



Overview of the Medicare Ground Ambulance Data Collection System

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Agenda

1. Overview of the Medicare Ground Ambulance Data Collection System
2. Provide an overview of current status and activities
3. Describe the information that sampled ground ambulance organizations will need to collect and report
4. Highlight proposed revisions and clarifications to the Medicare Ground Ambulance Data Collection System in the Calendar Year (CY) 2022 Physician Fee Schedule (PFS) Proposed Rule with Comment Period
The proposed rule can be downloaded from the Federal Register at: <https://www.govinfo.gov/content/pkg/FR-2021-07-23/pdf/2021-14973.pdf>.
Link to the Fact Sheet: [Medicare PFS Proposed Rule](#)
The comment period ends September 13, 2021.
5. Provide an overview of CMS education activities

Overview of the Medicare Ground Ambulance Data Collection System



Review of Statutory Requirements

- Section 50203 (b) of the Bipartisan Budget Act (BBA) of 2018 adds a new paragraph (17) to section 1834(l) of the Social Security Act (The Act), which requires ground ambulance providers of services and suppliers to submit cost and other information.
- Section 1834(l)(17)(A) of the Act requires the Secretary to develop a data collection system (which may include use of a cost survey) to collect cost, revenue, utilization, and other information for ground ambulance organizations.
- Section 1834(l)(17)(B)(i) of the Act requires the Secretary to specify the data collection system by December 31, 2019, and to identify the ground ambulance providers and suppliers that would be required to submit information under the data collection system.
- Section 1834(l)(17)(D) of the Act requires that beginning January 1, 2022, the Secretary apply a 10 percent payment reduction to payments made under section 1834(l) of the Act for the applicable period to a ground ambulance provider or supplier that is required to submit information under the data collection system and does not sufficiently submit such information.
- Section 1834(l)(17)(F) of the Act requires that no later than March 15, 2023 and as determined necessary by MedPAC, MedPAC must submit a report to Congress on the information submitted by the ground ambulance providers and suppliers through the data collection system on the adequacy of payments for ground ambulance services and geographic variations in the cost of furnishing such services.

Medicare Ground Ambulance Data Collection System

- In the CY 2020 PFS final rule (84 FR 62864 through 62897), CMS implemented section 1834(l)(17) of the Act and codified regulations governing data reporting by ground ambulance providers and suppliers (referred collectively as “ground ambulance organizations”).
 - Publication Date: November 15, 2019 84 FR 62863
 - The establishment of a Medicare Ground Ambulance Data Collection System begins on page 62863 of this document.
 - Federal Register is available on our Ambulances Services Center website:
<https://www.cms.gov/Center/Provider-Type/Ambulances-Services-Center.html>.
- CMS posted a printable version of a survey-based Medicare Ground Ambulance Data Collection Instrument with the rule and also on the Ambulances Services Center website.
 - We will provide an overview of the printable version of the instrument today and in later webinars.
 - CMS is developing a web-based version of the instrument.

Key Concepts of the System

- Data Collection Period: Sampled organizations will collect required data over a continuous 12-month period.
 - The 12-month period can start on January 1 of a calendar year or during your organization’s annual accounting period (such as a fiscal year).
 - Sampled organizations must report their data collection period start date to CMS within 30 days of receiving notification that they were selected.
- Data Reporting Period: Sampled organizations will report data to CMS using the web-based instrument during a continuous 5-month period.
 - Each organization’s reporting period starts immediately after the end of its data collection period.

Example:

- An organization chooses a data collection period start date of 1/1/2022.
- The organization’s data collection period runs 1/1/2022 through 12/31/2022.
- The organization’s data reporting period runs 1/1/2023 through 5/31/2023.

