

Centers for Medicare & Medicaid Services  
Open Door Forum: Ambulance  
Moderator: Jill Darling  
October 22, 2020  
1:00 pm ET

Coordinator: Welcome and thank you for standing by. Today's call is being recorded. If you have any objections you may disconnect at this time. All participants are in listen-only mode until the question and answer session of today's conference. At that time you will be able to press Star 1 on your phone to ask a question. I would now like to turn the conference over to Jill Darling. Thank you, you may begin.

Jill Darling: Great. Thanks so much (Christina). Good morning and good afternoon everyone. I'm Jill Darling in the CMS Office of Communications and welcome to today's Ambulance Open Door Forum.

We're glad to have you. It's been quite some time. So, before we dive into today's agenda I have one brief announcement. This open door forum is open to everyone. But if you are a member of the press you may listen in, but please refrain from asking questions during the Q&A portion of the call.

If you do have any inquiries please contact CMS at [press@cms.hhs.gov](mailto:press@cms.hhs.gov). And I would like to hand the call off to our Acting Chair, Susanne Seagrave.

Susanne Seagrave: Thank you Jill. Good afternoon everyone. I am very pleased to be taking over the role of Acting Chair of the Ambulance Open Door Forum following a recent CMS reorganization. The reorganization created the new Technology, Coding and Pricing Group within CMS and I am the Acting Division Director of the Division of Data Analysis and Market Based Pricing in this new group.

This division is the new home of Medicare ambulance pricing and policy issues. I am very excited to be working with all of you on these important issues.

Before we jump into today's - to today's presentation I wanted to let you know that we will be providing updates to the Ground Ambulance Data Collection System very soon but not on this call. In the meantime, however, you can continue to find the most up to date information on the Ground Ambulance Services Data Collection System website, which is located on the Ambulance Fee Schedule website. At this point, I'll turn it back over to Jill. Thank you.

Jill Darling: Thank you Susanne. First, we have Angela Gaston who has an update on the Repetitive Scheduled Non-Emergent Ambulance Transport, the RSNAT Prior Authorization Model. Angela?

Angela Gaston: Thank you Jill. We announced last month on September 22 that the Repetitive, Scheduled Non-emergent Ambulance Transport Prior Authorization Model, that's been operating in nine states for several years now - it has met all requirements to expand nationwide. There were several steps in the process that got us to that determination.

First, we released the model's first interim evaluation report back in 2018. And the second interim evaluation report was released last month. Those reports found that the model was successful in reducing repetitive, scheduled non-emergent ambulance transport services and total Medicare spending while maintaining overall quality of and access to care levels.

The Chief Actuary of CMS certified that nationwide expansion of the model would reduce net program spending under the Medicare program. Then based

on that Chief Actuary certification and those interim evaluation reports, the Secretary of Health and Human Services determined that the model met the criteria to expand nationwide. And then finally we completed the Paperwork Reduction Act process and received that final approval from the Office of Management and Budget on - in August 2020.

So, the model is going to continue without interruption in those current nine states that we've been operating in. That's Delaware, DC, Maryland, New Jersey, North Carolina, Pennsylvania, South Carolina, Virginia and West Virginia beyond that December 1, 2020 date when the model was previously scheduled to end.

But due to the COVID-19 public health emergency we are delaying the implementation of the expansion to additional states at this time. We will continue to monitor the public health emergency and will provide public notice before implementing the model in any additional states.

You can find all this information in the press release and that link is in today's agenda. And at the bottom of the press release are also links to the actuary certification memo and that second interim evaluation report. And that is all of our updates on the prior authorization model and we'll be on to answer any question at the end of today's call. Thank you.

Jill Darling: Thanks Angela. Next, we have Brenda Staffan who has ET3 update and overview.

Brenda Staffan: Thank you. And thank you for the invitation to provide an update today. The emergency triage treat and transport model will be launched on January 1 of 2020. And the model seeks to provide additional flexibilities to ambulance

and EMS teams in providing emergency medical services following a 911 call.

