

Centers for Medicare & Medicaid Services
 Ambulance Open Door Forum
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Webinar recording:

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Jill Darling: Thank you so much. Good morning and good afternoon, everyone. I'm Jill Darling, and I'm in the CMS Office of Communications, and welcome to today's Ambulance Open Door Forum (ODF). Before we begin with our agenda, I do have a few announcements. For those who need closed captioning, a link will be provided in the chat function of the webinar. This webinar is being recorded. The recording and transcript will be available on the CMS Open Door Forum podcast and transcript webpage. That link was on the agenda, and I will share it in the chat. If you are a member of the press, please refrain from asking questions during the webinar. If you do have any questions, please email press@cms.hhs.gov. All participants are muted. For today's webinar, I will be displaying the agenda slide that you see. We will be taking questions at the end of the agenda today. We note that we will be presenting and answering questions on the topics listed on the agenda. We ask that any live questions relate to the topics presented during today's call. If you have any questions unrelated to these agenda items, we may not have the appropriate person on the call to answer your questions. As such, we ask that you send any of your unrelated questions to the appropriate policy component, or you can send your email to the ODF resource mailbox that I will provide, and we will get your question to the appropriate component for a response. You may use the raise hand feature at the bottom of your screen, and we will call on you when it's time for Q&A. Please introduce yourself with the organization or business you're calling from. And when the moderator says your name, please unmute yourself on your end to ask your question and one follow-up question. And we will do our best to get to all your questions today. And now, I will turn the call over to our Chair, Maria Durham.

Maria Durham: Hey, everyone, I'm Maria Durham. I am the Director of the Division of Data Analysis and Market-Based Pricing in the Center for Medicare here at CMS. And I just wanted to thank everyone for taking the time to dial in today. I know that your jobs are so valuable, and I appreciate that you chose to spend your time with us. As Jill said, we have a great agenda today. We have a short summary of our Notice of Proposed Rulemaking that was just published. Amy Gruber will be talking about that, and Mark Bremer is going to give us a quick tour of our website and some of the items that are available. And, of course, we will leave plenty of time at the end for all of your questions. So, without further ado, I'm going to turn it back to Jill so Amy can get started.

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Jill Darling: Thank you, Maria. First, we have Amy Gruber, who will go over the Ambulance Fee Schedule proposal in the calendar year 2025 Physician Fee Schedule proposed rule.

Amy Gruber: Thank you, Jill. Hi, I work in Maria's division. I have the following announcement about our proposal in the calendar year 2025 Physician Fee Schedule proposed rule on load titer O+ whole blood transfusion therapy, abbreviated WBT, during ground ambulance transport. You can find our proposal in the calendar year 2025 Physician Fee Schedule (PFS) proposed rule. The citation is Volume 89, number 147. It was published yesterday, July 31, 2024. The WBT proposal begins on page 62002 of this document. The link to the Federal Register is available on today's agenda and on our Ambulance Services Center website under Spotlights. The comment period ends on September 9, 2024. The public may submit their comments in one of three ways: electronically through www.regulations.gov, by regular mail, or by express or overnight mail. Each comment received timely will be reviewed. Comments will be summarized, and responses to the comments will be provided in the final rule. Final determinations on the proposal will be published in the final rule. Any proposals that CMS wants to make to the Ambulance Fee Schedule is included in a calendar year Physician Fee Schedule rule. For example, our establishment of the Medicare ground analyst data collection system has been discussed in the calendar year Physician Fee Schedule proposed rule and then finalized in the calendar year Physician Fee Schedule final rule. We value public comments on our proposals.