Overview of Current Status



Sampling Update

- CMS developed a stratified random sampling approach selecting approximately one quarter of ground ambulance organizations in each of four years.
- Sampling is based on ground ambulance organization National Provider IDs (NPIs).
- There are approximately 10,600 ground ambulance NPIs that bill Medicare each year, so about 2,650 organizations are selected per year.
- A ground ambulance organization may not be selected in two consecutive years, to the extent practicable.
- CMS selected Year 1 participants in October 2019 and Year 2 participants in September 2020.
- Lists of Ground Ambulance Providers and Suppliers Selected to Submit Data in Year 1 and Year 2 can be found at: <https://www.cms.gov/Center/Provider-Type/Ambulances-Services-Center.html>.

Please make sure your organization's NPI and enrollment information is up to date:

National Plan and Provider Enumeration System (NPPES): <https://nppes.cms.hhs.gov/>

Medicare Provider Enrollment, Chain, and Ownership System (PECOS): <https://pecos.cms.hhs.gov/pecos/login.do>

Timeline Update

- Selected organizations in year 1 received hard copy and/or emailed notification letters from their Medicare Administrative Contractor (MAC) in 2019.
- Due to the COVID-19 public health emergency (PHE), CMS issued two blanket waivers (May 5, 2020 and November 25, 2020) to delay the data collection and data reporting periods. The first waiver delayed the data collection period and data reporting period for selected year 1 ground ambulance organizations and the second waiver delayed the data collection periods and data reporting periods for selected year 1 and year 2 ground ambulance organizations.
- We modified this data collection and reporting period to increase flexibilities for ground ambulance organizations that would otherwise be required to collect data in 2020-2021 so that they can focus on their operations and patient care during the COVID-19 PHE.
- Currently, selected organizations in Year 1, 2, and 3 will:
 - Collect information during data collection periods starting in **2022**.
 - Report information during data reporting periods starting in **2023**.

CY 2022 PFS Proposed Rule CMS proposed delaying the data collection period start dates to 2023 and the data reporting period start dates to 2024 for Year 3 organizations.

Notification Update

- In Fall of 2021, CMS will:
 - Re-send notification letters to Year 1 organizations
 - Send initial notification letters to Year 2 organizations
- Notification letters will be sent by your MAC by hard copy and, where feasible, email.
- As before, sampled organizations are **required** to report certain information within 30 days of receiving notification:
 - Acknowledgement of receipt
 - The name and contact information for one or more staff who CMS can contact for issues related to the data collection system
 - The start date for your organization's continuous 12-month data collection period
- Please follow the instructions in the notification letter to report your organization's start date of your data collection period and contact information.

Web-Based System Update

- CMS is currently developing the web-based version of the Medicare Ground Ambulance Data Collection System including the programmed version of the Medicare Ground Ambulance Data Collection Instrument.
- The web-based system will launch prior to the start of the first data reporting periods in 2023.
- CMS will send instructions on how to create accounts and access the system.

Summary of Timeline for Sampled Organizations

Prior to data collection period

- Print preview of data collection instrument, ensure organization is prepared to collect all required information.
- Submit initial required information, including the start date for your organization's continuous 12-month data collection period.

Data collection period

- Collect required information over a continuous 12-month time period.

Data reporting period

- Enroll in the Medicare Ground Ambulance Data Collection System
- Report information via web-based instrument within 5 months of the end of your organization's data collection period.

Required Information for Collection and Reporting



General Principles for Collecting and Reporting Information

- Unless otherwise specified, report on **all** ground ambulance services, costs, and revenue, not just Medicare services, costs, and revenue.
- Report each cost and revenue item **only once**. Do not double count as that will result in overstating of cost and/or revenue information.
- Report on services, costs, and revenue tallied over your organization's **entire 12-month data collection period**.
- Unless specified in the instructions, **do not report estimates** or “best guesses” unless specified. Your organization may need to change the way some information is tracked during the data collection period so that you will be able to report accurate information.
- Your organization will need to **collect cost information from outside your ground ambulance organization** in some cases (e.g., if your municipality pays for facilities, utilities, or benefits).

