

September 14, 2021 Transcript: Medicare Ground Ambulance Data Collection System: Question and Answer Session

Steve Chu: Yes, you may begin recording. Good morning and afternoon everyone. This is our first Question and Answer Session with several sessions scheduled on the second Tuesday of each month.

My name is Steve Chu and I am an analyst in the Division of Data Analysis and Market-Based Pricing. Today, I am here with our contractors and subcontractors, the Mitre and the Rand Corporation, who are assisting in this effort. I hope you are excited to be here today. Please note we are recording this session and we'll post material on our website listed on your meeting agenda. You will even find all of our previously held webinars on our website, so please check it out. Let's introduce ourselves. My division is responsible for the Ambulance Fee Schedule and the upcoming Ground Ambulance Data Collection System. We call it the "GADCS". Recently, CMS hosted an Open Door Forum, as well as the webinar overview of our "GADCS".

Would you like to find out more information or ask questions about what you heard and saw last week? For today you're in luck. We have this entire hour dedicated to your questions and answering to the best of our ability. My colleagues from the Rand Corporation will take your questions with the Q and A function on your Zoom APP.

We will read out each question then speak out our answers to each question. But we will also have a transcript and recording of everything we go over today available on our Ambulances Services website. Today we are really focusing on what are the requirement to collect data under the "GADCS". I mean we may not be able to answer your questions on potential legislation or other broader issues that may affect you and your organization.

We do have a few housekeeping items. All of you will be muted during this presentation. If you have any questions during the presentation, feel free to type your questions, using the Q and A icon at the bottom of your zoom screen. Although we will not be able to answer all your questions today, we will prioritize questions previously submitted to our email resource box listed on your meeting agenda.

Then, we will go through questions we receive through the Q and A function. Please be considerate of others and ask one question at a time. If we do not answer your question today, you may email our resource mailbox. Finally, towards the end of the hour, we will have some polling questions for you. Please let us know your feedback so we can continue to improve our outreach and educational sessions.

Thank you for taking the time out of your busy schedule to join us today. Now I will turn it over to Andrew Mulcahy of the Rand Corporation for today's presentation. Go ahead Andrew.

Andrew Mulcahy: Thanks Steve. My name is Andrew Mulcahy. I'm a health policy researcher at the Rand Corporation, a nonprofit research organization, supporting CMS in the development and implementation of the ground ambulance data collection system.

Thanks for joining us today. I see there are many folks on the line. Just to reiterate the main instruction on how to submit questions. If you have them, you click on the Q and A button, which is sitting two chat boxes next to each other in the Zoom toolbar. Type whatever questions you have and submit and they'll appear in a list. We'll take them as they come in and then provide the answers to you live. My colleagues from Rand, Christine Buttorff and Sara Heins, have also joined me. Sara Heins will be helping with triage and reading back of some questions so, we can have a little bit of back and forth, and not just me talking for the full hour. We will pause towards the end of today's scheduled hour and transition to some answers to more general questions answered by Amy Gruber from CMS.

Just before we dive in, a quick pointer again to the blue box in the middle of the slide you can see your screen now with that URL. That's the link to the Ambulances Services Center website, which has many resources that that may answer some of your questions and help otherwise, as you prepare for the ground ambulance data collection system.

We've put six of the most common questions and answers that we've received just up on a slide in case it takes care of some of your pressing questions. Questions including: Why is CMS collecting this data, has your organization has been selected to participate, is participation required, when will we need to collect and report data, how do I inform CMS of our data collection periods start date and then, how do we report data when that time rolls around.

We have brief answers to each of those questions up on the slide. There are more detailed answers in the frequently asked questions document and in other documents up on that Ambulances Services Center webpage.

So, we have a couple of questions that have come in. We'll start off with a couple that were submitted prior to today's session by email and then we'll move through the ones submitted live today. As I'm talking, as other things come to mind, feel free to drop some more questions into that Q and A box and we will get to them.

So, I will now turn it over to Christine Buttorff. Christine, if you don't mind starting off with that first question, we can dive in.

Christine Buttorff: Alright, great thanks Andrew. Hi everyone. We wanted to thank you again for joining us today. We had a few questions that were submitted by email prior to the start of this webinar.

The first one we'd like to address relates to whether hospitals or ground ambulance organizations that are part of a hospital are required to report for this data collection, Andrew?

