

Ambulance Open Door Forum
Moderator: Jill Darling
February 6, 2020
2:00 pm ET

Coordinator: Welcome and thank you for standing by. At this time all parties are in a listen-only mode until the question-and-answer session. If you'd like to ask a question at that time, please press star 1 on your phone and unmute your phone and record your name. Today's call is also being recorded. If anyone disagrees you may disconnect at this time. I would now like to turn the call over to Ms. Jill Darling. Thank you and you may begin.

Jill Darling: Great. Thank you, (Sandy) Good morning and good afternoon everyone. Welcome to the first Ambulance Open-Door Forum of 2020. I can say happy New Year. Usually I stop right at January but this is the first we're talking to you this year.

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 I will hand the call off to our chair, Sarah Shirey-Losso.

Sarah Shirey-Losso: Good morning and afternoon everyone. Again my name is Sarah Shirey-Losso. I'm the Division Director in the Division of Ambulatory Services. I think we're really excited today to bring you a really in-depth I think overview of one piece of the Medicare Ground Ambulance Data Collection Instrument. We have a number of resources online and our Web site is at the bottom of your agenda, our ambulances services Web site.

And today we're really going to focus on Section 7 and that is staffing and labor costs for those people who are interested and going to be completing part of this survey. So with that I'm going to turn it over to our guests Andrew Mulcahy and Lisa Sontag-Padilla from the RAND Corporation who have been helping us CMS with this endeavor. Thank you.

Andrew Mulcahy: Thanks, Sarah. My name is Andrew Mulcahy and I'm a Senior Health Policy Researcher at the RAND Corporation as Sarah mentioned, which is a non-profit research organization that's helping CMS design and implement the Medicare Ground Ambulance Data Collection System. I'll be presenting today along with my RAND colleague Dr. Lisa Sontag-Padilla.

Before we get started, I'll pause for a minute to give everyone a chance to locate a copy of our slides. It's important that you have the slides in front of you for the call today so you can follow along with the examples we'll walk through. If you don't already have the slides, you can find them at the CMS Ambulances Services Center Web site which you can get to by Googling CMS Ambulances Services Center. The link to the slides is at the top of the Ambulances Services Center Web page. Again, you can find the slides by Googling CMS Ambulances Services Center and clicking the link at the top of the page. Lisa and I will call out slide numbers as we proceed today so you'll be able to follow along with that PDF slide deck.

Now I'll move on to slide two. The presentation today will provide an overview of Section 7 of the Medicare Ground Ambulance Data Collection instrument which covers staffing and labor costs. The presentation will cover every question in Section 7. We'll also walk through several examples, first focusing on examples on how to report information for individual questions in Section 7 and later at the end of the presentation walking through an example of how a hypothetical ground ambulance organization would complete this

entire section. We'll highlight the important features of the instrument and ways that the questions might look different for your organization and call up boxes on some slides.

The presentation is structured to follow the printable version of the data collection instrument which is also available on the CMS Ambulances Services Center Web site. If you have questions related to staffing and labor that aren't covered during today's presentation you may ask them during the Q&A session at the end or you can send them to the CMS ambulance data collection email address which is all one word ambulancedatacollection@CMS.HHS.gov. The email address is also on the CMS Ambulances Services Center Web site.

Please note that the presentation today focuses specifically on the labor section of the instrument, which is Section 7. If you have questions about other sections that we aren't covering today, there are several other resources posted on the Medicare Ambulance Services Center Web site including a quick reference guide listing the information you're required to report, slides from earlier presentations reviewing the entire instrument, a frequently asked questions document, and as I mentioned earlier a printable version of the entire data collection instrument.

In addition, CMS will be offering additional calls and presentations over the next few months. And I'll mention some of those as we go through the presentation today.

Slide 3 provides a high-level overview of Section 7. The overall goal of Section 7 is to capture information on your organization's staffing and costs associated with ground ambulance labor. Broadly, this section of the instrument is broken up into two steps. The first step involves reporting which

types of staff are used by your organization. In order to report which types of steps you use, you must first assign your staff members to the specific categories that are used for reporting. We'll review the instructions on how to do this over the next few slides.

The second step involves reporting information on hours worked and costs for your staff in each category collectively -- that is, not for individual staff members but for all of your staff in the same category combined. More specifically, for paid staff categories you'll collect and report total annual compensation for each category, total hours worked annually, and total hours worked annually unrelated to ground ambulance operations. And then separately for volunteer staff categories you will report the total number of individuals who are volunteers, total hours worked annually, total hours worked annually unrelated to ground ambulance operations, and then finally you will report your organization's total costs associated with volunteers, for example, costs associated with stipends, allowances, et cetera.

As shown in slide four, question one of Section 7 asks you to report whether your organization has staff in different categories using a table like this. Each labor category is a row in the table and then the two columns are checkboxes for whether you have paid or volunteer staff in each category. In this table, instead of reporting a count of how many staff members fall in each category, you'll simply check off whether you have any staff members that fall into each of the categories.

There are a couple of ways that this table might look different for your organization than what's presented on the slide. First, the volunteer column will only appear if you indicated in an earlier question that your organization uses volunteer labor. Second, ground ambulance organizations that are public safety-based -- including fire and police department-based organizations --

will have additional columns where they will report whether their staff in each row do or do not have public safety responsibilities as well as ambulance responsibilities.

We encourage organizations using volunteer labor to join us for a call focusing on volunteer organizations on February 20th. We also encourage public safety-based organizations to dial into an upcoming March 12th call on data collection and reporting specifically for public safety-based organizations.

Moving on to slide five, it's important that each staff member is assigned to just one labor category for the purposes of reporting throughout all of Section 7 even if they perform multiple roles in your organization. Assigning staff members to just one category lowers the risk of double-counting and eliminates the need to split hours and compensation for a single person across multiple categories for reporting.

The instrument includes detailed instructions on how to assign each staff member to a single labor category. The instructions are as detailed as they are because CMS heard about a wide range of staffing arrangements as the instrument was being developed. Many staff -- particularly staff at smaller organizations -- have multiple roles related to ground ambulance operations. Staff sometimes change roles. Sometimes paid staff volunteer additional hours of work or work in a different capacity or volunteer to work in a different capacity. The instructions address these and many other scenarios.

Slide five distills the most important instructions down to a flow chart. The instructions can be simplified to four main questions. First, does the staff member have ground ambulance responsibilities at your organization such that they should be included for reporting? Second, were they paid or

volunteer staff at your organization? Third, did they have an EMT or response role at your organization? And finally, which specific EMT/response or administration/facilities category do they belong to? This last question requires a different approach depending on whether the staff was EMT/response or administration/facilities. If they had an EMT or a response role, then their detailed category is based on their EMT or response level or role at the start of the data collection period. If not, then their detailed administrator or facilities category is based on their primary role during the data collection period. Answering these four questions for each of your staff members will tell you in most cases how they should be categorized for the purposes of reporting.

