

Centers for Medicare & Medicaid Services

Open Door Forum: Ambulance

Moderator: Jill Darling

August 18, 2022

2:00 pm ET

Coordinator: Welcome and thanks for standing by. At this time all participants are in a listen-only mode. During today's Q&A session if you'd like to ask a question please press Star than 1.

Today's call is also being recorded. If you have any objections, you may disconnect at this time. I would now like to turn today's meeting over to your host, Miss Jill Darling. Thank you. You may begin.

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

Before we get into the agenda today I have one brief announcement. This Open Door Forum is open to everyone, but if you are a member of the press you may listen in, but please refrain from asking questions during the Q&A portion of the call. If you do have any inquiries please contact CMS at [press@cms.hhs.gov](mailto:press@cms.hhs.gov). And I will now hand the call off to our Chair, Maria Durham.

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Maria Durham: Thank you so much Jill. Good morning, and good afternoon to everyone depending on where you're located. On behalf of the Centers for Medicare and Medicaid Services we would like to warmly welcome you to today's CMS Ambulance Open Door Forum.

My name is Maria Durham, and I am the Chairperson for today's Ambulance Open Door Forum. I'm also the Director of the Division of Data Analysis and Market Based Pricing. And my division falls under the Technology Coding and Pricing Group in CMS' Center for Medicare.

My division is responsible for some of the data reporting tools and pricing systems here at CMS, which includes the Medicare Part B Ambulance Fee Schedule and the Medicare Ground Ambulance Data Collection System, or what many of you are familiar with the acronym, the Medicare GADCS.

So first a few remarks about the GADCS. I know it's a very busy time of year for selected ground ambulance organizations. Year 1 and Year 2 organizations are collecting information over a continuous 12 months data collection period starting in 2022, and they'll report their information within five months after the organization's data collection period ends.

Organizations may choose to collect information over a Calendar Year or their organizations Fiscal Year. Many organizations have Fiscal Years that coincide with the Calendar Year, in other words, starting on January 1. So, most Year 1 and Year 2 organizations are about seven plus months into their data collection period.

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Beginning in 2023, selected ground ambulance organizations will start reporting data to CMS using a web-based portal that is currently under development. CMS will provide more details on the web-based portal closer to 2023.

If you have more questions about GADCS timelines, and you may have them, there are several examples of data collection periods and data reporting periods for Year 1 and Year 2 organization in our Frequently Asked Questions (FAQ) document on the GADCS webpage or on the Ambulances Services Center website, which we just revamped, so it's really pretty. Just scroll down to the important link Medicare GADCS, FAQs. It's the second bullet.

So why is it important to report under the GADCS? Well it's important because MedPAC, which is the Medicare Payment Advisory Commission, this is an independent federal body established by the Balanced Budget Act to advise the U.S. Congress on issues affecting the Medicare program.

It's important because they're going to use this data to submit to Congress on the adequacy, a report, on the adequacy of Medicare payment rates for ground ambulance services and geographic variations and the cost of furnishing such services. So, it's really important to get that information in there, so it can be considered.

Moving on to today's Ambulance Open Door Forum. We have an entire hour dedicated to three main ambulance topics. Angela Gaston, will kick us off with a discussion on the NPRM -, Medical Necessity and Documentation Requirements for Non-Emergent Scheduled Repetitive Ambulance Services.

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Then Dr. Mulcahy and Amy Gruber will discuss the Medicare Ground Ambulance Data Collection System proposed changes to the 2023 Physician Fee Schedule proposed rule. And then thirdly, Amy Gruber will discuss the proposals regarding rural emergency hospitals. And these are in the 2023 Hospital Outpatient Perspective Payment System and Ambulatory Surgical Center Payment System proposed rule.

So, we're going to conclude today's Ambulance Open Door Forum, as Jill said, with an open question and answer session. Thank you very much for taking time out of your busy schedule today to join us. And at this point I'm going to turn it over to Jill Darling to kick off today's forum.

Jill Darling: Great, thanks Maria. Like Maria said, first we have Angela Gaston who will speak on the NPRM - the Medical Necessity and Documentation Requirements for Non-Emergent Scheduled Repetitive Ambulance Services.

