

Centers for Medicare & Medicaid Services

Ambulance Open Door Forum

Moderator: Jill Darling

December 9, 2021

2:00 pm ET

Coordinator: Welcome and thank you for standing by. Your lines are in listen-only mode until today's question-and-answer session. If you would like to enter the queue to ask a question, you may do so by pressing star and then 1. Today's conference is being recorded. If you have any objections, you may disconnect at this time. I would now like to turn the call over to Jill Darling. You may begin.

Jill Darling: Great, thank you, (Kate). Good morning and good afternoon, everyone. I'm Jill Darling in the CMS Office of Communication. And welcome to today's Ambulance Open Door Forum.

Before we get 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 have any inquiries, please contact CMS at press@cms.hhs.gov.

And now I would like to hand the call off to our Chair, Maria Durham.

Maria Durham: Thanks, Jill. Good afternoon or good morning to everyone, depending on where you're located. On behalf of the Centers for Medicare and Medicaid

This transcript was current at the time it was published or uploaded onto the web. CMS policy changes frequently so links to the source documents have been provided within the document for your reference. This transcript was prepared as a service to the public and is not intended to grant rights or impose obligations. This transcript may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

Services, I just wanted to personally welcome you today to our Ambulance Open Door Forum.

My name is Maria Durham and I am the Chairperson for today's forum. I'm also the Director of the Division of Data Analysis and market-based pricing under the relatively new, about a year old, technology pricing - coding and pricing group in CMS' Center for Medicare.

Among other things, my division is responsible for the Medicare Part B Ambulance Fee Schedule and the Medicare Ground Ambulance Data Collection System, or what many of you may be familiar with by now, if you've attended some of our webinars, the Medicare GADCS. So, you'll hear that acronym multiple times.

So why is the GADCS important to you? As many of you are aware, selected ground ambulance organizations are required by law to report cost revenue utilization and other information to CMS. Due to the delay caused by COVID-19 public health emergency, CMS delayed the start date for data collection for organizations selected to participate in Year 1 or Year 2 of the GADCS.

These organizations will now collect information over a continuous 12-month data collection period that begins on January 1, 2022, and runs through December 31, 2022. And after the end of your 12-month data collection period, organizations will have five months to report information to CMS.

CMS plans to send out notification letters to selected ground ambulance organizations in Year 1 and two starting in November of 2021.

This transcript was current at the time it was published or uploaded onto the web. CMS policy changes frequently so links to the source documents have been provided within the document for your reference. This transcript was prepared as a service to the public and is not intended to grant rights or impose obligations. This transcript may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

Many of you have inquired on the status of these notification letters, and this work I just wanted to let you know is ongoing and the mailings have not been sent out yet. Within 30 days of receiving the notification letter, it's going to come via email and regular mail, selected organizations will need to provide the start date for your data collection period, and the notification letter will include instructions on how to provide your organization's data collection period and contact information to CMS.

So today we've got a lot on our agenda. We have a full hour dedicated to announcements and updates for five important ambulance topics.

We're going to start out hearing about several of our models from our innovation center. We're also going to talk - have an announcement about the ground ambulance and Patient Billing Advisory Committee member nomination period by Dr. Shaheen Halim. We're going to talk a little bit and we're going to hear from (Amy Gruber) about the calendar year 2022 ambulance inflation factor. And then we'll provide an overview clarifications of what we finalized in the calendar year 2022 physician fee schedule final rule, and you'll hear that from our colleagues at (RAND).

So, we're going to conclude today's Ambulance Open Door Forum with an open Q&A session. It's really important - I really appreciate that you have taken time out of your busy schedule to join us today, and with that, I'm going to turn it over to Jill Darling to start off our ODF.

This transcript was current at the time it was published or uploaded onto the web. CMS policy changes frequently so links to the source documents have been provided within the document for your reference. This transcript was prepared as a service to the public and is not intended to grant rights or impose obligations. This transcript may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

Jill Darling: Great. Thanks, Maria. First up, we have (Alexis Lilly), who has an update on the Emergency Triage, Treat, and Transport, the ET3 model.

(Alexis Lilly): Thank you, Jill. I'm happy to join you all today and give you an update on the emergency triage, treat, and transport or ET3 remodel. The ET3 model launched on January 1st of 2021, with 184 participating ambulance suppliers and providers.

Under this model, CMS will pay participants to transport to an alternative destination partner, such as a federally qualified health center, mental health facility, or urgent care clinic. We're also paying participants to initiate and facilitate treatment in place with a qualified health care partner. This will occur either at the scene of a 911 response or via telehealth.

The model provides a one-year ramp-up period, and we've recently provided an amendment or participation agreement providing some additional flexibilities related to implementation timing. So, while some participants have begun implementing model interventions as early as January of this year, others will begin implementing over the next few months.

CMS has previously issued a notice of funding opportunity or NOFO earlier this year, which would have funded cooperative agreements for state and local governments, their designees or other entities that operate or have authority over one or more public safety answering points. This funding would have been used to implement or expand on a medical triage line.

