



Medicare Ground Ambulance Data Collection System (GADCS) User Guide

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this voluntary information collection is 0938-1185. The expiration date is (XX/XX/XXXX). The purpose of this voluntary information collection request is to collect feedback about immediate technical issues users may experience on accessing and using the Medicare Ground Ambulance Data Collection System (GADCS). The end goal of this effort is to test the data collection system and provide feedback on usability, technical issues, and other aspects of the system. The time required to complete this voluntary information collection is estimated to average 2 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

******CMS Disclosure****** Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions about the survey please contact [Steve Chu, 410-786-1489, steve.chu@cms.hhs.gov].

Table of Contents

Acronyms and Definitions.....	3
Medicare Ground Ambulance Data Collection System (GADCS) User Guide.....	4
Important Information.....	5
Logging In.....	7
Linking Your Organization’s NPI.....	10
General Instructions.....	12
Organizational Characteristics.....	15
Service Area.....	21
Emergency Response Time.....	24
Ground Ambulance Service Volume.....	28
Service Mix.....	33
Labor Cost.....	35
Facilities Cost.....	40
Vehicle Costs.....	44
Equipment, Consumable, and Supply Costs.....	52
Other Costs.....	56
Total Costs.....	60
Revenues.....	61
Certifier Landing Page.....	68

Acronyms and Definitions

ALS1	Advanced Life Support, Level One
ALS2	Advanced Life Support, Level Two
BBA	Bipartisan Budget Act
BLS	Basic Life Support
CMS	Centers for Medicare & Medicaid Services
Data collection period	Continuous 12-month data collection period that reflects the ground ambulance's annual accounting period
Data reporting period	The 5-month period that begins the day after the last day of the ground ambulance organization's data collection period
EMR	Emergency Medical Responder
EUA	Enterprise User Administration
GAAP	Generally Accepted Accounting Principles
GADCS	Ground Ambulance Data Collection System
HCPCS	Healthcare Common Procedure Coding System
HHS	Department of Health and Human Services
MAC	Medicare Administrative Contractor
MFA	Multi-Factor Authentication
NPI	National Provider Identifier
PI	Paramedic Intercept
Primary service area	The area in which you are exclusively or primary responsible for providing service at one or more levels and where it is highly likely that the majority of your transport pickups occur.
QRV	Quick response vehicle
PDF	Portable Document Format
SCT	Specialty Care Transport
Secondary service area	Other areas that are outside of your primary service area but one where you regularly provide services through mutual or auto-aid agreements.
SUV	Sport-utility vehicle

Medicare Ground Ambulance Data Collection System (GADCS) User Guide

Background on the Medicare Ground Ambulance Data Collection System:

Section 50203(b) of the Bipartisan Budget Act (BBA) of 2018 (Public Law 115-123) added paragraph (17) to section 1834 (I) of the Social Security Act (the Act). This section requires the Secretary of the Department of Health and Human Services (HHS) to develop a data collection system by December 31, 2019 to collect cost, revenue, utilization, and other information from providers and suppliers of ground ambulance services (“ground ambulance organizations”). The Centers for Medicare & Medicaid Services (CMS) has developed a data collection system (84 FR 62863) that collects detailed information on ground ambulance provider and supplier characteristics including service areas, service volume, costs and revenue through a survey, commonly referred to as the Medicare Ground Ambulance Data Collection Instrument via a web-based system.

Effective January 1, 2020 and continuing through 2024, ground ambulance organizations that have been selected to participate in the Medicare Ground Ambulance Data Collection System must collect information on cost, utilization, revenue, and other service characteristics in accordance with the Medicare Ground Ambulance Data Collection Instrument for a continuous 12-month data collection period. The ground ambulance organizations that have been selected have 5 months after their data collection period has ended to report their data collection in the Medicare Ground Ambulance Data Collection System. The information collected will be used to evaluate the extent to which reported costs relate to payment rates under the Medicare Part B Ambulance Fee Schedule (AFS), as well as to collect information on the utilization of capital equipment and ambulance capacity, and the different types of ground ambulance services furnished in different geographic locations, including rural areas and low population density areas (super rural areas). Failure to sufficiently submit the required information will result in a 10 percent reduction to payments under the AFS for one year, 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.

CMS has provided several documents on its Ambulances Services Center website:

<https://www.cms.gov/Center/Provider-Type/Ambulances-Services-Center.html> that may be helpful to selected ground ambulance organizations that are required to report under the Medicare Ground Ambulance Data Collection System. The documents include: a printable version of the Medicare Ground Ambulance Data Collection Instrument, Frequently Asked Questions (FAQs), Quick Reference Guide, and education webinars.

This user guide will show you how to properly report the information requested by CMS for ground ambulance services during a continuous 12-month data collection period into the Medicare Ground Ambulance Data Collection System

User Roles

The Medicare Ground Ambulance Data Collection System is a role-based system. This means that certain system functions are linked to specific “user role profiles.” When a new user is given access to the Medicare Ground Ambulance Data Collection System, a role is approved that provides access to the specific functions they need.

Data Entry Role (Submitter): this role is the person who submits all the required information. Once this person has completed the online form and submitted the form, the Certifier will be notified.

Certifier: this role will review the information reported by the Data Entry Role (Submitter) to ensure it is correct and complete. The Certifier will then certify the submission of the reported data. If the Certifier would like changes to be made to the data that was reported in the system, the certifier must notify the Submitter to submit the revised data.

Important Information

Browser Compatibility

The GADCS instrument is only compatible in Chrome, Firefox, Edge.

Progress Bar

As you move through the instrument, you will notice a progress bar above the questions. While you’re working in a section, it will say In Progress. When you’ve completed a section, it will say Complete. If a question was skipped or requires more information, it will say Review.

Question Formatting

As you input data, some responses will generate follow-up questions. Be sure to answer all prompts and questions before moving to the next page or section. Certain questions will have explanations, definitions, or warnings. Be sure you are reading all the information provided on the page before entering your data.

Warning Messages

Depending on your responses, you may see “warning” messages as you input data. These messages will appear with this  symbol with a yellow or orange background. These do not mean you have done something incorrectly, but instead will highlight information that requires extra attention. Here is a list of the potential messages you will see.

- Do not include any “central office staff” that serve multiple NPIs, except for where specifically requested.

- Do not include any “central office facilities” that serve multiple NPIs, except for where specifically requested.
- Do not include any “central office vehicles” that serve multiple NPIs, except for where specifically requested.
- Do not include any “central office equipment” that serves multiple NPIs, except for where specifically requested.
- Do not include any other “central office” costs that apply to multiple NPIs, except where specifically requested.
- Do not include individuals who had only air ambulance responsibilities.
- Do not include air ambulance services in responding to the following questions.

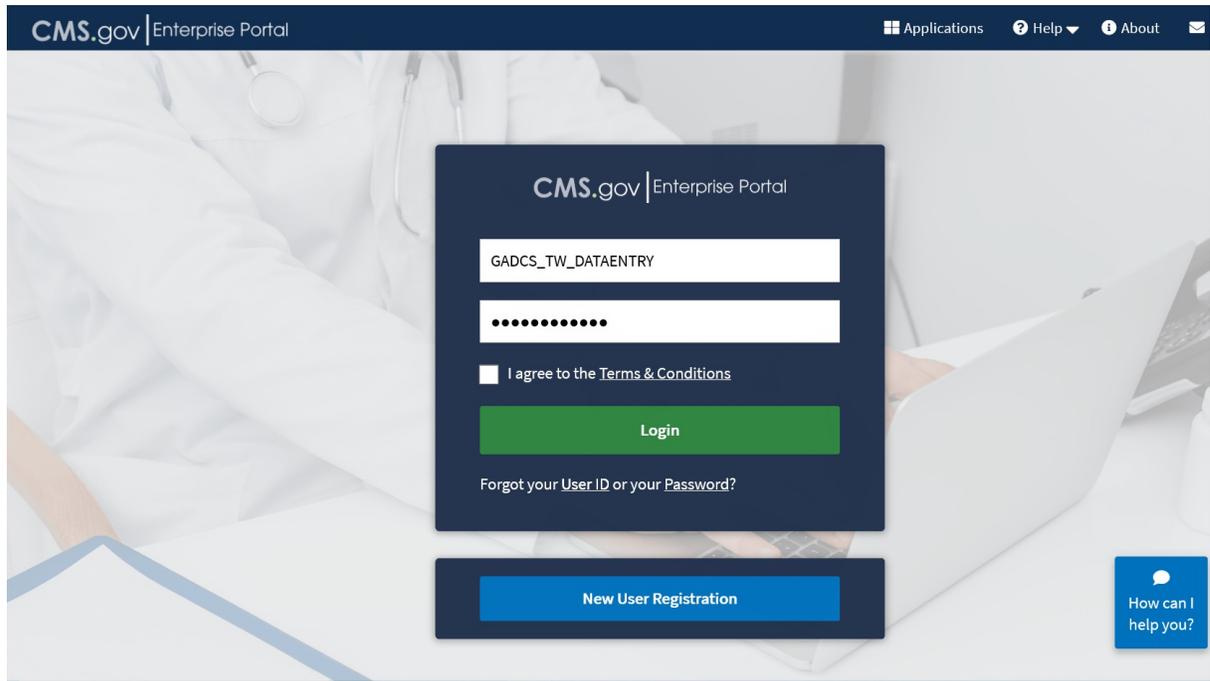
Logging In

Before you can log in, you must create a new user account.

[CMS IDM User Guide \(PDF\)](#) section 4 on page 4 will show you the steps for creating a new user account.

Once you have completed creating your new user account, you can login to the portal.

To log in, click this link: <https://portalval.cms.gov/>

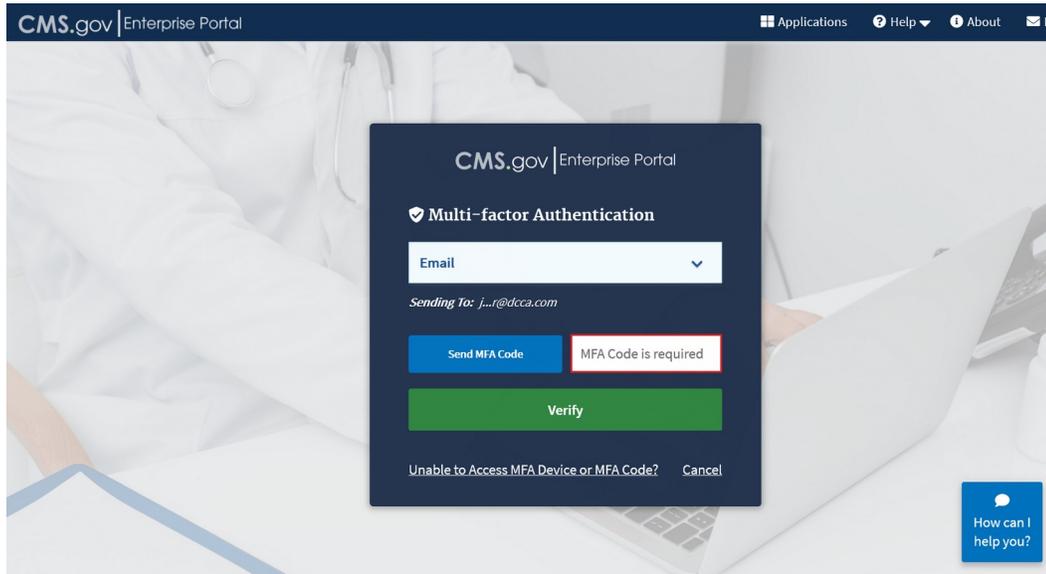


The screenshot shows the CMS.gov Enterprise Portal login interface. At the top, there is a dark blue header with the CMS.gov logo and 'Enterprise Portal' text on the left, and navigation links for 'Applications', 'Help', 'About', and an email icon on the right. The main content area features a dark blue login form centered on a background image of a doctor in a white coat. The form includes a text input field containing 'GADCS_TW_DATAENTRY', a password field with masked characters, a checkbox for 'I agree to the Terms & Conditions', a green 'Login' button, and a link for 'Forgot your User ID or your Password?'. Below the login form is a blue 'New User Registration' button. In the bottom right corner, there is a blue chat bubble icon with the text 'How can I help you?'.