Angela Gaston: Thank you, Jill. Hello everyone. On July 29, CMS published CMS-1770-P that's the Physician Schedule in the Federal Register. This regulation included provisions that clarified 42 CFR Section 410.40 (e)(2)., That's the section for non-emergent repetitive scheduled ambulance transportation.

The proposed language would provide clarity by specifying that documentation must show that either: (1) services are rendered or (2) monitoring is needed due to the beneficiary's imminent risk of harm that may require intervention during transport.

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Relevant statutory authority allows for observation of at risk beneficiaries who may or may not receive tangible services during transport. The increased volume of prior authorization claims, due to the nationwide expansion of the Repetitive Scheduled Non-Emergent Ambulance Transport Prior Authorization Model, has highlighted variations among the MACs in applying regular regulatory and statutory criteria in the review of claims in this area.

We believe that this will not only provide needed claims processing consistencies, it will also result in fewer claim denials and appeals. The rule is open for public comment until September 6. Therefore, we aren't able to answer any specific questions at this time, however, we encourage you to go to the Federal Register at [federalregister.gov](https://www.federalregister.gov) and search for CMS-1770-P.

There you will find the entire rule along with instructions on submitting questions or comments. All relevant questions and comments will be addressed in the final rule. So, thank you in advance for taking the time to review the provision and providing your feedback.

And I will turn it back over to you Jill. Thank you.

Jill Darling: Great, thanks Angela. And next will be Dr. Mulcahy and Amy Gruber.

Dr. Andrew Mulcahy: Thanks Jill. I'll start us off today. My name is Andrew Mulcahy from the Rand Corporation, which is a nonprofit research organization helping CMS develop and implement the GADCS.

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I know many of you will be following along with the slide deck today, so I'll do my best to shout out numbers as I go, so you can keep track of which side we're on. I will - or if I forget - Jill or someone else can interject and remind me to do that.

And so, we'll move on to Slide 2 which covers a brief agenda for today along with some links to really important resources that you might want to check out. Today's session, as Maria mentioned earlier, covers CMS' proposed changes related to the GADCS in the Calendar Year, or CY 2023 Physician Fee Schedule, (or PFS) proposed rule.

So, for those of you want to go right to the source, the first link on this slide will take you to the proposed rule published in the Federal Register. It's a very long document, so it would be helpful to hone in right on the eight pages or so related to the GADCS starting on Page 46241.

The second link is to the CMS Ambulances Services Center website where CMS posted an announcement and invitation for concerned parties to review and comment on the GADCS proposals. As I just mentioned a second ago the deadline to submit formal comments is September 6, 2022.

The third link will take you to the newly redesigned, and I agree with Maria it looks great, Medicare GADCS website. This is where you can find a range of GADCS resources including a printable PDF version of the instrument, Frequently Asked Questions, or the FAQ document, a Quick Start Guide, and past webinars and presentations.

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So, I'll pause here for a second to stress two points. The first is that all of the content I'll review today reflects CMS' proposed changes and that what CMS finalizes at the end of the rulemaking process may differ from what we'll present today. Keep an eye on the CMS GADCS and Ambulances Services Center websites for more information on the finalized changes down the road.

The second point is that the resources posted on the CMS website now, including the FAQ and the printable instrument, do not reflect these proposed changes that I'll cover today. There is one exception: CMS posted up on the Ambulances Services Center website a display version of the printable instrument with CMS' changes implemented as proposed.

So, if you're curious how the GADCS questions would change under CMS' proposals, that's a great file to review. You can find it on the Ambulances Services Center website under Spotlights. And there's a link to the file in the first bullet.

So, moving on to Slide 3, and then Slide 4, we'll cover a very brief recap of the GADCS. Maria already did a great job covering these key points in her introduction, so I'll go pretty quickly here.

This figure on Slide 4 sums up the process. So, in brief, CMS first selects and notifies participants in representative samples of ground ambulance organizations. That's step one which is already happened for the Year 1 and Year 2 organizations.

Those organizations have 30 days following receipt of notification to submit important initial information to CMS or CMS contractor. After reporting this initial information, organizations will start collecting data over a continuous 12-month data collection period, step three.

As Maria mentioned earlier, many organizations in Year 1 and Year 2 are already midstream in this data collection and have seven plus months of data collection already under their belts. There are some organizations that have data collection periods that started more recently, like on the first of July, say.