Now moving on to slide six, we want to walk through some examples of how to think about categorizing different types of staff that may have multiple responsibilities. First, staff with both EMT and administrative roles should always be included in an EMT labor category. For example, a paid EMT-Basic who also performs administrative duties at your organization should be categorized as a paid EMT-Basic. Also, staff who are both paid and volunteer during their reporting period -- during the data collection period rather - - should be categorized in the appropriate paid staff category.

For example, a paid EMT-Paramedic who volunteers additional unpaid hours should be categorized as a paid EMT-Paramedic. Administration or facility staff with multiple roles should be assigned to the category indicating their primary activity. For example, a paid administrator handling billing and clerical duties and occasional vehicle maintenance should be categorized into paid administrative category because this is their primary responsibility. EMT and response staff who change levels during the reporting period should be categorized based on their level at the beginning of the data collection period. For example, a volunteer EMT-Intermediate who became a volunteer

EMT-Paramedic during the data collection period should be categorized as a volunteer EMT-Intermediate.

Assigned staff who started the reporting period as a volunteer and then switched to a paid position or vice versa to the appropriate paid staff category. For example, a volunteer EMT-Basic who became a paid EMT-Basic during the data collection period should be categorized as a paid EMT-Basic. And finally, include only those individuals who had responsibilities that were either partly or entirely related to your ground ambulance operation during the data collection period. So, in this example a paid EMT-Paramedic with only air ambulance responsibilities during the data collection period would not be included in any of the staff categories or reported at all in Section 7 because this staff did not have ground ambulance responsibilities.

So, moving on to slide seven, most organizations will have staff in some but not all of the categories listed in the table in question one. For each labor category that you report not using in question one, you'll be asked in Section 7, question 2 to report on the reasons why you reported no in question 1.

There are a few common reasons listed in the questionnaire itself including the labor category is part of our ground ambulance operation but is paid for or provided at no cost by another entity, that one or more of your staff perform these functions but these staff were assigned to other categories by the instructions, and that you do not have labor in this category related to your ambulance operation or you contract with another organization for this role. Or if none of these options apply, you can enter your own reason. You'll be able to check multiple reasons for each labor category you don't use.

As an example, let's say you contract out services for vehicle maintenance and so you selected no in the question one row for vehicle maintenance. In this

case, you'd select number three in Section 7, Question 2. And that response is we do not have staff in this category that related to our ground ambulance operation and/or we contract with another organization for this role.

I'll turn the presentation over now to Lisa to walk through the next part of Section 7 which focuses on reporting hours worked and total compensation for paid employees.

Lisa Sontag-Padilla: Thanks, Andrew. We are now on slide eight which focuses on paid EMT/response staff. So now that you've indicated which staffing categories are relevant to your organization, you'll be asked to report on three key pieces of information relevant to labor cost for paid EMT/response staff. These include total annual compensation, total hours worked annually, and hours worked annually unrelated to ground ambulance duties. In the next handful of slides, we'll provide more detail as to what each of these categories mean and provide some examples illustrating how to calculate and report each piece of information.

On slide nine we discuss total annual compensation. You will report total compensation across all paid staff in each of the EMT/response categories. Total annual compensation includes things such as salary or wages and, if applicable for your organization, benefits such as healthcare, paid time off or PTO, retirement, stipends, life insurance, overtime, training time, call back time, and standby pay for paid staff. If one or more components of compensation costs were paid by another entity with which you had a business relationship, you'll need to obtain and include these costs when you report total compensation.

So, for example if employee benefits are paid for by the municipality that you service, the costs of those benefits should be reported as part of your total

compensation. Now, in the event that the outside entity can only provide total costs for a category -- for instance total benefit costs across all staff -- please collect those total costs. Then you will need to allocate these costs to the various labor categories based on salary or wages across labor categories.

On slide ten, we show an example ambulance organization with three staff members who respond to ambulance calls. Employee A is an EMT Basic. And employees B and C are paramedics. Employee A makes \$20,000 per year in total compensation which includes salary or hourly pay as well as any health insurance or other benefits. Employee B earns \$38,000 and employee C earns \$42,000. In the row for the total annual compensation for EMT-Basics, the organization would report \$20,000. In the row for the total annual compensation for EMT-Paramedics, the organization reports \$80,000 which is the total across both paramedic staff members.

Next on slide 11 we discuss total hours worked annually for both full and part time paid EMT/response staff. Total hours worked annually should include hours worked on ground ambulance and all other activities, and could include air ambulance operations, health care delivery unrelated to ground ambulance such as work in a clinic, public health responsibilities, community education and outreach, community paramedicine, and any other responsibility unrelated to ground ambulance and fire, police, or public safety activities. One exception is to note that hours spent on call do not count towards hours worked.

Turning back to our example, now on slide 12 assume each employee works 1,500 hours per year. The total number of hours worked in the row for EMT-Basics is 1,500 hours. The total for the paramedic row is 3,000 for both paramedics combined, or 1,500 hours plus 1,500 hours.

Moving on to slide 13, for the same staff that contributed to total hours worked annually you will also report hours worked annually unrelated to ground ambulance responsibilities. Again, these other responsibilities could include things such as air ambulance operations which we previously mentioned on slide 11.

Now we turn back to our example again on slide 14. So employee A has 200 hours per year dedicated to activities unrelated to ground ambulance. The 200 hours is reported for the EMT-Basic row in the column for the hours worked unrelated to ground ambulance. Employee B is fully dedicated to ground ambulance and has no other activity and contributes zero to this column. Employee B has 100 hours not related to ground ambulance services so 100 hours is reported for the paramedic row in this column.

Turning to slide 15, we share some considerations for reporting labor for public safety-based organizations. The examples provided on how to report information on paid EMT/response staff, while useful for all respondents to see, do not account for some of the nuances for organizations that have shared services with fire, police, or public safety. As you'll recall some information on EMT/response staff are reported separately for staff with fire, police, or public safety roles versus those without these roles.

The way you report total annual compensation and total hours worked annually for paid EMT/response staff will be the same whether or not you have staff with fire, police, or public safety roles. However, when reporting on hours worked annually unrelated to ground ambulance responsibilities, you will also exclude hours related to fire, police, or public safety duties in this instance. So again, we do encourage that public safety-based organizations dial into the upcoming March 12th call where we will review data collection reporting specifically for public safety organizations in more detail.

I'll now turn the presentation back over to Andrew who will review the next part of Section 7 which focuses on administration and facility staff.