Enter your log-in credentials provided in the email sent to you when you created your new user account.

Once you agree to the Terms & Conditions and click Login, you will be prompted to enter in a multi-factor identification (MFA) code.

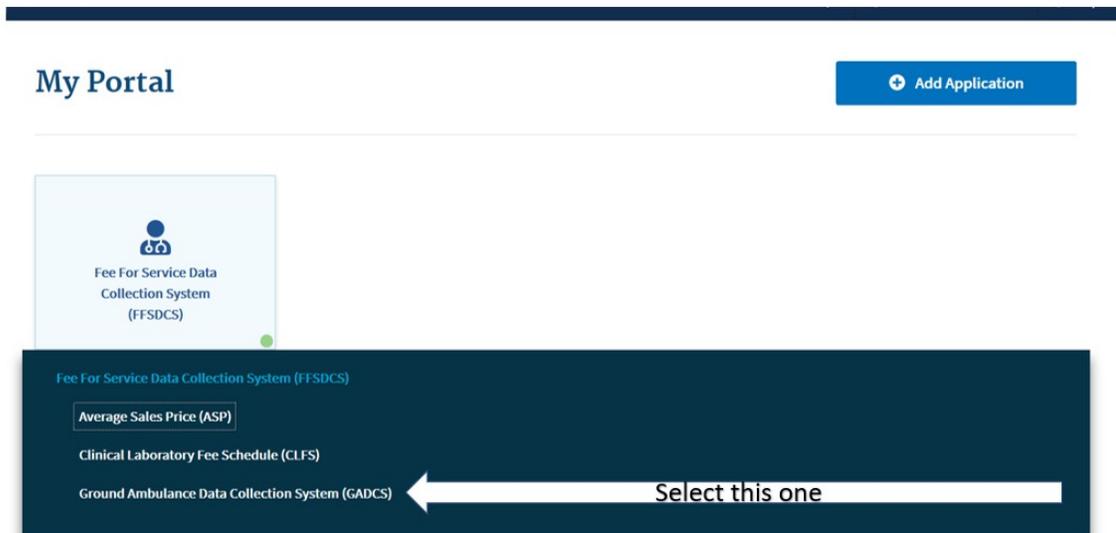
Click Send MFA Code and then enter the six-digit code sent to the email address you used to register your account.



Click the Verify button.

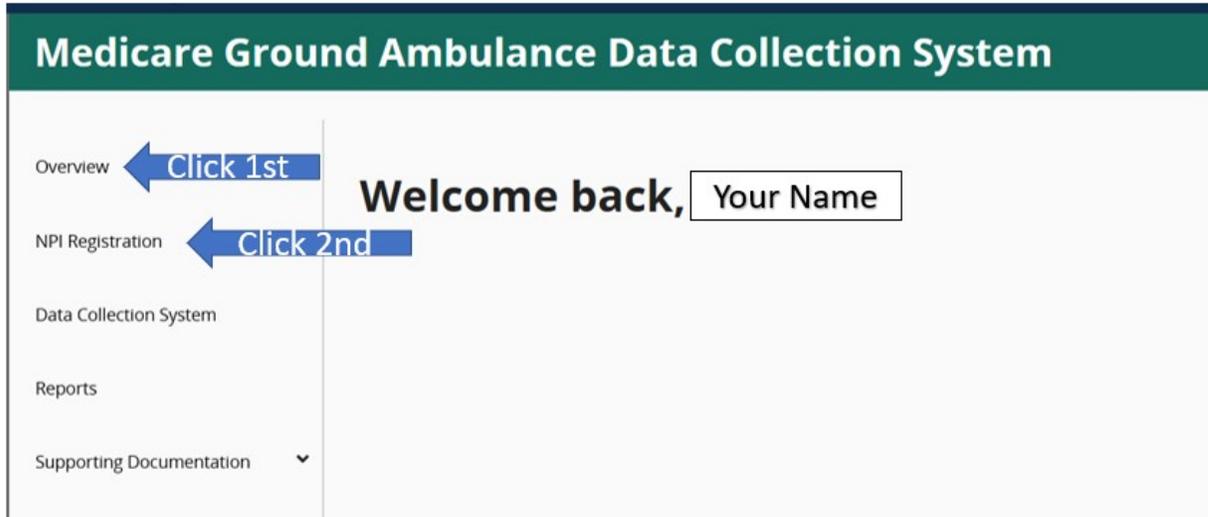
After verifying your MFA code, you will see your My Portal page.

Click on the Fee For Service Data Collection System icon to show the selections.



After Clicking on the GADCS option, you will see your Welcome screen.

On this page, you will first want to click on Overview to learn a little more about the Medicare Ground Ambulance Data Collection System. Then when you have completed reading the Overview page, click on NPI Registration.



Linking Your Organization's NPI

Upon logging into the system, you will be prompted to register your organization's NPI

The screenshot shows the 'NPI Registration' form. On the left is a navigation menu with 'Overview', 'NPI Registration', 'Data Collection System', 'Reports', and 'Supporting Documentation'. The main form area is titled 'NPI Registration' and 'User ID NPI'. It contains three required fields: 'Primary Practice Location State (Required)' with a dropdown menu, 'Ground Ambulance Organization Name (Required)' with a dropdown menu and a note to 'Type in first 2 or 3 letters to see all options', and 'NPI Selected for Data Reporting (Required)' with a text input field. Below these fields is a link to 'helpdesk@cms.gov' and a 'Link the selected NPI' button. Callout arrows point to each field: 'Select your state' for the first dropdown, 'Select your organization' for the second dropdown, and 'Type in your organization's NPI' for the text input. A yellow arrow points to the helpdesk link with the text 'Request help if needed'. A blue arrow points to the 'Link the selected NPI' button with the text 'Click here to complete'.

3

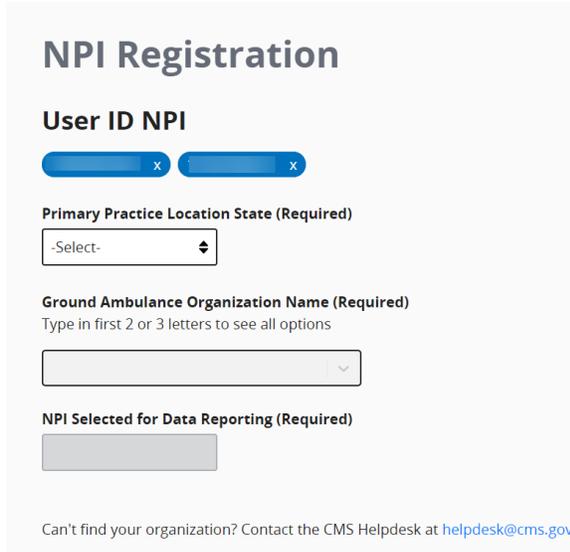
If the NPI you are trying to link to is already in use, you will see an error message that will prompt you to send an email to the help desk to resolve the issue.

The NPI you entered doesn't match with an NPI required to report data starting in 2023. NPIs selected to collect and report data in Years 1, 2, and 3 of the Medicare Ground Ambulance Data Collection System must report data starting in 2023. Please enter an NPI that was selected in Years 1, 2, or 3 to proceed. You can view the lists of selected ground ambulance organizations for Years 1, 2, and 3 [here](#)

If you see an error message, please check your information and try again. If the error message persists, please contact the CMS Helpdesk at helpdesk@cms.gov.

You may register more than one NPI if you are responsible for entering data for more than one organization.

After the page refreshes when you register the first NPI, you can fill out the fields again to register the second NPI. Repeat for as many NPIs as you need.



NPI Registration

User ID NPI

Two blue buttons with 'x' icons for removing items.

Primary Practice Location State (Required)

--Select--

Ground Ambulance Organization Name (Required)
Type in first 2 or 3 letters to see all options

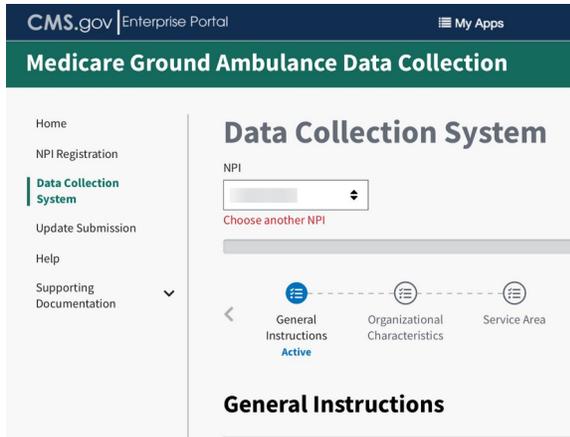
Input field with a dropdown arrow.

NPI Selected for Data Reporting (Required)

Grey input field.

Can't find your organization? Contact the CMS Helpdesk at helpdesk@cms.gov

If you register more than one NPI, you will need to select the NPI you are entering data for from the drop down menu at the top of the page as you move through the instrument.



CMS.gov Enterprise Portal My Apps

Medicare Ground Ambulance Data Collection

Home
NPI Registration
Data Collection System
Update Submission
Help
Supporting Documentation

Data Collection System

NPI
[Dropdown menu]
Choose another NPI

General Instructions (Active) | Organizational Characteristics | Service Area

General Instructions

General Instructions

Welcome to the Medicare Ground Ambulance Data System!

You must read the General Instructions (see below) and verify that you have read and understand them by clicking the box that says “I verify that I’ve read the instructions above.”

There are two pages of general instructions and you must verify each one.

The screenshot shows the Medicare Ground Ambulance Data Collection System interface. At the top, there is a navigation bar with the CMS.gov logo, "My Enterprise Portal", "My Apps", a notification bell, a user profile icon, "Help", and "Log Out". Below this is a dark green header with the text "Medicare Ground Ambulance Data Collection System".

On the left side, there is a sidebar menu with the following items: "Overview", "NPI Registration", "Data Collection System" (which is highlighted with a green bar), "Reports", and "Supporting Documentation".

The main content area is titled "Data Collection System" and shows the user's NPI. Below the title is a progress indicator with five steps: "General Instructions" (Active), "Organizational Characteristics", "Service Area", "Emergency Response Time", and "Ground Ambulance Service Volume".

