

AVOID THE 10% MEDICARE PENALTY

**Best Practices for EMS Providers
Now That Mandatory Cost Reporting
is Underway**

Presenters



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Webinar Goals

- ✓ Understand your reporting requirements
- ✓ Have a deeper understanding about what must be reported
- ✓ Learn from EMS agencies who are in the process of capturing, reporting, and submitting data
- ✓ Hear insights from Cost Reporting experts

Medicare Ground Ambulance Data Collection System



Background



CONGRESSIONAL BUDGET OFFICE COST ESTIMATE

September 27, 2017

H.R. 3729

Comprehensive Operations, Sustainability, and Transport Act of 2017

As ordered reported by the House Committee on Ways and Means on September 13, 2017

SUMMARY

H.R. 3729 would impose new reporting requirements on entities that furnish ambulance services to Medicare beneficiaries. The bill would also extend Medicare payments for ambulance services that would otherwise expire under current law and reduce the payment rate for certain ambulance services. CBO estimates that enacting H.R. 3729 would reduce net direct spending by about \$895 million over the 2018-2027 period.

Pay-as-you-go procedures apply because enacting the legislation would affect direct spending. The legislation would not affect revenues.

CBO estimates that enacting the legislation would not increase net direct spending or on-budget deficits in any of the four consecutive 10-year periods beginning in 2028.

H.R. 3729 contains no private-sector or intergovernmental mandates as defined in the Unfunded Mandates Reform Act (UMRA).

ESTIMATED COST TO THE FEDERAL GOVERNMENT

The estimated budgetary effect of H.R. 3729 is shown in the following table. The costs of this legislation fall within budget function 570 (Medicare).

	By Fiscal Year, in Millions of Dollars													2017-2027	
	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	2027	2027	2027	2027
INCREASES OR DECREASES (-) IN DIRECT SPENDING															
Estimated Budget Authority	0	150	90	60	55	50	-160	-235	-270	-300	-335	405	-895		
Estimated Outlays	0	150	90	60	55	50	-160	-235	-270	-300	-335	405	-895		

2002: Medicare implemented a national fee schedule

2004: Temporary Medicare ambulance bonus payments included in the Medicare Modernization Act

2005 and **2012:** GAO cost study

2017: Comprehensive Operations, Sustainability, and Transport Act introduced extending temporary bonuses and imposed reporting requirements

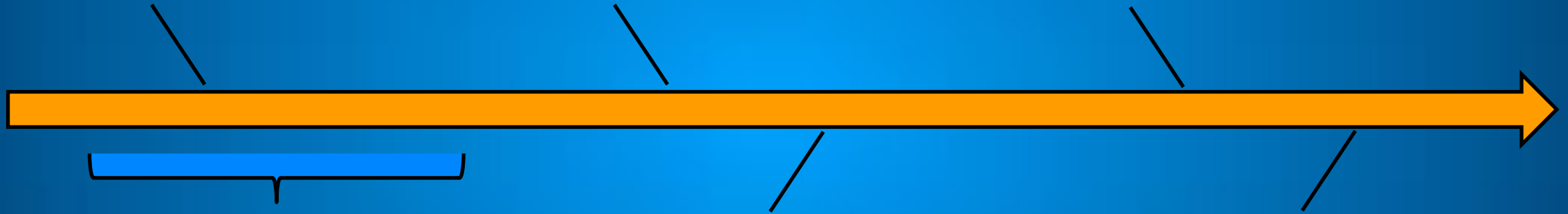
The GAO report estimated that in 2010 (excluding most Fire based agencies), half or more of EMS provider agencies would not be able to cover their costs with Medicare's reimbursements

Timing

2020 – First
Planned
Reporting Period

2022 – Year 1 and
Year 2 Agencies
reporting period
(CY or FY)

2023 – Year 3 and
Year 4 Agencies
reporting period
(CY or FY)



2020 – 2021 –
COVID Delays

Data must be
submitted into GADCS
within 5 months of
reporting period end

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Required Elements

Organizational
characteristics

Response data

Cost

Revenue

Agencies that do not sufficiently report data will receive a **10% reduction in Medicare payments** during the next calendar year.



Tools

GADCS and the CMS website – [link](#)

Industry organizations

Tech tools (like [Digitech](#)'s Ambulance Commander)

Consultants

GADCS Data Collection and Reporting

EXPERIENCES FROM THE FIELD

Burnsville Fire Department



- Preplanning is Key
- Make Use of Helpful Resources
- CMS Considerations for Change
- It Takes All of Us

UMC Health System



UMC EMS

- Ensure your organization is **set up** to maintain all necessary data
- Ensure you know the **responsible parties** for collecting, maintaining, and reporting data
- Test Drive



GADCS BEST PRACTICES

FOR DATA CAPTURE AND REPORTING

Plan Ahead... and Plan Some More

→ Establish a communication plan

Who needs to be involved?

