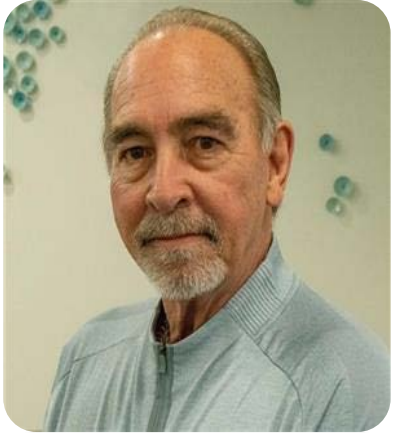


Overview of the CMS Medicare Ground Ambulance Data Collection

Today's Presenters:



Ken Riddle
Sr. Advisor



Alina Coffman
Sr. Operations Manager



Garrett Abrahamson
Associate Manager



Sarah DiCicco
Sr. Consultant

Introduction

Public Consulting Group (PCG) is nationally recognized as experts with CMS programs, including Medicare and Medicaid. PCG prides cost reporting services to over 350 public EMS provider agencies participating in ambulance supplemental payment programs.



Today's Objectives

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Medicare Ground Ambulance Data Collection System

The Centers for Medicare and Medicaid (CMS) is implementing a new Ground Ambulance Data Collection System (Medicare Cost Survey) to comply with data collection requirements outlined in the Bipartisan Budget Act passed by Congress in 2018.

Why collect ground ambulance cost and other data?

- Current Medicare rates do not adequately reimburse providers and suppliers across the U.S.
- Ambulance operations vary widely in size, geography and organizational structure, so data collection requires a tailored approach.
- Collecting data will help CMS get a better sense of the diversity of the EMS industry.
- Data will be used to evaluate the adequacy of Medicare payment rates for ground ambulance services, to inform future Medicare rate changes, and possible payment system reforms.



Ground Ambulance Data Collection Overview

All providers of ground ambulance services will eventually participate in the Medicare Ground Ambulance Collection System.

- Between 2020 and 2024, CMS will select a sample group of providers to participate each year.
- Collect data during a continuous **12-month period**.
- Providers have **five months** after the end of their data collection period to report information.
- Report on provider **characteristics, services, ground ambulance costs, revenue, and volume of services**.
- Providers will collect all the required data and submit the information via a **secure web-based data** collection system (online Ground Ambulance Data Collection System).
- Failure to report the required information will result in a penalty of **10% reduction in Medicare payments** under Medicare Part B fee schedule for the following year.



Who is Required to Complete the Survey?

Who is eligible for cost data collection?

- Ground ambulance providers enrolled in Medicare with at least 1 transport billed in the last year (does not include air ambulance).

How will providers be chosen?

- Providers are chosen by NPI.
- Small providers with 1 NPI chosen only once every 4 years.
- For large organizations with multiple NPIs, each individual NPI will only be selected once over the 4 years.

Stratified Random Sampling Yearly Group

Selection Based on:

Ownership:

- For-profit
- Volunteer
- Government
- Hospitals

Population Density:

- Rural
- Urban

Volume of Medicare Transports:

- 1-200
- 201-800
- 800+

25% of industry to be surveyed each year





“This list consists of randomly selected ground ambulance providers and suppliers that submitted and were paid for at least one ground ambulance claim to Medicare in 2017, the most recent year for which CMS has complete claims data, using the NPI listed. We are aware that some of the organizations listed may not be enrolled in or may not be furnishing ground ambulance services at present. However, all ambulance organizations on this list must confirm with their MAC the starting date for their data collection period.”

Notification of Participation :

The 2020 sampled organizations have already been selected and the list is available on the CMS website. Selected Providers Identified Nov. 2019

List posted by CMS 30 days prior to calendar year reporting kick-off (Nov/Dec each year).

The selected providers will be notified by their designated Medicare Administrative Contractor (MAC) via email or mail.



November 12, 2019



NPI: [REDACTED]

Dear Ambulance Provider or Supplier:

As you may know, the Centers for Medicare & Medicaid Services (CMS) is required by law to collect cost, revenue, utilization, and other information from a representative sample of ground ambulance organizations. For the purposes of data collection, CMS is considering each National Provider Identifier (NPI) as a distinct ground ambulance organization. Your organization (at the NPI listed above) has been randomly sampled to report information to CMS.