Andrew Mulcahy: Thanks, Lisa. We're now on slide 16. Section 7.2 focuses on administration, facilities, and medical director staff. The instructions and structure of the questions in this part of Section 7 are very similar to what Lisa just covered for EMT and response staff. As a reminder, staff with both EMT/response and administration of facilities responsibilities should always be categorized in EMT and response staff category and reported in Section 7.1 and not in Section 7.2

Some smaller organizations where all staff have at least some response roles may actually not report anything in Section 7.2 on administration and facility staff separately. As you did in the prior section for administration and facility staff you will report on total annual compensation, total hours annually for paid staff, and finally hours worked annually unrelated to ground ambulance operations.

However, there is one difference in this section compared to the Section 7.1 section on EMT and response staff that we should note. In Section 7.1 there were many different labor categories to cover the different types of EMT and response staff. In Section 7.2 there are a grand total of two categories -- one for all of your administration and facility staff combined and another for medical director. So, this section involves fewer labor categories for the purposes of reporting total hours and total compensation.

Slide 17 lists the administration facilities and medical director staff members from a hypothetical hospital-based ground ambulance provider. There are five staff total -- one clerical staff, two managers, one of whom has some hospital

responsibilities unrelated to ground ambulance, a maintenance staff member but again some responsibilities unrelated to ground ambulance, and a part-time medical director.

The box across the top of slide 18 summarizes the total compensation and hours worked annually for the five employees. The first staff a full-time clerical staff worked 2,000 hours entirely on ground ambulance services and had total compensation of \$40,000. The second staff member is a full-time manager who worked 2,000 hours entirely on ground ambulance and had total compensation of \$60,000. The third staff person is a full-time manager who worked only halftime on ground ambulance 2,000 for the year with a thousand of these hours unrelated to ground ambulance. The person's total compensation was \$65,000. The fourth staff person is a facilities maintenance staff who worked 2,000 hours during the year with three quarters of those hours or 1,500 hours unrelated to ground ambulance operations. The person contributes \$45,000 to total compensation. The medical director worked 520 hours total and had total compensation of \$50,000.

The middle table is from Section 7.2 question one and the bottom box on this slide lists the calculations that we use to fill in the table. For total compensation for administration and facility staff we added together the total compensation for staff numbers one through four for a total of \$190,000. For total hours worked and hours worked unrelated to ground ambulance, we again tallied up the hours for staff members one through four and input 8,000 hours for total hours worked and 2,500 hours for hours worked unrelated to ground ambulance, respectively. The medical director's compensation and hours are reported separately in a different row with the reported \$50,000 in total compensation and 520 total hours worked with all of that time being related to ground ambulance.

Let's move on to slide 19 and the last part of Section 7. All of the questions in the labor section up to this point have focused on paid staff. Recognizing that some organizations operate with volunteer staff either partly or entirely, the instrument also includes separate questions on volunteer staff. I'll provide a brief overview of the content and instructions for these questions over the next few slides. As I mentioned previously, we encourage organizations using volunteer labor to tune in to an upcoming call focusing entirely on reporting volunteer labor. This is on February 20.

Reporting total hours for volunteers follows many of the same steps as we just reviewed for reporting total hours for paid staff and I won't review them again now. In addition, for volunteer staff you will report the total number of individuals who are volunteers during the data collection period by labor category. And you'll also report the total costs associated with volunteers including stipends, allowances, honoraria, and other relevant costs.

On slide 20, in the event your organization will report on volunteer labor, there are a few things you should consider. First, in this section -- and as is true for paid staff too -- do not count any employee twice across the various staff categories. More specifically, an employee should never be counted as both paid and volunteer staff member. If a staff member transitions from volunteer to paid, count them only as paid and never as volunteer. volunteers receiving benefits or a nominal stipend may still be considered volunteers and associated hours worked and costs will be reported in the volunteer section. Report all costs associated with volunteers such as stipends, health insurance, et cetera, that are not reported elsewhere in the instrument in this section. Do not double count costs, such as uniforms for volunteers which are reported separately later in the instrument, for questions that do appear in later sections.

I'll now turn the presentation back over to Lisa who will recap the key instructions and pointers for collecting and reporting staffing and labor information in Section 7.

Lisa Sontag-Padilla: Thanks, Andrew. Slide 21 is the first of four recap slides highlighting key points to remember when reporting on staff and labor costs in the data collection instrument. First, each staff member should contribute to only one labor category for the purposes of Section 7 which assigns staff to various categories. This is the case even if they perform multiple roles in your organization. Next, include only individuals who had responsibilities that were either partly or entirely related to your ground ambulance operation. With that in mind, do not include individuals who had only non-ground ambulance responsibilities within your organization. Finally, include EMT/response staff in the EMT/response category that matched their level at the start of the data collection period even if they have administration or facilities responsibilities.

Continuing with our recap on Slide 22, for administration or facility staff with multiple roles assign each individual to a category indicating the individual's primary activity. Include staff who are both paid and volunteer during data collection period in the appropriate paid staff category. You do not report outside contracted services in Section 7. You will have the opportunity to report these costs in another section later in the instrument.

Continuing on slide 23, we present a few points to remember when reporting total compensation. Include both salary or other wages and any benefits such as health insurance, paid time off, retirement stipends, or life insurance as well as overtime, training time, call back and standby pay for paid staff. For some organizations one or more components of compensation costs -- for instance

benefits -- if they are paid for by another entity with which you have a business relationship, you will need to report these. This might be done by a municipality that your organization serves. If this is the case for your organization, please obtain and include these costs when you report total compensation. Now if only total costs in a category are available from that entity, please make sure you allocate those costs to the various labor categories based on salary or wages across those categories.

Turning to slide 24, we present some considerations for when you are recording hours worked during the reporting period. For total hours worked annually, you'll report the sum of hours worked at your organization across all staff assigned to that category. This includes those hours related and unrelated to your ground ambulance operation. As a reminder, hours unrelated to ground ambulance or public safety duties may include things such as air ambulance operations, health care delivery unrelated to ground ambulance operations such as work in a clinic, public health responsibilities, community education and outreach, community paramedicine, and then any other responsibility unrelated to ground ambulance or fire, police, and public safety activities. However, do not include hours spent on call as this is not considered hours worked for the purposes of this instrument.

Now I'll turn the presentation back over to Andrew who will go through a step by step illustration of how a hypothetical ambulance organization might answer questions in the labor section as we move on to slide 25 and 26.

Andrew Mulcahy: Thanks, Lisa. I think we have one more back and forth between Lisa and I. I appreciate that we're splitting this up. Let's see, starting on slide 26 we'll walk through as Lisa mentioned a completed labor section for our hypothetical ground ambulance organization. All answers I just want to stress that all the answers in this example are hypothetical and are not

intended in any way to provide benchmarks for typical costs or volumes. Instead, the goal in the example is to illustrate the process of filling out this section of the instrument and how different organizations will be presented with different questions.

Certain items as we walk through the example will be marked in brackets with “not shown” if the questions are not applicable to the organization based on prior responses. I also want to note that this organization might be less complex than your organization but we will address issues that will be more relevant to some kinds of organizations on future calls and presentations including the February 20th session on volunteer organizations and the March 12th session targeting public safety-based organizations and for other kinds of organizations in future calls and presentations.