And some, even in Year 1 and Year 2, where the data collection period has not started yet, say those with a September 1 data collection period start date. But for most year 1 and Year 2 organizations, you know, you're right now in the middle or towards the end of step three.

Next step, and step four, is for users from organizations to register and link through our web system, the GADCS web-based portal and link to your NPI, so you can actually report data that will happen towards the tail end of this Calendar Year.

And then step five is reporting of information through that web-based portal over a five-month data reporting period. Just to stress, while many organizations are collecting information right now, no organization will actually start reporting data to CMS through the web-based system until 2023.

Moving to Slide 5, this covers the GADCS timeline in a little more detail. As I mentioned many Year 1 and Year 2 organizations data collection periods

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started January 1, 2022, in the top panel. These organizations will continue collecting data through the end of the Calendar Year, and then they'll have five months starting in January 1, 2023 to report data.

Timelines very similar for organizations with a later data collection period start date, for instance July 1. The start of the process so is just shifted out, so that coincides with the start of the data collection period.

So, to wrap up the overview, slide 6 summarizes the content of the GADCS in terms of the kinds of questions you'll be asked and the kinds of information you'll need to collect and report. There are 13 sections in the GADCS including an initial set focusing on the characteristics of your organization, two sections focusing on the volume and mix of services provided by your organization, several sections on expenses in different categories, and the final section, Section 13, on revenue.

I'll refer back to some of these section numbers today as I'm covering CMS' proposed changes in the CY 2023 PFS proposed rule. At the bottom of Slide 6 point you again to some of the many resources available on the GADCS. I encourage you to check out this website and the new CMS GADCS web site.

I know many organizations in Year 1 and Year 2 are already taking advantage of those resources. Organizations that will be selected in years 3 and 4, which is the selection is coming up soon, will probably want to familiarize yourself with those websites and resources before you start collecting data.

So, we'll move into Slide 7, and then right into Slide 8, where we dive into a set of broader general GADCS changes proposed by CMS in the CY '23 PFS proposed rule. The first proposal, on Slide 8, is to add more instructions to help primarily government- based ground ambulance organizations understand what information they do and don't need to collect and report from their local government.

The FAQ already contains several entries on this point, and it definitely is a frequently asked set of questions. The proposal in the proposed rule doesn't change this guidance from the FAQ: rather, the proposal is to integrate some points from the right in the instrument instruction itself.

So, in brief, government- based organizations that maybe have their own budget specific to ground ambulance operations, but then also benefit from other services or activities provided by their local government, those kinds of organizations will probably need to collect and report expenses and revenue from their local government. For example, on benefits, HR, IT, and other general administrative activities may be not included in the ground ambulance budget, but the ground ambulance operation still does take advantage of those government activities.

Dispatch services are another example where that dispatch service is sometimes operated by another part of the local government. So, in those cases, your ground ambulance organization will likely need to reach out to others in your local government to get an expense that you can allocate some portion of towards the ground ambulance organization.

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Relatedly, on Slide 9, the second of CMS proposals is to integrate more concrete guidance on allocation in the instrument itself. So, it's crucial that only ground ambulance share of expenses are reported in the CMS in the GADCS, even for organizations like fire department-based or government-based ground ambulance organization where it takes some thinking ahead of time to figure out how to allocate expenses fairly.

So, I'll suggest that folks check out a recent webinar, just a couple of weeks ago, that focused entirely on allocation and different approaches to allocate for different types of organizations and for different types of information in GADCS. That webinar is a good resource for organizations still grappling with these issues.

Moving on Slide 10. In the current instrument it's sometimes unclear whether organizations that contract broadly for EMS staff or ambulances, integral parts of the ground ambulance operation, whether that information, and the expenses, and staff, and vehicles involved in the contracting, should be reported in Section 7 and 9 which ask about labor and vehicles costs respectively or whether they should be reported in Section 11, which is the section that covers all other costs where there is a specific question at the start of Section 11 asking about contracted services.

CMS proposed to clear up that confusion with a new screening question in Section 2 that, for organizations where the situation applies, would prompt those organizations with additional instructions in later sections as applicable.