The "General Instructions" section contains the following text:

Section 50203(b) of the Bipartisan Budget Act (BBA) of 2018 (Public Law 115-123) added paragraph (17) to section 1834 (l) of the Social Security Act (the Act). This section requires the Secretary of the Department of Health and Human Services (HHS) to develop a data collection system to collect cost, revenue, utilization, and other information from providers and suppliers of ground ambulance services ("ground ambulance organizations"). The Centers for Medicare & Medicaid Services (CMS) has developed this data collection instrument to collect this information. The collected information will be analyzed to assess the adequacy of Medicare payments for ground ambulance services.

In accordance with 42 CFR §414.626 of our regulations, your ground ambulance organization has been selected to submit the data requested in this data collection instrument. If you do not sufficiently collect the data during the data collection period, and sufficiently report the data during the applicable data reporting period, you will receive written notification that you will receive a payment reduction under section 414.610(c)(9).

Below the text is a checkbox that is checked, with the label "I verify that I've read the instructions above." At the bottom of the page, there is a blue "Next" button.

General Instructions Organizational Characteristics Service Area Emergency Response Time Ground Ambulance Service Volume

General Instructions

This data collection instrument includes detailed questions about your organization's characteristics, services, ground (land and water) ambulance costs, and revenue. The questions generally refer to your organization's total ground ambulance costs, revenue, and volume of services, not just the portion of costs, revenue, and volume related to services that you provided to Medicare beneficiaries. Organization-specific data collected through this effort will not be published.

If your organization bills Medicare for ground ambulance services under multiple National Provider Identifiers (NPIs), the data collection instrument will specify the NPI for which we are requesting data. We use the term "ground ambulance organization" to refer to the NPI for which we are requesting data.

You must report information covering a 12-month data collection period. This period starts on the date which your organization previously reported to your Medicare Administrative Contractor (MAC) or to CMS. The 12-month data collection period for your organization runs from January 01, 2022 to December 31, 2022.

The data collection instrument consists of 13 sections. The time spent gathering the data needed to complete the data collection instrument will vary depending on your organization's accounting and recordkeeping systems. It is expected to take up to 20 hours to review the instructions and collect the required data and an additional 3 hours to enter, review, and submit the information.

In general, you will be able to report information collected under your organization's current accounting practices. CMS understands that some ground ambulance organizations use accrual-basis accounting while others use cash-basis accounting. Please follow the instructions in each instrument section.

We want to make sure that we get a full picture of the cost of operating ground ambulance services at your ground ambulance organization. If your organization is part of a local government or larger institution that pays for certain of your ground ambulance costs (e.g., if your municipality pays facility rent), you will need to collect and report that information. You will not be asked to estimate the value of volunteer labor or supplies, equipment, or other inputs that are donated to your organization.

We recommend that you use a printed version of the data collection instrument and then enter the information into the online data collection instrument when all of the information is collected. A printable copy of the data collection instrument is available [here](#).

I verify that I've read the instructions above.

[Previous](#) [Next](#)

Review the instructions and then click Save, then click on Next Section to begin reporting Organizational Characteristics.

Please note that the system does not automatically save your progress, so it is important for you to click Save before moving on to the next page or section. You can proceed through the instrument without saving, but if you exit the system without saving, your progress will be lost.

The screenshot shows the Medicare Ground Ambulance Data Collection System interface. At the top, there is a navigation bar with "CMS.gov My Enterprise Portal", "My Apps", and "Log Out". Below this is a green header with the title "Medicare Ground Ambulance Data Collection System".

The main content area is titled "Data Collection System" and includes a progress bar with five steps: "General Instructions" (Active), "Organizational Characteristics", "Service Area", "Emergency Response Time", and "Ground Ambulance Service Volume".

Below the progress bar is a section titled "General Instructions" with the following text: "You can complete the data collection instrument in multiple sittings. If you need to stop before completing the instrument, you can Save and Log Out. This step will save your responses. When you log in again later, you will enter the system where you left off. To learn more about completing the instrument, printing your responses, and whom to contact if you have questions, click [here](#) for help." Below this text is a "Previous" button.

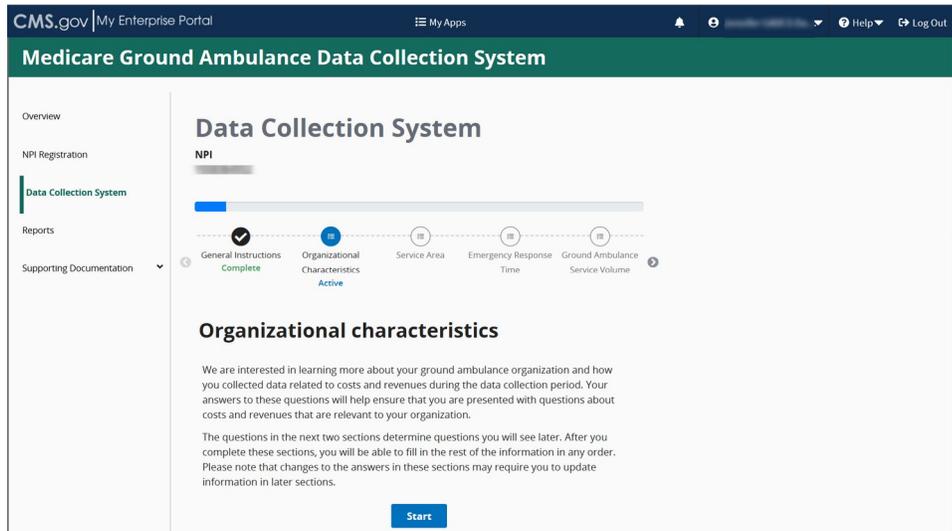
At the bottom of the page, there are two buttons: "Save" and "Next Section ->".

Organizational Characteristics

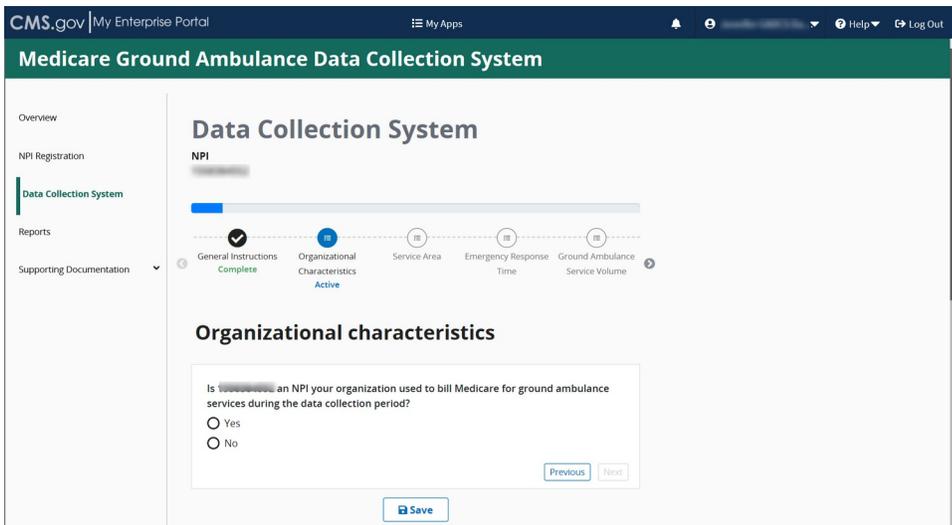
Once you complete the General Instructions section, you will complete the Organizational Characteristics section.

You must complete this section before moving on to any other sections, as your responses in this section will determine the questions you see later.

If you need to stop at any time, you can save your progress by clicking the Save Icon at the bottom of your screen and resume entering data from where you left off.



You will be answering a series of questions some of which you will select the answer from options provided, and some you will have to fill in a blank field.



Once you begin answering these questions, more questions will appear. Answer all questions before clicking Save and then Next to move onto the next screen.

Organizational characteristics

Is [REDACTED] an NPI your organization used to bill Medicare for ground ambulance services during the data collection period?

Yes
 No

Did your organization use **more than one** NPI to bill Medicare for ground ambulance services during the data collection period?

Yes
 No

Is [REDACTED] the name of your organization? For the remainder of the instrument, we use the term "organization" to refer to the NPI for which we are requesting data.

Yes
 No

[Previous](#) [Next](#)

[Save](#)

Click Save and then click Next to move to the next series of questions.

1. The Job Title field is where you put your current title. There is a maximum of 200 characters.
2. Enter your work email address in this format: Words@Emailaddress.com.
3. Enter your 10-digit work phone number, area code first in the XXX-XXX-XXXX format.

Before moving onto a new page, be sure to click the Save button to save your progress.

The screenshot shows the 'Medicare Ground Ambulance Data Collection System' interface. The top navigation bar includes 'CMS.gov My Enterprise Portal', 'My Apps', and 'Log Out'. The main header is 'Medicare Ground Ambulance Data Collection System'. The left sidebar contains 'Overview', 'NPI Registration', 'Data Collection System', 'Reports', and 'Supporting Documentation'. The main content area is titled 'Data Collection System' and shows a progress bar with five steps: 'General Instructions Complete', 'Organizational Characteristics Active', 'Service Area', 'Emergency Response Time', and 'Ground Ambulance Service Volume'. Below the progress bar is the 'Organizational characteristics' section. It asks for the job title, work email address, and work phone number for the primary person completing the instrument. The 'Job Title (Required)' field is empty. The 'Work Email Address (Required)' field contains 'Work@email.com'. The 'Work Phone (Required)' field is empty. Below these fields are radio buttons for ownership type: 'For-profit', 'Non-profit excluding government', 'Government (e.g., federal, state, county, city/township/other municipal)', and 'Public/private partnership'. The 'Government' option is selected. Below that is a question about volunteer labor: 'Did your organization use volunteer labor for any positions related to your ground ambulance service during the data collection period? Please include volunteers even if they receive small stipends, allowances, or other incentives from your organization. Do not include staff who are paid on an hourly or salary basis even if they perform some activities (e.g., responding as an EMT) on a volunteer basis.' The 'No' option is selected. At the bottom of the form are 'Previous', 'Next', and 'Save' buttons.

For this question, if you select Costs are not shared, you will be unable to report on any shared costs later in the instrument.

CMS.gov | My Enterprise Portal

My Apps

Help

Log Out

Medicare Ground Ambulance Data Collection System

Overview

NPI Registration

Data Collection System

Reports

Supporting Documentation

Data Collection System

NPI

Progress: General Instructions (Complete), **Organizational Characteristics (Active)**, Service Area, Emergency Response Time, Ground Ambulance Service Volume

Organizational characteristics

Which category best describes your ground ambulance operation?

- Fire department-based
- Police or other public safety department-based (including all-hazards public safety organizations)
- Government stand-alone emergency medical services (EMS) agency
- Hospital or other Medicare provider of services (such as skilled nursing facility). For the full list of Medicare provider of services categories, see [here](#)
- Independent/proprietary organization primarily providing EMS services
- Independent/proprietary organization providing non-emergency services
- Other (please specify)

You indicated that your ground ambulance operation is fire department-based. Please confirm that your ground ambulance operation shares operational costs, such as building space or personnel, with a fire department.

- Yes, we share some or all costs
- Costs are not shared

Previous Next

Save

If you select “Other” you must specify what operational costs you share using the space provided. Proceed answering the questions by selecting “Yes” or “No” as the example shows below.