On slide 27 we provide some background on this hypothetical organization. It's government-based EMS organization with no fire or public safety services that primarily serves a small city and provides around 2,000 transports each year. The organization provides mostly emergency transports and receives revenue from a variety of health care payers. They have a mix of paid and volunteer staff and the organization's 12-month data collection period started January 1st this year.

Turning to slide 28 before we get into how this organization would answer the questions on staffing and labor in Section 7, I wanted to give you an overview of the organization's labor structure and the services that they contract out. The organization has 13 EMTs in total -- eight part-time EMT-Basic volunteers and five full-time paid paramedics. All of the EMTs and paramedics respond to emergency calls and do transports and occasionally standby events or assist with community outreach programs. One of the EMT-Basics occasionally performs basic vehicle maintenance and one of the

paramedics started at the organization March 1st -- so after the start of this organization's data collection period.

The organization also has two full-time paid administrative staff members and a part-time paid medical director. The slide also has some background on the contracted services that this organization pays for. The organization does not directly employ or have staff to maintain or clean their facilities, perform advanced vehicle maintenance, or take and direct emergency calls. Rather, it contracts these services from outside organizations. Note however that costs and labor hours through contracted services should not be included in Section 7. They're instead reported in another part of the instrument Section 11 which is other costs.

Let's walk through how this organization would report information throughout all of Section 7 starting on Slide 29. In this scenario, the only volunteer labor is from the EMT-Basics. So this organization would check yes in the volunteer column for the EMT-Basic row. In the paid column, this organization would check yes for the following labor categories – EMT=Paramedic, medical director, administrative facilities staff, and management. The organization does not have any EMT-Intermediates or other types of EMT/response staff. So these are all marked “no” for both paid and volunteer. The organization answers no to dispatch and vehicle maintenance rows because they have contracted services. And as I mentioned earlier when an organization pays in amounts to contract an entire service like dispatch or vehicle maintenance, that information is reported in a different part of the instrument in Section 11 and not in Section 7.

Note that as we've mentioned several times today, the guiding principle of the labor section is that everyone should only be counted in one role. So as mentioned previously, let's assume that one of the EMTs does basic vehicle

maintenance but more complex repairs are contracted out. In that case based on the logic we displayed earlier, you would categorize the EMT-Basic as an EMT and not in any way in Section 7 as having a vehicle maintenance role even if they do occasionally perform that service.

I'll turn the presentation back to Lisa now who will walk through the rest of this holistic example. And then after we're done, we'll open it up for Q&A.

Lisa Sontag-Padilla: Thanks, Andrew. Moving on to slide 30, the organization is presented with a table that lists each staff category for which they did not check "yes" or "no" or for which they did not check "yes" for paid or volunteer in the prior question. So, for each staff category, they select one or more reasons for why they do not have this lever category within their organization. So this particular organization selected option three but did not have staff in its labor category related to our ground ambulance operation and/or we contract with another organization for this role. For the paramedic, emergency medical responder, the nurse, doctor, respiratory therapist, or other medical staff category and also the ambulance driver staff categories because they don't employ these positions within their organization. The only doctor they have on staff is their medical director who does not do emergency responses.

The organization also selected option three for dispatch, call center, vehicle maintenance, and facilities maintenance because they do not have any of these in place. Instead they pay a monthly call center fee to handle emergency calls, they contract vehicle maintenance services as needed and contract janitorial staff and building maintenance through another company. Finally, they selected option two for vehicle maintenance because one of their response staff does basic vehicle maintenance but were classified as emergency response staff as per the instructions.

Now on slide 31, we move into section 7.1 which asks about paid EMT/response staff and hours worked. Organizations that exclusively use volunteer labor will not see this section at all. Since our hypothetical organization indicated that they use both paid and volunteer EMT labor, they will have to answer questions in this section. So here, the organization only sees one staff category as this was the only category of paid response staff they selected in Section 7 question one. Their other staff were either volunteer or not response staff.

So this table they first put the total compensation across five EMT paramedics including benefits which comes to a total of \$191,100. You can see all of our calculations in the gray box below. So note that one of the paramedics that joined on March 1st joined the organization on March 1st, 2020. And so they only worked 10 out of the 12 months of the year and therefore only has 10/12 of his annual salary and benefits included in the costs.

For total hours annually for paid EMT/response staff, the organization reports all hours worked across all five EMT-Paramedics. These hours include both ground and non-ground ambulance duties. Note however this does not include paid time off or sick leave hours, even if you offer them. In this example the total hours amount to 9,667 hours. For the last column, the organization considers any activities that the five paramedics had during the reporting period that do not fall under ground ambulance duties. So in this example these paramedics spend a limited amount of time doing community outreach such as running bike safety programs at schools that total up to 40 hours across the five paramedics.

Now onto slide 32 we move into Section 7.2 on compensation and hours worked for paid administrations and facility staff as well as medical directors. Note that an all-volunteer organization would not see this section. This

hypothetical organization does because they indicated they have paid employees in each of these categories. Here we calculate the costs for administrative staff and a medical director. For this hypothetical organization, their administrative or facility staff included two full-time paid administrative staff who had responsibilities for accounting, office management, licensing compliance, and other office duties.

As we said previously the administrative staff each make \$40,000 a year and have benefits equaling \$2,800 per year per person. Together, the combined total annual compensation is \$85,600. With respect to total hours worked, both of the administrative staff work 2,000 hours for the year which totals 4,000 hours that you would report. Again, you do not include paid sick time off or paid time off in hours worked but you do include it in total compensation. The medical director in this example makes \$75,000 in annual salary for this organization, no additional benefits, and worked 475 hours during the year for the organization. In this example, the medical director also works part time at a nearby hospital. However, this work is not associated with the ambulance organization. Therefore, in this case the ambulance organization does not have to track down this medical director salary paid by the hospital or the hours worked. And those hours will not be reported in the instrument.

Onto slide 33. This question asked about specific duties related to ground ambulance operations that may be performed by any staff member. So, in this example, the organization has staff numbers performing all of these duties listed. However, with the exception of billing, none perform them more than 20 hours a week. So for example, the billing administrative staff occasionally do data analysis but not more than 20 hours per week. The EMTs will train new EMTs but again not more than 20 hours per week. And so on. So in this case, the organization answers yes but for A only and not for B, C, and D.

Onto slide 34, we discuss sample answers for questions three through four. The organization will not do question three which relates to organizations with multiple NPIs. However, they will see question four even though they did indicate previously that they employed a medical director. So just to clarify this question is displayed for all organizations as a check on answers. If the answer conflicts with what is given in Section 7 questions one through two, what you'll see is a warning directing you to clarify your response. So this organization will not see part 2 of question four which asks for total compensation for contracted medical directors. This question would only be displayed for organizations that indicated that they contract with a medical director.