Andrew Mulcahy: That requirement applies to both ground ambulance suppliers and providers, so suppliers are organizations that are not provider based and providers include: hospitals, skilled nursing facilities and other Medicare providers of services that also provide ground ambulance services. Both types, providers and suppliers, are both required to report. We've gotten a couple questions about whether providers that bill on a UB bill form rather than on a professional claim,

on a 1500 form, still need to participate. The answer there is yes. Regardless of how you bill Medicare for ground ambulance services, those services, the costs associated with providing ground ambulance services, revenue, all of that is relevant and in scope for the data collection. So, in short, if you're a hospital or other provider of services that bills Medicare for ground ambulance services that's in scope for this data collection. And if you bill Medicare for ground ambulance services, regardless of how you do it, UB or 1500 form, all of that is in scope.

Christine Buttorff: Great thanks Andrew. We know many of you out there have very complex organizational setups with your local governments and other EMS agencies that are in your local area. We had one question from a particular county that contracts with three independent fire departments and one rescue squad. And it also has paid medics providing ground ambulance services in the same county. The questioner wanted to know whether our data collection instrument would be able to handle this level of diversity of organizational structure. Andrew?

Andrew Mulcahy: Christine mentioned CMS has heard about all kinds of different organizational arrangements, ownership types, different contractual and other arrangements between ambulance organizations and other entities. The instrument and the way the questions are asked, are designed to accommodate as much of that as possible. A couple of specific aspects of what this questioner included: this county contracts out with independent fire departments and independent rescue squad to provide some ambulance services and they then provide sorry they bill Medicare for those services using the county's NPI.

So, if that happens that the sampling, how organizations are selected for the GADCS, is based on NPI. So, when you're NPI is selected, no matter what kinds of business arrangements are under the hood to provide services billed by that NPI they're in scope for the collection and reporting requirement. In the case where county governments contract out for EMS services with another organization. In section 11 of the instrument, there is a question, right at the start that asks for expenses related to broader contracted services, including entire EMS services when you're contracting that out.

One approach is to report that contract expense there and that might make sense if the county is, as the questioner indicated, also staffs some of their own EMTs and runs their own ambulances. So that kind of hybrid approach is certainly feasible to report with the questions you report some of it in the sections prior to section 11 and for that component that you contract out, you put the contract amount in section 11.

This is a good test for how many scenarios the instrument can handle because another aspect of this question is that the county contracts with independent fire departments. So, in that case there may be a payment that covers both ambulance and fire services. There are a couple different ways you can handle that situation. One is to report a separate ambulance now if that's something you already have on hand for accounting or other purposes. And other approaches, you can report the total expense for the overall contract and then provide an estimate and as a percent as a percentage an estimate of that total cost that's ambulance versus fire.

CMS has heard from ground ambulance organizations many different ways to come up with that kind of split between what's what sheriff and expense is ground ambulance versus something

else. Many organizations might use the share of responses that are medical versus total versus fire to come up with that kind of share. Whatever kind of approach you use for other purposes is fine for the purposes of reporting here. So, I think that covers a bunch of different scenarios and will point organizations that have some of these complex arrangements to the frequently asked questions document. You can get to from that link on the slide. That FAQ has a couple of questions about when you're able to report a single amount as a contracted expense versus when you need to go and collect more detailed information about labor, vehicles or facilities. The quick rule of thumb is if the entity providing some other expense to you say facilities or pays for fuel, if that's part of the same organization that operates your ambulance organization, then you have to go and track down that actual number. Most common case here is when municipal government runs an ambulance service and also other activities and the ambulance service uses a government administrative building or has fuel paid for benefits, contract or something like that. In those cases, you would have to go and get and collect some actual information rather than just reporting a lump sum in section 11.

Christine Buttorff: Okay, great thanks Andrew I know we've had a number of participants join us after we started, I just wanted to remind everyone that the slide is up on the presentation has some of the answers to our most common questions, we will answer a number of the process related questions that have come in over the chat at the end of this webinar and we will handle some of the more substantive questions first. I will also remind everyone that the link on the slide to the Ambulances Services Center website has a number of helpful documents, including the current version of the data collection instrument.

All right, Andrew back to questions here. We have another question that came in asking about what happens if an organization feels they can't pull all of the information that's requested and we know this data collection instrument does have a number of different sections.