The Instrument Covers 4 Broad Categories of Information Across 13 Sections

Organizational Characteristics

Section 2: Organizational Characteristics
Section 3: Service Area
Section 4: Emergency Response Time

Services Provided

Section 5: Ground Ambulance Service Volume
Section 6: Service Mix

Information on Costs

Section 7: Labor Costs
Section 8: Facilities Costs
Section 9: Vehicle Costs
Section 10: Equipment, Consumable, and Supply Costs
Section 11: Other Costs
Section 12: Total Costs

Information on Revenue

Section 13: Revenues

Section 2: Organizational Characteristics

- Whether your ground ambulance organization bills using one or more National Provider Identifiers (NPI)
- Organization name and contact information
- Ownership type (for-profit, non-profit, government, public-private partnership)
- Services other than ground ambulance services (e.g., fire, police, hospital, air ambulance)

CY 2022 PFS Proposed Rule: CMS proposed changes to how organizations indicate they provide services other than ground ambulance services. These changes will be covered in detail during the next webinar.

- Whether your organization uses volunteer labor
- Staffing model

Responses in this section will help tailor later questions to be more relevant to your organization

Section 3: Service Areas

- Average time on task in primary/secondary service areas

CY 2022 PFS Proposed Rule: CMS proposed asking about “time on task” rather than “trip time” specifically.

- ZIP codes which comprise your primary and secondary (if applicable) service areas

Primary Service Area: The area in which you are exclusively or primarily responsible for providing service at one or more levels and where it is highly likely that the majority of your pickups occur

Secondary Service Area: Other areas where you regularly provide services through mutual or auto-aid agreements

- Do not report areas where your organization provides services only under exceptional circumstances

CY 2022 PFS Proposed Rule: CMS proposed clarifying what areas respondents may report as part of a secondary service area. This clarification will be covered in detail during the next webinar.

Section 4: Response Times

For Organizations Responding to Emergency Calls for Service:

- How your organization tracks response times
- Average response times in primary/secondary service areas
- Whether your organization is required or incentivized to meet response time targets

CY 2022 PFS Proposed Rule: CMS proposed to remove a question about the 90th percentile response time and to instead ask what share of EMS responses were greater than twice the average response time.

Section 5: Service Volume

- Collect and report the number of:
 - Total responses for all calls for service (including fire/police-only)
 - Ground ambulance responses
 - Responses that did not result in a transport
 - Total transports
 - Transports paid in full or in part by an insurer and/or patient

CY 2022 PFS Proposed Rule: CMS proposed to clarify that paid transports are transports during the data collection that are paid by the time data is reported. CMS understands that some transports during the data collection period will be paid later.

- Standby events
- Paramedic intercepts

Reminder: Report counts of services over your organization's entire 12-month data collection period. Report counts of *total services*, not just Medicare services.