The screenshot displays the Medicare Ground Ambulance Data Collection System interface. The top navigation bar includes the CMS.gov logo, 'My Enterprise Portal', 'My Apps', and user options like 'Help' and 'Log Out'. The main header is 'Medicare Ground Ambulance Data Collection System'. A left sidebar contains navigation links for 'Overview', 'NPI Registration', 'Data Collection System', 'Reports', and 'Supporting Documentation'. The main content area is titled 'Data Collection System' and shows a progress bar with five steps: 'General Instructions' (Complete), 'Organizational Characteristics' (Active), 'Service Area', 'Emergency Response Time', and 'Ground Ambulance Service Volume'. The 'Organizational Characteristics' section contains a question: 'Does your ground ambulance operation share any operational costs, such as building space or personnel, with one of the following?'. Below the question are five radio button options: 'A police or other public safety department?', 'A hospital or other Medicare provider of services (such as a skilled nursing facility). For the full list of Medicare provider of services categories, see [here](#)', 'Another healthcare organization (excluding hospitals, skilled nursing facilities, or other Medicare provider of services)?', 'An air ambulance operation?', and 'Other (specify)'. A text input field is provided for the 'Other' option. There is also a 'None' radio button option. At the bottom of the form are 'Previous', 'Next', and 'Save' buttons.

Continue answering the questions until you reach the end of this section where you will see this screen:

The screenshot displays the Medicare Ground Ambulance Data Collection System interface. The top navigation bar includes the CMS.gov logo, 'My Enterprise Portal', 'My Apps', and utility icons for notifications, help, and log out. The main header is 'Medicare Ground Ambulance Data Collection System'. A left sidebar contains navigation options: Overview, NPI Registration, Data Collection System (highlighted), Reports, and Supporting Documentation. The main content area is titled 'Data Collection System' and shows a progress bar with five steps: General Instructions (Complete), Organizational Characteristics (Active), Service Area, Emergency Response Time, and Ground Ambulance Service Volume. The 'Organizational characteristics' section contains the following questions and options:

- Which staff deployment model best describes your organization?
 - Static deployment (same number of fully staffed ambulance units available no matter the time of day or day of the week)
 - Dynamic deployment (units vary depending on the time of day or day of the week)
 - Combined deployment (certain times of the day have a fixed number of units, and other times are dynamic depending on need)
- Do you provide 911 emergency service around the clock for all days in the year (also known as "24/7/365" service) in most or all of your service area?
 - Yes
 - No
- Do you ever provide paramedic intercepts? A paramedic intercept service is defined in §410.40(c) as an Advanced Life Support (ALS) level of service that CMS defines as a "rural area transport furnished by a volunteer ambulance company which is prohibited by state law from billing third party payers where services are furnished by an entity that is under contract with the volunteer ambulance company that does not provide the transport but is paid for their service (State of NY only meets these requirements)."
 - Yes
 - No
- Other than what was reported in the previous question, do you ever deploy ALS emergency response staff as a joint response to meet a Basic Life Support (BLS) ambulance from another organization during the course of responses?
 - Yes
 - No

At the bottom of the form, there is a 'Save' button, a 'Next Section' button with a right-pointing arrow, and a 'Previous' button.

Click Save and then click Next Section.

Service Area

Please read the information at the beginning of this section carefully before clicking Start to begin.

You must complete this section before moving on to any other sections, as your responses in this section will determine the questions you see later.

Once this section is complete, you may fill in the other sections in any order you choose, or you may continue reporting data in the order the sections are presented.

Click start to begin this section.

The screenshot shows a progress bar at the top with five steps: General Instructions (Complete), Organizational Characteristics (Complete), Service Area (Active), Emergency Response Time, and Ground Ambulance Service Volume. Below the progress bar, the title "Service Area" is displayed. The main text explains that this section asks about the characteristics of the area served by the ground ambulance organization, defining primary and secondary service areas. A blue "Start" button is located at the bottom center of the section.

The first question in the Service Area section gives you the option to enter in the ZIP codes of your service area manually or to choose from a prepopulated list.

The screenshot shows the first question in the Service Area section: "Please select the ZIP codes(s) in which your primary service area is located". A light blue box provides a definition of "Primary service area". Below the definition are two radio button options: "Type in or enter the Zip code(s) manually" and "Select the Zip code(s) from a list". At the bottom right of the question box are "Previous" and "Next" buttons. Below the question box is a blue "Save" button.

If you choose the prepopulated list, enter in the State and County, and then select all ZIP codes that apply. You can choose Check All. You can also choose multiple counties within a state or add ZIP codes from another state after you input ZIP codes from your primary state.

Please select the ZIP codes(s) in which your primary service area is located

Primary service area means 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 transport pickups occur.

Type in or enter the Zip code(s) manually
 Select the Zip code(s) from a list

Select the ZIP Codes

State: Maryland County: Baltimore city Zip: select...

Check All
 21201
 21202
 21205
 21206

[Add Zip codes from another State or County](#)

[Save](#)

OR

You may copy and paste your list of ZIP codes. If you choose this option, each ZIP code must be separated by a comma, space, or semi colon.

Service Area

Please select the ZIP codes(s) in which your primary service area is located

Primary service area means 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 transport pickups occur.

Type in or enter the Zip code(s) manually
 Select the Zip code(s) from a list

Enter the ZIP codes
Use Comma, Semi Colon or space to separate multiple values.

21201, 21202, 21237, 21234

[Add](#)

[Previous](#) [Next](#)

[Save](#)

Once all zip codes have been entered or copied, click the Add button.

Service Area

Please select the ZIP codes(s) in which your primary service area is located

Primary service area means 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 transport pickups occur.

Type in or enter the Zip code(s) manually
 Select the Zip code(s) from a list

Enter the ZIP codes
Use Comma, Semi Colon or space to separate multiple values.

21201 x 21202 x 21237 x 21234 x

Total of 4 Zip code(s) have been added.

Individual ZIP codes can be removed if needed by clicking the “x” next to each ZIP code.

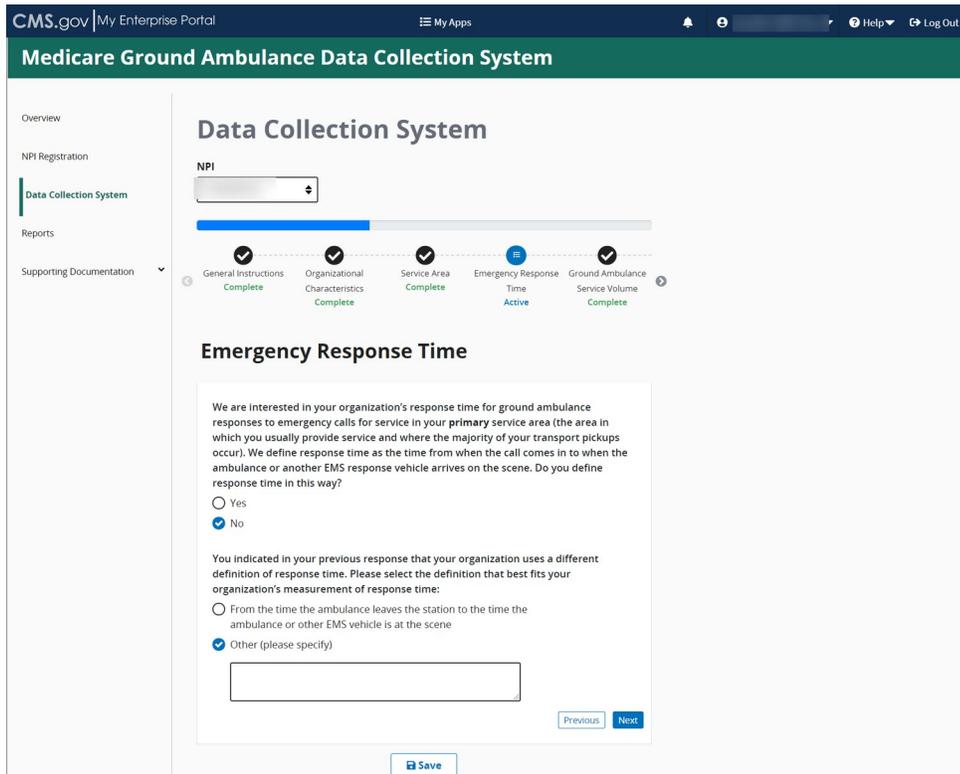
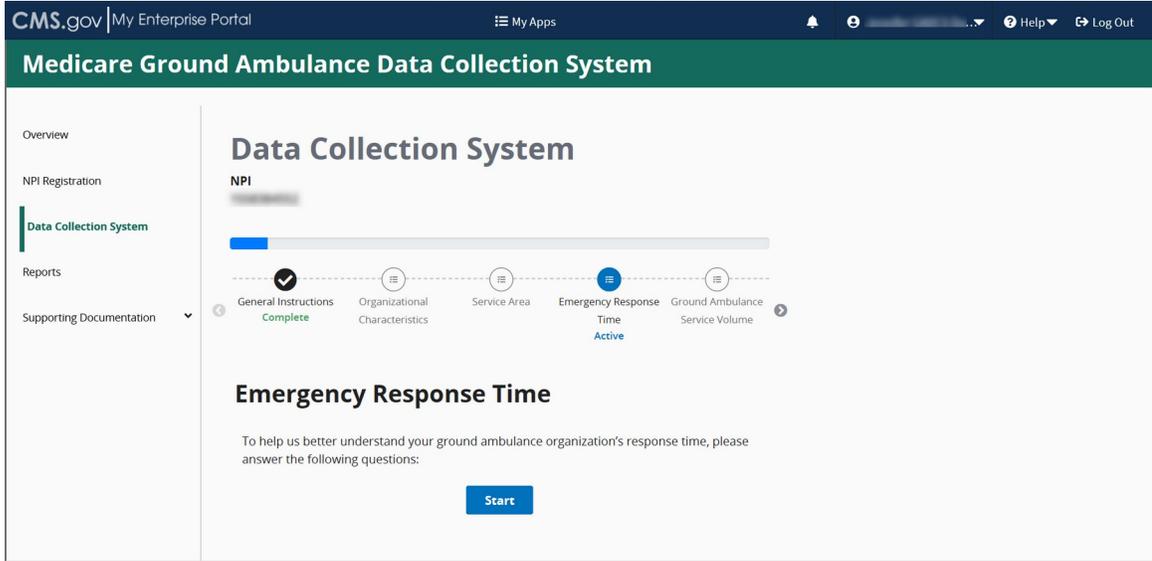
Continuing answering the questions as prompted until you see the End of Service Area section message, then click Save and click Next Section.

 - End of Service Area -

Emergency Response Time

Please answer all questions in this section using your most accurate data.

Click start to begin this section.



The second question asks if you are able to report statistics related to response times as measured by your organization. If you select no, you will be prompted to provide your best estimate for response time.

When entering this information, you are required to report time in MINUTES.

If you select no, you will be prompted to report your best estimate of the average response time in MINUTES (see below).