However, CMS decided to withdraw the NOFO due to insufficient

This transcript was current at the time it was published or uploaded onto the web. CMS policy changes frequently so links to the source documents have been provided within the document for your reference. This transcript was prepared as a service to the public and is not intended to grant rights or impose obligations. This transcript may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

applications received. This decision had no effect on the ambulance payment component of the model or our model participants. For additional information on the ET3 model, please visit our model Website or send us an email at ET3model@cms.hhs.gov. We also welcome you to join the ET3 model listserv for additional model updates. Thank you and back over to you, Jill.

Jill Darling: Thanks, (Alexis). Next, we have (Desiree Haskins), who will speak on the upcoming implementation dates of the Repetitive Scheduled Non-Emergent Ambulance Transport Prior Auth. model.

(Desiree Haskins): Hello, everyone. My name is (Desiree Haskins) and I'm with CMS Center for Program Integrity, CPI. The repetitive scheduled non-emergent transport prior authorization model, also known as RSNAT Prior Authorization model, was approved for national expansion.

CMS recently announced the implementation date for all remaining states and territories for nationwide expansion of the model through Federal Register and open door forum on October 28, 2021. RSNAT prior authorization model updates. The model is expanded on schedule in a phased-in approach.

RSNAT prior authorization began in MAC Jurisdiction H on December 1st, 2021 in the state of Arkansas, Colorado, Louisiana, Mississippi, New Mexico, Oklahoma and Texas. RSNAT prior authorization will begin in MAC Jurisdiction E and J on February 1st, 2022 in Alabama, American Samoa, California, Georgia, Guam, Hawaii, Nevada, Northern Mariana Islands and Tennessee.

This transcript was current at the time it was published or uploaded onto the web. CMS policy changes frequently so links to the source documents have been provided within the document for your reference. This transcript was prepared as a service to the public and is not intended to grant rights or impose obligations. This transcript may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

The MAC and Jurisdiction E and J will begin accepting prior authorization requests on January 18, 2022. Ambulance suppliers in these states should keep a lookout for educational events in their jurisdiction. Ambulance suppliers in JM and JJ Palmetto JBA - GBA is planning a RSNAT prior authorization training webinar scheduled for January 12, 2022 at 11:00 A.M. Eastern Standard Time, and will include a question-and-answer session after the presentation.

Look for the upcoming webinar posting on their Website on how to register. Please continue to check CMS Website and with your MAC for the remaining implementation dates and educational opportunities. Additional information about Medicare repetitive scheduling non-emergent ambulance transport prior authorization can be found on CMS Website at [HTTP://go.cms.gov/PAAmbulance](http://go.cms.gov/PAAmbulance) and again that is [HTTP://gocms.gov/PAAmbulance](http://gocms.gov/PAAmbulance) which can also be found in the ODF announcement.

Thanks so much for your attendance and I will turn it back to you, Jill.

Jill Darling: Thank you, (Desiree). Next up, we have Shaheen Halim, who will talk about the ground ambulance and patient billing advisory committee member nomination period.

Shaheen Halim: Thank you, Jill. This is Shaheen Halim, and I'm announcing that the ground ambulance and patient billing advisory committee, which was authorized

This transcript was current at the time it was published or uploaded onto the web. CMS policy changes frequently so links to the source documents have been provided within the document for your reference. This transcript was prepared as a service to the public and is not intended to grant rights or impose obligations. This transcript may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

under the No Surprises Act Section 117 is now formed and we are accepting nominations for membership.

We published a Federal Register notice on November the 23rd, which officially announced the establishment of this advisory committee and that also solicited membership - nomination for membership through December 13th. So, if we received your nomination and all supporting materials by December 13th, we will be able to consider your nomination.

The advisory committee itself is tasked with advising the Secretary of Health and Human Services, Secretary of Labor, and Secretary of the Department of Treasury on options to improve disclosures of charges and fees for ground ambulance services. Ways that we can better inform consumers of their insurance options for ground ambulance services and ways to protect consumers from balanced billing.

This committee will be tasked with providing recommendations to the secretaries in the form of a report to Congress, which would be issued roughly six months after they start convening. We are seeking membership nominations from various sectors of the industry.

We are very interested in receiving nominations from state insurance regulators, health insurance issuers and providers, patient advocacy groups, consumer advocacy groups, state and local governments, physicians who are specializing in emergency medicine and trauma treatment of cardiac or stroke, state emergency medical services officials and emergency medical technicians and paramedics and other emergency medical personnel.

This transcript was current at the time it was published or uploaded onto the web. CMS policy changes frequently so links to the source documents have been provided within the document for your reference. This transcript was prepared as a service to the public and is not intended to grant rights or impose obligations. This transcript may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

So, in order to submit a nomination, you may either self-nominate or be nominated by another individual or organization. You will need to submit a letter of nomination with contact information, statements of interest and willingness to serve on the GAPB Advisory Committee for its duration and explanation of the topics of interest that you would be able to provide recommendations for.

