

Centers for Medicare & Medicaid Services
Questions and Answers
Open Door Forum: Ambulance
Thursday, May 12, 2022

1. When I print the instrument, it's really actually, at least from my perspective, it's the instructions with all the detail. Do you have just the actual instrument available because also when I look at the directions it indicates that the printable copy of the data collection instrument is available, and then it has an insert link in that? And I've checked that multiple times.
 - a. ANSWER: I will pull up the website now and see if I can find it very quickly, but there's a link to the PDF version of the instrument up on the Ambulances Services Center website. And if you scroll through it there - it starts off with a couple of pages of background information and instructions. But the actual questions are in there. They're all numbered. For example, on Page 2 there's the - a set of questions in Section 2, which is Organizational Characteristics. And it'll start through a numbered set of questions there that runs through Page 4.
 - i. Okay, so you don't have a truly printable, just this is the questions that are going to be looked at. Then I can go back and use the instructions as reference?
 1. The printable instrument obviously doesn't include the skip pattern. So, depending on your answers in the first few sections you may or may not get certain questions. For example, if you say you don't use volunteers you won't get questions about volunteer hours. And once you're in the system itself there is a way to print out just the questions.
 - a. And is there going to be an option to be able to look at that? My other question is, on the ambulance data collection mailbox, when can we expect a response to any questions that are submitted?
 - i. So, for the mailbox, we answer them as quickly as possible, sometimes that's in a day and sometimes when we get 100 in a day it takes us a little bit of time. And also, it depends on how much research the question requires, but we try to answer them as quickly as possible.

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1. I did submit a question several months ago and have not received a response. Thank you.
2. I would like to know if there is someone that you could direct us to that could help with the abuse of the ambulance services by facilities transporting to more distant facilities than the proper facility, especially when the facilities transfer to their sister hospitals solely for the purpose of keeping the patient in their system. We have discussed this with numerous people. Is there anyone in particular that we could go to?
 - a. I might suggest you start with reporting these instances to your local MAC. They have folks there that, particularly in the Medical Review Department, that may be able to raise it up to the level of maybe doing some auditing of these services or at least claims that are submitted to these services. If they find that there may be potential fraud, they can alert the proper authorities for that.
 - i. Question: But we have already reported those to that department. And that's what we're afraid of is the auditing on our end, not the hospital end because, this is very widespread in our area. And we can't seem to get anyone to take it seriously. We're just blown off and, and we know that eventually we're going to be in the net.
 1. We certainly don't want that if there's no fault on your part. Why don't you go ahead and send an email to the Ambulance Open Door Forum email box, that will probably eventually end up coming to me and I can maybe pull in some folks from our Center for Program Integrity here in the Central Office, and they'd be able take it a step further.
 - a. We would really appreciate some assistance with this because this is something that has gone on for a number of years. And everyone that we have talked to has just blown us off as, it's not our department. And the hospital is of the understanding that they can do what they want to do. And they will provide us with the documentation, but the documentation is fictitious.
 - i. I apologize for any issues. This is not something that I would necessarily handle on my own. Again, I would bring in other folks to look into this. I can't make any guarantees about what sort of actions might or might not be taken. But again, if you want to send your concern in an email to the Ambulance Open Door Forum email I'm sure it will somehow at some point get into my hands. And I'll be happy to

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bring in some program integrity folks to either get back to you or to work with the MAC to get back to you.

3. At the beginning of this seminar you guys were referring to non-emergent transports. Is that all this is included or is there emergency transports as well that (emprises) this?
 - a. That's just for non-emergent ambulance transport.
 - i. So, if we are an EMS facility we're not required to report our emergency transports, is that right?
 1. Yes, only non-emergent transport - ambulance transport is for the prior authorization program model.
 - a. We received this letter for this reporting, but we are not non-emergent transport service? Does that mean we can disregard it?
 - i. I think you might be talking about the data collection and not the prior authorization model.
 1. If your question refers to the data collection then it applies to all ground ambulance services, emergency and non-emergency.
 - a. QUESTION: Okay, that's my question because I was a little confused. The second part is when you're organizing staff categories the hours worked if it's a total volunteer staff how do you compute those hours?
 - b. ANSWER: Yes, that's a great question. A couple parts of that question in Section 7. The first one is a count of heads, a count of people. And then the second question does ask for total hours worked. CMS has heard that some organizations do track hours worked by volunteers and others don't routinely. It's one area where organizations may need to start collecting some information as part of GADCS. It's important to understand how many volunteer hours are involved in providing your ground ambulance service so we can