Andrew Mulcahy: That's right Christine and there are a couple a couple ways to answer this question. I'll go with the broadest possible response first and that's when a question asked for information you don't currently collect. You're generally required to collect it and so that means that for some organizations that don't track a specific type of information, and there are a couple months now, before collection starts to try to change systems processes and begin to collect that information. In many and that's the general answer that all of the requested information is required. That said, there are several places in the instrument, where CMS recognizes, not all organizations can easily collect certain information or cases where there's a lot of variety in terms of how an organization collects certain information. Response time for EMS agencies is a great example of this. Different organizations use different metrics for that and so instead of forcing all ambulance organizations to use one approach CMS in several cases lets organizations choose an approach and use the approach they currently do use so they don't have to reinvent the wheel. So that's one important note, there are some specific questions where you have an option of how to report something. There are other specific questions where the instructions indicated a guess is Okay and these are other situations where a CMS has heard that. The number might involve considerable burden to come up with or may just be unknown and in a precise way. In those cases when the instruction say you can take a guess you're free to do so. Both of those

scenarios when you're asked about how you'd like to report something, and when you're informed you can make a guess. Those are clearly marked in the text of the questions.

Christine Buttorff: Okay, great. You know Andrew we've had a number of questions come in regarding whether there's some type of checklist or a template to follow when trying to determine what data elements an organization needs to collect in order to report on the data collection instrument.

Andrew Mulcahy: Yep that's a great question. There's what's called a Quick Reference Guide up on the Ambulances Services Center webpage at that link in the middle of your screen. It's a couple paged document that bullets out what you need to collect. CMS has heard as the ground ambulance data collection instrument came together that many organizations already collect much of the information that you requested either for annual financial reporting purposes or through their billing activity or work with a separate billing company to get paid for programming and billing services. So that's probably the most approachable initial document to look at, to flip through and you know, maybe use a highlighter and focusing on the ones that that might need a little more attention but, many of the items will already be collected by most organizations.

Christine Buttorff: Okay. We've had another question come in that relates to some of these more complex arrangements some of the ground ambulance service organizations have for their organizational structure. So, we had another question that asks besides an ambulance service our company also owns an education institute and a construction company, do we need to report the income or expenses from these other entities.

Andrew Mulcahy: Thanks for that question. I admit, I have not heard of a joint ambulance construction company and it's a great another great example of how to handle some of these complex cases though as Christine mentioned. You know, in that case there are questions throughout the instrument, as your report information that ask you to report a share of an expense that's related to ground ambulance services.

So, let's use vehicles as an example. You might have fuel costs or maintenance costs for your organization that cover ambulances and backhoes say other construction equipment. If that were to happen, you have a couple of options on how to proceed. One way to go, is to report your total vehicle maintenance costs across your entire organization. But then it's really important, in that, in the question right next to that, where you report the total amount and there's a question what share this is related to ground ambulance services. And that's where it's crucial to put the amount that is attributable to ground ambulance services, so there, so you can get down to the amount that's just related to the ambulance, your ambulance operation. Obviously, the construction equipment is not related to that. There are a couple of other notes that made quickly in Section 7 7 around labor. There are very specific instructions on how to report information on hours worked and on compensation. If there are some staff in an organization such as yours that have say an executive that has some responsibilities associated with ground ambulance and others with construction, it's important in that in terms of hours worked you're separating out amount that's related to ground ambulance services. Just flag for everyone that this is one of a couple

areas where a CMS has made some proposals in the Calendar Year 2022 Physician Fee Schedule Proposed Rule. Some clarifications on how to streamline the reporting of situations like this where staff have ground ambulance responsibilities and other responsibilities. The proposed changes would make it clear that you need to report two numbers: you need to report the hours worked for ground ambulance and the hours worked for other activities. In this case, for instance, on the construction side of things that might apply to executives, it might apply to administrative staff, front office staff and accounting. A variety of different kinds of staff might have their time split between construction and ambulance in this case.

Christine Buttorff: Okay, great. For anyone else just joining us, I just wanted to remind everyone that this is a Q and A session today. We will only be displaying this one slide here that has some answers to our most common questions. There's also a link here to the Ambulances Services Center website which has many helpful pieces of information including: a copy of the current data collection instrument, there's also a checklist about what types of information you'll be asked to report and there's also a link to our current Frequently Asked Questions document there as well. All right, Andrew back to some of the other questions. We had another question similar to the last one about what types of revenues are considered unrelated. How should organizations think about related service, we could be either cost or revenues that's related to their ground ambulance organization and unrelated.