Specifically, there are three new interventions that will be paid for. The first is transport to alternative destinations such as primary care doctor's offices, urgent care clinics and Federally Qualified Healthcare Centers. The second intervention is treatment in place either on scene in person or via telehealth. And then the third intervention is the medical triage line which more information about that will be provided shortly after the model launches on January 1.

The ET3 model envisions not only Medicare enrolled ambulance suppliers and providers but several key partners. Those partners include required partners and those of those alternative destination locations. Optional partners include qualified healthcare practitioners, which are the partners in the treatment in place intervention. And that there are strongly recommended relationships so that non-Medicare payors implementing multi-payor alignment with our ET3 model. The additional partners will include public safety answering points and other entities that are authorized to handle 911 calls.

The ET3 model payment approach adopts existing Medicare reimbursement mechanisms including the applicable ambulance service reimbursement at either the BLS emergency or ALS 1 emergency rate and applicable mileage and adjustments for the transport to alternative destination intervention.

Additionally, ambulance suppliers are providers that implement the treatment in place intervention will also receive applicable reimbursement at the BLS emergency or ALS emergency 1 rate once again with applicable adjustments.

Qualified healthcare practitioners will be paid based on the Medicare, the current Medicare fee schedule amount and the telehealth reimbursement amounts authorized by Medicare. There are two additional payment adjustments that will include a 15% increase in rate for care provided by qualified health practitioners after hours which is 8:00 pm to 8:00 am.

There is a potential for a performance-based adjustment no earlier than model three of the model of the five year model. That is not guaranteed however and more information will be provided at a later date.

As I mentioned the ET3 model will be launching on January 1. We currently have - CMMI has announced 205 ambulance suppliers and providers from 36 states and the District of Columbia that were selected as applicants. These organizations represent rural and urban regions around the United States and represent all operational models including government owned, fire based private nonprofit, private for-profit and also hospital based.

The model was delayed on April 18 to provide support to selected applicants and the response to the COVID-19 public health emergency. And so as I indicated the new model start date again is January 1 and information about the notice of funding opportunity for the medical triage line will be provided shortly after the model launches.

We know that there might be selected applicants on the call today and so there is a number of important information available to applicants on the ET3 portal. There is a new participation agreement that was released within the last couple of weeks, which must be signed by December 15 of 2020.

There's an opportunity to update the selected applicant's contact information and it's very important to remember that eligibility for the Notice of Funding

Opportunity requires receipt of the assigned participation agreement. So once again we wanted to remind selected applicants to go ahead and go on the ET3 portal so that you can receive that important information.

Located in the agenda today is the ET3 model email. So if there are questions, both participants and other interested parties can submit questions to the ET3 model email and there is also information on the ET3 model website. So thank you for the opportunity to provide an update, back to you.

Jill Darling: Thanks so much Brenda. Our last speaker Amy Gruber will be going over two topics. First is the Calendar Year 2021 Ambulance Inflation Factor and COVID-19 Public Health Emergency Waiver and Flexibility Information.

Amy Gruber: Thank you Jill. As Jill stated, I am Amy Gruber. I work in the Center for Medicare, Technology Coding and Pricing Group, Division of Data Analysis and Market Based Pricing. My division under Susanne's leadership is responsible for the coverage and payment policy for the Ambulance Fee Schedule.

I have two announcements today. The first announcement is the Ambulance Inflation Factor for Calendar Year 2021 and Productivity Adjustment.

On October 16, 2020, CMS released Transmittal 10396, Change Request 12031 to manualize the Ambulance Inflation Factor for Calendar Year 2021 in Chapter 15, Section 20.4 of the Medicare Claims Processing Manual so that Medicare contractors can accurately determine payment amounts for ambulance services.

A MLN Matters article, MM12031, was also released. The effective date is January 1, 2021 and the implementation date is January 4, 2021. The

Ambulance Fee Schedule base rates and mileage base rates are updated annually by an Ambulance Inflation Factor: which is the Consumer Price Index for All Urban Consumers, CPI-U June over June of the previous year which is reduced by Multi-Factor Productivity.

The U.S. Bureau of Labor Statistics reports the CPI-U and the Multi-Factor Productivity is determined by CMS's Office of the Actuary. The Multi-Factor Productivity for Calendar Year 2021 is 0.4 percent and the CPI-U for 2020 is 0.6 percent.