We will need also a curriculum vitae that contains your relevant educational and professional experience and two letters of reference that support your statement of interest and qualifications for participating in the GAPB Advisory Committee.

So, if you're able to provide these pieces of information by December 13th, we will consider that a complete nomination and you will be considered along with the other nominations that we received. So please submit your application for membership to the GAPB Advisory Committee by close of business December 13th.

You can submit these electronically to GAPBadvisorycommittee@cms.hhs.gov. And should you need additional information to submit by mail, this is available in the Federal Register notice, but I'll just also read you the address now so you can address mail nominations to myself, Shaheen Halim, at CMS Centers for Medicare and Medicaid Services 7500 Security Boulevard, Mailstop WB-22-75, Baltimore, Maryland 21244-8016, sorry.

This transcript was current at the time it was published or uploaded onto the web. CMS policy changes frequently so links to the source documents have been provided within the document for your reference. This transcript was prepared as a service to the public and is not intended to grant rights or impose obligations. This transcript may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

Okay. And that is it for my announcement. We look forward to receiving your nomination. Thank you.

Jill Darling: Great, thank you, Shaheen. Next, we have (Amy Gruber), who will talk on the CY 2022 ambulance inflation factor, the AIF change request 12488 transmittal 110-44.

(Amy Gruber): Thank you, Jill. I'm (Amy Gruber). I work in Maria's division. On October 13th, 2021, CMS released transmittal 11044 change request 12488 to manualize the ambulance inflation factor for calendar year 2022 in Chapter 15, Section 20.4, the Medicare Claims Processing Manual so that Medicare contractors can accurately determine payment amounts for ambulance services.

We included a link to this transmittal in today's agenda. The effective date is January 1st, 2022. And implementation date is January 3rd, 2022. The ambulance fee schedule based rates and mileage based rates are updated annually by an ambulance inflation factor, which is the consumer price index for all urban consumers, CPIU, June - over June of the previous year reduced by multifactor productivity.

The CPIU is reported by the U.S. Bureau of Labor Statistics and the multifactor productivity is determined by CMS' Office of the Actuary. The multi-factor productivity for calendar year 2022 is 0.3% and the CPIU for 2022 is 5.4%.

This transcript was current at the time it was published or uploaded onto the web. CMS policy changes frequently so links to the source documents have been provided within the document for your reference. This transcript was prepared as a service to the public and is not intended to grant rights or impose obligations. This transcript may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

According to the Affordable Care Act Section 3401, the CPIU is reduced by the multifactor productivity, even if this reduction results in a negative ambulance inflation factor update. Therefore - and with inflation factor for calendar year 2022 is 5.1%. Thank you. Back to you, Jill.

Jill Darling: Great, thank you, (Amy). And last, we have Andrew Mulcahy from the RAND Corporation, who will speak on the Medicare Ground Ambulance Data Collection System, CY 2022 physician fee schedule final rule.

Andrew Mulcahy: Thanks very much, Jill. I'll be presenting today alongside my colleague from RAND, Dr. Sara Heins, and we'll call out slide numbers as we go. I hope folks do have the slides at hand to follow along today. We have a couple of figures and graphics that might help explain some of the changes.

And so, my name, as Jill mentioned, Andrew Mulcahy from the RAND Corporation. We're a nonprofit research organization that's helping CMS design and implement the Medicare Ground Ambulance Data Collection System, or GADCS.

Moving on to Slide 2. Our presentation today covers changes finalized by CMS to the GADCS as part of the Calendar Year 2022 Physician Fee Schedule, or PFS, Final Rule. For those of you interested, on Slide 2 there's a link to the Federal Register where you can find the text of the final rule.

There's also much more information about GADCS posted on the Ambulance Services Center Website that many of you are probably familiar with and that

This transcript was current at the time it was published or uploaded onto the web. CMS policy changes frequently so links to the source documents have been provided within the document for your reference. This transcript was prepared as a service to the public and is not intended to grant rights or impose obligations. This transcript may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

URL is also on Slide 2. Just one important note for those of you who are following along with some of those resources up on the Ambulances Services Center, the printable instrument and the frequently asked questions document up there right now, as of today, haven't been updated to reflect the changes that I'll go over today in our presentation.

Those new versions will be coming soon. We'll circle back at the end of today's presentation to remind you to check back at the Ambulance Services Center Website and over the coming weeks to get those updated documents.

Moving on to Slide 3. As Maria mentioned earlier, there were some changes in the timeline for GADCS as the result of the COVID-19 Public Health Emergency. And as of right now, the half of all Medicare ground ambulance organizations, so a little more than 5000 ground ambulance organizations, have been selected as part of Year 1 or Year 2 of GADCS.

CMS issued two blanket waivers in 2021, one on May 5th and one on November 25th, that delayed GADCS data collection period and data reporting periods for those already selected Year 1 and Year 2 ground ambulance organizations. Those changes to the timeline were to increase flexibilities for ground ambulance organizations that would have otherwise been required to collect data starting in 2020 and 2021 so they could focus on operation patient care during the Public Health Emergency.