Slide 11, describes another proposal this time to allow organizations more flexibility in reporting expenses that are only partially related to ground ambulance services. This specific proposal removes some programming logic from the GADCS instrument from several questions that previously only allowed some types of ground ambulance organizations to indicate that only a share of an expense was related to ground ambulance services. This proposal removes that programming logic so that all organizations will be able to do so and report only a share of these certain expenses are related to ground ambulance services.

Slide 12, is a straightforward but important proposed clarification to insert the word “ground” ahead of every mention of ambulance in the GADCS to be crystal clear that the questions are referring to ground ambulance not air ambulance responses and transports.

And Slide 13 closes out this section on broader or general proposed changes to the GADCS. It lists a range of other editorial and technical corrections like using the past tense in some questions to reinforce that the GADCS is asking questions about a continuous, 12-month data collection period that will have already ended by the point you’re actually reporting information. There's some other minor typos and other corrections that are enumerated out in the proposed rule.

So, we'll pivot now to Slide 14, which starts the next section on proposed changes to specific GADCS questions. And the first one of those changes is on Slide 15.

So, slide 15 is a proposal that has specific relevance to organizations that are no longer in operations or that no longer provide ground ambulance services by - at any point really through the data collection period or into the data reporting period. So those organizations were selected, and in some cases received notification, and are required to go into the system and respond to the GADCS questions.

However, if the organization didn't provide any ground ambulance services during the data collection period, the path that organization needs to take is entirely in this one question, Section 2 Question 1. The question in the current instrument asks is, and then it lists the NPI number, an NPI your organization used to bill Medicare for ground ambulance services during the data collection period, yes or no?

Answering yes allows you to proceed through Section 2. Answering no under CMS' proposal would bring up a series of follow-up questions to confirm that really is the case. And if it is the case that no ground ambulance services were provided and/or the NPI is no longer in operation, answering the single question Section 2 Question 1 would complete the GADCS reporting requirements for these organizations. This is one of the few cases where there's some new text rather than just clarification of existing text in the printable Instrument.

Slide 16, describes a proposed clarification in Section 2 related to Question 9, which asks about other operations at your organization other than ground ambulance operations. So, one term that confuses some folks is, in the current instrument, another healthcare organization.

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That term could be interpreted in a variety of ways. And so, CMS is proposing to clarify that Option d response to focus more, rather than on healthcare organizations, to focus more on healthcare delivery operations such as a clinic or urgent care center. It's important to note that our separate responses for hospitals, and other Medicare providers service, so they are excluded from this option both in the current instrument and then the proposed change.

Slide 17, covers proposals related to Section 4 on response times. There are two clarifications proposed here. The first is in the question asking how your organization measures response time.

And that proposal removes a phrase that made it seem like CMS was asking only about how you measured response time in your primary service area. The question's intent was to answer about how - ask about how your organization measures response time in general. And so, the proposal is to remove that text related to the primary service area.

The second proposal adjusts the programming logic so that organizations responding to emergency calls for service in either their primary or secondary service area, but not in the other service area, can report that as a valid response. In the current instrument if your organization reports earlier on that you respond to emergency calls for service, the instrument requires a separate response both for your primary and secondary service areas in terms of response time.

And if you happen not to do emergency responses, in say your secondary service area, it was unclear how you proceed to the instrument. So, this proposal clarifies that programming logic.

Slide 18 is another proposal related to Section 4. Here the clarification that the word penalties in the question, are you penalized if you exceed response time targets, clarifying that, that refers specifically to monetary penalties.

Slide 19, covers a proposed clarification in Section 5 that total responses, which is defined at length in the instrument itself, should include the phrase emergency responses that did not involve the ground ambulance. There are many definitions in Section 5 and there are several specific questions that ask about ground ambulance responses narrowly. There is this one initial question though that asks about the total number of responses at your organization which for a fire department or police department- based organization should include all responses including those where ground ambulance is not deployed.

Slide 20, describes another Section 5 proposal, this one related to joint responses. So, the current instrument requires a specific response to the question: in what percentage of ground ambulance transports does the non-transporting agency continue to provide medical care in the ambulance during the transport.

CMS heard from several ground ambulance organizations that, that specific number is difficult to know. And so, the proposal is to allow for an estimate in this question.

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Specifically, as those of you participating in earlier presentations probably remember, there are a couple of questions throughout the GADCS where the instructions specifically allow for an estimate rather than a specific response which is otherwise required. So, this proposal would transition this question in Section 5 over into that category where an estimate is permitted.