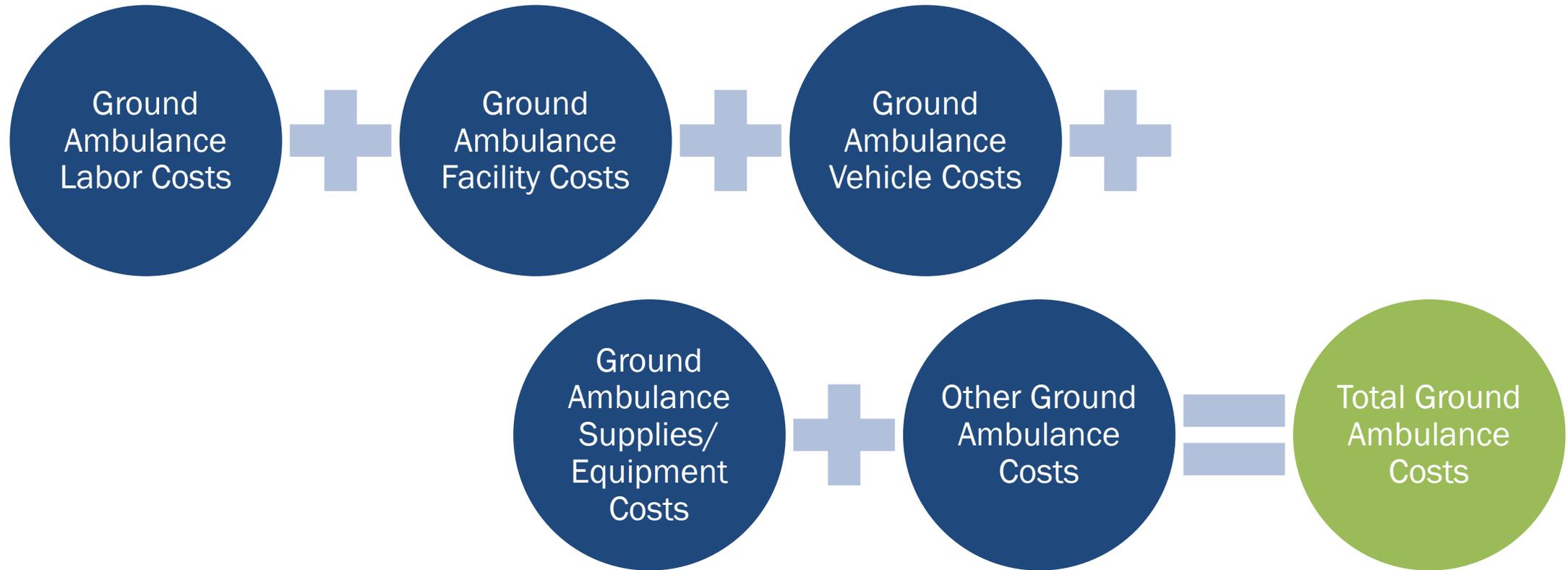
Section 6: Types of Services Provided

- Report the share of ground ambulance responses that:
 - Were emergency versus non-emergency
 - Involved response staff from another organization

CY 2022 PFS Proposed Rule: CMS proposed to allow an estimate of the share of responses that involved staff from another organization.

- Were in your primary service area
- Report the share of ground ambulance transports:
 - By Healthcare Common Procedure Coding System (HCPCS) code
 - That were to and from a hospital or other provider (i.e., interfacility transports)