Moving on to Slide 4 and 5, these two slides summarize the changes to the GADCS timeline from the CY 2022 PFS Final Rule. Previously, organizations sampled in the Year 1 and 2 GADCS cohorts, as well as organizations

This transcript was current at the time it was published or uploaded onto the web. CMS policy changes frequently so links to the source documents have been provided within the document for your reference. This transcript was prepared as a service to the public and is not intended to grant rights or impose obligations. This transcript may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

sampled in the Year 3 GADCS cohort, would have collected data over a 12-month data collection period starting in 2022, and would have reported data over a five-month data collection period starting in 2023.

Separately, then, Year 4 organizations would have collected data during data collection periods starting in 2023 and reported data starting in 2024. Just as a reminder that there are two important periods in GADCS, the first one is a 12-month data collection period, which happens first, and then the data reporting period follows after the end of the data collection period.

So, in the CY 2022 PFS final rule, the timing changed primarily for Year 3 organizations. Rather than collect and report data at the same time as Year 1 and Year 2 organizations, Year 3 organizations will now share data collection periods and data reporting periods with the Year 4 cohort.

Slide 5 has a graphic illustration of what this change means. If you'll look at the first two sets of bars here running horizontally for Year 1 and Year 2, you'll notice there's no change to the timing for Year 1 and Year 2 organizations. You'll also notice there's no change for the Year 4 organization.

The one change that you will notice is for the Year 3 organizations. Previously, they would have started collecting data at the start during data collection periods starting in 2022 and reporting during data reporting period 2023. Those data collection periods and data reporting periods were pushed out by a year for the Year 3 organizations.

Moving on to Slide 6. Previously, prior to the CY 2022 PFS final rule, the

This transcript was current at the time it was published or uploaded onto the web. CMS policy changes frequently so links to the source documents have been provided within the document for your reference. This transcript was prepared as a service to the public and is not intended to grant rights or impose obligations. This transcript may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

Year 3 cohort would have been selected at some point during 2021 and in the Year 4 cohort would have been selected in 2022. After the changes finalized in the CY 2022 PFS final rule, the Year 3 organizations will now be sampled alongside the Year 4 organization in 2022 rather than in 2021.

Moving on to Slide 7. Now we'll get into some of the changes in the instrument itself, and, by instrument, we mean the set of questions that organizations that are selected to participate in GADCS will have to respond to.

On Slide 7, there's a change to cover in Section 2, related to question 2. The question previously asked whether the organization used more than one NPI to bill Medicare for ground ambulance services during the data collection period. CMS heard that some organizations might not know exactly how to respond to the question as written and clarified it with a little more context that the interest in this question is really to learn whether that NPI that was selected to participate in PFS is owned or operated as part of a larger parent organization.

So, the content of this question is the same, but hopefully the wording is clear. And organizations that are in that situation say, multiple NPIs owned and operated by a large commercial for-profit entity, large company or in other cases, different NPI across state lines or jurisdiction lines that may have merged over time for ownership and management purposes. Those kinds of - those types of scenarios, those types of organizations should answer yes to this question.

This transcript was current at the time it was published or uploaded onto the web. CMS policy changes frequently so links to the source documents have been provided within the document for your reference. This transcript was prepared as a service to the public and is not intended to grant rights or impose obligations. This transcript may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

Moving on to Slide 8. This is another change in Section 2. This one's on question 9 is another change that aim to clarify the specific meaning of the question. Previously, the question 9 text read, “Does your ground ambulance operation share any operational costs, such as building space or personnel with one of the following?” And then it listed some options, including fire departments, police departments, et cetera.

The same options remain underneath that question, but the question text is now clarified to read, does your organization provide any of the following services or operations? And then it specifies select all that apply. These changes were due to two reasons. One to be clear that it's not so much sharing building space or personnel per se that should lead to an answer yes to this question, but more responding to the question of whether your organization provides services beyond ground ambulance services.

And then the second change is to allow organizations the flexibility and the clarity so that they can feel comfortable selecting all that apply. CMS heard about - it's heard during the development of the GADCS – about a wide range of different types of ground ambulance organizations, with different configurations providing a wide range of services.

And in some cases, organizations may want to check off more than one of these options. So, clarifying that they - that respondents can select all that apply, will let responses do just that.

Moving on to Slide 9, now we're moving into Section 3, Questions 3 and 6.

This transcript was current at the time it was published or uploaded onto the web. CMS policy changes frequently so links to the source documents have been provided within the document for your reference. This transcript was prepared as a service to the public and is not intended to grant rights or impose obligations. This transcript may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

This is one question where there is a change in the way that the question asks about average trip time. There are - I'll just read the definition -previously, the question asked during a response, "what is the approximate average trip time in minutes across all service levels in your primary service area from the time the ambulance leaves the station to when the ambulance is available to take another call."