According to the Affordable Care Act Section 3401, the CPI-U is reduced by the Multi-Factor Productivity, even if this reduction results in a negative Ambulance Inflation Factor. Therefore, the Ambulance Inflation Factor for Calendar Year 2021 is 0.2 percent. The link to this Change Request was included on the agenda.

My second announcement is to provide you on where to find COVID-19 Public Health Emergency Flexibility and Waiver information applicable to ambulance services. For the COVID-19 flexibility information, CMS has developed COVID-19 Frequently Asked Questions (FAQs) on Medicare Fee For Service, Billing document which is available on CMS's Coronavirus Disease 2019 website.

We have provided a link to the document on today's agenda. You may also access this document on our Ambulances Services Center website, which can be located at <https://www.cms.gov/Center/Provider-type/Ambulances-Services-Center.html>.

The easiest way to access our website is [cms.gov](https://www.cms.gov). And if you click on Medicare you scroll down the page to Provider Type which is on the left-hand

side and then you can click on the Ambulance Services or you can simply google CMS Ambulance which is after I googled it, was our first listed - is the first listed website.

And so, this document is on our Ambulance Services Center website and it's listed under Spotlights, Upcoming Events and it is the second bullet. The Ambulance Services FAQs begins on Page 45 of this document. In the agenda, it was stated that begins on Page 41. This document was updated, I believe, on the 20th was the last update and it continues to be updated as issues arise.

I would like to point out in this document that it includes an FAQ about our temporarily expanded list of cover destinations under the Ambulance Fee Schedule. To provide ground ambulance providers and suppliers greater flexibility to furnish medically necessary emergency and nonemergency ambulance transports for beneficiaries during this pandemic, CMS has temporarily expanded the list of allowable destinations for ground ambulance transports.

During the COVID-19 Public Health Emergency, a covered destination for a ground ambulance transport includes any destination that is equipped to treat the condition of the patient in a manner consistent with any applicable state or local EMS protocols that governs a destination location. These destinations may include but are not limited to: any location that is an alternative site determined to be part of a hospital, critical access hospital or SNF(Skilled Nursing Facility), community mental health centers, frequently, excuse me, federally qualified health centers, rural health clinics, physician offices, urgent care facilities, ambulatory surgical centers; any location furnishing dialysis outside of an ESRD facility when an ESRD facility is not available; and the beneficiary's home.

The waiver information: CMS is using its statutory authority under Section 1135(b)(5) of the Social Security Act to modify the data collection and reporting period for ground ambulance organizations that were selected to report year one of the Medicare Ground Ambulance Data Collection System.

This modification has been issued on Page 30 in the List of Blanket Waiver document.. We provided a link to this document on today's agenda. You may also access this information on our Ambulances Services Center website. On our Ambulances Services Center website, this document is listed under Spotlights, Upcoming Events, it's the third bullet.

So under this modification, CMS is modifying the data collection and data reporting period as defined at 42 CFR § 414.626(a) for ground ambulance organizations that were selected by CMS under 42 CFR § 414.626 (c) to collect data beginning between January 1, 2020 and December 31, 2020 which is our year one for purposes of complying with the data reporting requirements.

Under this modification, these ground ambulance organizations can select a new continuous 12- month data collection period that begins between January 1, 2021 and December 31, 2021, collect data necessary to complete the Medicare Ground Ambulance Data Collection Instrument during their selected data collection period and submit a completed Medicare Ground Ambulance Data Collection Instrument during the data reporting period that corresponds to their selected data collection period.

CMS is modifying this data collection and reporting period to increase flexibilities for ground ambulance organizations that would otherwise be required to collect data in 2020 through 2021 so that they can focus on their

operations and patient care. As a result of this modification, ground ambulance organizations selected for year one data collection and data reporting will collect and report data during the same period of time that will apply to ground ambulatory organizations selected by CMS under 42 CFR § 414.626(c) to collect data beginning between January 1, 2021 and December 31, 2021 which is year two for purposes of complying with the data reporting requirements.

There are FAQs regarding this modification to the Medicare Ground Ambulance Data Collection System in the COVID-19 FAQs on Medicare Fee For Service Billing document that I mentioned previously. Thank you. Back to you Jill.