Sections 7-11: Costs are Collected and Reported by Category

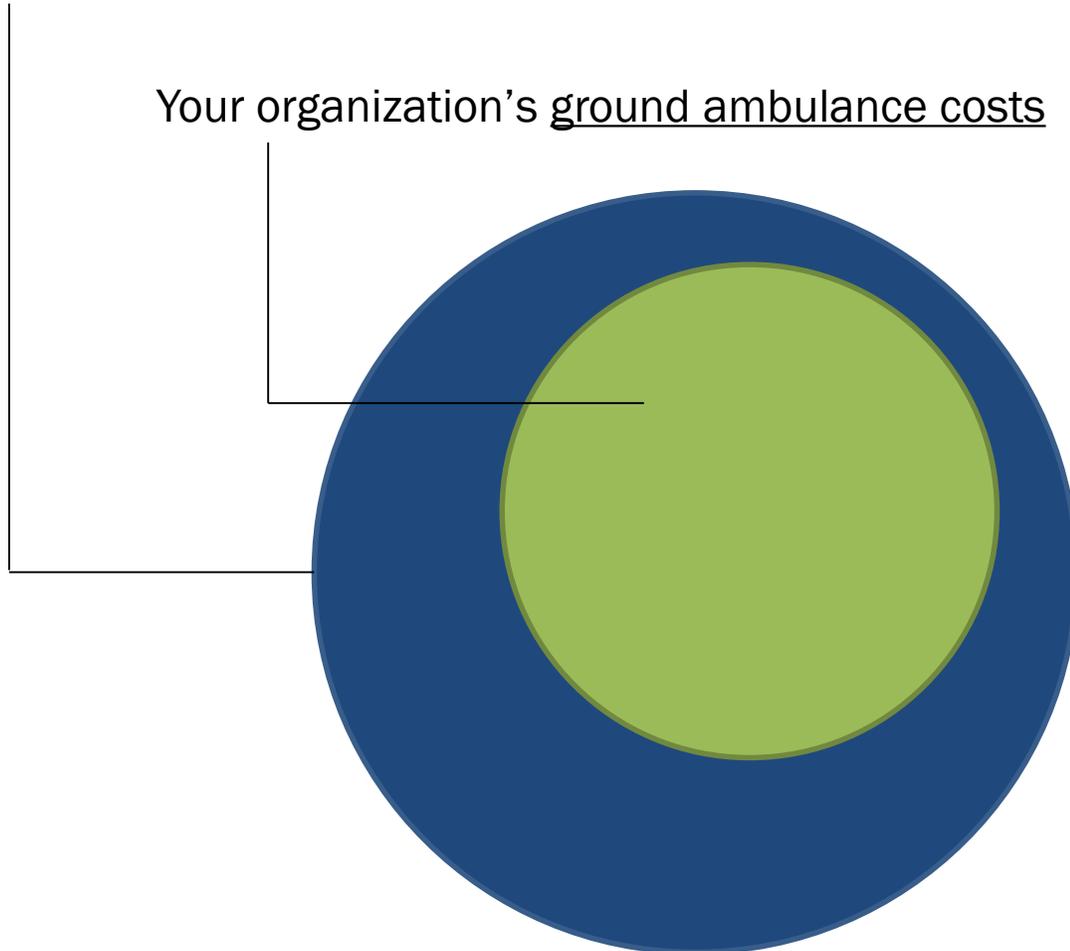


If your organization provides only ground ambulance services, then your total ground ambulance costs are the same as your organization's total costs.

Some Organizations Will Have Costs That Are Out-of-Scope

Your organization's total costs

Your organization's ground ambulance costs



Specific collection and reporting instructions apply to:

- Fire department-based ground ambulance organizations
- Police department-based or other public safety-based ground ambulance organizations
- Ground ambulance organizations that also offer air ambulance services
- Ground ambulance organizations that are providers of other health care services
- Fundraising

Section 7: Staffing and Labor Costs

- Whether your organization uses paid and/or volunteer staff in specific categories:
 - Emergency medical technicians (EMTs)/EMT-Paramedics
 - Other response staff categories
 - Specific administration/facility categories
 - Medical director
- Total annual hours worked and compensation for paid staff by staff category
- Whether your organization has staff performing specific roles such as billing, data analysis, training, and medical quality assurance more than half-time

Reminder: Report hours worked and compensation *only once* for each staff member. Do not double count the same person in multiple staff categories.

Reporting Volunteer Labor

- Volunteer labor is reported separately from paid labor
- You will report:
 - Your organization's total number of volunteers by category.
 - Total hours worked annually by category.
 - Any costs associated with volunteers (e.g., stipends, etc.)

Staffing and Labor Costs – Other Special Cases

Fire, police, or other public safety department-based organizations

- Total annual hours worked by category related to fire/police/public safety duties

Organizations offering services other than ground ambulance services

- Total annual hours related to responsibilities other than ground ambulance, fire/police/public safety duties, by labor category

Organizations that use more than one NPI to bill for Medicare

- Allocated compensation for administrative/facilities staff

CY 2022 PFS Proposed Rule: CMS proposed changing the way hours worked are reported for staff with duties other than ground ambulance duties. These proposed changes will be covered in detail in later webinars.

Section 8: Facility Costs

- Number of facilities occupied by your organization
- Square footage for each facility and the share of each facility that is dedicated to ground ambulance services
- Ownership status of each facility (e.g., owned, rented/leased)
- Annual lease, mortgage, or depreciation costs for each facility as applicable
- Facilities-related insurance costs, maintenance and improvement costs, utility costs, and taxes for all facilities combined

CY 2022 PFS Proposed Rule: CMS is seeking comments on how facility costs should be collected and reported to allow flexibility for organizations using a cash basis for accounting to easily report. The proposed changes will be covered in detail in later webinars.