CMS heard that some organizations might measure trip time in slightly different ways and that the text of the question, as written previously, may not account for cases where ambulances are responding to calls for service, not from a station or a garage, but from another response, say, on the scene or while they were en route somewhere else.

And so, the CY 2022 PFS final rule clarified this language and tweaked the definition to broaden it slightly to align with how ground ambulance organizations might currently collect this information.

And the question now reads, "during a response, what's the approximate average trip time in minutes across all service levels in your primary service area from the time an ambulance begins its response to the time when the ambulance is available to respond to another call that is time on track."

On this slide and Slide 9 and several of the slides that follow, we've highlighted some of the specific words in gray highlighting so that you can focus in on the parts, specific parts of the question text that that have changed.

Moving on to Slide 10. So, this is still in Section 3 on service area and in

This transcript was current at the time it was published or uploaded onto the web. CMS policy changes frequently so links to the source documents have been provided within the document for your reference. This transcript was prepared as a service to the public and is not intended to grant rights or impose obligations. This transcript may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

Question 4. And this change is another clarification that aimed to provide some more guidance and examples on how to think about a secondary service area versus a primary service area.

Just a little context before getting into the long block of text down at the bottom of Slide 10. That notion of a primary versus secondary service area is somewhat subjective and open to interpretation from respondents as to whether or not their organization even has a secondary service area.

The questions about service area are broken up into these two components; one for primary service area and the other for secondary service area. Because CMS heard from many organizations that they've viewed their service area as being in two parts, one where they have primary responsibility for responding to calls for service and then another where they may routinely provide services, but often under mutual or auto-aid arrangements, cases where they may be crossing municipal jurisdiction lines and supporting other communities when requested.

That's the origin of these two-level framing of service area.

I think it is clear in the instructions, even in the prior version, that some organizations may not think of themselves as having a secondary service area and it's alright not to report one. But the question did allow some flexibility to the secondary service area report ZIP Codes associated with that secondary service area. And then, if an organization did indicate they have a secondary service area, it did bring up some follow up questions about response time in that secondary service area versus the primary service area, et cetera.

This transcript was current at the time it was published or uploaded onto the web. CMS policy changes frequently so links to the source documents have been provided within the document for your reference. This transcript was prepared as a service to the public and is not intended to grant rights or impose obligations. This transcript may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

So, the definition, as you can see on Slide 10, is now longer and hopefully provide some more context about what CMS has in mind when it says secondary service area. The old definition read “a secondary service area is outside your primary service area, but one where you regularly provide services to mutual or auto-aid arrangements.” And it goes on to clarify do not include areas where you provide services only under exceptional circumstances.

The Calendar Year 2022 PFS Final Rule version adds some clarification here. It says “some, but not all ground ambulance organizations regularly provide service outside of their primary service area. For example, through mutual or auto-aid arrangements with nearby municipalities. If this applies to your organization, please report areas that are outside your primary service area, but where you regularly provide services as part of your secondary service area. You do not need to report areas where you provide services very rarely or only other exception - only under exceptional circumstances.

Use your judgment as to whether your organization regularly serves a secondary service area. For example, you may choose to consider zip code outside your primary service area, but where you had five more responses during the data collection period as part of your secondary service area. If you believe these transports have a significant impact on your organization's costs.”

A few things I'll stress about this longer version. The first point is that it includes, in a couple of places, this word “regularly”, e.g., in where we

This transcript was current at the time it was published or uploaded onto the web. CMS policy changes frequently so links to the source documents have been provided within the document for your reference. This transcript was prepared as a service to the public and is not intended to grant rights or impose obligations. This transcript may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

regularly provide services. Part of the goal of including that word and including the example at the bottom of this definition is that maybe a rule of thumb that a secondary service area might be a zip code where you have five or more responsive during the collection period.

It is important to consider that there's still this sentence asking respondents to exclude areas where you provide services under only exceptional circumstances.

So, if there is a ZIP Code or area where, once in a blue moon, you respond to a call for service, it's still okay just not to report that ZIP Code as part of your service area, but in areas where you do have more than a very small number of responses or transports during your organization's data collection period. You think of it as a place you serve, but not in your primary service area, it's probably safe to include that ZIP Code as part of your secondary service area.

So, with that, I'll pass the presentation over to Dr. Sara Heins from RAND to cover the next few changes. Take it away, Sara.

Sara Heins: Thanks, Andrew. So, we're now on Slide 11 and here CMS made some minor clarifications to the definition of response time. Previously, response time was defined as the time from when the call comes in to when the ambulance or another EMS response vehicle arrived on scene.

CMS heard that this may be a bit ambiguous because some organizations may have a delay between when the call comes into dispatch, which is not always

This transcript was current at the time it was published or uploaded onto the web. CMS policy changes frequently so links to the source documents have been provided within the document for your reference. This transcript was prepared as a service to the public and is not intended to grant rights or impose obligations. This transcript may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

part of the ambulance organization and may be an outside service, and when it first comes into the station.