Jill Darling: Wonderful, thanks Amy. (Christina) we will now open the lines for Q&A.

Coordinator: Thank you so much. If you would like to ask a question at this time please press Star 1 on your phone, unmute your line and record your name as it will be required to introduce your question. Again, to ask a question please press Star 1 at this time. Our first question comes from (Bill Horn). Go ahead please. Your line is open.

(Bill Horn): Yes, can you hear me?

Jill Darling: Yes, go ahead.

(Bill Horn): Okay I'm sorry. Thanks. This - my question's in regard to RSNAT Prior Authorization Model. Based upon the current - the model of the nine states what would you say all ambulance services should be doing now to get ready for it when it becomes a requirement for everybody?

Angela Gaston: Hi. This is Angela Gaston. You know, the prior model doesn't change any documentation requirements or medical necessity requirements. So I would just make sure you're following all of those current requirements, getting the physician certification statement, and maintaining all the required supporting documentation.

(Bill Horn): Okay thank you.

Coordinator: Our next question comes from (Betty Heflin). Go ahead please your line is open.

(Betty Heflin): Yes, ma'am. Good morning or good afternoon there for you -- I'm not sure. I'm inquiring about the Ground Ambulance Data Collection System. Since we were chosen for the first year and we don't have to do any reporting till after 2021, is there something that we need to fill out on the CMS website or Medicare that shows that we're going to wait until the 2021 year to start collecting this? Can you hear me?

Susanne Seagrave: Hi. This is Susanne. No - I think the short answer is no. Amy is there any further information we should provide on this?

Amy Gruber:: This is Amy. I would just state that we will be providing an update in the and as Susanne stated in her opening remarks, we will be providing an update in the near future with regard to the Medicare Ground Ambulance Data Collection System. And we would suggest that you check our Ambulances Services Center website for updates.

I understand that you are referring to when you would need to submit to us your data collection period and contact information. And as I stated

previously, we will be providing an update to the Medicare Ground Ambulance Data Collection System in the - and sure.

(Betty Heflin): Okay thank you.

Amy Gruber: You're welcome.

Coordinator: Our next question comes from (Marsha Simon). Go ahead please your line is open.

(Marsha Simon): Hi. Thank you for having this update on the RSNAT that demonstration expansion. I'm a consultant and I work on NEMT policy and have looked at the nine demonstration states. And one thing that we've seen that Mathematica did not look at is the impact of this policy on the Medicaid and NEMT benefit which resulted in increased volume and also intensity as patients that require stretcher vans, wheelchairs, transfer assistance increased significantly.

So, I wondered if part of the expansion will involve drawing on that experience in the demo states and reaching out to state Medicaid programs regarding the possible impact of this new policy?

Angela Gaston: Those are good suggestions and we will take that back and look into reaching out to the Medicaid side before we implement any more states.

(Marsha Simon): Thank you. With whom am I speaking? I can't...

Angela Gaston: Yes, this is Angela Gaston.

(Marsha Simon): Hi Angela. We've met, but not for several years because the...

Angela Gaston: Yes.

(Marsha Simon): ...a long-standing demo as you well know better than I. Okay thank you very much -- appreciate that.

Coordinator: Our next question comes from (Stacey Wreath). Go ahead please. Your line is open.

(Stacey Wreath): Hi. Thank you. My question is about the ET3 program and medical necessity. I see in the Frequently Asked Questions on the CMS website that the existing medical necessity criteria will apply. But I'm concerned about if the patient doesn't -- is able to go to an alternative destination such as an urgent care and doesn't need services at a hospital ED, how do we determine whether that's truly medically necessary under those criteria if they don't actually need hospital services?

Brenda Staffan: So, this is Brenda Staffan from the ET3 model. The existing medical necessity criteria still apply. And the purpose of the alternative destination transport is for the patient and the Medicare beneficiary to receive covered services at that alternative destination location. And more information will be provided to participants in their onboarding process.

(Stacey Wreath): Thank you.

Coordinator: Our next question comes from (Adam). Go ahead please. Your line is open.