Moving on to Slide 21, proposed Section 7 clarification to include an instruction asking respondents to use the most appropriate of the labor categories listed in Section 7 when answering Section 7 questions. In some states, the specific labor titles and certification levels can vary.

The specific tables in Section 7 listing EMT-Intermediate, are where you may place Advanced EMTs. And so, this instruction, additional instruction, allows respondents some flexibility to use your best judgment to report labor in one of the listed categories when the specific labor title is not listed in the instrument

Slide 22, is another proposed Section 7 clarification. This one changes the text in the table to make it clear that the rows specific to staff with fire, police or public safety responsibilities should be interpreted very generally and refer to any role related to your fire, police or other public safety operations, even if it's just an administrative role. And that's this phrase is not meant to refer to narrow our definition, for example, only staff that respond to emergency calls for service say as a firefighter.



Slide 23, also aims to clarify some questions in Section 7 by rearranging a couple questions. In the current version of the instrument some respondents are asked why they don't employ a medical director before they have an opportunity in Section 7 to indicate that they contract with the medical director rather than employee one directly. So, the proposed change moves some medical director questions up earlier in Section 7, so the flow works better and users aren't asked for justification of why they don't use the medical director when in fact they do they just don't employ one directly.

Slide 24, covers the use of Excel workbooks for facilities and vehicle sections. This proposal involves specific steps for completing and importing Excel based templates that answer certain questions in Section 8 and Section 9, which covers facilities and vehicles costs respectively.

Just very quickly I'll stress that there is no requirement for organizations to use these workbook templates under CMS' proposal. They are there as a convenience for organizations that want to use them. I'll suggest that organizations, particularly larger organizations with many facilities and many vehicles, check out another recent webinar from a couple weeks ago that discussed these proposed templates in detail.

Slide 25, which is the last of the changes I'll cover today, talks about some clarifications in Section 11, which is the other cost section. There are a couple of specific categories in the long table in this section that CMS is proposing to clarify to make it clearer what CMS means by licenses to refer to professional or other license fees rather than licenses related to the vehicles.

And some other editorial and clarification changes, the specific amounts that you would report throughout. Section 11 would remain the same under CMS proposal.

It's important that the GADCS receives information on all of your ground ambulance expenses. And Section 11 would remain a kind of catch-all. If there's an expense that you haven't reported in the GADCS through the ten prior sections, Section 11 is a great place to fit into some category.

The labeling definitions are meant to help organizations categorize those expenditures a little more efficiently. And at the end of Section 11 there is still other write in field for you to enter any other expense that you haven't reported to that point.

So, at this point we're at slide 26. And I'll turn the presentation over to Amy Gruber from CMS who will describe proposals related to hardship exemption and informal review requests. Amy?

Amy Gruber: Thank you, Andrew. So, in addition to proposed changes to GADCS instrument, we have another proposed change. In an effort to improve efficiency and reduce submission time we are proposing to automate the process for hardship exemption requests and informal review requests. This proposal can be found on pages 462 48, to 462 49 in the Calendar Year 2023 Physician Fee Schedule proposed rule.

Moving on to Slide 27. The statutory requirements for selected ground ambulance providers and suppliers to submit cost and other information

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included a 10 percent reduction in payments for those organizations who did not submit sufficient information.

There is an exemption from the 10 percent payment reduction for an applicable period in the event of a significant hardship: such as natural disaster, bankruptcy; or similar situation that interfered with the ability to submit such information in a timely manner for the specified period. In the Calendar Year 2020 Physician Fee Schedule final rule (Citation 84 FR 62895), we finalized that process for submitting a hardship exemption request.

This slide provides the process that we finalized in the Code of Federal Regulations. Ground ambulance organizations must obtain the form from the Ambulances Services Center website and submit a request to CMS within 90 calendar days of the date that CMS notified the ground ambulance organization that it would receive a 10 percent payment reduction as a result of not submitting sufficient information. In this citation provided on the slide and also in the Calendar Year 2020 Physician Fee Schedule final rule we list the required information to include in the hardship exemption request.