Slide 35 starts the section on volunteer labor. Now if your organization does not use volunteer labor, you would not see this section. Because this organization does use volunteer labor, they will see this section and start with question one. So, in this particular hypothetical scenario, they have eight volunteer EMTs. For question two, the organization would need to report the total hours that these EMT volunteers worked during the calendar year 2020. To do this, they need to add up the total hours worked by each EMT. So in this particular example, they have eight part-time volunteer EMTs who worked between 15 and 20 hours a week.

First you would report total hours worked across the eight volunteers. This comes to 6,750 hours. You can see our calculations in the gray box below. Next you report the hours worked annually that are unrelated to ground ambulance operations. In this case, the volunteer EMTs spent a total of 50 hours during 2020 doing public health outreach activities. The organization will not seek questions three through five about volunteer administrative and medical director roles because they previously indicated that all of their staff

in these roles were paid.

Moving on to slide 36, question six asked about stipends, honoraria, benefits, and other types of compensation for ground ambulance labor volunteers. This organization provides a \$500 stipend to volunteers each year and pays workers compensation insurance for volunteers. Five hundred dollars times eight volunteer EMT basics equals \$20,000. So this organization would answer yes to question six and \$20,000 for question 6.i.

I'll now pass the presentation back to Andrew who will provide you with some final thoughts before we head into our question and answer session.

Andrew Mulcahy: One quick clarification on the last slide. That \$20,000 amount would also include workers compensation insurance payments. So it's \$500 times eight plus whatever additionally is paid for workers compensation insurance to that that higher \$20,000 number.

So we'll move on to slide 37 where I'll provide some final thoughts and then we can transition over into Q&A. So first, the examples provided in this section are as I mentioned earlier for illustrative purposes only. Responses to the data collection instrument questions will vary dramatically based on organization type, staffing structure, and other factors. The specific information that you'll have to report will vary depending on how you answer questions about your organization and earlier sections of the instrument and within Section 7.

If you are interested in diving deeper into some of the issues we've touched on throughout this example, note that CMS is hosting additional webinars focusing on data collection and reporting for certain types of organizations -
- for instance volunteer, public safety based, and provider organizations in the

future. As I mentioned earlier, the next webinar is scheduled for February 20 and will cover volunteer labor.

Before we turn over to Q&A, I wanted to draw your attention to the frequently asked questions document or FAQ available on the CMS Ambulances Services Center Web site. The FAQ includes several questions and answers related to collecting and reporting staffing and labor information including the questions listed on Slide 38. CMS is adding to this FAQ as it receives additional questions. I'd encourage you to check the FAQ if you have any questions as a first step before writing in to the CMS ambulance data collection inbox. And with that presentation and walk through Section 7 concludes and we can open it up to questions from listeners. I'll turn it back to Jill.

Jill Darling: (Brady), you just took the words right out of my mouth. So (Sandy), please open the lines for Q&A please.

Operator: Thank you. If you'd like to ask a question over the phone, please press star 1. Please ensure your phone is unmuted and record your name so you can be announced to ask your question. Again, that is star 1 to ask a question. One moment please. Our first question comes from (Eric Peterson). You may go ahead.

(Eric Peterson): Yes, we are for all intents and purposes we're a fire-based EMS system with the vast majority of our EMS calls are handled by career staff. We do have a volunteer component but they rarely if ever are on the ambulance. On rare occasions they may drive. And that would be honestly less than probably a dozen times a year. We also have volunteer fire chiefs that may come on calls and make the initial patient contact but they're not involved with the transport. Would we still need to report that volunteer labor?

Andrew Mulcahy: Yes, you would. And I think the way the Section 7 is set up if those are the only volunteers in your organization it would probably be less you report there in terms of total hours than you would in the paid section to Section 7. But those activities where they're responding to calls for ambulance service, driving an ambulance those would be in scope and should be reported in the volunteer section of Section 7.

(Eric Peterson): What about if they respond on an engine first response on like a motor vehicle collision or a cardiac arrest. Do those hours - or would we include those hours also?

Andrew Mulcahy: So if it's a response where an ambulance is ultimately deployed -- if it's a call EMS call that comes in -- then that would be in scope.

(Eric Peterson): Yes. Okay. Thank you very much.

Operator: Next question comes from (Chief Coleman). You may go ahead.

(Chief Coleman): Good afternoon. My department is very similar to the last question. It's a career-based fire EMS department. In regards to the hours worked, I have 60 full-time firefighters and each shift has around 11 or 12 members. But every day they're not assigned to the ambulance. They could be on the ambulance one day. They may be on the engine the next day. How are those hours to be quantified? Do I have to break that up every single shift that they were on the ambulance for so many hours, on the engine for so many hours? Or is it just in general how many hours they work no matter what their staffing was?

Andrew Mulcahy: So reporting is a little different as we mentioned today for fire, police, or other public safety-based organizations -- I'll answer your question in a second -- I guess I would encourage all of the public safety based fire, police,

otherwise organizations to dial into the March 12th call and presentation. We'll go into that reporting for organizations like yours in much more detail. The reporting will be different in two ways. First, you'll tally total hours that are worked in your organization over all of the staff members' activity. And then separately you'll report out the number of hours that are unrelated to ground ambulance as well as public safety activities.

So for the purposes of reporting you're mostly reporting their total hours across both ambulance and other public safety activities. And again, we'll walk through some specific examples and put up some, you know, completed tables on slides at that webinar in March.

(Chief Coleman): Okay, great. And then the last question was I have an EMS coordinator who is a full-time firefighter paramedic that receives a stipend of \$400 for the year. But to track those hours that he actually did administrative duties is probably difficult to do. So is that going to be an issue when reporting?

Andrew Mulcahy: Yes, CMS heard as the instrument is being developed that sometimes for volunteers it is the organizations currently don't track specific hours. Just to clarify, was that person a volunteer?

(Chief Coleman): No. It's a career firefighter paramedic. He works his shift but then he's also the EMS coordinator and gets a stipend due to his duties. But we don't necessarily track the hours that he's doing those duties.

Andrew Mulcahy: I see. Okay. Well in that case I think following the instructions that the person would certainly be counted in a paid category rather than volunteer because paid always trumps volunteer. You'd also report the total hours inclusive of that volunteer work. And I think there'd be a recognition that might be estimated in a way that it might not be for paid staff.

(Chief Coleman): Okay. Thank you so much.

Lisa Sontag-Padilla: Andrew, there was one more clarification on that actually too. So that person would be classified in an EMT/response category. They would not be classified as an administration or facility staff. And so those hours that go towards those administrative duties would get lumped into their total hours reported as well as that \$400 stipend that should be included in their total compensation.

(Chief Coleman): Okay. Thank you so much.

Lisa Sontag-Padilla: Yes.

Operator: The next call comes from (Ryan Beck). You may go ahead.