As many of you are aware, at 42 CFR 414.605, advanced life support, level 2, abbreviated ALS 2, is defined as either transportation by ground ambulance vehicle, medically necessary supplies and services, and the administration of at least three medications by intravenous push/bolus or by continuous infusion, excluding crystalloid, hypotonic, isotonic, and hypertonic solutions such as Dextrose, Normal Saline, Ringer's Lactate, or transportation medically necessary supplies and services and the provision of at least one of the following seven ALS procedures. First one is manual defibrillation/cardioversion. The second one is endotracheal intubation. The third one is a central venous line. The fourth one is cardiac pacing. The fifth one is chest decompression. The sixth one is a surgical hierarchy, and the seventh one is an intraosseous line. These procedures must be performed by ALS personnel trained to the level of the emergency medical technician intermediate or paramedic. CMS is proposing to modify the definition of ALS 2 at 42 CFR 414.605 by adding WBT to the list of ALS 2 procedures. For patients in hemorrhagic shock, the use of WBT has demonstrated a survival benefit when compared to traditional hemorrhagic resuscitative therapy. Under this proposal, a ground ambulance transport that provides WBT would itself constitute an ALS level of transport.

Of note, we do not have the authority to provide an additional payment such as an add-on payment for the administration of WBT under the Ambulance Fee Schedule. We are also seeking comments on whether we should add alternative blood product treatments, such as the administration of packed red blood cells and plasma, to the list of ALS 2 procedures. We are aware that some established emergency medical services systems may already provide WBT to

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treat patients in hemorrhagic shock, while other jurisdictions, including those in rural areas, may rely on alternative blood product treatments instead. We encourage you to submit comments on this proposal by September 9, 2024, to the website provided in the calendar year 2025 PFS proposed rule. Thank you. Back to you, Jill.

Jill Darling: Thank you, Amy. Next, we have Mark Bremer, who has an update on the Ambulance Services Center website.

Mark Bremer: Thank you so much, Jill. I'm going to just share my screen really quick. All right, can everyone see my screen?

Karen Mohr: Yes.

Mark Bremer: Awesome, thank you. Yeah, so my name's Mark Bremer. I work in the Division of Data Analysis and Market-Based Pricing along with Maria and Amy. And I'm just going to do a quick overview of the ambulance website as well as some of the resources that we have publicly available, just helping you all be able to find them. To start off, I wanted to talk about the Ambulance Services Center webpage. So, this is considered the landing page for a lot of our Ambulance Fee Schedule related work. And just as Amy mentioned, you'll see a Spotlight section at the very top that has the calendar rule as well as where you can go to comment as well as any other pertinent information, upcoming events, or new additions we may be making to the Ambulance Fee Schedule website, especially for those of you who may be participating in the Ground Ambulance Data Collection System (GADCS). It also contains some links for commonly asked for resources. So, you'll find the Ambulance Fee Schedule public use files linked here, as well as our Ambulance Events page and other subpages that we may have related to the Ambulance Fee Schedule.

The next page we want to talk about is the Ambulance Fee Schedule overview page. So, this page serves as a catch-all for everything Ambulance Fee Schedule. So here you'll find also the fee schedule public files. You'll also find a breakdown of the geographic area definitions by ZIP Code. You'll find some official reports regarding the Ambulance Fee Schedule. And then all other links to the Ambulance Fee Schedule pages can be found on the left-hand bar right there under Ambulance Fee Schedule. So, walking through a couple more of those pages. This one's specifically dedicated to the Ambulance Fee Schedule public use files. So, on this subpage, you can find the historical public use files for the Ambulance Fee Schedule going all the way back to 2004. There's also a data dictionary for the Ambulance Fee Schedule, public files, and then there's a subscription of the permanent and temporary add-on payment provisions as well as a few other pieces of information that you might be interested in under some of those arrows or carets that will drop down for you.

The next one, probably one of our most frequently visited pages, is the Medicare Ground Ambulance Data Collection System subpage. So, on this page at the top you'll see, you'll find all

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of our NPIs (National Provider Identifiers) that were selected to participate in the GADCS, stratified by reporting year. So those can be downloaded at your convenience. Down below, you'll also find fact sheets, some tip sheets, the user guides for the Ground Ambulance Data Collection System, and any FAQs for accessing and completing the GADCS requirements. Below that, you'll also find some reports by CMS related to ground ambulance industry trends, an overview of the GADCS timeline and overall reporting goals for certain years, and then any Physician Fee Schedule publications containing GADCS regulations.