Your collection and reporting of information is required. Failure to sufficiently submit information under the data collection will result in a 10 percent reduction to payments under the Medicare Part B Ambulance Fee Schedule (AFS) unless a hardship exemption has been granted or an informal review has determined that your organization is not subject to the 10 percent reduction to payments.

You will be asked to report information related to the characteristics of your organization, the types and number of ground ambulance services that you provide, and your organization's costs and revenue. Please see the CMS Ambulance Services website (<https://www.cms.gov/Center/Provider-Type/Ambulances-Services-Center.html>) for detailed information on the data that you must collect and report.

The cost information that you provide will be used to analyze the adequacy of payments for ground ambulance services.

You must first collect the required information over a continuous 12-month period and then report information to CMS via a web-based portal during a separate reporting period. Your organization can elect to use a continuous 12-month data collection period running from January 1, 2020, through December 31, 2020, or, for organizations with a regular fiscal year that differs from the calendar year, the continuous 12-month data collection period that overlaps with your organization's regular fiscal year that begins in calendar year 2020. The reporting period is within five months after the end of your organization's data collection period.

To begin your required participation in the Ground Ambulance Data Collection System, please provide the 12-month data collection period that you will use to your Medicare Administrative Contractor (MAC) within 30 calendar days of receiving this notification. If you do not provide the information to your MAC within 30 days of receiving this notification, your data collection period will automatically be **January 1, 2020, through December 31, 2020**, and you will have 5 months thereafter to report the data to CMS.

In addition to providing the 12-month data collection period you will use please include a contact name and their email address for the NPI listed on this letter and mail to:

WPS Government Health Administrators
Attn: Sheryl Torres, Provider Outreach and Education
2525 No. 117th Avenue, Suite 200
Omaha, NE 68164

For more information regarding the Ground Ambulance Data Collection System please see the Ambulances Services website at: <https://www.cms.gov/Center/Provider-Type/Ambulances-Services-Center.html>. Any questions may be sent to: AmbulanceDataCollection@cms.hhs.gov.

Thank you in advance for your participation in this important ground ambulance data collection requirement.

Centers for Medicare & Medicaid Services



Data Collection Period

- Providers can choose to collect their accounting period (either calendar or provider fiscal year).
- If you did not notify you automatically default to a calendar reporting year.
- Organizations will have **5 months** after the end of their data collection period to report information.

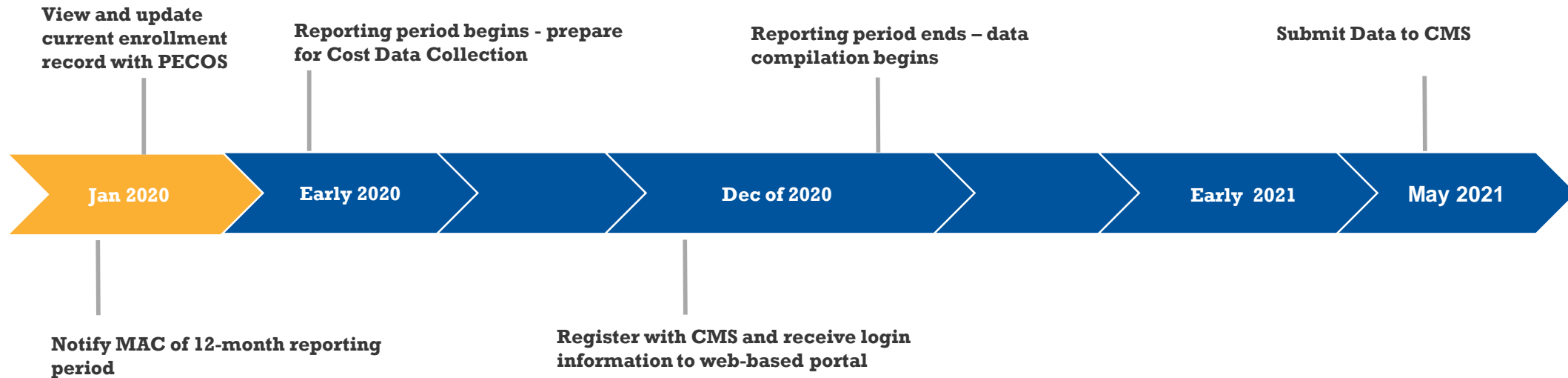
Calendar Year Accounting Period	
Data Collection Period	Data Reporting Period
01/01/2020 – 12/31/2020	01/01/2021 - 05/31/2021

Sample Fiscal Year Accounting Period	
Data Collection Period	Data Reporting Period
11/01/2020 – 10/31/2021	11/01/2021 – 03/31/2022
07/01/2020 – 06/30/2021	07/01/2021 – 11/30/2021



Timeline for First Year Selected Providers

Example Reporting Period: Jan 2020 – Dec 2020



Initial Steps for Selected Providers

View and update current enrollment record in the Medicare Provider Enrollment, Chain, and Ownership System (PECOS).