So, to make this clear, they defined response time as starting when the call comes into dispatch and give organizations the option to define response time differently than the default definition. So, for example, they could define it as when the call comes in to the station or from the time that the ambulance leaves the station.

Moving on to Slide 12. We now move on to Section 4, Question 3C. CMS heard from ambulance organizations that many have a large number of their responses that take a short amount of time, but occasionally have a small number of very long responses that will drive up their average response time.

CMS wanted to capture this information and originally asked for the 90th percentile response times.

So, the time below which 90% of the emergency responses fell. However, CMS heard from some organizations that calculating the 90th percentile response time would be difficult. Therefore, the question was changed to “what is your best estimate of the share of responses that take more than twice as long as your average response time as reported in the prior question.”

So, if your organization reported an average response time of eight minutes, you would respond to the next question with the percentage of your calls that take up more than 16 minutes, or twice as long as eight minutes.

This transcript was current at the time it was published or uploaded onto the web. CMS policy changes frequently so links to the source documents have been provided within the document for your reference. This transcript was prepared as a service to the public and is not intended to grant rights or impose obligations. This transcript may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

So, moving on to Slide 13, we moved into Section 5. So, Question 3a in the section previously asked for a percentage of total ground ambulance responses that included a non-transporting agency. CMS heard from several organizations that this is not something that is regularly tracked. In response, CMS clarified that the organization could provide their best estimate for this question.

Going on to Slide 14, so this defines a paid transport for the purposes of this data collection effort. Now, CMS understands that there's often a disconnect between when transports are furnished versus when payment is received in part or in full. So, to reduce variation in how data is collected and reported, CMS clarified the definition of paid transport.

So, the instrument now defines paid ground ambulance transport as one that was furnished during the data collection period and paid either in full or in part by the time the organization reports its data, which, as Andrew showed earlier, may be up to five months after the end of the data collection period.

So, going on Slide 15, this slide simply shows how this new definition of paid transport was applied to Section 5 Question 7.

Going on to Slide 16, here we begin Section 7 on labor. So, the biggest change to this section is for organizations that provide fire, police or other public safety responsibilities. Previously, the instrument only asked you to report total hours and hours worked unrelated to ground ambulance and public safety responsibilities.

This transcript was current at the time it was published or uploaded onto the web. CMS policy changes frequently so links to the source documents have been provided within the document for your reference. This transcript was prepared as a service to the public and is not intended to grant rights or impose obligations. This transcript may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

Now, in order to get a more accurate picture of labor costs specifically related to ground ambulance operations, questions in this section will ask you to separately report total hours worked related to ground ambulance responsibilities, total hours work related to fire police and other public safety responsibilities. And finally, total hours worked annually related to all other responsibilities.

Going on to Slide 17. This highlights some clarifications in the instrument, specifically for parent organizations that operate multiple NPIs. Previously, the instrument lacked some questions for multi NPI organizations to report allocated costs for certain types of labor, vehicle and other costs that may sometimes be shared across NPIs.

For example, while the old instrument had a question about administrative costs shared across NPIs, it did not have any questions about EMT labor costs shared across NPIs. So, to allow multi-NPI organizations to report a more complete picture of shared costs, CMS has added questions for multi-NPI organizations to Sections 7, 9, 10 and 12.

Going on to Slide 18. The slide discusses clarifications made to Sections 8, 9, and 10 on how organizations that operate on a cash basis should report specific costs related to vehicles, facilities and capital equipment. While the instrument previously allowed organizations that operate on an accrual basis to report depreciation for large one-time acquisition costs, CMS learned from some organizations that operated on a cash basis, that it was not always clear where to report these acquisition costs.

This transcript was current at the time it was published or uploaded onto the web. CMS policy changes frequently so links to the source documents have been provided within the document for your reference. This transcript was prepared as a service to the public and is not intended to grant rights or impose obligations. This transcript may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

In response, CMS added screening questions about whether or not your organization calculates depreciation for different categories of expenditures. For organizations that do not calculate annual depreciation expenses, you will not have to answer questions about depreciation and will now instead be able to answer questions about the cost of purchases made during the data collection period.

I'll now turn the presentation back to Andrew, who'll cover the last few changes, and then we'll turn to Q&A.

Andrew Mulcahy: Thanks, Sara. So, we'll move on to Slide 19 and Slide 19 is a list of several other clarifications and editorial changes that CMS finalized as part of the CY 2022 PFS final rule.

I won't go through each of these in detail, but just to highlight a couple. There are some editorial changes here for consistency, like removing first person training, the very first bullet and a couple of typos that are now corrected. And in some cases, some changes to add an example or two. For instance, in Section 7 to clarify that total compensation should include employer payroll taxes.

So, feel free to look at this full list of bullets here in detail or to open up the Final Rule itself. And see the details up there to.

Moving on to Slide 20, we just wanted to remind folks that there are a wide range of resources on the Ambulances Services Center Website that are worth

This transcript was current at the time it was published or uploaded onto the web. CMS policy changes frequently so links to the source documents have been provided within the document for your reference. This transcript was prepared as a service to the public and is not intended to grant rights or impose obligations. This transcript may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

a look, particularly if you're Year 1 or Year 2 organization and particularly if your data collection period is going to start in just a couple of weeks in January.