Andrew Mulcahy: That's a great question. The instructions in section 13 of the instrument, I get at this a little bit around revenue and Christine you're right that that the same concept applies on the on the expense side too. The questions in section 13 cover a few different levels. There are some questions that ask about revenue specifically from payers for ground ambulance services. And even there, it seems like it might be pretty cut and dry, but as many organizations, probably know it's not. There are other services beyond ambulance services transports following Medicare's definition that some payers do pay for community paramedicine, etc. So, there are some instructions in section 13 to help organizations understand how to best and most clearly report that information. If it's at all possible, for your organization to separately report revenue for ground ambulance transports versus other services like community paramedicine, even if they're coming from the same insurer, at the same payor, then the instructions asked you to do that. If that's, this is one of those places where if it's not possible to do so, you can report them as a single number and the instructions also say that that's Okay. So, you know that's one aspect of an answer to that question. More broadly though, the questions in section 13 aim to get at total revenue that's related to ground ambulance organization, your ground ambulance operation rather. There's a long list of other types of revenue at the end of that section that you can use. Many of them do have the option, just like I mentioned a little bit ago to report some share that's relevant to ground ambulance organizations. So, if there are tax-based contributions from your local government, grants, other amounts that would support a broader organization that maybe does fire and ground ambulance, then you need to you could report that amount, and then you need to report a share that's related to ground ambulance. There are a couple of great questions we've heard from ground ambulance organizations after some of our earlier sessions that talk about how things may have changed during the pandemic with an upswing and different kinds of roles for ground ambulance organizations and I think that's something that right now is addressed

by the instructions, but an area where CMS may provide some further clarification down the road.

Christine Buttorff: Andrew, we've had another question come in, in a similar vein about these related and unrelated services. This questioner says that we are a municipal government that has our own paramedic service do we then declare the entire city's revenues and expenditures as data that we are collecting for this effort, or only the ground ambulance related expenses and revenues.

Andrew Mulcahy: Yeah so that's another good question. A couple parts of response to that one. First of all, the questioner asked about the GEMT costs specifically and, just to clarify that up front. The scope for the ground ambulance data collection system and the instructions are more general than GEMT in some ways and they're certainly different, so I do think for those organizations that are used to reporting data for GEMT purposes, I think it's a helpful starting point to understand what kinds of data, need to be collected and how to go about doing this. I do think it's important though to read through the instructions and the questions carefully to make sure that you're reporting the information that you requested for this system. There are subtly different and the data that's collected is used for importantly for different purposes. So that was one part. The second part, you do not need to declare. I think the question read verbatim what the question asks here, it says we declare the entire city's revenues and expenditures are you only looking for GEMT related expenses and revenues. So, in this case, it's just the expenses and revenues related to your ground ambulance operation and that you know could involve many different components on the expenses side. We mentioned earlier that municipal governments do a lot beyond in many cases, operate ambulance services, so there may be expenses around accounting or IT or facilities, vehicles that are expenses that really matter in the operation of your ground ambulance organization, but that aren't costs that are very aren't expenses that are very narrow your content separation. It's important for you to work with other folks in your government to collect that information, because otherwise the cost that you report to CMS will look too low, relative to the services you're providing. Just as a reminder for folks that data collected through the system will be analyzed by MedPAC, the Medicare Payment Advisory Commission, to make recommendations to CMS about payment rates for ground ambulance services. So, it's important that data be complete. The instructions are clear that it's all expenses related to ground ambulance services so that's a fairly wide net. It's not something it's not though expenses where revenues unrelated to ground ambulance services. So, a police department is out of scope, parks and recreation out of scope and other pieces of what the city government does are out of scope but anything related to ground ambulances is relevant.

Christine Buttorff: Andrew, we had another question come in related to reporting revenue, particularly by types of insurance payers, and in particular the questioner asked whether organizations need to report revenue from Medicare and Medicaid separately.