The screenshot shows the 'Medicare Ground Ambulance Data Collection System' interface. The main heading is 'Data Collection System'. Below it, there is a progress bar with five steps: 'General Instructions Complete', 'Organizational Characteristics Complete', 'Service Area Complete', 'Emergency Response Time Active', and 'Ground Ambulance Service Volume Complete'. The 'Emergency Response Time' section is active and contains the following questions and input fields:

- Question: "Are you able to report statistics related to response times as measured by your organization?"
Options: Yes, No
- Question: "What is your best estimate of the average response time for ground ambulance emergency responses in your primary service area?"
Input: "Estimated average response time" with a text box containing '11' and the label 'minutes'.
- Question: "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?"
Input: "Estimated response time" with a text box containing '8' and the label 'minutes'.

Navigation buttons include 'Previous', 'Next', and 'Save'.

This is an example of the questions if you select Yes where you will be asked to record the average response time in MINUTES for your primary service area.

The screenshot shows the 'Emergency Response Time' section of the system with 'Yes' selected. The questions and input fields are:

- Question: "Are you able to report statistics related to response times as measured by your organization?"
Options: Yes, No
- Question: "What is the average response time for ground ambulance emergency responses in your primary service area?"
Input: "Average response time" with a text box containing '17' and the label 'minutes'.
- Question: "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?"
Input: "Response time" with a text box containing '15' and the label 'minutes'.

Navigation buttons include 'Previous', 'Next', and 'Save'.

Based on some responses, follow-up questions may appear.

Emergency Response Time

Are you able to report statistics related to response times as measured by your organization?

Yes
 No

What is the **average** response time for ground ambulance emergency responses in your **primary service area**?

Average response time
 minutes

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**?

Response time
 minutes

[Previous](#) [Next](#)

[Save](#)

When you reach the end of this section, click Save and then click Next Section.

The screenshot displays the Medicare Ground Ambulance Data Collection System interface. At the top, the header includes 'CMS.gov My Enterprise Portal', 'My Apps', and navigation links for 'Help' and 'Log Out'. The main title is 'Medicare Ground Ambulance Data Collection System'. A left sidebar contains navigation options: 'Overview', 'NPI Registration', 'Data Collection System' (highlighted), 'Reports', and 'Supporting Documentation'. The main content area is titled 'Data Collection System' and shows a progress bar with five steps: 'General Instructions Complete', 'Organizational Characteristics', 'Service Area', 'Emergency Response Time Active', and 'Ground Ambulance Service Volume'. Below the progress bar, the 'Emergency Response Time' section contains three questions with radio button options: 'Is your organization required or incentivized to meet response time targets?' (Yes selected), 'Who determines the response time targets required or incentivized?' (Local municipality selected), and 'Are you penalized if you exceed the response time targets? Penalties can take the form of reduced payments or a fine' (No selected). A 'Previous' button is located at the bottom right of the form. At the bottom of the page, there are 'Save' and 'Next Section ->' buttons.

Ground Ambulance Service Volume

Click start to begin this section.

Ground Ambulance Service Volume

This section asks about your organization's service volume.

Start

Be sure to read the descriptions that accompany the questions.

Ground Ambulance Service Volume

What was your organization's **total number of responses** during your organization's data collection year period (January 01, 2022 through December 31, 2022)?

Total number of responses

Total responses are defined as the total number of responses by your organization regardless of whether a ground ambulance was deployed and regardless of whether or not a patient was transported. Include EMS responses that did not involve a ground ambulance (e.g., responses only involving a pickup truck or sport-utility vehicle (SUV), including quick response vehicle (QRV), a "fly-car," or "sprint" vehicle). If more than one vehicle is sent to the scene, count this as one response.

Include emergency responses that did not include a ground ambulance, such as those that involved only fire trucks and/or other fire/rescue vehicles.

What was your organization's total number of **ground ambulance responses** during your organization's data collection period (January 01, 2022 through December 31, 2022) across all payer types and regardless of the level of service or geography? This number should be based on all responses by a fully equipped and staffed ground ambulance, regardless of whether the response resulted in a transport.

Total number of ground ambulance responses

A ground ambulance response is a response to a call for service by a fully equipped and staffed ground ambulance, scheduled or unscheduled, with or without a transport, and with or without payment. If more than one vehicle is sent to the scene, count this as one response. A standby event may count as a response if your organization provided medical services on scene. Please note that every ground ambulance response will count towards your reported number of total responses, but not all responses are ground ambulance responses.

Previous Next

Save

If you enter a larger or equal number for the 2nd response, a warning popup will appear to ask you if you're sure the responses you gave are correct. For most organizations, the number of responses across all payer types will be greater than the number of ground ambulance responses.

Be sure to use whole percentages on this question, if zero, input 0. Do not leave blank.

The image shows a survey form with a warning popup. The popup text reads: "For most organizations, the total number of responses across all payer types will be greater than the total number of responses in the previous question. Are you sure?" It has a "Close" link in the top right, a "Yes" button, and a "No" link. The background form is partially visible, showing a question about the total number of ground ambulance responses with an input field containing the number "1".

Only involving a pickup truck or spare-duty vehicle (SDV), including quick response vehicle (QRV), a "fly-car," or "sprint" vehicle). If more than one vehicle is sent to the scene, count this as one response.

Include emergency re
Involved only fire truck

What was your organ
your organization's d
2022) across all payer
number should be ba
ambulance, regardless of whether the response resulted in a transport.

Total number of ground ambulance responses

1

A ground ambulance response is a response to a call for service by a fully equipped and staffed ground ambulance, scheduled or unscheduled, with or without a transport, and with or without payment. If more than one vehicle is sent to the scene, count this as one response. A standby event may count as a response if your organization provided medical services on scene. Please note that every ground ambulance response will count towards your reported number of total responses, but not all responses are ground ambulance responses.

Previous Next

This question only appears if you previously indicated in the Service Area section that your organization has a secondary service area.

CMS.gov | My Enterprise Portal

My Apps

Help Log Out

Medicare Ground Ambulance Data Collection System

Overview

NPI Registration

Data Collection System

Reports

Supporting Documentation

Data Collection System

NPI

General Instructions Complete

Organizational Characteristics Complete

Service Area Complete

Emergency Response Time

Ground Ambulance Service Volume Active

Ground Ambulance Service Volume

What percentage of your **ground ambulance responses** are in your **secondary service area**? A secondary service area is outside your primary service area, but one where you regularly provide services through mutual or auto-aid arrangements. Do not include areas where you provide services only under exceptional circumstances (e.g., when participating in coordinated national or state responses to disasters or mass casualty events).

%

What was the total number of ground ambulance responses that did not result in a transport during your organization's data collection period (January 01, 2022 through December 31, 2022)? For example, this might include patient refusals to be transported, responses when another ambulance provider/supplier handled the transport, patient was deceased on arrival, patient was treated onsite with no medically necessary transport required, or responses that were cancelled after the ground ambulance was already on the way.

Total number of ground ambulance responses that did not result in a transport

Of the responses that did not result in a transport, what percentage received medical treatment on site?

%

Previous Next

Save

Depending on your entries, more questions may appear requiring your response.

CMS.gov | My Enterprise Portal

My Apps

Help Log Out

Medicare Ground Ambulance Data Collection System

Overview

NPI Registration

Data Collection System

Reports

Supporting Documentation

Data Collection System

NPI

General Instructions Complete

Organizational Characteristics Complete

Service Area Complete

Emergency Response Time

Ground Ambulance Service Volume Active

Ground Ambulance Service Volume

What was the total number of ground ambulance transports for your organization during your organization's data collection period (January 01, 2022 through December 31, 2022), across all payer types, and regardless of the level of service or geography?

Total number of ground ambulance transports

What was the total number of paid ground ambulance transports during your organization's data collection period (January 01, 2022 through December 31, 2022), across all payer types and regardless of the level of service or geography?

Total number of paid ground ambulance transports

A paid ground ambulance transport refers to a ground ambulance transport for which your organization has been paid in full or in part by a payer and/or patient only. Depending on how your organization collects data, you may report (a) the number of transports furnished during the data collection period that were also paid during the data collection period, or (b) the number of transports paid during the data collection period even if some transports occurred prior to the data collection period. Please note that in some questions we ask only about paid transports, and in other questions we are interested in both the paid transports and transports that are not paid, either because your organization did not bill for them or because your organization billed but did not collect payment for them.

Previous Next

Save

As a reminder, some of the questions you see are dependent on the responses you gave in previous responses. You may not see this as the last question in this section.

CMS.gov | My Enterprise Portal

Medicare Ground Ambulance Data Collection System

Overview

NPI Registration

Data Collection System

Reports

Supporting Documentation

Data Collection System

NPI

General Instructions Complete

Organizational Characteristics Complete

Service Area Complete

Emergency Response Time

Ground Ambulance Service Volume Active

Ground Ambulance Service Volume

Does your organization participate in **standby events**? These are events where a ground ambulance is requested to be present on scene in case of an incident. Examples include fairs, concerts, sporting events, or police incidents. These services may or may not be paid.

Yes

No

Excluding paramedic intercepts meeting Medicare's definition reported above, what was the number of **responses** during your organization's data collection period (January 01, 2022 through December 31, 2022) for which your organization provided an ALS intervention as a joint response to meet a Basic Life Support (BLS) ambulance from another organization? Do not include responses when your organization billed for a transport.

10

- End of Ground Ambulance Service Volume -

Previous

Save Next Section →

When you reach the end of the section, click Save and then click Next Section.

Service Mix

Please read the instructions and then click Start to begin.

Service Mix

The following questions ask about the percentage of your organization's ground ambulance **responses and transports** by type. If you are unable to provide an exact percentage, you will be prompted to select a percentage range. If you did not have any responses in a particular category of service, please enter 0%.

[Start](#)

Please be sure to read the descriptions carefully for each question. You may not leave fields blank. If your response is zero, enter 0.

The screenshot shows the Medicare Ground Ambulance Data Collection System interface. The top navigation bar includes 'CMS.gov My Enterprise Portal', 'My Apps', and user options like 'Help' and 'Log Out'. The main header is 'Medicare Ground Ambulance Data Collection System'. A left sidebar contains navigation links: 'Overview', 'NPI Registration', 'Data Collection System' (highlighted), 'Reports', and 'Supporting Documentation'. The main content area is titled 'Data Collection System' and shows a progress bar with five steps: 'General Instructions Complete', 'Organizational Characteristics Complete', 'Service Area Complete', 'Emergency Response Time' (current step), and 'Ground Ambulance Service Volume Complete'. Below the progress bar is the 'Service Mix' section. It contains instructions: 'Please reply to the following questions regarding the mix of your organization's ground ambulance responses during your organization's data collection period (January 01, 2020 through December 31, 2020)'. It explains two levels of service: Level 1 (ALS1) transports (emergency and non-emergency) and Level 2 (ALS2, SCT, and PI) transports. A note states: 'Enter 0% if you do not provide responses in either category'. Below this is a table for data entry:

Response Type	What percentage of your organization's ground ambulance responses fell into the following categories? Enter 0% if you do not provide responses in a category.
Emergency	<input type="text" value="95"/> %
Non-emergency	<input type="text" value="5"/> %
Total	100 %

At the bottom of the form are 'Previous' and 'Next' buttons, and a 'Save' button.

Be sure to click the Save button before moving on to the next questions or sections.

You can hover your cursor over the blue text to see definitions. Your totals cannot exceed 100%.