(Ryan Beck): There was no mention of pension costs and then only toward the end of the presentation work cut costs. Should that be included in their total benefits and their total compensation?

Andrew Mulcahy: Yes, pension, retirement, health benefits -- anything you might characterize as a benefit would be included in total compensation. The instructions in the instrument have a longer list than maybe what we went through today of specific examples. But retirement pension contributions would be included in total compensation.

(Ryan Beck): Okay. Thank you.

Coordinator: The next question comes from (Rita) from Hunter Ambulance. You may go ahead.

(Rita): I was just wondering if insurance benefits, did you say that we pay on behalf of employees? That would be - we would report that net of the amount that they pay out of their own pocket. Or do we report that just at gross?

Andrew Mulcahy: Yes. Your organization's contribution would contribute to total compensation.

(Rita): Okay.

Andrew Mulcahy: So for health insurance for example, it's the amount that the organization is paying towards that coverage.

(Rita): Okay.

Operator: Next call comes from (Melissa) at Taney County Ambulance.

(Melissa): Hi. I had a question about hours for salaried employees. Do you just want us to put 2,080 hours for those people when we're reporting hours? They do not clock in and out.

Andrew Mulcahy: I think as a rule of thumb if someone is working full time that that gets you to two thousand eighty. And, you know, I think you should track and then report hours as accurately as you can. You know, you're in a position where you have more granular information say for hourly staff that you might track through a payroll system for instance, you could report that. But for the salaried full-time staff 2,080 hours is a good approximation.

(Melissa): Okay. Thank you.

Operator: And the next question comes from (Lyle Johnston) You may go ahead.

(Lyle Johnston): Yes, this is (Lyle Johnston) with Brunswick County EMS. We're a county-based EMS provider. And in respect to the call dispatch center staff and the facilities maintenance and the fleet maintenance staff those are all provided to us by the county as another through another department. So they're not on my payroll. But would I report them as our staff since we don't contract with them?

Andrew Mulcahy: Right. We've heard from several organizations in the same boat. And the instruction here is if your organization is part of a government entity that's also providing that other activity, then you do have to collect the information for reporting. Otherwise, your costs would look much lower than they actually are. So CMS recognizes that that will probably take calling someone outside of your ground ambulance organization narrowly to collect that information. But it is critical that those staff and those hours and costs be included.

And so you know, in that case where your ground ambulance organization is part of the same municipality county in your case as the other folks providing those services like vehicle maintenance or dispatch -- which is another very common case where this happens. Say a fire department happens to operate dispatcher or county municipality runs it for all of their response organizations, in those cases you have to collect information not just on labor in this section but also in some of the other sections -- for example, facilities. If there is a dispatcher call center or a vehicle maintenance center, that is also in scope for the purposes of reporting.

(Lyle Johnston): Okay. Thank you.

Operator: Next question comes from (Michael Richards). You may go ahead.

(Michael Richards): So my question actually was related to that last question, that same

question. We work for a city or a fire department as a department within a city organization. And my question was just the same. We have our maintenance as far as vehicles and also facilities is done by the city itself. So I think it was pretty much answered in there that we do have to include that labor.

Andrew Mulcahy: Let me use your repeat question as another signal that this is a common question and just say a couple more things on this scenario. I think we've heard from some organizations that have say using the vehicle maintenance as an example. Some organizations might have some insight and information currently on costs associated with vehicle maintenance. For example, they might be billed for parts and may have that financial record in their ground ambulance organization for that part of it. And so then the task, the goal is to go and collect that information on what's not currently in-house at the ground down ambulance organization. And most, you know, the vehicle maintenance example, I'm thinking it would be labor and probably facilities.

One other thing to mention here. There are some cases where a municipality provides a service to their community and does not charge for it. CMS has heard some cases where a municipality will handle dispatch and not charge ambulance organizations that are not part of the municipality to use that service. In that case, the organization that's not part of the entity that's providing the service and that doesn't pay for it would not have to report it. And there are several places in the instrument- if that applies to you, there are several places where you can say another entity provides this service to us and we don't pay for it. It's important for CMS to know that that happens again because otherwise it would look like there's a gap in the costs being reported and your reported costs would be lower than you'd expect for other organizations.

So there is a lot of nuance here. There are some FAQ questions including

some that are about to be added to the FAQ that address this scenario and I'd encourage everyone to revisit the FAQ in the coming weeks to see some of those new questions that add these scenarios.

(Michael Richards): Okay. Thank you.

Operator: Next question comes from (Rene Bia) You may go ahead.

(Rene Bia): Yes, hi. My question is with the American (Made Do) we're privately owned. And we do enter facility transports which we do not do 911 calls at all as primary or secondary. So does this still apply to our company? And my next question was the finance breakdown, will a financial statement or do we have to go by what is as far as the guidelines here?

Andrew Mulcahy: So in response to your first question, all ground ambulance organizations that billed Medicare for ground ambulance services in a prior year were eligible to be selected to report in this first year of the data collection system. And that that includes organizations that exclusively do inter-facility transports. So yes, even though some of the instructions in the instrument are specific to emergency response, all organizations were eligible to be selected.

You will see a different set of questions. If you answer one of the very first questions in the instrument which asks you do you respond to 911 calls. If you answer no, that does have an important implication for the questions you'll be asked downstream. So your organization will see a different set of questions then EMS services would see.

And then in response to your second question, I'd encourage you to review the quick reference guide on the Ambulance Services Center website which reviews all of the information that is required to be reported through this data

collection system. It's a short document in a bullet list format to give you a sense for the cost revenue and utilization information that you'll need to report. In most cases, organizations already have some financial and other data systems that track metrics. In some cases, all of this information. In other cases, organizations may need to start collecting some types of information now. We're starting on January 1, 2020 for some organizations so that you'll be able to report that during your data reporting period.

(Rene Bia): And I believe there's a woman that answered or you guys answered my question about salary paid. So I guess that's it. Thank you.

Andrew Mulcahy: Thanks.

Operator: Next question comes from (Daniel Obana). You may go ahead.

(Daniel Obana): Yes. Good morning. I have a quick question here. When is this going to become mandatory for everybody? Right now it's only a select group that have to do this report. Is it going to be one year or two year?

Sarah Shirey-Losso: Hi there. So this is Sarah Shirey. And each year for four years there will be organizations selected. And I guess the general pool was organizations that billed Medicare in 2017. And then over four years, facilities are randomly selected and you would only be selected once in the four years. So on our Web site we have the first year of those organizations that are selected and we will add the next year probably in this fall.

(Daniel Obana): How do you get selected?

Andrew Mulcahy: Say that again?

(Daniel Obana): How do you get selected?

Sarah Shirey-Losso: It is a random selection of all ambulance organizations that billed Medicare in 2017.

(Daniel Obana): Okay. Thank you.

Operator: The next question comes from (Mike Littlefield). You may go ahead.