Andrew Mulcahy: That's a great question. There are in section 13 of the instrument which covers revenue, there are set of tables that lists out the specific categories that you'll need to use for reporting revenue for ambulance services. There are separate roles there for Medicare in two flavors: traditional fee for service Medicare and Medicare managed care Medicare Advantage.

There are rows for Medicaid fee for service and managed care, commercial insurance, VA, TRICARE, Workers' comp, a couple of other categories and then one for patients paying cash. This is another case where there are a couple options on how to handle this depending on how your organization accounts for amounts paid by patients. CMS heard that some organizations when there's cost sharing involved say 20% copay for Medicare transport and that's coming from the patient. At some organizations that amount gets recorded as a payment from patients, even though it's really linked to a transport that Medicare paid for. Other organizations count that cost sharing that 20% in the Medicare bucket in that example. Either way is okay, but there is a set of questions that asks which way your organization does it so that you can report. However, you do it now, but you just need to tell CMS which way you do it so the data as it's reported is clear. So, there are a couple of categories that require you to break it down by payment source. That's the only place in the instrument that happens. There are other questions where you're asked to report the volume of services so how many ground ambulance transports, for instance. In that case, there's no question that asked you to break it up by payer, that's just total including Medicare, Medicaid and everything else combined.

Christine Buttorff: Okay, you know Andrew we had another related question to revenue come in and the questioner is asking whether cash payments received from the payers need to be reported on an accrual basis that match their financials. I think this question is asking about the timing of when organizations report receiving the revenue.

Andrew Mulcahy: Yep and it's a great question, It's one that is related to proposed change that CMS is proposing to make in this year's Physician Fee Schedule proposed rule. CMS understands that there's a lag between when services are provided and then, when they're paid in some cases that lag could be months or years. It's a couple different ways we've had organizations ask if it would be okay to report. The instructions that CMS is proposing to clarify them would ask would keep the focus on the services provided during your organization's 12-month data collection period, just to remind everyone. When an organization selected to participate, they have to choose a date that will be the start of their continuous 12-month data collection period. For many organizations that will be the January 1 and you'll collect data over 12 months that aligns with that calendar year. Other organizations you can elect to choose a different fiscal year if you'd like. So, the instructions will be clarified if the proposal is finalized to state that the volumes of services you report should align with that data collection period. When it comes to reporting revenue from transports that were for services that are actually paid, it's the revenue from those services that happened during the data collection period, even though CMS recognizes that payment for some of those services will come in months or years after you've reported data so whatever wherever point you are in the collections process when you report data, that amount should be reported.

Christine Buttorff: Andrew, perhaps it's worth reiterating the issues about when an organization needs to report. I'm sorry, let me rephrase that about the reporting period for which an organization needs to report. We've had a number of questions that asked whether it's okay to report on the calendar year versus a fiscal year. And what if your fiscal year runs on a different

set of months than another organization, can you reiterate that how organizations deal with that again.

Andrew Mulcahy: Sure thing, and I think Amy will do that towards the end of the session. As a quick overview, organizations selected to participate will collect data over a 12 month period, as I mentioned that could be a calendar year or your fiscal year. At your discretion and then, once that data collection period ends, organizations have five months to actually report or submit the data that they've collected to CMS. So that means that for all the organizations selected in the first year of the ground ambulance data collection system, not all organizations will be collecting and recording data at the same time. It will be staggered. And again, that's a, you know as a decision to minimize the burden on ground ambulance organizations to force everyone to use a calendar year or some other specific period. There's a choice to use fiscal year or other accounting period you already use.

Christine Buttorff: Okay, great. We've had another question come in related to how to categorize compensation for responding to calls. Specifically, the question says, we do not charge a patient for canceled calls or refuse to transport calls, but if the volunteer staff get a small compensation for responding, is there a spot on the instrument to report this expense.

Andrew Mulcahy: Great question, and there are a couple places where I'll point on the instrument where I think this is relevant. The first one there's a question asking for your number of total responses so you'd count those even if they're even if patient can't be located or refuse transport or anything else you count those there. CMS understands that not all, not all of those responses will result in a transport and payment and that's fine there are questions later on, after you report your total number of responses, where you'll report on the total number that do result in a payment or transport. So, there's some questions around your account of services that are related here, otherwise, though, the questions in, say, Section 7 which asks about labor including compensation, stipends or other kinds of call amounts to volunteers and all other kinds of labor expenses that all relates to your entire ground ambulance operation. Even if you didn't get paid for anything those costs are still relevant because they're part of the expenses running your ground ambulance organization. So, they'd get reported there's no need to link up the expense to an actual specific service paid or otherwise it's just the total expense for operating your ground ambulance organization. That's a great question.