Section 9: Vehicle Costs

- Number of ambulance and non-ambulance vehicles owned or leased by your organization
- Total miles traveled (any reason)
- Ownership status of each vehicle (owned, rented, donated)
- Purchase or lease, license, maintenance, and insurance costs
- Depreciation costs

CY 2022 PFS Proposed Rule: CMS is seeking comments on how vehicles costs should be collected and reported to allow flexibility for organizations using a cash basis for accounting to easily report. The proposed changes will be covered in detail in later webinars.

Section 10: Equipment, Consumable, and Supply Costs

- Depreciation, maintenance, certification, and service costs for capital equipment
- Medication costs or reasons for no medication costs (e.g., hospital provides, donated)
- Supplies and consumables costs
- Reporting for equipment and supplies separated by medical and non-medical costs

CY 2022 PFS Proposed Rule: CMS is seeking comments on how certain equipment expenses should be collected and reported to allow flexibility for organizations using a cash basis for accounting to easily report. The proposed changes will be covered in detail in later webinars.

Section 11: Other Costs

- Whether your organization contracts for billing, accounting, vehicle maintenance and repair, dispatch and call center, facilities maintenance, or information technology services.
 - If so, the annual cost for the service and the share associated with ground ambulance services.
 - You will report a single cost for contracted services in each category.
- Whether your organization has any other costs related to ground ambulance services not reported elsewhere.
 - While the instrument lists many categories, you may also enter your own categories, if necessary, to ensure all costs are reported.

Section 12: Total Costs

- Your organization's total costs, including costs unrelated to ground ambulance services.
- We are asking for your organization's total costs in one separate question at the end of the cost section in the data collection instrument.

Section 13: Revenue from Health Insurers and Patients

- Revenue from different categories of health care payers:
 - fee-for-service (FFS) Medicare
 - Medicare Advantage (i.e., Medicare managed care)
 - FFS Medicaid
 - Medicaid managed care
 - TRICARE
 - Veteran’s Health Administration
 - commercial insurance
 - workers’ compensation
 - patient self-pay.
- You will be asked whether patient cost sharing is included in the amount you report for each payer category or in the patient self-pay category.
- Whether you routinely bill for transports of patients with different sources of coverage. The specific categories are the same as those listed above.

Revenue from Other Sources and Total Revenue

- Whether your organization realized ground revenue from any other sources, including but not limited to:
 - Tax-based or other revenue from municipalities
 - Contracted services
 - Donations
- Your organization's **total revenue**, including revenue unrelated to ground ambulance services.

Overview of CMS Education Activities



CMS Education Activities

- CMS posted a Frequently Asked Questions (FAQ) that is periodically updated based on questions asked. Last update: 7/19/2021
- CMS posted an “Quick Reference Guide”—a list of required information to be collected from ground ambulance organizations.
- More information about these activities will be posted on the Ambulances Services website: <https://www.cms.gov/Center/Provider-Type/Ambulances-Services-Center.html>.
- Contact AmbulanceDataCollection@cms.hhs.gov for ground ambulance data collection inquiries.
- Contact AmbulanceODF@cms.hhs.gov for other ambulance inquiries.

CMS Educational Webinars

- CMS will host a walkthrough of the Instrument on August 26, 2021. Check the Ambulances Services Center website for details:
<https://www.cms.gov/Center/Provider-Type/Ambulances-Services-Center>
- CMS will host other educational webinars (weekly on Thursday afternoons EST starting October 7, 2021):
 - Instructions and considerations on reporting labor hours and costs
 - Special requirements for volunteer organizations
 - Special requirements for fire/police/public safety organizations
 - Detailed instructions on reporting revenue
 - Special requirements for provider organizations
 - Special requirements for organizations billing Medicare under multiple NPIs
- Please note that the webinars currently posted on the Ambulances Services Center website do not reflect recent and proposed clarifications to the instrument. Future webinars will draw attention to these changes.