Notify MAC which 12-month data collection period will be used

- Default to calendar for failure to notify within 30 days of notification

Understand the required data and how to report it on the CMS web-based portal.

Collect the required data.

Register to receive log-in information to access the Ground Ambulance Web-Based Data Collection Tool (December registration).

Access training on how to submit the data into the Medicare Ground Ambulance Web-Based Data Collection Tool (December).



Planning Ahead for the Data Collection

Verify that you are set up to accurately track the necessary data.

- Do you have a way to report on all the required data?
- Is there anything that you are currently not tracking?
- Is there any data that needs to be tracked or reported differently?
- Is the data reported in a format that you can aggregate and manipulate?

Coordinate with all stakeholders responsible for collecting and/or reporting data.

- Confirm that stakeholders understand reporting requirements, timelines, and format.
- Identify all relevant parties (internal departments, external entities, contractors, vendors).

Pull sample data reports periodically to ensure that you are collecting data in alignment with CMS requirements.

Stay Informed!



Understanding the Medicare Ground Ambulance Data Collection Instrument

- The [Medicare Ground Ambulance Data Collection Instrument](#) was created by CMS to serve as a guide for providers to collect data and facilitate reporting.
- The PDF document is organized into 13 sections; each section provides descriptions of the data to be collected.
- The tool uses “skip logic” – answers to questions indicate how to proceed and which questions to answer next.
- Instrument includes reporting in multiple choice, text field entry, and data table formats.
- CMS is currently in the process of developing a [web-based](#) data collection instrument that providers will use to report their data.

Data Collection Instrument Example

3. Are you able to report statistics related to response times as measured by your organization?
 - a. Yes (1) [\[Continue to question 3b\]](#), No (0) [\[Skip to question 3e\]](#)
 - b. What is the **average** response time for ground ambulance emergency responses in your **primary** service area? (Enter minutes)
 - c. What is the response time below which 90 percent of your emergency responses fall (i.e., your organization's 90th percentile emergency response time) in your **primary** service area? (Enter minutes)
 - d. [\[If Yes \(1\) to Section 3, Question 4\]](#), What is the **average** response time for ground ambulance emergency responses in your **secondary** service area? (Enter minutes) [\[Skip to question 4\]](#)
 - e. What is your best estimate of the **average** response time for ground ambulance emergency responses in your **primary** service area? (Enter minutes)
 - f. What is your best estimate of the response time below which 90 percent of your emergency responses fall (i.e., your organization's 90th percentile emergency response time) in your **primary** service area? (Enter minutes)
 - g. [\[If Yes \(1\) to Section 3, Question 4\]](#), What is your best estimate of the **average** response time for ground ambulance emergency responses in your **secondary** service area? (Enter minutes)
4. Is your organization required or incentivized to meet response time targets?
Yes (1) [\[Continue to 4a\]](#), No (0) [\[Skip to Section 5.\]](#)
 - a. Who determines the response time targets required or incentivized?
 - i. Our organization sets our own target response time
 - ii. Local municipality
 - iii. County
 - iv. Other (please specify):
 - b. Are you penalized if you exceed the response time targets? Penalties can take the form of reduced payments or a fine. Yes (1), No (0)



How Will Providers Submit Data?

- CMS anticipates that registration for the Web-Based Medicare Ground Ambulance Data Collection Instrument will **open on December 2020**.
- CMS will also provide training on how to use the web-based system.
- Providers will be required to enter data directly into the web-based tool.

Additional CMS Resources

- [Medicare Ground Ambulance Data Collection System Main Page](#) (includes list of selected providers)
- [Quick Reference Guide](#)
- [Frequently Asked Questions](#)
- [Sign up for Medicare Learning Network \(MLN\) Calls and Webcasts](#)



Failure to Report

Beginning January 1, 2022, there will be a 10 percent payment reduction for a one-year period to the Medicare payments made to a provider or supplier who has been required to submit information under the data collection system and does not sufficiently submit such information.

