



September 24, 2019

The Honorable Seema Verma
Administrator
Center for Medicare and Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

Dear Administrator Verma:

On behalf of the International Association of Fire Chiefs and the International Association of Fire Fighters, we would like to thank you for your work in developing a data collection system to gather information on the costs, revenues, and utilizations of ground ambulance suppliers and providers. Our organizations believe this system will be key to improving Medicare's insufficient reimbursements for fire departments and EMS agencies. While we generally support the draft data collection system developed by the Center for Medicare and Medicaid Services (CMS), we would like to offer several recommendations for your consideration as you finalize this proposal. We have organized our comments into the following issue areas: Joint Responses by Non-Transport and Transport Entities, Responses for Deceased Patients, Recommended Definition Refinements, and Considerations for Costs Associated with Volunteer Personnel.

Joint Emergency Responses by Non-Transport and Transport Agencies:

- 1) Valuation of Service Provided by Other Agencies: Fire departments often provide EMS care to patients, including at the ALS level, even when another agency provides the actual ground transportation services to a patient. When this occurs, the fire department's ALS personnel often continue providing patient care inside the third-party ambulance during transportation to the hospital. This continuation of patient care by fire department personnel constitutes a significant savings to the third-party transportation company as they do not incur the costs associated with the fire department employee(s) such as salary, benefits, and insurance. In many cases, the fire department never receives

reimbursement for these costs by the third-party ground ambulance agency. Since CMS' data collection tool only will apply to Medicare-enrolled ground ambulance agencies, we believe that the data collection instrument should count these services as in-kind contributions to the third-party ambulance agency. Ground agencies selected for sampling by CMS each year can easily gain this information by requesting it from the agencies which commonly respond to calls for emergency service with the third-party ground ambulance agency. Therefore, we propose CMS add the following revenue category to Section 13, Question 5:

In-Kind Contributions (including labor, supplies, medications, etc. provided by another agency which responds to calls for emergency service in conjunction with the agency completing this survey.)	Yes (1)/No (0)	Enter dollar amount	Enter percentage
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- 2) Agencies Providing Assistance: Section 3 asks respondents to provide information on the extent of their service area and details of their transportation times. We believe it would be beneficial for CMS to gain an understanding of how frequently ground ambulance agencies rely upon a fire department or law enforcement agency for additional EMS personnel to provide patient care. While we understand that CMS is focused mostly on obtaining data related to individual patient transportation, it is important to view the entire EMS response system. Gaining an understanding of the entire response system is key to evaluating the efficiency and effectiveness of an ambulance supplier or provider when they rely upon a third-party agency (such as a fire department or law enforcement agency) to meet their response-time goals. CMS should add the following question to Section 3:

4. Does your agency utilize EMS employees from another agency, such as a fire department or law enforcement agency, either to provide initial patient care/assessment or continue providing patient care during transportation to a hospital or other destination?

a. [If No (0), skip to Section 4]

b. [If Yes (1), ask the following questions:]

i. In what percentage of your patient transports are EMS employees from another response agencies providing initial patient care/assessment or continuing to provide patient care during transportation?

ii. Does your agency reimburse this non-transporting agency for the patient care/assessment services that they provide?

- 3) Response Time: Section 4 asks respondents to provide information on their response times to calls for service. Often, ground ambulance transportation agencies may rely upon a non-transporting fire department or law enforcement agency for the initial response to a call for service in order to “stop the clock.” We believe CMS should include the following question in Section 4 to determine how often transporting agencies rely upon a

non-transporting agency for initial response and whether the transporting agency is reimbursing the non-transporting fire department or law enforcement agency for this critical response role:

4. Does your agency respond to calls for service in conjunction with a non-transporting EMS agency, such as a fire department or law enforcement agency?

a. [If No (0), skip to Section 5]

b. [If Yes (1), ask the following questions:]

- i. In what percentage of your responses does a non-transporting agency respond initially to the patient?**
- ii. In what percentage of your transports does an initial responding EMS provider from another agency continue providing patient care during transport to a destination?**
- iii. Does your agency have a formal agreement with the non-transporting agency to provide these services?**
- iv. Does your agency reimburse the non-transporting agency for these services?**

4) Contracted Expenses: Section 11, Question 1 asks respondents to provide information on outside contracted services for which a fee was paid. As mentioned above, our organizations note that ground ambulance transport agencies often utilize patient assessment/care services provided by EMTs and paramedics who are employed by, and respond on behalf of, a non-transport EMS agency such as a fire department or law enforcement agency. In some of these cases, the transporting agency provides a reimbursement to the non-transporting agency for the costs associated with the care provided to a patient. We believe CMS should collect data to understand the value of these services provided by a non-transporting EMS agency which frequently responds in conjunction with a supplier or provider of ground ambulance services. We recommend CMS include the following category in the table of contracted expenses listed in Section 11, Question 1:

Patient Assessment/Care Services Provided by an Employee of Non-Transport EMS Agency	<input type="checkbox"/>	Enter dollar amount	Enter percentage
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Responses for Deceased Patients:

Our organizations continue to struggle with CMS’ inadequate reimbursements for responses and care provided to patients who are pronounced dead before being transported. The protocols of many advanced EMS systems provide for rapid response and strong resuscitative measures at the scene. In those cases where the patient does not respond to the treatment, the patient is then pronounced dead. However, these patients received ALS 2-level care such as numerous rounds of medications and advanced medical interventions before declaring a patient as deceased on scene. As a result, these agencies incur significant financial and labor costs, but CMS only

provides reimbursement at the BLS non-emergent rate since the patient was not transported. As a result, we believe CMS should make the following addition to the data collection tool:

Section 6 – Service Mix:

5. What percentage of your calls result in a patient being pronounced dead on-scene and do not receive transportation to a covered destination? (Enter number)

a. [If number equal to 0 is entered, proceed to Section 7]

b. [If number greater than 0 is entered, ask the following questions:]

- 1. What is the time on task that is associated with your agency’s EMS personnel’s responses to deceased at scene calls for service?**
- 2. What percentage of your agency’s responses to patients who are pronounced dead on scene involve the use of one or more ALS Level 1 or 2 level procedure.**

Recommendations to Improve Scope and Definitions Used in Data Collection Tool:

- 1) Inclusion of Fire-based EMS Costs: In general, our organizations appreciate the ability of fire departments to include their EMS-related costs associated with non-transport vehicles (such as fire apparatus and quick response vehicles) and cross-trained fire/EMS personnel who are assigned to non-transport vehicles. However, we are concerned by the instructions on page 17 of the draft data collection instrument which instruct respondents to include EMS staff time spent on “healthcare delivery unrelated to ground ambulance” in the total hours worked in a typical week “unrelated to ground ambulance and fire/police response roles.”

We believe the phrasing of “healthcare delivery unrelated to ground ambulance” is unclear and could result in respondents from fire departments not reporting the EMS hours of service performed by their EMS personnel who are assigned to non-ground ambulance vehicles such as fire engines, ladder trucks, squad trucks, or other non-transport EMS vehicles. Instead, we believe the following changes should be made to this instruction:

healthcare delivery unrelated to ground ambulance **(This would include ~~such as~~ work performed in a clinic, hospital, or other fixed location. This does not include care delivered by EMS personnel responding to calls for emergency service on non-ground ambulance vehicles such as fire apparatus or quick response vehicles such as zone or fly cars.)**

- 2) Exclusion of Unrelated Tax Revenue: Section 11, Question 5 seeks information from respondents on several revenue categories which may apply to an ambulance supplier or provider. Since the goal of the data collection tool is to assess the adequacy of CMS’ reimbursements for the cost of providing patient care, our organizations believe that the inclusion of tax revenue for public agencies could lead to the inclusion of unrelated data.

Operating revenue that is derived from taxation and provided to public agencies represents the level of service expected by a community but is not expected to be a dollar-for-dollar coverage of patient care costs. These funds should supplement, not supplant, CMS’ reimbursements to public agencies for the care that they provide to Medicare beneficiaries.

However, our organizations believe that tax-derived subsidies should be reported by respondents when these funds are included in a larger contract between a local government and a private entity. In these cases, these subsidies are intertwined with the overall structure and terms of the contract. Additionally, our organizations do support the requirement for respondents to report when revenue is received by any agency (public or private) through an EMS-specific tax.

As a result, we recommend CMS adopt the following changes to Section 13, Question 5:

Funds derived from EMS-specific local taxes	<input type="checkbox"/>	Enter dollar amount	Enter percentage
Contract revenue (this includes subsidies paid by a local government entity through a contract for service with a private entity)	<input type="checkbox"/>	Enter dollar amount	Enter percentage

- 3) Advertising Expenses: Section 11, Question 3 of the data collection instrument directs respondents to provide information on a variety of general and miscellaneous costs. We believe CMS should clarify what is meant by the “Advertising” category of expenses. It is unclear whether this is generic advertising to the public or if this would be inclusive of advertising conducted in order to recruit volunteer personnel. Additionally, CMS should clarify which advertising expenses this includes (print, television, radio, online/social media, trade show exhibitions, promotional items such as shirts and stickers, etc.).

Considerations for Volunteer Costs:

- 1) Valuation of Volunteer Time: Throughout the Notice of Proposed Rulemaking, CMS mentioned their intention to calculate the value of services performed by volunteer personnel by benchmarking their number of hours served against the average wage data collected by the Bureau of Labor Statistics. However, the BLS’ current processes for gathering wage information for EMS personnel is inaccurate as it pertains to cross-trained firefighter/EMTs and firefighter/paramedics. Currently, the BLS requires respondents to identify either as a firefighter or an EMT/paramedic but does not allow respondents to identify as both. Most, if not all, career fire departments compensate provide higher wages to cross-trained personnel than those of single-role responders. As a result, the EMS wage data collected by the BLS likely undervalues the average EMS provider’s wage by failing to account for the higher wages paid to cross-trained personnel.
- 2) Incentives for Volunteer Personnel: Section 7.3, Question 6 requires respondents to provide information on the total cost of “stipends and/or benefits” which are provided to

volunteer personnel. We believe that this question should be clarified by making the following addition:

“stipends and/or benefits (include all monetary and non-monetary incentives (including uniforms, local property tax waivers, etc.) when calculating this value). Only report the total, agency-wide cost of these incentives and not the per-volunteer cost of these incentives.

Thank you again for your work to develop this data collection instrument and to assess the adequacy of Medicare’s Ambulance Fee Schedule. Our organizations believe your work is crucial to properly aligning CMS’ reimbursements with the actual costs of providing ambulance service to Medicare beneficiaries. We look forward to continuing to work with you as CMS finalizes its proposal to gather this important EMS cost, revenue, and utilization data.

Sincerely,



Fire Chief Gary Ludwig, EMT-P
President and Chairman of the Board
International Association of Fire Chiefs



Harold Schaitberger
General President
International Association of Fire Fighters

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