Christine Buttorff: Okay, great. We've had another question come in related to the issue for paramedic intercepts. This questioner asks or explains, I should say, that their payment gets split between two providers usually one's an ALS and one's a BLS according to establish agreements. Under this data collection system, how should the call data be reported by both agencies. It seems like there's a chance that data could be duplicated depending on how both agencies report.

Andrew Mulcahy: That's another good question. We know there are many different arrangements around joint responses across the country. There are some specific cases in New York state that meet Medicare's definition of paramedic intercept. We know that that term is used more a little more colloquially in other parts of the country. And so, there are questions up front in section 2 to ask if these situations apply to your organization. If they do, then there are

questions a little later on asking for how often that kind of trend response happens. There are other questions that ask more generally around joint responses where you can indicate that several scenarios play out for your organization. I do appreciate the questioners mentioned the potential for duplication here. In the one place where that's most likely is in counting services where right now, following the instructions both organizations say yeah that's a response. And so, it would take up the total number there twice if there are two organizations in play that's fine. I think the other piece of that really important to recognize is that the expenses that are reported in the instrument adjust your organization's expenses, except where the instruction suggests that you've got to go track down another number so if it really is, you know completely separate separately owned ground ambulance operation providing part of a joint response, and even if your billing for that for transport and that there's some kind of changing of money under some contractual arrangement there that all needs to be reported on your end. There are ways in section 11 to report on those kinds of contractual payments which may or may not happen on your circumstance, but this is certainly a set of arrangements CMS asked whether the scenarios apply your organization. There are some limits to how much you have to track down and report expenses from that other organization to avoid this kind of double counting concern.

Okay. Great Christine why don't we take one more question from the one submitted on specific instrument questions and then we'll pivot to more general questions for Amy Gruber.

Christine Buttorff: There was another question regarding hourly rates for staff, do you need to report the staff's hourly rate by position or by actual personnel who responded to the incident. Also, would you accept an hourly rate, based on the job position where the hourly rate had to been determined via the city approved methodology.

Andrew Mulcahy: So, the questions around labor. This is a good place to make a put in a plug for future webinars that Christine and I and others from Rand will present specifically on section 7 which covers labor costs. This section has relatively long list of questions up front. Instructions up front rather. The goal is to help organizations not need to report rates and hours for individual staff members. So, the way that Section 7 works is that you're tallying up hours worked compensation for a broader range of staff, like all of your EMT basics, for instance, and you report the total number of hours worked during the 12 month data collection period and the total compensation for all of those staff together. You may find it helpful to think about an individual hourly rate and tally it up. As I mentioned a second ago, there's no need to link up staff to specific incidents, responses, transports, billed or otherwise, if there are staff that you consider having ground ambulance responsibilities, then, for the purposes of this data collection there are in scope. For EMT it's probably pretty clear that that's the case. For other staff that might have administrative or facility rules, there are some instructions and guidelines in section 7 to help you make that determination. So hourly rates are not really necessary, what is necessary is the total compensation and by total compensation, we mean salary, wages, plus benefits across the board. That total compensation amount summed up across your staff in a category, so the hourly rate is part of that the only part of it. This is one area where we'd encourage you to dial into that webinar in a couple weeks. Also take a look at the questions itself to get a sense for what components need to go into that total compensation that you'll report in section 7.

Christine Buttorff: Okay, great. Thanks Andrew. We know a number of you have had some process related questions. We are now going to pivot to Amy Gruber at CMS who will answer some of those. Amy, one of the first questions from a number of attendees is how and when will we officially be notified of whether we are required to report data.