(Mike Littlefield): Yes, ma'am. My first question is going to be over our medical director. We belong to - first off, we're a city entity but we belong to a regional organization and we have one medical director for I don't know, probably 53 ambulance services. So I'm just kind of curious on how we go about finding or reporting that annual salary for the medical director.

Andrew Mulcahy: So that's a great question and I think the answer depends a little bit on your relationship with those other organizations and then the relationship between the medical director and your organization. If your grounded ambulance organization is paying that medical director an amount to serve in the capacity as medical director for your organization, then you can just report that. But if instead it's some larger parent organization that's employing that medical director and then that person's time is being split across multiple organizations, you'll have to report it in a slightly different way.

This is related to call that we'll have a month or two from now on organizations that bill under multiple NPIs. I'm not sure whether or not that applies in your case. But it's a similar challenge when you have a broader parent organization paying for some costs and then many different ground ambulance organizations taking advantage of the services or staff that come from that broader parent organization. So if that does apply to you,

I'd encourage you to stay tuned for scheduling for that later call. And, you know, maybe it is a simpler case where, you know, if your organization pays an amount for that service then for the purposes of reporting you can report that amount and the time specific to your organization.

(Mike Littlefield): That does sound kind of like what we do. Like each service that is a member of this parent organization that you're talking about we all pay pretty much a due every year, like a membership due. And part of being a member of this organization. That's how we get our medical direction.

Andrew Mulcahy: Right. That sounds like there is a pretty clear path forward on how to report that. I would ask, you if you don't mind, to submit this to the CMS ambulance data collection mailbox because I think if there are 53 other organizations out there that might be asking the same question, this seems like a good candidate to add to the FAQ.

(Mike Littlefield): Do I have time for one other question?

Andrew Mulcahy: Sure.

(Mike Littlefield): This one will be a quick one. I think I know the answer to it. But everybody in our office here in the EMS station here like I said we are a city entity but our director assistant, director training officer, everybody here is a ground paramedic or a ground EMT. So according to the instruction we're going to have to document everybody as ground response and that will make it look like we don't have any administration or facility staff. Is that correct?

Andrew Mulcahy: That's correct with one exception. So in Section 7 question 2 that's the question that asks if you reported not having staff in a category it asks you why. And one of the options is we actually do have staff in that category but

we followed your instructions and put them somewhere else. And so for those administrative and facilities categories to check off at least that option, which I think is option 2. You may also choose other ones to report. But you can select that to indicate to CMS that, you know, we actually do have staff in this category but based on your instructions we've reported them elsewhere.

(Mike Littlefield): Awesome. Thank you.

Operator: Our next question comes from (Rita) again. You may go ahead. (Rita) you may go ahead. Okay. We're going to go on to the next question. The next question comes from (Lisa Phillips). You may go ahead.

(Eric Peterson): In place of Lisa this is (Eric Peterson) from town of Ocean City. She's sitting right beside me. The question that we had was our volunteers, their workman's compensation insurance is not paid by the town. It's paid by the county. So it's not a cost that we incur. So how would we figure that into our labor cost? Or would we?

Andrew Mulcahy: And just to clarify, your ground ambulance organization is part of the town municipal government.

(Eric Peterson): Correct. The town finances, there is some funding that comes from the county through the form of a grant in terms of the career staffing. But as far as the volunteer members, their workman's compensation insurance is paid for by the county, not the town.

Andrew Mulcahy: Okay. I'd ask you to submit that question, maybe give us a little more information about where you are, what county, that kind of thing to the CMS data collection mailbox so we can think that one through. Seems like a more complex case than most folks will deal with.

(Eric Peterson): Okay. Thank you very much.

Coordinator: The next question comes from (Joe Sternum) You may go ahead.

(Joe Sternum): Yes, this is (Joe Sternum): in Minnesota. Let me just start by expressing how helpful this forum is and really understanding how comprehensive this is. But implied in much of what you're saying is also the rationale for why it needs to be accurate. My question is very general. And I apologize for not knowing it. Reference has been made to this first year of cost data collection. Does that mean that there will be a lottery again next year for additional collection in ensuing years?

Sarah Shirey-Losso: Hi. Yes, so this is Sarah Shirey. What the provision called for was a data collection over four years. How CMS interpreted that and finalized that was to take a random sample of all ambulance organizations that billed Medicare in 2017. And what we've done is we have a 25% sample each year for four years. Ambulance organizations will not be selected more than once. So if you're in this first year if you were selected, you will not have to report again. But others may be selected in subsequent years. Does that help?

(Joe Sternum): That's really helpful. Thank you. Yes.

Sarah Shirey-Losso: Sure.

Operator: The next question comes from (Patty Hefflin). You may go ahead.
(Patty)? Hello?

Operator: Can we go to the next question?

Lisa Sontag-Padilla: Yes please.

Coordinator: The next question is from (Tom) from Mayo Clinic. I'm sorry, I couldn't hear your last name.

(Tom): Okay. Thank you. Question has to do with the slide 14. And it's just clarification on the air ambulance paramedics. In our company we have air ambulance paramedics that are 100% air ambulance. Do we even include that in this 7.1?

Andrew Mulcahy: No, if any staff member has responsibilities at your organization that are entirely unrelated to ground ambulance. So one, you know, common scenario might be staff that are 100% air and 0% ground for public safety based organizations. Fire department based organizations say there may well be staff that are 100% fire response and not at all ambulance. In those scenarios, the staff are never reported in Section 7 so they wouldn't contribute to your reporting in question one on whether you have staff in different categories and they wouldn't contribute to ours or compensation reported anywhere else in Section 7.

That same general rule applies to other parts of the instrument as well. So when you're thinking about facilities or vehicles in your case anything that would be 100% air ambulance related. So maybe there are some facilities that just have that air component. That would be out of scope for this data collection effort.

(Joe Sternum): Great, thank you.

Lisa Sontag-Padilla: And adding on to that just for everybody listening, if you go back to slide five again this has a flow chart. I know we walked through it rather quickly.

But this should help with them as the decision points as well. And so you'll see even the first question did this person have ground ambulance responsibility for your organization during the data collection period. If the answer is no, they're not even included from the very beginning.

Operator: Our next question comes from (Rita). You may go ahead.

(Rita): Hi. My question was regarding holiday pay. We have employees, you know, one category of employees that get paid that actually work the holiday, and then there's employees that get holiday pay for not working the holiday. But you had mentioned to exclude the hours for PTO and vacation. Do you exclude the holiday non-working hours as well too but include the working, the holiday working hours?

Andrew Mulcahy: If it's so for the purposes of reporting compensation paid time off is a benefit. So you'd include it when reporting total compensation. For reporting hours worked though, if the person is not working due to taking personal leave, sick leave or a holiday that your organization offers as paid, then that would not contribute to total hours worked.