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compare the total labor involved in providing services between organizations that do and don't use volunteer labor. So, as tricky as that might be to ballpark when volunteers don't have the same kind of information linked up to payment that paid staff do, it is an important number to estimate and then include in the information you report to CMS.

- c. QUESTION: So, it's acceptable to estimate it? For example, does training fall into that category? If you're training a volunteer to provide a new technique, does that going to the hours that they use?
 - d. ANSWER: Yes, that's right. Any training related to ground ambulance would be in scope for this. There are some questions where it's explicitly noted that you can estimate provide a guess, this is not one of those questions, and so the expectation is that it would be accurate count of hours worked.
4. There was a question earlier about the instrument and if there's anything available that's condensed version that shows just what we have to collect besides the 51 pages, which is very confusing? Is there anything else out there that simpler that says you have to collect this information starting now?
- a. There's a Quick Reference Guide that's a six-page document up on the Ambulances Services Center website. The first two pages are an overview of GADCS. And then the rest of the document is just a bullet list of the information you need to collect. So that's a good first stop to get a sense for what's included in terms of scope. I think I might be the most frequent visitor of the Ambulances Services Center website. But I Googled that, and it's the first thing that pops up. And then this is under the heading called New Medicare Ground Ambulance Data Collection System. And the very bottom bullet, right before you get to Webinars, is the Quick Reference Guide.

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5. We're a small village and, and we have maybe 200 calls a year. A lot of my paid medics are sitting around most of the day for maybe one or two calls a day. Are we looking for hours worked just the time that they're on the ambulance or is it the hours - the eight hours that they're on duty?
 - a. There's a couple of questions that might be helpful in the FAQ document. The short answer is that if folks are at the station on duty that counts. If they're on call and out working on the job or doing something else that does not count. But it's time related to ground ambulance activities. And if that means they're at the station and a call is - they're not actively responding to a call for service at that moment that time can still count.
6. I have a volunteer and we pay them they sit around listening for the pager to go off at their house. And so, it looks like I'm just going to pay - I need to just record the hours of windshield time when they're actually responding and returning from a medical call, that I understand. My second question is, we have a large building. Half of it is, we use for EMS and training facility. We also have another building that is the barn for the storing of the two ambulances. And half of the first building is actually we rent it out to the hospital for the clinic. So, my question is since it's not related to us, and it's - we rent it out do I still claim that square footage even though technically if it's being rented out we don't use it?
 - a. The first one is that you have a couple choices on how to report that square footage. You want to ultimately get down to the square footage that's associated with your ground ambulance operation. So, there are two ways to do that, the first one is to report the total square footage for the facility, including the part the hospital uses. And then separately report a percentage, the instrument will ask you what percentage of that total square footage is related to ground ambulance, and so you can say 50%, 60% whatever it is. That's okay. You could also do the math yourself and calculate just the square footage for your ground ambulance portion of that building and report that and then say 100% is related to ground ambulance. There's some flexibility there, but the goal is to get to the square footage that is related to your ground ambulance operation. And the other piece of this, the rent that's coming in for that facility, that gets reported in Section 13, which is revenue.
 - i. It would be 13. Okay, but I am correct on just doing the windshield time or trying to guesstimate the actual hours? We have three different hospitals we can transport. we're very rural so our closest STEMI location is 54 miles away. And so, drive times and the location of where the patient is, because we're doing basically half of the county here in Texas, we can range from the 30 minutes to and 30 minutes back to three to

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four hour turnaround. So, it's almost per call is how the hours are going to have to then be determined correct?

1. That sounds right. If the staff are elsewhere not at the station then that's the right approach.
 - a. Okay. So, windshield time only? Okay, well thank you all again very much for taking you all's time to kind of guide us.

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