(Adam): Hi. How are you doing? Thank you for today's presentation. My question is for the RSNAT Team. I heard - I know you're delaying the opening of the model or the expansion of the model until, you know, a later date.

But I was listening to the states that are already involved now and it seemed like a lot of East Coast states are really in that list. You know, so I was just wondering if you have a, you know, a perspective on getting it more through the Midwest and to the West Coast and maybe even talking about why there wasn't applicants before in that area? So just that's my main question because I think other parts of the country probably could really benefit from this wonderful model. Thank you so much.

Angela Gaston: Thanks (Adam). This is Angela Gaston again. We did originally start in New Jersey, Pennsylvania and South Carolina. We chose that because those states did have some higher utilization. And then the Medicare Access and CHIP Authorization Act they actually added, Congress added, in the next six states that brought us to the nine states. And you're right, they are mainly all right there together on the East Coast. And as we work on getting that nationwide, you know, we'll get all areas of the country involved.

Coordinator: Our next question comes from comes from (Diana Allen). Go ahead please. Your line is open.

(Diana Allen): Can you hear me okay?

Coordinator: Yes.

Jill Darling: Yes.

(Diana Allen): Okay. All right this is a four-part question so if you want to grab a pen so - and they're related here. Bear with me.

Based on the language and the expanded coverage for destinations that were typically not covered, the National Academy of Ambulance Compliance interpreted it the same way I did so hopefully we're on the same page. It is saying that these expanded destinations are covered regardless of if it's related to COVID-19. Is that correct?

Amy Gruber: That is correct.

(Diana Allen): Okay.

Amy Gruber: Must meet medical necessity criteria but that...

(Diana Allen): Perfect.

Amy Gruber: ...is correct.

(Diana Allen): What's the effective date of that when it started?

Amy Gruber: The effective date we place that in an Interim final rule with comment period. And it's in - that was published April 6, 2020. And so, it states here that these regulations are effective on March 31, 2020.

(Diana Allen): Okay awesome, thank you. Are the Medicare HMOs required to cover these expanded destinations as well?

Amy Gruber: This is Amy. I'm sorry I cannot address HMO issue. I can only address the Fee For Service side. If you wouldn't mind submitting your question in an email to us at the ODF Web – mailbox, I can send that over to our colleagues on the HMO side where they can address your question.

(Diana Allen): Okay and finally does this expanded destination rule absolve skilled nursing facilities from being liable when it's - would it typically have been a bundled bill service? So for example nursing home to physician's office, who was the appropriate? Are we billing it to Medicare or are we billing it to the business under this covered destination situation?

Amy Gruber: I don't believe we have a SNF colleague on this call. Can you please submit that in writing as well? I would suspect that that would be bundled but I don't - and you would need to - I would need to confirm that.

(Diana Allen): Okay. Can you give me that email one more time please?

Amy Gruber: Jill, do you have that handy? Hold on.

Jill Darling: Yes it's [ambulanceodf@cms.hhs.gov](mailto:ambulanceodf@cms.hhs.gov).

(Diana Allen): Thank you so much.

Jill Darling: Yes it is on the agenda if you have that too.

(Diana Allen): Great thank you.

Coordinator: As a reminder if you would still like to ask a question you may press Star 1 and record your name at this time. Our next question comes from (Alex Dunley). Go ahead please. Your line is open.

(Alex Dunley): Yes, good afternoon. My question is concerning the ET3 model. You said you have selected companies of different varieties. Are there any options for companies that were not selected to be a part of the initial rollout?

Brenda Staffan: Hey, thank you for the question. This is Brenda Staffan from the ET3 model. In the request for application there was some information about future model rounds. But at present time we don't have any new update regarding future rounds.

So, for the current model you had to apply according to the original deadline and go through the selection process. So, the answer is no there is not an opportunity to participate at the present time except for those 205 that have already gone through the process. Thank you.

Coordinator: Our next question comes from (Tresa Bella) - (Bethel), I apologize. Go ahead please. Your line is open. I apologize, she just dropped off.

Our next question comes from (Patty Allen). Go ahead please. Your line is open.