Service Mix

Please indicate what percentage of your organization's total transports fall in the following categories during your organization's data collection year 2022. Emergency transfers would be included under the category in which they were billed. We have included the billing codes for reference. The percentages should add to 100%. Enter 0% if you do not provide transports in a category.

What percentage of your organization's ground ambulance transports fall into the following categories? Enter 0% if you do not provide transports in a category.

Transport Type	Percentage
Basic Life Support (BLS), Non-emergency (HCPCS code A0428)	<input type="text"/> %
Basic Life Support (BLS), Emergency (HCPCS code A0429)	<input type="text"/> %
Advanced Life Support, Level 1 (ALS1), Non-emergency (HCPCS code A0426)	<input type="text"/> %
Advanced Life Support, Level 1 (ALS1), Emergency (HCPCS code A0427)	<input type="text"/> %
Advanced Life Support, Level 2 (ALS2), (HCPCS code A0430)	<input type="text"/> %
Specialty Care Transport (SCT), (HCPCS code A0434)	<input type="text"/> %
Total	0 %

[Save](#) [Previous](#) [Next](#)

Service Mix

Please indicate what percentage of your organization's total transports fall in the following categories during your organization's data collection year 2022. Emergency transfers would be included under the category in which they were billed. We have included the billing codes for reference. The percentages should add to 100%. Enter 0% if you do not provide transports in a category.

Basic Life Support (BLS) is transportation by ground ambulance vehicle, and the provision of medically necessary supplies and services, including BLS ambulance services as defined by the state. The ambulance vehicle must be staffed by at least two people who meet the requirements of the state and local laws where the services are being furnished, and at least one of the staff members must be certified at a minimum as an emergency medical technician-basic (EMT-Basic) by the state or local authority where the services are being furnished and be legally authorized to operate all lifesaving and life-sustaining equipment on board the vehicle. These laws may vary from state to state or within a state.

Basic Life Support (BLS), Non-emergency (HCPCS code A0428)	<input type="text"/> %
Basic Life Support (BLS), Emergency (HCPCS code A0429)	<input type="text"/> %
Advanced Life Support, Level 1 (ALS1), Non-emergency (HCPCS code A0426)	<input type="text"/> %
Advanced Life Support, Level 1 (ALS1),	<input type="text"/> %

if your organization's ground transports fall into the following category, you must enter 0% if you do not provide any.

Service Mix

In thinking across all of your transports, what is the percentage of transports that are interfacility? (Enter percentage)

%

Interfacility transport are transports where "the origin and destination are one of the following: a hospital or skilled nursing facility that participates in the Medicare program or a hospital-based facility that meets Medicare's requirements for provider-based status."

[Save](#) [Next Section](#) [Previous](#)

Labor Cost

Please read the introduction description carefully before answering any questions.

Acknowledge the instructions, then click Start to begin.

Characteristics Completed Response Time Completed Ambulance Service Volume Completed

Labor Costs

This section asks about the labor costs to operate your organization.

Staff should contribute to only one staff category for reporting throughout this section even if they have multiple roles in your organization during the data collection period.

For example:

- Staff with both EMT and administrative/facilities roles are reported in an EMT staff category.
- Staff changing EMT roles during the data collection period are reported in the category matching their role at the start of the period.
- Staff paid for one role and unpaid (volunteer) for another role are reported as paid staff.

Do not include staff without ground ambulance responsibilities in your responses to the questions in this section.

Please review the detailed instructions provided with each question for more information.

I acknowledge that I have read the instructions.

Start

You will need to review the instructions by clicking Review Instructions at the beginning of the first question in this section. Read the instructions completely before you begin.

Labor Costs

This question asks whether your organization used paid and volunteer staff in different categories during your organization's data collection year 2022. Later questions will ask you about the total compensation and hours worked by staff in categories that are relevant to your organization. Please review the following instructions before completing the table below.

[Review the instructions](#)

Please indicate if your organization had paid staff (full and/or part time) and/or used volunteer staff in each of the following categories during your organization's data collection year 2022 (check all that apply).

Staff Category	Paid Staff	Volunteer Staff
EMT/Response Staff		
EMT - Basic	<input type="checkbox"/>	<input type="checkbox"/>
EMT - Intermediate	<input type="checkbox"/>	<input type="checkbox"/>
EMT - Paramedic	<input type="checkbox"/>	<input type="checkbox"/>
Nurse, doctor, respiratory therapist, or other medical staff	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Medical Responder (EMR)	<input type="checkbox"/>	<input type="checkbox"/>

You can also click to see a brief definition of staff.

This question asks whether your organization used paid and volunteer staff in different categories during your organization's data collection year 2022. Later questions will ask you about the total compensation and hours worked by staff in categories that are relevant to your organization. Please review the following instructions before completing the table below.

[Review the instructions](#)

Please indicate if your organization had paid staff (full and/or part time) and/or used volunteer staff in each of the following categories during your organization's data collection year 2022 (check all that apply).

EMT-Intermediate is an individual who is qualified, in accordance with state and local laws, as an EMT-Basic and who is also certified in accordance with state and local laws to perform essential advanced techniques and to administer a limited number of medications. "Advanced-EMT" is another term used in the industry.

	Paid Staff	Volunteer Staff
EMT - Intermediate	<input type="checkbox"/>	<input type="checkbox"/>
EMT - Paramedic	<input type="checkbox"/>	<input type="checkbox"/>
Nurse, doctor, respiratory therapist, or other medical staff	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Medical Responder (EMR)	<input type="checkbox"/>	<input type="checkbox"/>
Ambulance Driver (non-EMT/EMR)	<input type="checkbox"/>	<input type="checkbox"/>

If your organization employs a staff choice not listed, you may use the Other field to type in a staff type name. If you select Other, you cannot leave it blank.

Before you input any data related to Paid EMT/Response Staff compensation, be sure to click Review Instructions and read them carefully.

Labor Costs

Paid EMT/Response Staff Compensation and Hours Worked

This question asks about paid EMT/Response staff (both full and/or part time) in your organization during data collection year 2022; specifically about:

- Total annual compensation for all paid EMT/response staff by category
- Total hours annually worked by paid EMT/response staff by category, including hours for activities other than ground ambulance services
- Total hours annually that are not related to ground ambulance responsibilities for paid EMT/response staff, by category

Please review the following instructions before completing the table below.

[Review the instructions](#)

EMT/Response Staff Category	Total annual compensation for paid EMT/response staff	Total hours worked annually for paid EMT/response staff	Hours worked annually unrelated to ground ambulance
EMT - Basic	\$ <input type="text"/>	<input type="text"/> hrs.	<input type="text"/> hrs.
EMT - Intermediate	\$ <input type="text"/>	<input type="text"/> hrs.	<input type="text"/> hrs.
EMT - Paramedic	\$ <input type="text"/>	<input type="text"/> hrs.	<input type="text"/> hrs.

Be sure to click Review Instructions and read them carefully.

CMS.gov | Enterprise Portal
My Apps
Help

Medicare Ground Ambulance Data Collection

- Overview
- NPI Registration
- Data Collection System
- Help
- Supporting Documentation

Data Collection System

NPI

Organizational Characteristics
Complete

Service Area
Complete

Emergency Response Time
Complete

Ground Ambulance Service Volume
Complete

Service Mix
Complete

Labor Co.
Active

Labor Costs

Paid Administration, Facilities Staff, and Medical Director Compensation and Hours Worked

This question is about staff without EMT/response responsibilities, including administrative/facilities staff and medical director(s), in your organization annually in data collection year 2022. Specifically:

- Total annual compensation for all paid administration/facilities and medical director staff
- Total hours annually worked by paid administration/facilities and medical director staff
- Total hours annually that were **not** related to ground ambulance responsibilities roles for paid administration/facilities and medical director staff

Please review the following instructions before completing the table below.

Review the instructions

Administration, Facilities, and Medical Director Staff Category	Total annual compensation for paid admin./facilities/ medical director staff	Total hours worked annually for paid admin./facilities/ medical director staff	Hours worked annually unrelated to ground ambulance or fire/police/public safety duties
Administration/Facilities Staff	\$ 315,000	6,300 hrs.	2,300 hrs.
Medical Director	\$ 145,000	2,200 hrs.	500 hrs.

For the second question, the hours must be entered in whole numbers only.

CMS.gov | Enterprise Portal My Apps Help Log

Medicare Ground Ambulance Data Collection My Profile

- Overview
- NPI Registration
- Data Collection System
- Help
- Supporting Documentation v

Data Collection System

NPI

Organizational
Characteristics
Complete

Service Area
Complete

Emergency
Response Time
Complete

Ground
Ambulance
Service Volume
Complete

Service Mix
Complete

Labor Costs
Active

Labor Costs

Paid Administration, Facilities Staff, and Medical Director Compensation and Hours Worked

Among staff who were partly or entirely related to your ground ambulance operation, did you have one or more individual staff members devoting a total of at least half time (i.e., 1,000 hours annually or approximately 20 hours a week) to each of the following activities? Do not include individuals whose services were part of an outside contracted service(s).

Billing	Data analysis	Training	Medical quality assurance
<input checked="" type="radio"/> Yes	<input checked="" type="radio"/> Yes	<input type="radio"/> Yes	<input type="radio"/> Yes
<input type="radio"/> No	<input type="radio"/> No	<input checked="" type="radio"/> No	<input checked="" type="radio"/> No

Does your organization contract with a medical director, rather than employing them directly?

Yes

No

Please report the total compensation amount for medical direction services that your organization paid, not the value of the medical director's time.

\$

You will input data about volunteer labor.

The image displays two screenshots of the Medicare Ground Ambulance Data Collection system. Both screenshots show a progress bar at the top with steps: Organizational Characteristics Complete, Service Area Complete, Emergency Response Time Complete, Ground Ambulance Service Volume Complete, Service Mix Complete, and Labor Costs Active. The left screenshot shows the 'Labor Costs' section with a 'Volunteer Labor' form. It asks 'How many individuals were EMT/response volunteers in data collection year 2022?' with a text input field containing '5'. Below this, it provides instructions and a table for recording hours. The table has three columns: 'EMT/Response Staff Category', 'Total hours for all volunteer EMT/response staff', and 'Hours worked annually unrelated to ground ambulance or fire/police/other public safety duties'. The categories listed are EMT - Basic, EMT - Intermediate, EMT - Paramedic, Nurse, doctor, or other medical staff, Emergency Medical Responder (EMR), and Ambulance Driver (non-EMT/EMR). The right screenshot shows the 'Volunteer Labor' section with a form asking 'How many individuals were administration/facilities volunteers in data collection year 2022?' with a text input field containing '3'. It also includes instructions and a form for recording total hours for administration/facilities staff.

When you reach the end of this section, click Save and then click Next Section.