No Submission

- Subject to a 10% reduction in Medicare payments under the Medicare Part B ambulance fee schedule

Incomplete/Inaccurate Submission

- Subject to a 10% reduction in Medicare payments under the Medicare Part B ambulance fee schedule

Hardship Exemption

- The Secretary may exempt a provider or supplier from the payment reduction in the event of significant hardship. **Note: this is not an exemption from reporting.**

Informal Review

- The Secretary will establish a process under which a provider or supplier may seek an informal review to determine whether that the provider or supplier is subject to the payment reduction.



Frequently Asked Questions

What is the difference between the Medicaid Supplemental Payment Program and the Medicare Ground Ambulance Data Collection?

This program is separate from the Medicaid Supplemental Payment program and has a different purpose. The purpose of Medicaid Supplemental Payment programs is for providers to report and receive reimbursement for uncompensated costs of providing EMS transportation services to Medicaid patients. Meanwhile, the purpose of the Medicare Ground Ambulance Data Collection is for CMS to collect data from providers that will be used to inform Congress on the adequacy of Medicare payment rates for ground ambulance services and geographic variations in the cost of furnishing such services.

How do the data elements required for the Medicare Ground Ambulance Data Collection compare to data used to develop cost reports for Medicaid Supplemental Payment Programs? The data to be collected for the Medicare Ground Ambulance Data Collection Instrument (Web Tool) is more comprehensive and detailed, as compared to data analyzed to determine reimbursement under Medicaid Supplemental Payment programs. While the overall categories of data to be collected are similar (emergency response time, costs, revenues, etc.), in many cases the specific criteria are different and require more granular reporting. For example, instead of reporting one total amount for EMS salaries, providers are required to report the salaries by each job category. They are also interested in collecting data by staff type (paid staff, volunteer staff, paid staff with shared services roles, volunteer with shared services roles).

How much additional work will this be compared to the Medicaid Cost Report? We estimate that 40% of the data collected for the Medicaid Supplemental Payment program is still relevant to the Medicare Ground Ambulance Data Collection.

Can we include these ground ambulance costs on the Medicaid Cost Report? Yes.



Medicare Ground Ambulance Data Collection Instrument: Data Elements

Summary of Data Elements to be Reported

Component	Description
Organization Characteristics	NPI, contact person, service area, ownership, response time, and other characteristics; broad questions about offered services to serve as screening questions
Utilization: Ground ambulance service volume and services	Number of responses and transports, level of services reported by HCPS code
Staffing and Labor Costs	Number and costs associated with EMTs administrative staff, and facilities staff; separate reporting of volunteer staff and associated costs
Facilities Costs	Number of facilities; rent and mortgage payments, insurance, maintenance, and utility costs
Vehicle Costs	Number of ground ambulances; number of other vehicles used in ground ambulance responses; annual depreciation; total fuel, maintenance, and insurance costs
Equipment & Supply Costs	Capital medical and non-medical equipment; medical and non-medical supplies and other equipment
Other Costs	All other costs not reported elsewhere
Total Cost	Total costs for the ground ambulance organization to cross-check costs reported in the instrument
Revenue	Revenue from health insurers (including Medicare); revenue from all other sources including communities served



Organizational Characteristics & Related Data

Volunteer Staff?

If yes, provider is required to report labor costs for volunteer staff separately from reporting of hourly/salaried staff

Fire Dept, Police/Public Safety, Hospital?

If provider shares some or all operational costs with other entities, it must report items related to shared services separately

Operate Water- Based Ambulances?

If yes, provider is required to report water-specific response volume and cost information

Ground Ambulance Response to 9-1-1 Calls?

If yes, provider is required to report if it provides 24/7/365 service in most of service area

Provider is required to complete
Emergency Response Time
section

Primary & Secondary Service Areas

If provider has a secondary service area they must report the average trip time (in minutes) for the primary service area and the secondary service area separately



Organizational Characteristics

Report information about your ground ambulance organization and how you collect data related to costs and revenues.

- Ensures that you are presented with questions about costs and revenues that are relevant to your organization.