A couple of things I did want to highlight. We have some new resources actually on the GADCS page. So, the first one is the Ground Ambulance Industry Trends, 2017 to 2022 Report: Analysis of Medicare Fee-for-Service claims. So that is, there's a refresh of this analysis that is currently posted on our website. You'll also find the Ground Ambulance Industry Trends, 2017 to 2022 Report: Analysis of Ground Ambulance Organization Entrance and Exit. So that is now posted on our website as well. And I always like to highlight, especially for those organizations that may be participating in the GADCS, there is a posted walkthrough of the Medicare Ground Ambulance Data Collection System video on the CMS YouTube page, and it's linked directly from this website. So, this website can be easily accessed and found. You can simply go to Google and type in GADCS CMS, and it's usually the first option that pops up. Another page that I wanted to highlight was our Regulations and Notices page. So, this is a page dedicated to any relevant lists of regulations or notices related to the Ambulance Fee Schedule. So, you can see that at the top of the page. Some of them are stratified by CFR, as well as subpoints if you're looking for definitions or other information. You'll also find information on the ambulance inflation factor on this page as well as, like I said, all of their definitions, limitations, or more as defined by CMS for the Ambulance Fee Schedule.

We also have a subpage dedicated to ambulance-specific manuals. So, this will include the Medicare Benefits Policy Manual, Ambulance Services, or referencing Chapter 10. And then the Medicare Claims Processing Manual, which are references for ambulance services for Chapter 15. You also find on this page some Natural Coverage Determinations (NCD) Manual publications related to ambulance services and links to other CMS manuals or transmittals—they are posted on this website.

So sometimes, we update our websites and we don't want to get rid of the information. So, we do have an Archive and Legacy Files subpage for those that would like to take a trip back in time. So, this is where we'll find all the historical references, maybe it's past rules or past fee schedule public files. You'll also find other documents that we may have posted previously that may be a couple of years old, can always usually be found on this website. Another important page that I want to highlight is our Ambulance Events page. This is also a very, very active page. This is where there are actually updated labor costs, volunteer and organization requirements, and public safety videos or public safety organizations. Those videos are posted on this webpage. You can also find prior webinars, office hour sessions, and presentations related to the GADCS. So, any of those events that we've held prior, going years back, you can find on the Ambulance Events

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page. We also highlight any upcoming events that may be happening. For example, this Open Door Forum, which you can see at the top of the Ambulance Events page. And I think that's about it for all the pages. I do want to say that future events and agendas for public meetings are announced on our Ambulance Events and Ambulance Service Center webpage, so be sure to check back frequently for more information and to stay in touch with our team here at the Ambulance Fee Schedule. And then always feel free to reach out to ambulancedatacollection@cms.hhs.gov with questions about the GADCS specifically, and all other ambulance-related inquiries please send to ambulanceodf@cms.hhs.gov. So that's it for my presentation. I will turn it back to Jill.

Maria Durham: Hi, everyone, before Jill jumps back into it. Thank you very much, Mark. You reminded me of a very important message that I wanted to give everyone, so it was really great to watch your presentation as well because I'm really glad you mentioned the GADCS website. I just wanted to quickly remind everyone, particularly those year three and year four selected organizations that chose the calendar year start date, to please make sure you submit and certify your data. This is so incredibly important first to make sure that your voice is heard and considered. And second, to avoid a future 10% reduction on your Ambulance Fee Schedule payments. So, if you have any questions, we've got a very active and robust mailbox for the ground ambulance data collection, and the people on this call are the people that are answering you, and we welcome your questions and comments. So, all right, Jill, it's fine to go to questions at this point.

Jill Darling: All right, great. Thanks, Maria. Thank you, Mark and Amy. If you have a question or comment, please use the raise hand feature at the bottom of your screen. Please have one question and one follow-up question. We'll give it a moment. OK. I am currently not seeing any hands raised, which can be good news. So, everyone, I'll hand it back to Maria.