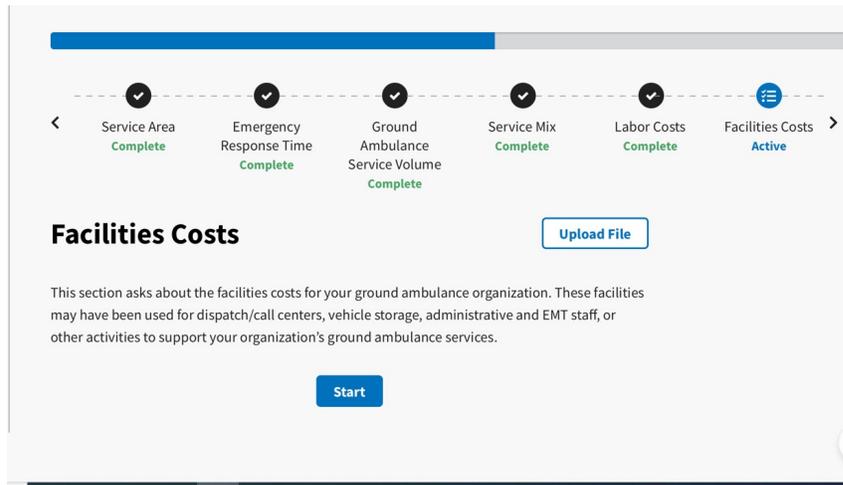
Facilities Cost

In this section, you will be asked about all the facilities associated with your organization's ground ambulance services including the function of the facility, square footage, lease and/or mortgage costs, insurance and maintenance costs, and more.

Please enter only whole numbers for each question.

You will also have the option of downloading an Excel form, filling in the required information, and uploading it. The file must remain in Excel format.

Click Start to begin answering questions in this section.



Service Area Complete Emergency Response Time Complete Ground Ambulance Service Volume Complete Service Mix Complete Labor Costs Complete Facilities Costs Active

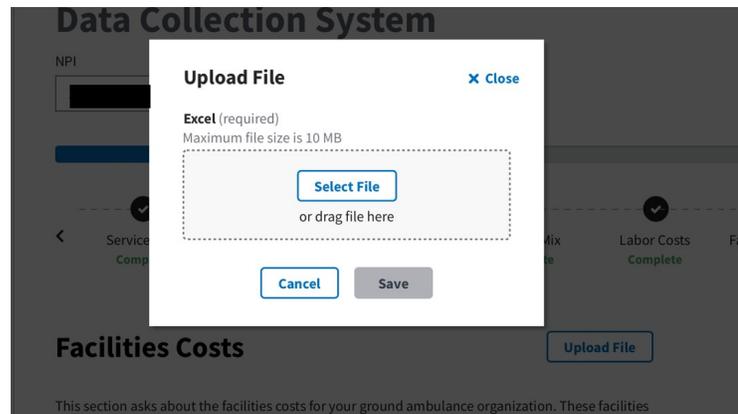
Facilities Costs

Upload File

This section asks about the facilities costs for your ground ambulance organization. These facilities may have been used for dispatch/call centers, vehicle storage, administrative and EMT staff, or other activities to support your organization's ground ambulance services.

Start

If you chose to download the form and fill it in, click Upload File.



Data Collection System

NPI

Upload File X Close

Excel (required)
Maximum file size is 10 MB

Select File

or drag file here

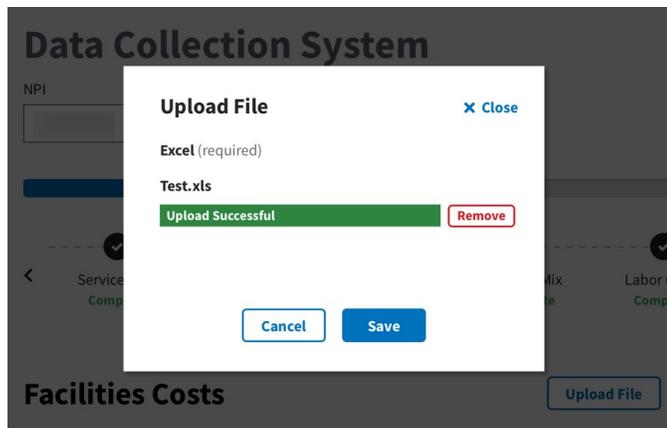
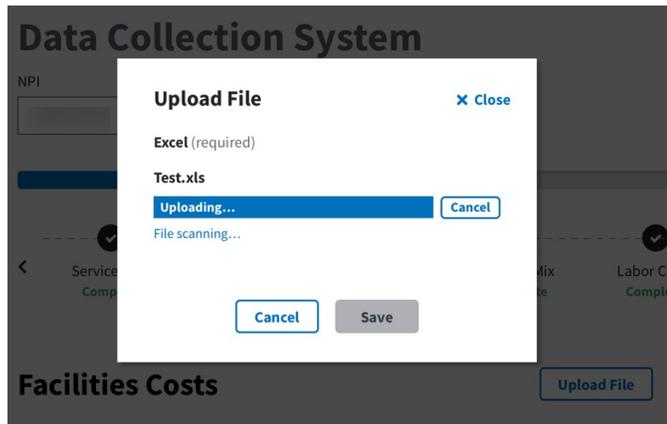
Cancel Save

Facilities Costs

Upload File

This section asks about the facilities costs for your ground ambulance organization. These facilities

The file must be Excel. Select the file, then click save.



If you choose to enter in the numbers using the instrument, click start and then enter in the total number of facilities.

Facilities Costs

Facility Information

How many total facilities (separate buildings) did your NPI utilize related to your ground ambulance operations? Please think about any facilities you had for dispatch/call centers, garages, and administrative and EMT staff. Do **not** include facilities that were used by contracted entities that your organization does not occupy itself (e.g., call center to which you pay a monthly fee for call services).

Number of total facilities



Please provide a name or function for the facilities that were used to support your organization's ground ambulance services (e.g., dispatch/call center, garage, administrative building, EMT staff building). If you had one building for dispatch/call centers, garages, and administrative and EMT staff, list only that one building.

Name or function for the facilities

1

2

3

The number you enter in this first box will determine the number of boxes that appear below

You will then fill out additional information about the facilities you name. Enter numbers in only whole numbers.

CMS.gov | My Enterprise Portal My Apps Help Log Out

Medicare Ground Ambulance Data Collection System

Overview

NPI Registration

Data Collection System

Reports

Supporting Documentation

Data Collection System

NPI

Service Mix

100%

Labor Costs

100%

Facilities Cost

Active

Vehicle Cost

100%

Equipment, Consumable, and Supply Costs

100%

Facilities Costs

Facility Information

How many total facilities (separate buildings) did your NPI utilize related to your ground ambulance operations? Please think about any facilities you had for dispatch/call centers, garages, and administrative and EMT staff. Do not include facilities that were used by contracted entities that your organization does not occupy itself (e.g., call center to which you pay a monthly fee for call services).

Number of Total Facilities

Please provide a name or function for the facilities that were used to support your organization's ground ambulance services (e.g., dispatch/call center, garage, administrative building, EMT staff building). If you had one building for dispatch/call centers, garages, and administrative and EMT staff, list only that one building.

Name or function for the facilities

1

2

3

Facility Name	Your organization or another entity made rent or lease payments for the facility	Your organization or another entity owned the facility and made mortgage, interest, or other payments towards ownership	Your organization or another entity owns the facility outright	Facility was donated - no costs including maintenance, utilities, insurance, and taxes)	Facility square footage related to ground ambulance services	Percentage of your facility square footage related to ground ambulance services
1 administration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text" value="1,000"/> sq ft	<input type="text" value="30"/> %
2 garage1	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text" value="1,200"/> sq ft	<input type="text" value="35"/> %
3 garage2	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text" value="1,200"/> sq ft	<input type="text" value="35"/> %

For this question regarding mortgage or lease costs, round the numbers to the nearest whole number.

Facilities Costs

Annual Lease, Mortgage, and Other Costs of Ownership for Facilities

Please indicate the total amount your organization paid for the following in data collection year 2022. Include costs paid by another organization or entity on your behalf and include costs for facilities that were partially related to your ground ambulance operations. Exclude donations or exceptions for which there was no cost.

Facility Name	Annual lease or rental costs for each facility	Annual mortgage, bond interest, and other costs of ownership (do not report interest costs elsewhere) for each facility	Annual depreciation expenses	No annual costs of ownership for fully-owned or donated facilities
1 administration	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="checkbox"/>
2 garage1	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="checkbox"/>
3 garage2	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="checkbox"/>

[Previous](#) [Next](#)

[Save](#)

Again, you will enter whole numbers for the question about Insurance, Maintenance, Utilities, and Taxes

Facilities Costs

Insurance, Maintenance, Utilities, and Taxes

Please indicate the total amount your organization paid for the following during your organization's data collection year 2022. Total includes costs paid by another organization or entity on your behalf and includes costs for all of the facilities listed above that were partially or entirely related to your ground ambulance operations. Exclude donations or exceptions for which there was no cost. If you report an amount that is specific to your ground ambulance operations, report 100% in the second column. If you report an amount reflecting costs for your ground ambulance and other operations - for example fire, police, or Medicare provider operations, then report the share of the reported total associated with your organization's ground ambulance operations.

Expenditure	Amount	Share Associated with Your Ground Ambulance Operations
Total facilities related insurance costs for your organization's data collection year 2022.	\$ <input type="text"/>	<input type="text"/>
Total facilities maintenance and improvement costs for your organization's data collection year 2022. Do not include any labor costs if included in labor section of the instrument.	\$ <input type="text"/>	<input type="text"/>
Total facilities utilities costs for your organization's data collection year 2022.	\$ <input type="text"/>	<input type="text"/>
Total facilities taxes for your organization's data collection year 2022. Do not include any taxes included in the mortgage section of the instrument.	\$ <input type="text"/>	<input type="text"/>

— End of Facilities Costs —

[Save](#) [Next Section >](#) [Previous](#)

Vehicle Costs

This section will ask you about the vehicles your organization uses, starting with ground ambulances.

Click Start to begin.

A progress bar with six steps: Emergency Response Time (Complete), Ground Ambulance Service Volume (Complete), Service Mix (Complete), Labor Costs (Complete), Facilities Costs (Complete), and Vehicle Costs (Active). A blue bar highlights the active step.

Vehicle Costs

The following questions are about vehicles your organization uses. First, we are going to ask about ground ambulances, then we are going to ask about other vehicles.

[Start](#)

You will begin by entering information about ground ambulances your organization owns.

Vehicle Costs

Ground Ambulance Vehicle Costs

For each of the following questions, consider only vehicles that constitute **ground ambulances** in your jurisdiction, under your state or local regulations. For the purposes of this data collection instrument, ground ambulances include both land and water ambulances. Include all ground ambulances regardless of whether the ambulance transported patients or whether you billed for transports made by this ambulance. Do **not** include fire trucks, rescue vehicles, or other vehicles not considered a ground ambulance in your jurisdiction – we will ask about those next.

How many ground ambulances does your organization own (including vehicles that have been purchased, gifted, or donated)?

Number of ground ambulances OWNED

Name or ID of Ground Ambulance OWNED

-
-
-

Next, you will enter information about ground ambulances your organization leases or rents. Just as before, the number you enter will populate the number of entries for Names or IDs. If you indicated your organization operates air ambulances, do not include air ambulance services in responding to the following questions.

Medicare Ground Ambulance Data Collection

Overview
NPI Registration
Data Collection System
Help
Supporting Documentation

Data Collection System

NPI: [5]

Progress: Emergency Response Time Complete, Ground Ambulance Service Volume Complete, Service Mix Complete, Labor Costs Complete, Facilities Costs Complete, Vehicle Costs Active

Vehicle Costs

Ground Ambulance Vehicle Costs

For each of the following questions, consider only vehicles that constitute **ground ambulances** in your jurisdiction, under your state or local regulations. For the purposes of this data collection instrument, ground ambulances include both land and water ambulances. Include all ground ambulances regardless of whether the ambulance transported patients or whether you billed for transports made by this ambulance. Do **not** include fire trucks, rescue vehicles, or other vehicles not considered a ground ambulance in your jurisdiction – we will ask about those next.