Moving on to Slide 28, Informal Review Request. A ground ambulance organization that is notified by CMS that it will receive a 10 percent payment reduction may submit an informal review request within 90 days of the notification. In the Calendar Year 2020 PFS final rule (Citation 84 FR 62896) we finalize that process for submitting an informal review including the required information.

The CFR citation is provided on this slide. For both hardship exemption requests, and informal review requests, we stated that the request should be sent to our Ambulance Open Door Forum website.

On Slide 29, we are proposing to update our regulations to give us the necessary flexibility to specify how ground ambulance organizations should submit these requests including to our GADCS web-based portal once the portal is operational.

Moving on to Slide 31. On this slide, we provide our GADCS resources. We encourage you to review and submit formal comments on the Calendar Year 2023 Physician Fee Schedule proposed rule by September 6, 2022. The first page of the Federal Register provides instructions on where to submit your comments.

I will now be presenting the next and final announcement, and this is important because these proposals are in the Calendar Year 2023 Hospital Outpatient Prospective Payment System and Ambulatory Surgical Center Payment System proposed rule and not in the Calendar Year 2023 Physician Fee Schedule proposed rule where all the other aforementioned ambulance services and GADCS proposed changes reside.

There are two proposals regarding rural emergency hospital ambulance services. Today's agenda includes the link to this proposed rule. You can also find this information on our Ambulances Services Center website under Spotlights. It is the second bullet.

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So, these proposals can be found on Pages 44786 through 44787. In the Rural Emergency Hospitals regulation, there's a section about ambulance services. Specifically, section 125 of the Consolidated Appropriations Act 2021 added section 1834(X)(3) of the Act which states: for provisions related to payment for ambulance services furnished by an entity owned or operated by a rural emergency hospital see section 1834(l) of the Act.

Accordingly, the statute makes clear that the ambulance provisions under section 1834(l) of the act apply to rural emergency hospitals that owns and operates an ambulance transportation in the same manner that they do for other ambulance providers and suppliers that receive Ambulance Fee Schedule payment for ambulance services.

We are - we have two clarifying proposals. First off, we are proposing to revise our regulations at 42 CFR §410.40 (f) to include rural emergency hospital as a covered origin and destination for ambulance transport.

Second proposal is, we are proposing that a rural emergency hospital that owns and operates an ambulance transportation may enroll in Medicare as an ambulance provider and receive payment under the Ambulance Fee Schedule if all coverage and payment requirements are met.

Your comments are important to us. We encourage you to review the Calendar Year 2023 OPPS and ASC proposal rule and submit formal comments by September 13, 2022. Thank you. Back to you Jill.

Jill Darling: Thank you Amy, Andrew and Angela. (Cedric), we will now go into our Q&A please.

Coordinator: As a quick reminder if you'd like to ask a question please press Star than 1. Remember to unmute your phone and record your name clearly prompted. If you'd like to withdraw your question you may press Star 2.

Again, if you'd like to ask a question please press Star than 1. One moment to see if we have any questions. And our first question comes from (Diana). Your line is open.

(Diana): Good afternoon. I was wondering if ambulance providers are able to or would you consider allowing ambulance providers to preemptively apply for hardship exemptions before being notified of potential reductions especially when you look at providers in areas like Eastern Kentucky?

I'm a provider in Ohio but as I look at what's happened in Appalachia I think we can all agree they are under significant burden, especially if they've been selected as Year 1 or Year 2 providers. I don't think it's reasonable to expect them to be able to produce what all of us are being asked to produce. So, is that something that we can look to CMS to give them some grace on?

Jill Darling: Hi, this is Jill Darling. Oh, go ahead if someone was...

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Amy Gruber: Hi, this is Amy. I'm sorry for the delay. The process for submitting hardship exemption requests would be after you receive the notification that you are subject to the 10 percent payment reduction.

And, you know, we're sorry to hear what's going on in Eastern Kentucky. We are limited by the statute where we can only provide significant hardship such as a natural disaster, bankruptcy, or similar situation. So...

(Diana): This is a proposed change though, correct? Like this hasn't already been made as a change, right?

Amy Gruber: Proposed changes that we want to automate the request. And we're proposing to like automate them instead of, you know, submitting the request to our Ambulance Open Door Forum website, or excuse me, Ambulance Open Door Forum email. We are looking to automated to be submitted through our GADS portal once it becomes operational.