There is a version of the printable instruments on the Ambulances Services Center Website.

As I mentioned earlier, that's in the process of being updated. It will be replaced in the coming weeks with a version that reflects the changes we just covered today. The version up on the website now is still a very valuable resource and generally is a great guide at the kinds of specific information and questions you'll need to collect during the organization data collection period. So, I encourage you to take a look at that.

There's also an FAQ document up on the ambulance services website that goes through a wide range of questions from the very basic, "Why CMS doing this?," and definitional questions all the way to very in the weeds questions about how organizations with specific characteristics should report certain expenses.

So, if you find yourself wondering, you know, how do I handle this specific situation in terms of data collection reporting? Or does this question apply to an organization that looks like mine, et cetera? That FAQ document is a great one-stop shop to cover a lot of questions.

I'll do a quick reference guide that is also in the process of being updated that that gives a shorter bullet list of the specific information that you'll be required

This transcript was current at the time it was published or uploaded onto the web. CMS policy changes frequently so links to the source documents have been provided within the document for your reference. This transcript was prepared as a service to the public and is not intended to grant rights or impose obligations. This transcript may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

to collect and report. And so, you want to get a quick sense for what your organization currently has on hand in terms of information versus what they may need to start collecting. And for some organizations, just a couple of weeks, that bullet list is also a great place to start.

We also mentioned that over the past month, CMS has hosted a wide range of webinars covering the instrument and its actions overall and some overview sessions initially back in the fall into some much more specific and narrow webinars that get into specific sections of the instrument, like the labor section, Section 7, the revenue section, Section 13, or considerations across all the sections for specific types of organizations like Fire Department and other public safety based organizations or providers rather than suppliers, the hospitals.

Those past presentations recordings are also up on that Ambulance Service Center Website, and that's another great place to look if you want a quick overview of the overall GADCS system or a deeper dive into some of the specific sections or considerations for specific types of ground ambulance organizations. The last bullet on Slide 20 is just a reminder that if you have questions, you can always reach out to the ambulance data collection mailbox at CMS.

And finally, the last slide in the presentation today, slide 21, lists some common questions. And there's six on this slide. These are by far the six most commonly asked question. Has my organization been selected to participate? What if my organization isn't on the Year 1 or Year 2 list? Is participation

This transcript was current at the time it was published or uploaded onto the web. CMS policy changes frequently so links to the source documents have been provided within the document for your reference. This transcript was prepared as a service to the public and is not intended to grant rights or impose obligations. This transcript may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

required? Why do we need to collect and report data? How do I inform CMS of our data collection period start date and how do we report data?

The answers to those questions are there. And again, the link is at the bottom of the slide there. Also note that the RAND folks working with CMS will host a Q&A session in the next few weeks and then some in the new year too. So that's another opportunity to ask questions if you have them and get some more answers.

So, with that, our presentation is done, and I will turn it back to Jill.

Jill Darling: Great. Thank you, Andrew, and to Sara and to all of our speakers. (Kate), will you please open the lines for Q&A?

Coordinator: If you would like to ask a question at this time, you may do so by pressing star and then 1, you will be prompted to record your name, which is used to introduce your question. Again, if you would like to ask a question at this time, please press star and then 1. One moment while we see if there are any questions. Our first question is from (Dan Gerard). Your line is open.

(Dan Gerard): Yes, hi. I have two questions, really. How is success defined and what are the QA parameters for - how is success defined for ET3 and what are the QI parameters for ET3? Are you guys using meaningful measures? Are we looking at improved outcomes, patient satisfaction? Reduce operating costs? Thank you very much.

This transcript was current at the time it was published or uploaded onto the web. CMS policy changes frequently so links to the source documents have been provided within the document for your reference. This transcript was prepared as a service to the public and is not intended to grant rights or impose obligations. This transcript may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

Alexis Lilly: So, the model aims of ET3 or to provide person-centered care to encourage appropriate utilization of services and to increase efficiency in the EMS system. We are currently developing quality measures for ET3 specifically, and we will be sharing more information with the model participants as we work towards finalizing those measures.

(Dan Gerard): Thank you.

Coordinator: Our next question is from (Emma Carroll). Your line is open.

(Emma Carroll): Hi, I just wanted to inquire about the new authorization requirements for non-emergent transport. Does this new requirement apply to hospital-based ambulance services?

(Angela Gaston): Hi, this is (Angela Gaston). No, hospital-based ambulance providers are excluded from the prior authorization model.

(Emma Carroll): Thanks. Thank you.

Coordinator: As a reminder, if you would like to ask a question, please press star and then 1 at this time. One moment while we see if there are any further questions. We have a question from (Diana). Your line is open.

(Diana): I was looking at Section 5. I know that you guys address something about the paid transport definition, and as I'm flipping through that, this is obviously several hundred pages of information that we're expected to kind of go through.