(Patty Allen): Yes, I just had a brief question. Is - do we have provider reps? I'm new as the business office manager and I've had several questions that have arisen that aren't really pertaining specifically to today's agenda. But I was wondering if there is Medicare reps that we could talk to, to answer some questions that we've had come up under some coding issues?

Susanne Seagrave: Hi. This is Susanne. Can you send that question to the ODF mailbox? And can you specify what the coding issues are and we can find the right people to try to get them to?

(Patty Allen): Yes ma'am I can do that. Thank you so much.

Coordinator: Thank you. Our next question comes from (Anna). Go ahead please. Your line is open.

(Anna): Hi. My name is (Anna) and thank you for today's presentation. And I have a question for ET3 Team. Lessons learned from the COVID-19 pandemic and specifically the flexibilities with the IFC allowing ambulances to transfer to alternative locations, are you going to open up the application period again for ET3? And don't you think we'll get more interviews to the lessons learned from COVID-19? Thank you.

Brenda Staffan: Thank you for the question. As I indicated the ET3 model is a five-year volunteer - voluntary payment model and the request for application process resulted in 205 selected applicants. And we don't have any new information at the present time regarding future rounds. Thank you.

Coordinator: Just another quick reminder that you may still press Star 1 on your phone to ask a question. Our next question comes from (Shelly Miller). Go ahead please. Your line is open.

(Shelly Miller): This question is for the cost data collection program. I was wondering when the organizations that are going to be selected in year two may be notified when that would be published? Thank you.

Amy Gruber: Hi. This is Amy. As we stated previously, we will be providing an update to the Medicare Ground Ambulance Data Collection System in the near future. We would as we did for, you know, the notifications for year one, we would suggest that has been posted to our Ambulances Services Center website. And so we would suggest that you check our Ambulances Services website for, you know, for further information. Thank you.

Coordinator: Our next question comes from (Kevin Coyle). Go ahead please. Your line is open.

(Kevin Coyle): Hi. Thank you for having the call. My question has been answered.

Jill Darling: We'll take our next question please.

Coordinator: Our next question comes from (Chris). Go ahead please. Your line is open.

(Chris): Yes I was just wondering if you could give the email address again a little bit slower because on my invitation that I got it isn't on there any where?

Jill Darling: For the ambulance open-door forum email is ambulance O-D as in Dog, F as in Frank at cms.hhs.gov.

(Chris): Okay. Thank you so much.

Jill Darling: You're welcome.

Coordinator: Our next question comes from (Liza Lane). Go ahead please. Your line is open.

(Liza Lane): Yes hi, thank you. With regard to the RSNAT I'm just wondering if you guys have any anticipation of what type of lead time or advance notice of the additional roll out space that providers can expect?

Amy Cinquegrani:Hi. This is Amy. I think Angela got dropped off. I can answer. So for the expanded states we plan to give at least 60 days' notice. Likely, it would be more but we wouldn't give any less than that.

(Liza Lane): Okay great. Thank you.

Amy Cinquegrani: Yes.

Coordinator: Our next question comes from (Tamara McGrew). Go ahead please. Your line is open.

(Tamara McGrew): Hi. Can you tell me if you are going to provide waivers for EMTALA or any additional guidance in relation to EMTALA as it relates to the ET3 model?

Brenda Staffan: Thank you for the question. This is Brenda Staffan. That is a question that will be addressed directly with participants during the onboarding process. And so if you would like to submit the question via the ET3 model email you can do that. But again that is something that will be addressed specifically for participants during the onboarding process.

(Tamara McGrew): Thank you.

Coordinator: Our next question comes from (Keith Simpson). Go ahead please. Your line is open.

(Keith Simpson): Hi. I had a question concerning the ET3 program and specifically will there be an opportunity to add additional alternative destination or qualified health practitioners that were not originally submitted as part of the application process?

During the COVID-19 response with the waiver we are able to transport two different destinations now that may not have been part of our application process. And so is there going to be a formal process to add these additional partners?

Brenda Staffan: So this is Brenda Staffan. Yes there will be a process to add additional partners. And again the details of that will be provided in the participant onboarding activities following each signing of the participation agreement. So yes there will definitely be a process provided to participants.

(Keith Simpson): Thank you.