So, there's no proposed changes to the process in which, you know, in which we will notify you with regard to the 10 percent payment reduction. And then you have up to 90 days to submit your hardship exemption request.

There's no change with that. The change is that you wouldn't send it into the information into our ODF email that you would submit it directly into our GADCS portal. I hope that clarifies.

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(Diana): It does. It just if you're able to propose a change and then make a change my question was, could we propose a change to preemptively allow for people to apply for hardship rather than waiting for somebody to tell them that they're deficient?

If we know that the deficiency is going to exist rather than say, "Hey, you have failed." We see that the failure is going to come or be an unnecessary burden allow them to say, "Hey, we're struggling here. We need some grace. Can you please allow us to have some room to survive this disaster and give us a few extra months to collect what you're asking?" That's the change I'm asking for.

Amy Gruber: That change is not what we are proposing in this Calendar Year 2023 Physician Fee Schedule proposed rule.

(Diana): Okay, well we hope that you'll consider that for 2024. Thank you.

Amy Gruber: Thank you.

Coordinator: The next question comes from (Shandra). Your line is open.

(Shandra): Hi. Our company has been selected for Year 1. So, it looks like we'll begin our data collection October 1 of 2022 through September 30 of 2023.

My question is this the data that you're looking for we are to create that in an Excel format and provide you with a PDF file of our backup data. Is that correct?

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Dr. Andrew Mulcahy: This is Andrew from Rand. Some organizations have spreadsheets or other approaches that they've developed internally to keep track of this information through the data collection period.

There is no requirement to track any of the data in an Excel or other format. There's also no requirement to submit anything in PDF.

The questions are - will be - proposed to you and then answered through a web-based portal. It's kind of like a Survey Monkey or another kind of web-based survey feed to the instrument itself.

The questions you'll have to answer are available on the GADCS website in a PDF that you can, if you'd like, print out and use as a way to structure your data collection, pencil in answers now, assemble the right kind of information so that when the web based portal is available, which will be in the coming months, you can port over responses.

(Shandra): Okay.

Dr. Andrew Mulcahy: So, there is no...

(Shandra): Go ahead.

Dr. Andrew Mulcahy: No, go ahead. No, go ahead please.

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(Shandra): Oh, because what I'm doing I'm looking at the, oh where is it, the spreadsheet or the Medicare Ground Ambulance Data Collection. And I opened up the Medicare Ground Ambulance Data Collection Instrument in English, which is a PDF format.

And I was just trying to see - what I was going to do is just create an Excel document where I can auto populate my data in month over month. Then it'll give me - have it as a summary page of what my data is for the year for that time frame, but I didn't know if you guys are requiring us to submit backup to prove our numbers or what. So that's what I wanted to make sure before I...

Maria Durham: This is Maris Durham from CMS. There is no requirement to submit backup.

(Shandra): Oh okay. So, we're just giving you numbers?

Maria Durham: Yes, we're just entering the numbers into the system. There is in two particular cases, and Andrew you may want to speak to this, in two particular case when you're talking about vehicles, for example, if you have a lot of vehicles there is the capability to upload an Excel spreadsheet, but in general you're entering your information into the online system.

(Shandra): Right, because we have a quite a bit of ambulances here. And I know, you know, based on those there as far as me getting the mileage, and in the maintenance of those, and things of that nature I was trying to create a spreadsheet just for, you know, ambulance number one through ambulance number 30.

And then what data you was requiring for each of those vehicles so that they can roll, and I can create a spreadsheet where they roll out to give me a summary. So, I was just trying to look and see how detailed are you into it or, you know, so I can make sure I'd be just as detailed as well. So...

Dr. Andrew Mulcahy: Yes, two, you know, two quick points on that question. The first one is, we definitely heard from ground ambulance organizations that take the approach that you're planning to: creating an Excel spreadsheet where you're kind of a parking lot for information you're collecting along the way so that it's ready when it comes time to report information. So that's a great strategy.

Now we'll stress that it's worth a look through that PDF because it's often the case that there's actually less specificity required to report GADCS than people expect at the start of this process. So, you know for instance you'll never have to report information on individual staff members all aggregated up. There's no reporting monthly, it's just an annual total.

(Shandra): Right.

