

Centers for Medicare & Medicaid Services
Questions and Answers
Open Door Forum: Ambulance
Thursday, August 1, 2024

1. Question: Since the data is being collected now through the GX, is there any idea as years three and four reporters come together? One of my concerns would be that some of that data is going to be quite old from years one and two. Do we look forward to having to resubmit at some time, or at what point in time do they start analyzing that data and being able to do something with it?
 - a. Answer: We are doing something with it in real time as the data comes in now. But you were right, our statute allows for future rounds of data collection. So, depending on funding, there may be additional rounds of data collection, but that information is being analyzed now. We do expect there are several reports that are posted on our website right now, but we do expect to post an additional report before the end of this year that kind of summarizes the data.
 - i. Comment from participant: I think we were somewhat all led to believe that this was probably our one and only opportunity to see a revision in reimbursement profiles for the work that we do out there.
 1. Comment back: You're absolutely right. This is the data, the data that you all are reporting now, year three and year four and year one and year two. Most people have finished reporting at this point. That is the data that MedPAC (Medicare Payment Advisory Commission) is going to use to write a report to give to Congress to think about how reimbursement is happening. So definitely it is really important right now. My only point was it took us 22 years to refresh our data. I think we would have subsequent updates that would just refresh that information to make sure we're on point and we're as responsive as possible. But you're right, the data that is in this data collection cycle is the data that is going to be reported by MedPAC for consideration for Congress. As you know, for year one and year two organizations, those data were collected over a continuous 12-month data collection period that started in 2022. So, the data itself is relatively recent and the data from year three and year four organizations will be 12 months, even more recent than that.
2. Question: Our data collection will end at the end of August of this year. Will we be notified via email when we can start putting the data in the system?
 - a. Answer: You will be reporting your data in the five months after the end of your data collection period. So, my suggestion would be to go in right now. There's a great fact sheet on our website to get access to the system so you can start

This Q and A document 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 Q and A document was prepared as a service to the public and is not intended to grant rights or impose obligations. This Q and A document 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.

reporting right away. But you have five months after the end of your data collection period.

3. Question: I do have a question about a type of ambulance that's becoming more popular. It's called a stroke mobile device. And so, there's one in Florida, and California is looking to have one; I think there's like 25 in the country. Have you guys heard of this type of circumstances? From my understanding, the EMTs (Emergency Medical Technicians) go out to the home, they administer the care they need, and then they alert this stroke bus or mobile unit to come, and then those people come. But they have a neurologist on board, an MRI (Magnetic Resonance Imaging) machine, a pharmacist, a nurse practitioner, and I think that's the staff that's on board, but they have and a technician to run the machine for the MRI. But have you heard of this in terms of the ambulance world?
 - a. Answer: There are some fairly specific definitions that are Medicare-based definitions on what qualifies a ground ambulance, and it comes down to how, in your particular state or setting, a vehicle would or wouldn't be considered a ground ambulance. I don't know offhand if that kind of vehicle would, it seems like it probably would, but maybe not. So, it is down to an individual GADCS submitting organization to do a little homework into those 25 odd cases. Either way, there's a way to report it from GADCS, and the cost related to those vehicles and the equipment to the staff is unambiguously in scope for GADCS. It's a matter of whether you, I think, would report it as a ground ambulance or as another vehicle.
 - i. Comment from participant: Because it's got the MRI machine on there, we were considering the mobile IDTF (Independent Diagnostic Testing Facility), but yet it goes out on emergency services. So that's more where their questions are coming from.
 1. Comment from CMS: We've heard stirrings of mobile stroke units and some specialty cardiac ambulances. You know, I think this is something to consider. Our payment structure is largely statutory as it stands, but the industry grows and changes and gets better and smarter, so all the more reason to relook at the way we pay as well. they would need to be a Medicare-enrolled ambulance supplier and that they need to meet the vehicle and staffing requirements that were alluded earlier. And that is in the code of federal regulations, and that's at 42 CFR 410.41.
4. Question: When discussing the rule change earlier, the term EMT intermediate is discussed, that's a bit of an antiquated term, at least from a national scope of practice perspective. The advanced EMT has been used for quite a few years. Is that considered equal under this?
 - a. Answer: Yes, it would, paramedic. That was a term that we use in our regulations EMT intermediate. And we're aware of other specialties that have come about in the EMS community. And so, generally paramedic, but would classify as a

This Q and A document 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 Q and A document was prepared as a service to the public and is not intended to grant rights or impose obligations. This Q and A document 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.

paramedic and somebody that would be, based on the state laws be permitted to provide such services ALS personnel.

i. Question: Correct. So, paramedic and EMT intermediate are not the same things?

1. Answer: For the purposes of GADCS, there are three EMT levels. We've got basic, the second one's labeled as intermediate, and the third one's paramedic. There's a note in the user guide and in many of the educational materials on GADCS that notes that advanced EMT is a more commonly used term and that it's fine to substitute that. And for EMT intermediate as you're doing data collection and reporting for GADCS.

This Q and A document 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 Q and A document was prepared as a service to the public and is not intended to grant rights or impose obligations. This Q and A document 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.