Amy Gruber: CMS has posted on our Ambulances Services Center website, the list of year 1 and year 2 selected ground ambulance organizations. Andrew has provided you with our website. If you're having problems accessing it though, is to Google CMS ambulance. That should be your first listed website. So, if you look on our website, under Spotlights, the sixth bullet is our New Medicare Ground Ambulance Data Collection System. Under there, you'll see various rules: the proposed rule we have out there that we propose several revisions to the Medicare Ground Ambulance Data Collection System you see that rule, you also see the rule to the Calendar Year 2020 PFS Rule, which is the rule in which we established the Medicare Ground Ambulance Data Collection System. Scroll further down, you will see a copy of the printable instrument, the data collection instrument, and the last update that we made to the instrument was July 31 2020. If you continue to scroll down, you will see, as I stated previously, the list for those that are selected for year 1 and those that are selected for year 2. There are FAQs that we have listed on our website, which contains eight sections and that FAQ is a good document. It's a good resource for common questions and we would suggest that you take a look at that, as well as there's also a Quick Reference Guide. So for folks that were selected for year 1 and year 2 due to COVID-19, we delayed the data collection and data reporting periods for years 1 and year 2 and so with that delay, year 1 and year 2 will be required to submit their data collection period beginning January 1 2022 and you may select the data collection period that aligns with your organization's accounting period, or you may select the calendar year. So, CMS plans to send out notifications to those selected ground ambulance organizations for years 1 and 2 starting in October 2021 around the corner. This letter will include instructions on how to provide your organization's data collection period and contact information to CMS.

Christine Buttorff: Okay, great. Thanks Amy. Amy, we had another. Several questioner attendees have asked when the final data collection questions will be available as some of the questions are currently going through rulemaking and may have some potential changes there.

Amy Gruber: That's a good question. After the rule has been finalized, it's gone through the clearance process and we have released the final rule, the Calendar Year 2022 Physician Fee Schedule Final Rule, we will then post on our Ambulances Services Center website, the latest update to the Medicare Ground Ambulance Data Collection Instrument.

Christine Buttorff: Okay, great. Amy we've had a several attendees asking questions related to how to get in touch with their MACs to see whether they are reporting. Can you go over the process of how the MACs will communicate with organizations and if there's an issue how the organization's contact their MACs.

Amy Gruber: As we stated previously, we plan to send CMS plans to send out notification letters and we will ask our MACS to do that, as they did for our year 1 selected organizations, but due to the delay, as I stated previously, the data collection periods and data reporting periods

have changed for those year 1 guys. So, the MACs are going to send you a letter and please follow the instructions with where to provide your start date of your data collection period for those that are selected as well as contact information and you should follow the letter that the MAC provides with regard to if you have any additional updates that you would like to make. If you have just a general question about the data collection, you may send it to our ground ambulance data collection mailbox.

Christine Buttorff: Okay, great. The last question Amy: you know we've had a number, I think you already touched on this, but we've had a number of questions regarding how organizations, let CMS know what they're reporting period will cover, can you explain that process, one more time for everyone.

Amy Gruber: Sure. You can request. It has to be a continuous 12-month data collection period, and you can request, whether you want to collect data for a calendar year or your organization's fiscal year. So, during the notification process we will let you know whether you have been selected or not. We have only sampled years 1 and 2. We anticipate sampling years 3 and year 4 in the upcoming years. So, stay tuned if you haven't been selected for year 1 and year 2. We anticipate that each NPI will be sampled at least once. So please stay tuned please check our website for further updates on the Medicare Ground Ambulance Data Collection System.

Christine Buttorff: Great Thank you so much Amy. So, with that we are very close to the top of the hour. I'm just going to pass the mike back to Andrew Mulcahy for a final few words.

Andrew Mulcahy: Thanks Christine. I'll just have a couple quick things to say, and then pass it back to Steve actually to close us out. Thanks everyone for your questions today. We realize that there are many questions that were submitted that we did not get to. We will work with CMS to get responses out to those questions, so please hang tight. If you think of questions later that you did not get asked today, we will as Steve mentioned hold other additional Q and A sessions like this in the coming weeks, so you can always join that one. Or, feel free to email in your question to the CMS ambulance mailbox and we will get back to that way too. Thanks again for your excellent questions. It was a pleasure talking with you today, and thanks Kristine for so kindly reading through all the questions. I'll pass it back over to Steve now, thank you. Steve, are you there you might be on mute?

Steve Chu: Yeah, I was on mute. Well, ladies and gentlemen, that about wraps it up for today. Unfortunately, our time is over, but you can always send your question to our research mailbox listed on your agenda. I hope you enjoyed this time, and please remember this is our first question and answer session, not our last. Thank you for taking the time out of your busy schedules to join us today and we may open up the poll when you're ready.