(Rita): Okay. So holiday pay non-working, those hours are not included. But holiday pay working are included hours.

Andrew Mulcahy: Correct.

(Rita): Okay.

Operator: At this time there are no further questions. As a reminder to ask a question please press star 1, unmute your phone and record your name so you can be

announced to ask your question. Once again that is star 1 to ask a question.
Our next question comes from (Patti Haslam) again. You may go ahead.
(Patti), are you on mute?

(Patti Haslam): Yea I was on mute. When is the collection instrument going to be available?

Sarah Shirey-Losso: Hi there. This is Sarah Shirey-Losso. And because the earliest anyone will be submitting their data will be between January and May of next year, we are aiming to have training and the data collection system itself for inputting information available next fall.

(Patti Haslam): Okay, good. Okay, because I kept looking for it and I couldn't find it anywhere. Okay. And my next question is we do not separate out. We are a fire and ambulance service. We are a municipality. We do not separate how many hours they work on fire and how many hours they work on ambulance.

Andrew Mulcahy: CMS heard as the instrument was being developed that's a fairly common scenario. They encourage you and everyone on the call today at a public safety-based organization -- fire, police, or otherwise -- to dial into the future March 12th call. We're going to go over some of these examples in more detail. But you will not be asked to separate out time in that way. You will be asked to indicate whether your staff in each of the labor categories do or don't have a fire roll fire role in your case. And so if you have EMTs also have fire roles you would indicate yes. And then for those staff you'd report their total hours that they worked at your organization overall and then you'd report the total hours that were unrelated to either ambulance or fire. So you never will have to parse out the ambulance versus fire.

(Patti Haslam): Okay, good. Okay. That was my question. Thank you very much.

Operator: Next question comes from (Brad Ish). You may go ahead.

(Brad Ish): Good afternoon. Mine was regarding the community outreach, things like that. If those standby events are performed by a staffed ambulance, you know, basically an in-service standby, things like that I assume that would still be included in hours worked. That would not be non-ground ambulance if they do it in a ground ambulance.

Andrew Mulcahy: That's correct. If an ambulance is being deployed that's fully staffed and your standby at say an event, then that would contribute to total hours worked.

(Brad Ish): Thank you.

Operator: The next question comes from Lieutenant (Bradley) You may go ahead.

(Bradley): Hello. Lieutenant (Bradley), Oklahoma City Ambulance. My question is we run a combination volunteer part-time and full-time department. My volunteers get \$125 a stipend for 6:00 p.m. to 8:00 a.m. shift. Now, would I be, I would put that towards compensation. But what about hours worked? Would I put the hours on call or just hours if they went on a call during the night?

Andrew Mulcahy: So two responses there. The on-call time is not reported as hours worked. The stipend you mentioned, so for volunteers is there is no question for volunteers on total compensation. Actually, they may use that phrase. But there is at the very end of the volunteer section there's a question on total costs associated with volunteers. And so you tally up all of those stipends for all of your volunteers and report that total at the end of the volunteer section.

(Bradley): So no worries about reporting hours at all for volunteers?

Andrew Mulcahy: You do have to report hours worked for volunteers. The on-call hours do not count but hours worked and ground ambulance responding to calls, et cetera, that is in scope. And there is a question for volunteers to report that total.

(Bradley): Sorry to be a pain but I just want to clarify this. So some of my volunteers also work part-time hours so I guess that would count as hours. But say they do a 14-hour night shift. They go out for an hour, one call. I have to put in for those hours?

Andrew Mulcahy: Yes.

(Bradley): Because we don't record. That's not something we track.

Andrew Mulcahy: Yes, you'd have to. Because that's work involved in providing a ground ambulance service. That would be in scope for collection and reporting.

(Bradley): Okay, thank you. Yes

Operator: The next call comes from (Michael Littlefield) You may go ahead.

(Michael Littlefield): Yes. I have a couple of questions. Again, thank you for holding this question and answer. It really helps. The first one is kind of tail end on the last question we just had. We are a municipality here and the way our shifts work, our medics are paid from 7:00 a.m. to 5:00 p.m. They're paid hourly. And then at 5:00 p.m. they go on what's called on call status all night long. However, they are paid a stipend for being on call all night long whether they get paged out or not. So how do we, how would we report that

stipend that we pay our medics for their on-call time at night?

Andrew Mulcahy: The stipend itself would be reported in the volunteer section at - sorry, you said these are paid?

(Michael Littlefield): These are paid staff, sir.

Andrew Mulcahy: So then the stipend would contribute to total compensation that you would report in the relevant paid staff category.

(Michael Littlefield): All right. And then I have one other question and it goes back to a previous question. When we were talking about a municipality or a county like a dispatch and maintenance and janitorial support. It's supported by your municipality but it's a different department. So I understand that we need to report that. In other words, so like we need to report our dispatchers who are a part of the police department. But my question is do we have to break apart how much time the dispatchers spend with fire related stuff versus police related stuff versus our EMS stuff?

Andrew Mulcahy: Right. You will have to do that or else the costs that are reported could look too high relative to the costs that are actually relevant to ground ambulance. And so the instructions of the instrument offer a couple of suggestions on how to handle that. If it's dispatch that handles say police and fire, you could use the share of responses that were police versus fire to do that kind of allocation. For different kinds of costs there might be other approaches that are the best ones to pick to do that kind of allocation.

That's a great question. It's an important point, you know, And dispatchers is a great example. If that's a dispatch center that supports both say, you know, fire, police, and ambulance there has to be some kind of allocation to

make the number you relevant rather to just to ground ambulance.

(Michael Littlefield): Right. And that's what I was thinking. You know, it's going to be kind of easy to break apart janitorial support and vehicle maintenance. That would be pretty easy. But the dispatch is kind of what I was hung up on. Because regardless whether the dispatcher was not there for PD and fire and was solely EMS, you know, we'd still have to have a 24-hour dispatch sitting in a chair. Whether or not she was dispatching all three emergency services or just one.

Andrew Mulcahy: Right and CMS recognizes that that allocation won't always be a perfect way to do that. And so we have, you know, the instructions do provide a couple of suggestions on ways that might work for your organization. And I think for dispatch, using a shared responses is a reasonable way to go.

(Michael Littlefield): Okay. Thank you.

Lisa Sontag-Padilla: All right. Well thank you everyone. That's all the time we have. I'll pass it off to Sarah for closing remarks.

Sarah Shirey-Losso: Thank you everyone. I think this call there was a lot of great questions answered. Again we'll be updating our frequently asked questions document shortly based on I think some questions today as well as some other recent ones that we've received in our mailbox. We have a couple of calls in the near future. February 20 for volunteer organizations and March 12 for public safety organizations. And you can find information about those upcoming calls on our Web site at the ambulance services web page. So thank you again everyone

Operator: That concludes today's conference. Thank you all for participating. You may

now disconnect. Speakers please stand by.

END