1 NPI Information

2 Organization Information

- Name and Primary Person Contact Info

3 Time Period Used for Data Collection

4 Ownership Status

5 Ground Ambulance Operations

6 Emergency Service Availability



Service Area and Emergency Response Time

Primary Service Area

- **Primary Service Area:** the area in which you usually provide service and where most of your transport pickups occur
- Report Average Trip Time
- Report Average Response Time
- Is your organization required or incentivized to meet response time targets?
- Are you penalized if you exceed response time targets?

Secondary Service Area

- **Secondary Service Area:** other areas where you regularly provide services through mutual or auto-aid agreements
- Report Average Trip Time
- Report Average Response Time



Ground Ambulance Service Volume

In this section, providers will be required to report on the organization's service volume.

Ground Ambulance Response

- A **ground ambulance response** is a response by a fully equipped and staffed ground ambulance, scheduled or unscheduled, with or without a transport, and with or without payment
 - Also provides a medically necessary transport of a patient from the site of response to the nearest appropriate facility that can treat the patient's condition
 - If more than one vehicle is sent to the scene, count this as one response

Ground Ambulance Transport

- A **ground ambulance transport** is the use of a fully staffed and equipped ground ambulance responding to a request for service.

Paid Transport

- A **paid transport** refers to a ground ambulance transport for which your organization has been paid in full or in part by a payer and/or a patient.



Ground Ambulance Service Mix

Providers will report the percentage of the organization's ground ambulance responses and transports by type.

- Emergency Versus Non-Emergency
- Land Transports Versus Water Transports
- Transports by Category

Basic Life Support (BLS)

Emergency and Non-Emergency

- Transport staffed by certified Emergency Medical Technicians
- EMT-Basic

Advanced Life Support

Level 1 (ALS1)

Emergency and Non-Emergency

- Transport staffed by EMT-Intermediate or EMT-Paramedics
- Does not include any ALS2 procedures

Advanced Life Support,

Level 2 (ALS2)

- Emergency transport staffed by EMT-Intermediate or EMT-Paramedics
- Includes at least 3 separate administrations of one or more medications by intravenous (IV) push/bolus or by continuous infusion

Specialty Care

- Interfacility transportation of a critically injured/ill patient by a ground ambulance vehicle
- Includes the provision of medically necessary supplies & services at a level of service beyond the scope of the EMT-Paramedic



How we can help

PCG Can Help Navigate the Cost Data Collection Process

- Our firm has developed a comprehensive understanding of the operations of EMS providers and the regulations that govern the facilities processes and reporting requirements.
- We understand the operations and cost structures of such entities, which allows us to ensure Medicare cost reports are completed accurately and properly apportion costs to the Medicare and Medicaid programs for revenue maximization as well as cost avoidance.
- Our experience and expertise in the preparation of cost reports ensures reports that accurately reflect the cost structure of the facilities and abide by Medicare cost accounting principles, in addition to providing expert recommendations and guidance.

Medicare Cost Survey Support Services

Standard Training and Help Desk Support	Professional Training, Help Desk Support, and Detailed Desk Review	Premium Comprehensive Medicare Cost Survey Preparation and Audit Support
<ul style="list-style-type: none">✓ Medicare Cost Survey training via secure web-based portal with access to individual training modules for each survey component✓ Data compilation guidance and automated tools to facilitate data collection and cost survey preparation✓ Dedicated help desk support, up to five scheduled hours	<ul style="list-style-type: none">✓ Detailed desk review of the Medicare Cost Survey and supporting documentation with summary of findings✓ Analysis of costs in comparison to "like-sized" departments✓ Written report of findings with recommendations, areas of concern, and considerations✓ Scheduled conference call to walk through desk review results, cost analysis, and recommendations✓ All STANDARD services:<ul style="list-style-type: none">• Medicare Cost Survey training via secure web-portal with access to individual modules• Data compilation guidance and tools• Dedicated help desk support	<ul style="list-style-type: none">✓ Dedicated team of experts to complete the Medicare Cost Survey on behalf of your department✓ Ongoing communication: initial data collection and close-out survey review meetings, timely updates and feedback✓ Detailed data analysis: expenditures assessment, unallowable costs adjustments, and utilization statistics verification✓ Preparation and audit of Medicare Cost Survey and supporting documentation✓ CMS submission of final report and supporting documentation✓ Federal audit support✓ Full access to web-based portal and training resources



Would you like to learn more?



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Next IAFC Webinar – Thursday, April 23rd @ 2pm EST



QUESTIONS



Solutions that Matter