How often do we need to meet?

→ Establish data collection plan

Can we provide the data required?

Who will provide each piece of data?

When will they provide it?

Establish Roles and Responsibilities

Each organization must have at least one data entry user and a certifier:

Submitters are responsible for entering information into the web-based data collection instrument

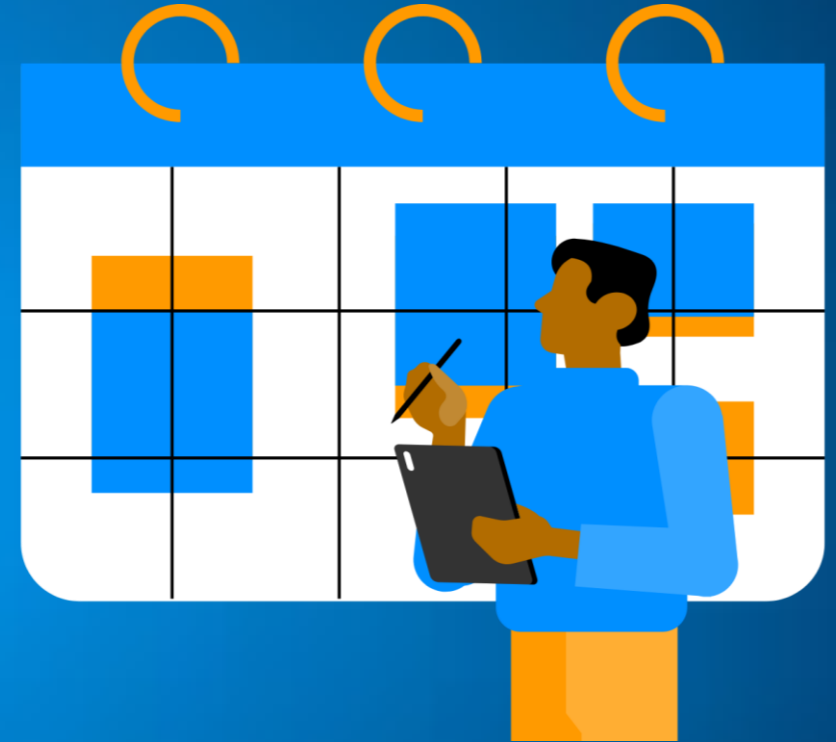
Certifiers review complete responses and certify the information is complete and accurate before submitting to CMS

Take Your Time

CMS estimates:

- 20 hours for data collection
- 3 hours for data reporting

For most, this **grossly underestimates** the amount of time needed to complete this project



Know What You Need to Know

Do you know...

- ✓ Who's responsible for Medicare reimbursement in your agency?
- ✓ What data you need to collect for the GADCS survey?
- ✓ Your data submission deadline?
- ✓ Whether have the resources in-house to complete the survey?
- ✓ The penalty for not completing it correctly?

Understand the Impact

Annual Transports	10,000
Percent Medicare	35%
Annual Medicare Transports	3,500
Average CMS Reimbursement	\$300
Annual Medicare Reimbursement	\$1,050,000
GADCS Penalty (Deduction)	10%
At Risk Reimbursement Funds	\$105,000

Resources

You Have Options

- Many digital resources are available
- Decide on your approach:
 - Do you want to do your own “taxes” through an online tool or portal, or do you want an accountant (or other expert) to handle it for you?

Digitech is happy to help: [**CMSDataCollection@digitechcomputer.com**](mailto:CMSDataCollection@digitechcomputer.com)

Appendix

Medicare GADCS Instrument

13 sections

1. General Survey Instructions
2. Organizational Characteristics
3. Service Area
4. Emergency Response Time
5. Ground Ambulance Service Volume
6. Service Mix
7. Labor Costs
8. Facility Costs
9. Vehicle Costs
10. Equipment, Consumable, and Supply Costs
11. Other Costs
12. Total Cost
13. Revenues

Timeline

If selected in Years 1 or 2, the agency will:

- Collect data starting in 2022
- Report data starting in 2023

If selected in Years 3 or 4, the agency will:

- Collect data starting in 2023
- Report data starting in 2024

Each agency must determine if they wish to report on their calendar year or their fiscal year