Coordinator: Just reminder that you may still press Star 1 on your phone to ask a question. Our next question comes from (Melissa). Go ahead please. Your line is open.

(Melissa): Yes, ma'am. I'm calling or I'm asking about the current services that we're providing under the waiver and we're transporting patients to alternative destinations. Are we required for those particular scenarios to use the CR modifier?

Amy Gruber: This is Amy. We don't have our provider billing group colleague, I don't believe he is available on the speakerphone. So, if you could, please submit your question to us at the Ambulance Open Door Forum mailbox we can - we will address your issue there.

(Melissa): Okay.

Amy Gruber: Thank you.

(Melissa): Thank you.

Coordinator: Our next question comes from (Isaac Sobel). Go ahead please. Your line is open.

(Isaac Sobel): Hi. For selected ET3 participants where the local rules allow for the delivery of an ET3 type model for treatment in place is there anything in the ET3 framework precluding from billing a referral from a non-911 source if they're made directly to an ambulance, proprietary ambulance company?

Brenda Staffan: So I think the - a most appropriate answer to that question is there are requirements that are specified in the participants participation agreement. So I would direct selected applicants to review the participation agreement. And once again as I stated additional information will be provided in the onboarding activities.

(Isaac Sobel): Thank you.

Coordinator: Our next question comes from (Gary Winslow). Go ahead please. Your line is open.

(Gary Winslow): Hi. This is ET3 question. In the portal today the - there's an upcoming deadline for ET3 partner list applications but there's no links and I don't see any documents in the portal. I'm just wondering what that is and let me (unintelligible) more about that?

Brenda Staffan: So (Gary) could you speak up, answer the last part of your question again please? Thank you.

(Gary Winslow): Yes on the ET3 portal under upcoming deadlines there's a new entry that's called ET3 partner list attestations link 12282020 but there's no link to that and I don't see any documents in the portal related to that. I'm just wondering what an attestation is and when we might hear more about that if there's anything that you've prepared?

Brenda Staffan: If you're having an issue accessing information on the portal definitely submit that question via the ET3 portal email. And there are systems in place to get you an answer to your question. So again, I would urge you to submit that question through the ET3 portal.

(Gary Winslow): Thanks.

Coordinator: Our next question comes from (Shelly Miller). Go ahead please. Your line is open.

(Shelly Miller): Yes, this question is for ET3. Will CMS be providing to the participating agencies a companion guide to share with our software billing companies and with our clearinghouse to make sure these claims can file appropriately and if so when do you think that will be released?

Brenda Staffan: So, this is Brenda. Yes, there will be billing and payment guidance provided in the onboarding Webinar and other additional Webinars as well as there will be data submission requirements provided to participants. So again, all of that information will be available on the ET3 portal.

Coordinator: Our next question comes from (Karen Johnson). Go ahead please. Your line is open.

(Karen Johnson): Hi. Good day and thank you for this call. My question is in regard to the Ground Ambulance Data Collection System. I actually have two questions. We have three sites that were chosen for year one and we've only been able to track down one of those letters. Who would I contact to find out about getting the other two letters?

Amy Gruber: This is Amy. Can you submit that in an email to our Ambulance Data Collection mailbox. And that is the email address for that is - it's all together [ambulancedatacollection@cms.hhs.gov](mailto:ambulancedatacollection@cms.hhs.gov).

(Karen Johnson): Okay thank you. My next question is we have several hospital ground ambulance and we're wondering if we need to submit data for those as well being those are reported on UB claim?

Amy Gruber: This is Amy. Can you also submit that in - in your email as well?

(Karen Johnson): I certainly can. Thank you so much.

Amy Gruber: You're welcome.

Coordinator: Speakers I show no further questions at this time. You may proceed.

Jill Darling: Great, well thanks everyone for joining today's call. If you have a question and you think of it later, please send it into our Open Door Forum email. That's [ambulanceodf@cms.hhs.gov](mailto:ambulanceodf@cms.hhs.gov). And we hope to talk to you soon. Thanks everyone. Have a great day.

Coordinator: That will conclude today's conference and we thank you for participating. Participants may disconnect at this time. Speakers please stand by for your post conference.

End