This transcript was current at the time it was published or uploaded onto the web. CMS policy changes frequently so links to the source documents have been provided within the document for your reference. This transcript was prepared as a service to the public and is not intended to grant rights or impose obligations. This transcript may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

Are you guys planning on addressing anything more as far as revenue goes, not just the duration it takes to get paid and how much we're getting? Well, you guys also be looking at the number of recruitments, not just recruitments, but the number of inappropriate recruitments or a breakdown by state, perhaps or the number of complaints against - that we have against various payers who are doing inappropriate recruitment against clean claims.

The percentage of how this is affecting our cash flow when this hits audit or edits at the payer level. Anything like that?

Andrew Mulcahy: This is Andrew from RAND. And thanks for the question. All of the questions in Section 13 asked for revenue during your organization's data collection period. So, any kind of adjustment that would happen to the amounts you report for transport during the data collection period received by the time you report any kind of changes that happened after that would not be reflected in what you include in your submission.

And there is no specific question on recruitments or any kind of count of cases that are claims and disputes. I will say that one question in Section 5 asks for the number of paid transports and that based on the definition, is a transport. That's where there's been payment in part or in full receipt. So that's a little of the sense as everything you billed for.

What that doesn't include as a case where that the transports haven't paid it off. In fact, is a good, good, good question to send in to CMS through that mailbox. But a case where that transport is made would contribute to one of

This transcript was current at the time it was published or uploaded onto the web. CMS policy changes frequently so links to the source documents have been provided within the document for your reference. This transcript was prepared as a service to the public and is not intended to grant rights or impose obligations. This transcript may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

the questions in Section 5 where payment was denied or I guess first that amount would that not be reported, but that transport would also not contribute to that tally of pay transport.

(Diana): Hey, I have a feeling there's going to be like a whole nuanced area that's going to get missed CMS. If we send additional data that reflects the sort of thing that essentially, I think a lot of us that live in the billing world see and kind of maybe got overlooked if it's submitted, will it be reviewed?

Andrew Mulcahy: So, is the information submitted will do - will it be reviewed?

(Diana): Right, if it's not specifically asked for, but we provide it anyway, will it be reviewed?

Andrew Mulcahy: As far as I understand, there is no question that what specifically get asked. I'm not sure where you'd even report it. It would contribute to - the transport you provide and then the transport you're paid for are both asked for the transport you bill for but are not paid for it. That's not a specific question in the instrument right now. I don't think there would be a place to report it.

(Diana): Okay. Well, if you guys have a spot for feedback after this, let me know. Appreciate it.

Coordinator: Thank you. Our next question is from (Melanie Singer), your line is open.

(Melanie Singer): Hello, thanks for taking my question. It pertains to the new final rule change dealing with Section 3 Question 4. This has to do with responding to your

This transcript was current at the time it was published or uploaded onto the web. CMS policy changes frequently so links to the source documents have been provided within the document for your reference. This transcript was prepared as a service to the public and is not intended to grant rights or impose obligations. This transcript may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

secondary surface area, five or more responses during the collection period. We routinely respond to our secondary service area and then get turned around. So, we have no transport. So, I think you need to make a distinction between responding and transporting because it does cost us, you know, the cost associated with just responding.

Andrew Mulcahy: Yes, thanks for that. Thanks for that point. It's a very good one, I think the definition, even with the change that made to the CY 2022 PFS Final Rule, the intent is to ask about the area you serve. So that very well could be areas where you have responses that don't transport patients.

So, following the definition, in the revised question, you could certainly still report those ZIP Codes where you're serving those secondary service areas, but not transporting. You could certainly report that as part of your secondary service area.

(Melanie Singer): Thank you.

Coordinator: We have no further questions in the queue at this time.

Jill Darling: Great. Thanks, everyone. I'll hand it back to Maria for closing remarks.

Maria Durham: Thanks so much, Jill. And thank you everyone for attending today's ambulance ODF session. Your time is so valuable and we really all appreciate that you chose to spend it with us. We hope you gained some valuable information and answers to some of your questions regarding today's important topics. At this point, we're going to conclude this session. But as a

This transcript was current at the time it was published or uploaded onto the web. CMS policy changes frequently so links to the source documents have been provided within the document for your reference. This transcript was prepared as a service to the public and is not intended to grant rights or impose obligations. This transcript may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

reminder, for ODF schedule updates and emailing list registration, please visit our CMS Website at www.CMS.gov/opendoorforums.

So, with that, Jill, I think it's time to close.

Jill Darling: All right, great, thanks, everyone. Have a wonderful holiday and we will talk with you next year.

Maria Durham: Thank you.

Coordinator: Thank you. This concludes today's conference. Thank you for your attendance. You may disconnect at this time.

End

This transcript was current at the time it was published or uploaded onto the web. CMS policy changes frequently so links to the source documents have been provided within the document for your reference. This transcript was prepared as a service to the public and is not intended to grant rights or impose obligations. This transcript may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.