at home, ready to respond, responding to a call, or doing something else. That should not contribute to the reported number of total hours worked in Section 7. Those staff are incredibly important and perform an important role when they are available to respond to a call. But not actually, that time is something that is excluded from the scope for reported total hours. Those times might look quite long compared to the hours worked for other types of staff and there is some concern that that would create an apples and oranges scenario in tallying up total hours worked.

I think I will pause there, I hope we got through most of the questions. As we have mentioned a couple times, CMS will respond by email to all of the questions we didn't get to today. And I would encourage you to dial into webinars that are coming up in the next few weeks. We have another Q&A session coming up where you can also feel free to ask questions. I will turn it over now back to Maria Durham.

**Maria Durham:** Thank you. Thank you, Andrew. And thank you everyone for attending today's webinar. At this point, we're concluding the session. I just wanted to tell everyone: thank you so much, your time is so valuable, thank you for everything you're doing, and hopefully we answered some of your questions. We will make sure that we answer all of your questions and as a reminder, all of our webinars, the recording, and the transcript will be posted on our Ambulances Services Center website. And of course, you can submit any additional questions to our resource mailbox. So, with that, we're going to conclude this session, and thank you very much. Have a wonderful day.