Maria Durham: Thank you very much. This is definitely probably a first and a very shy crowd, but if you think about it and you were like, gosh, I wish I asked them, reach out in our mailboxes and we're happy to answer you there. So, thank you very much for your time. Please comment on our proposed regulation, and hopefully, all of the information that is out there on our websites is super helpful to you as well. So let us know and thank you very much.

Jill Darling: So, Maria, I do see a hand.

Maria Durham: All right. Did it count that the first hand was a panelist? Please go ahead, Jill.

Jill Darling: Steven, please go ahead.

Steven Wunsch: Just a question of, 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

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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?

Maria Durham: Yeah, Steven, that is a great question, and 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.

Steven Wunsch: 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. And I know—

Maria Durham: I mean, you're absolutely, 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, gosh, it took us 22 years to refresh our data. So, I think in future years, if I had a crystal ball and it was the world according to me, 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.

Steven Wunsch: Thank you.

Andrew Mulcahy: Steve, it's Andrew Mulcahy from RAND here working with Maria and crew. One quick addition to Maria's comments on the timeliness of the data. 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.

Jill Darling: All right, thank you, Andrew. I see Karen Reinhart.

Karen Reinhart: Yes. 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?

Maria Durham: So, 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 reporting right away. But you have five months after the end of your data collection period.

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Karen Reinhart: OK, thank you.

Jill Darling: I do not see any more hands raised, and we already gave our closing remarks. So again, thank you everyone for joining us. I put some helpful emails and links in the chat again. If you need those again, please email ambulanceodf@cms.hhs.gov. So, thank you, everyone. And that concludes today's call.

Karen Mohr: One more hand raised in there.

Jill Darling: OK, Julie, go ahead.

Julie Schroeder: I'm trying to get myself unmuted here. Sorry about that. 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? In there, what they do is, 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?

Andrew Mulcahy: Julie, was your question in terms of the relevance and how you'd report that on GADCS or just more generally?

Julie Schroeder: More generally.

Maria Durham: And Andrew, feel free to start with the GADCS, and then I'll answer more generally.

Andrew Mulcahy: I was just going to say, Julie, that 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, though, 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.

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Julie Schroeder: Yeah, that was kind of our question. 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.

Andrew Mulcahy: Right.

Julie Schroeder: Yeah, we'll do some more research on that. I just wasn't sure if you guys had heard of this.

Maria Durham: Yeah, I think Andrew gave a great answer. 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.

Julie Schroeder: OK. Well again, thank you for your time in answering my question.

Amy Gruber: I would also add that they would need to be a Medicare-enrolled ambulance supplier and that they need to meet the vehicle and staffing requirements that Andrew alluded to earlier. And that is in the code of federal regulations, and that's at 42 CFR 410.41.

Julie Schroeder: OK, thank you.

Amy Gruber: You're welcome.

Maria Durham: Want to try it again, Jill? You welcome all questions.

Jill Darling: Here we go. OK, let me just...

Andrew Mulcahy: Someone try to time this just right.

Maria Durham: Exactly.

Jill Darling: Kevin, you may go ahead.

Kevin Spratlin: Just something I've been wondering, why is the, 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?

Amy Gruber: 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.

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And so, generally paramedic, but would classify as a paramedic and somebody that would be, based on the state laws be permitted to provide such services ALS personnel.

Kevin Spratlin: Correct. So, paramedic and EMT intermediate are not the same things?

Andrew Mulcahy: Kevin, I'm not sure this is not exactly your question, but 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.

Kevin Spratlin: Forgive me, I was referring to the rule change for whole blood payments.

Andrew Mulcahy: Ah, I did catch that. I just, I know it wasn't exactly your question, but I wanted to share that additional context.

Maria Durham: I think that is a great comment to submit to the rule.

Jill Darling: OK, everyone. I think it's time, so we will conclude today's call. We appreciate the questions and comments that have come in, and that will conclude today's call. We will talk with you next time. Thank you, everyone.

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