Dr. Andrew Mulcahy: So, it's worth taking a look at those tables to, you know, might check a couple things off you maybe assume you need to track but actually don't.

(Shandra): Okay, because as you mentioned about the staffing my - the paramedics, the EMTs and then the supporting staff, which is like the billing department, and dispatch. Now dispatch is included in this data collection am correct?

In our department it's our dispatch, our EMS department, which covers both the paramedics and medics for EMS. And then we have some fire medics that respond to some calls as well.

But however, we don't bill on the fire medics charts, we only bill on the EMS, that's the paramedics and EMTs. So how can I - where would I need to distinguish that at as far as on the labor costs in personnel?

Dr. Andrew Mulcahy: Yes, those are great questions. And I think, you know, I'd direct you to a couple prior webinars on a general overview of the GADCS and allocation. Those resources are all upon that GADCS website. They're great, all great questions.

I think in the interest of time if you do have more specific questions I'm sure if you email them into CMS would be able to get back to you. But the short answer is that dispatch is in scope, and so you'd have to find out some way to report an applicable share of dispatch expenses.

(Shandra): Okay. What website was that again? And that way I can go ahead and familiarize myself with it.

Dr. Andrew Mulcahy: If you Google I think CMS GADCS. I'll try it right now.

(Shandra): CMS.

Dr. Andrew Mulcahy: Yes, GADCS. For me, it is the first link that shows up in Google.

(Shandra): You said CMS, what?

Dr. Andrew Mulcahy: Oh, just if you Google CMS, and then GADCS.

(Shandra): Okay. I will do. Thank you so much.

Coordinator: Thank you. Our next question comes from (Maria Taylor). Your line is open.

(Maria Taylor): Oh hi. Can you hear me? Yes, my question I just wanted to confirm. For - we were selected for, the City of Arcadia Fire Department, for the data collection.

And just reading the documents reiterating it says Fiscal Year 2023. I just want to confirm that when you state that you meant July 1, 2022 to June 30, 2023? I just wanted to confirm that's what the document defined that period.

Dr. Andrew Mulcahy: This is Andrew. I - I'm not sure exactly what document you're referring to. I don't think there would be a conspicuous mention of Fiscal Year 2023.

I think the two dates that stand out in my mind, so organizations that were selected Year 1 and Year 2 need to start their 12-month data collection period some time in 2022. For some organizations that's January 1, for some organizations that's the Fiscal Year that starts in 2022.

So yes, for some organizations that might be a date that starts October 1, like the last questioner, 2022. So, the actual - the factor that's most important is it's the Fiscal Year that starts in Calendar Year 2022.

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So, if you call that your Fiscal Year 2023 that's fine. But that would be the start for the 12 month data collection period.

(Maria Taylor): Okay, that's what I just want. Yes, because we selected Fiscal Year 2022, 2023 which means the data that I need to collect will be from July 1 to June 30, 2023. I just want to confirm because when - on our end...

Dr. Andrew Mulcahy: Yes, that's right.

(Maria Taylor): ...just when I meant the document - yes what I meant to document I would read the document where it usually say Fiscal Year 2023. From what I'm reading, and from sometimes on our budgetary point of view, when you say 20 - Fiscal Year 2023 that means the year after.

Dr. Andrew Mulcahy: Right.

(Maria Taylor): So that's why I'm just confirming. Thank you.

Dr. Andrew Mulcahy: That's right.

Coordinator: And I'm showing no further questions at this time.

Jill Darling: Great, thank you. I will pass it to Maria for closing remarks.

Maria Durham: Thanks a lot Jill. And on behalf of CMS I just wanted to thank everyone for attending today's Ambulance Open Door Forum. Please make sure you took -

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take a look at the ambulance related information in the Physician Fee Schedule proposed rule. Comments are due September 6, formal comments.

And also, please take a look at the 2023 OPPS and ASC proposed rule for the rural emergency hospitals comments. For that are due on September 13, 2022. So at this point we are going to conclude the session Jill.

Jill Darling: Great, thanks everyone. Have a wonderful day. And please utilize the email that is always listed on the agenda, [ambulanceodf@cms.hhs.gov](mailto:ambulanceodf@cms.hhs.gov) for questions and comments. Thanks everyone. Have a great one.

Coordinator: Thank you. And that concludes today's conference. You may all disconnect at this time.

END