How many ground ambulances does your organization own (including vehicles that have been purchased, gifted, or donated)?

Number of ground ambulances OWNED
4

Name or ID of Ground Ambulance OWNED

- 1 Suspendisse
- 2 Maecenas
- 3 Vestibulum
- 4 Curabitur

How many ground ambulances does your organization lease or rent?

Number of ground ambulances LEASED/RENTED

What was the total number of statute miles (billed and unbilled) traveled by water ambulances for any reason for your organization's data collection year 2022?

Number of miles
45,678

You will be asked to fill out financial information for your ground ambulance vehicles. Use only whole numbers.

Vehicle Costs

Other Vehicle Costs (Non-Ambulance)(continued)

Report the following information for each owned and/or leased vehicle. For owned vehicles, do not report depreciation if your organization accounts for vehicles on a cash basis. If your organization calculates depreciation expense for multiple purposes (e.g. depreciation for tax incentive purposes vs. Generally Accepted Accounting Principles (GAAP) for standard auditing purposes), please report the depreciation expense captured for standard auditing purposes.

Type of Owned Non-Ambulance Vehicle Note: Other response vehicle means vehicle that responds to emergencies but is not designed to transport patients (e.g., quick response vehicles, "fly-cars", lead cars, or "sprint" vehicles)	Was this vehicle used to respond to ambulance calls or support ground ambulance operations in data collection year 2022	Was this vehicle donated?	What was the annual depreciation expense for this vehicle?	What share of the vehicle's traveled miles were related to ground ambulance services?
#1 Other vehicle Test	<input type="radio"/> Yes	<input type="radio"/> Yes	\$ <input type="text"/>	<input type="text"/> %
Test	<input checked="" type="radio"/> No	<input type="radio"/> No		
#2 Fire truck Test2	<input type="radio"/> Yes	<input type="radio"/> Yes	\$ <input type="text"/>	<input type="text"/> %
	<input checked="" type="radio"/> No	<input type="radio"/> No		
#3 Land rescue vehicle Test3	<input type="radio"/> Yes	<input type="radio"/> Yes	\$ <input type="text"/>	<input type="text"/> %
	<input checked="" type="radio"/> No	<input type="radio"/> No		

Previous

Next

 Save

Once you've completed entering information about ground ambulance vehicle costs, you will be asked about your organization's non-ambulance vehicles.

Vehicle Costs

Other Vehicle Costs (Non-Ambulance)

In this section, we ask about vehicles that were used to respond to ground ambulance calls or support ground ambulance operations that are **not** ambulances. These vehicles might include SUVs, trucks, QRVs, "fly-cars," lead cars, or "sprint" vehicles), supervisory vehicles, or other types of vehicles. Do **not** include vehicles that meet the requirements for an ambulance in your jurisdiction—those were asked about in the previous section.

Did you own or lease any **non-ambulance vehicles** (including vehicles that have been purchased, gifted, or donated) that were used to respond to ground ambulance calls or support ground ambulance operations?

Yes
 No

If you do not have any other vehicle costs, click No to move on to the next set of questions. Otherwise, you will enter information the same way you did for the ground ambulance vehicle costs.

Vehicle Costs

Other Vehicle Costs (Non-Ambulance)(continued)

Report the following information for each owned and/or leased vehicle. For owned vehicles, do not report depreciation if your organization accounts for vehicles on a cash basis. If your organization calculates depreciation expense for multiple purposes (e.g. depreciation for tax incentive purposes vs. Generally Accepted Accounting Principles (GAAP) for standard auditing purposes), please report the depreciation expense captured for standard auditing purposes.

Type of Owned Non-Ambulance Vehicle Note: Other response vehicle means vehicle that responds to emergencies but is not designed to transport patients (e.g., quick response vehicles, "fly-cars", lead cars, or "sprint" vehicles)	Was this vehicle used to respond to ambulance calls or support ground ambulance operations in data collection year 2022	Was this vehicle donated?	What was the annual depreciation expense for this vehicle?	What share of the vehicle's traveled miles were related to ground ambulance services?
#1 Fire truck	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	\$ <input type="text"/>	<input type="text"/> %
#2 Other vehicle	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	\$ <input type="text"/>	<input type="text"/> %

Medicare Ground Ambulance Data Collection

My Profile

- Overview
- NPI Registration
- Data Collection System**
- Help
- Supporting Documentation

Data Collection System

NPI



Vehicle Costs

Other Vehicle Costs (Non-Ambulance) (continued)

In this section, we ask about vehicles that were used to respond to ground ambulance calls or support ground ambulance operations that are **not** ambulances. These vehicles might include SUVs, trucks, QRVs, "fly-cars," lead cars, or "sprint" vehicles), supervisory vehicles, or other types of vehicles. Do **not** include vehicles that meet the requirements for an ambulance in your jurisdiction—those were asked about in the previous section.

Did you own or lease any **non-ambulance vehicles** (including vehicles that have been purchased, gifted, or donated) that were used to respond to ground ambulance calls or support ground ambulance operations?

- Yes
- No

How many non-ambulance vehicles did your organization own or lease (including vehicles that have been purchased, gifted, or donated) that were used to respond to ground ambulance calls or support ground ambulance operations? These might include fire trucks, land or water rescue vehicles, vehicles that respond to emergencies but are not designed to transport patients (e.g., QRVs, "fly-cars," lead cars, or "sprint" vehicles), supervisory vehicles, or other types of vehicles.

Number of non-ambulance vehicles OWNED (include donated vehicles)

Type of Owned Non-Ambulance Vehicle

Note: *Other response vehicle* means vehicle that responds to emergencies but is not designed to transport patients (e.g., quick response vehicles, "fly-cars," lead cars, or "sprint" vehicles)

Memo (Optional)

#	Type of Owned Non-Ambulance Vehicle	Memo (Optional)
#1	Fire truck	Downtown
#2	Land rescue vehicle	
#3	Water rescue vehicle	
#4	Other response vehicle	
#5	Other vehicle	Uptown

Lorem ipsum dolor sit amet, consectetur adipiscing elit.

Number of non-ambulance vehicles LEASED/RENTED

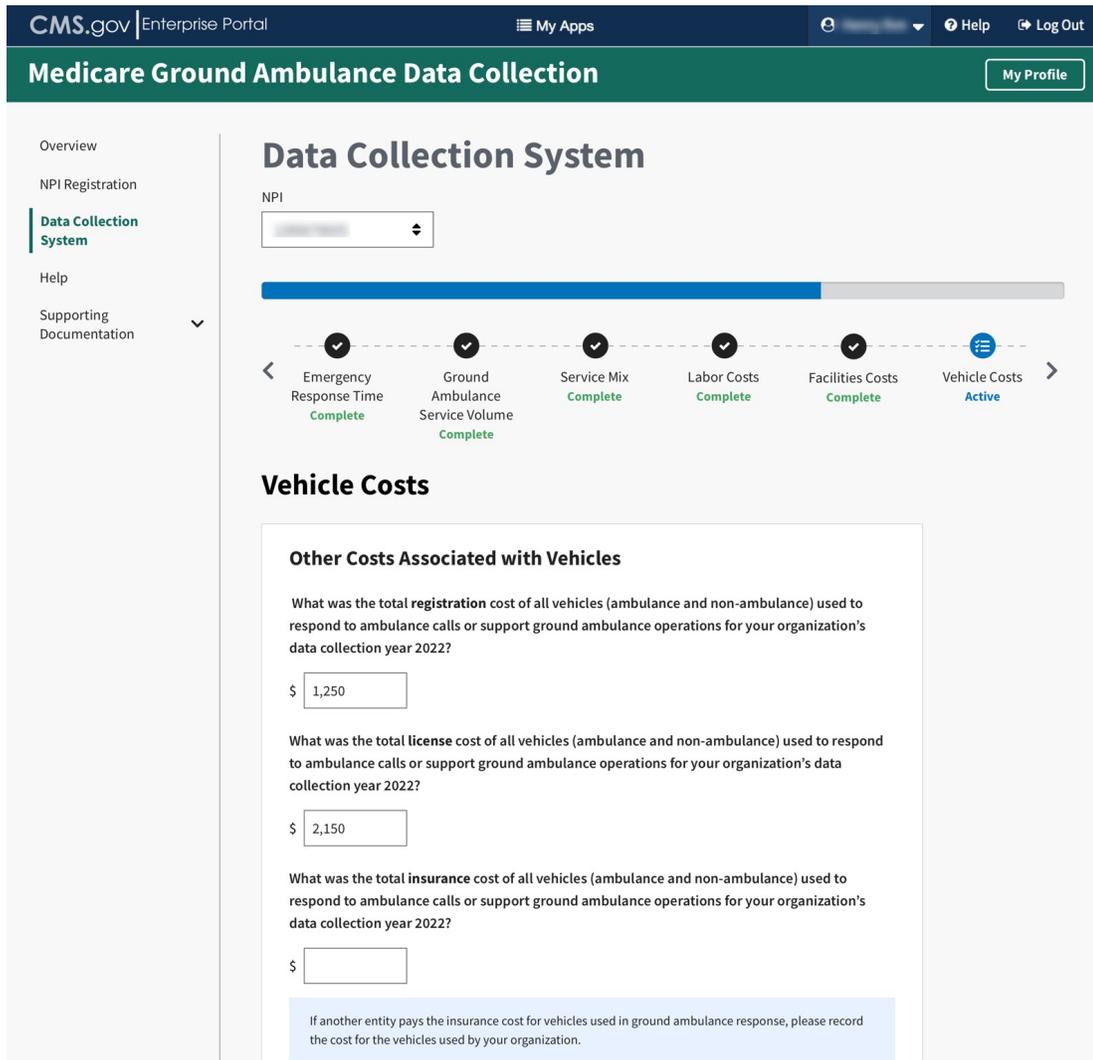
Type of Leased/Rented Non-Ambulance Vehicle

Note: *Other response vehicle* means vehicle that responds to emergencies but is not designed to transport patients (e.g., quick response vehicles, "fly-cars," lead cars, or "sprint" vehicles)

Memo (Optional)

#	Type of Leased/Rented Non-Ambulance Vehicle	Memo (Optional)
#1	- Select -	
#2	- Select -	
#3	- Select -	

Once complete, calculate the total cost of registration for all of your organization's vehicles. You will do the same for license and insurance costs.



CMS.gov Enterprise Portal My Apps Help Log Out

Medicare Ground Ambulance Data Collection

My Profile

- Overview
- NPI Registration
- Data Collection System**
- Help
- Supporting Documentation

Data Collection System

NPI

Progress bar: 60% complete

- Emergency Response Time Complete
- Ground Ambulance Service Volume Complete
- Service Mix Complete
- Labor Costs Complete
- Facilities Costs Complete
- Vehicle Costs Active

Vehicle Costs

Other Costs Associated with Vehicles

What was the total **registration** cost of all vehicles (ambulance and non-ambulance) used to respond to ambulance calls or support ground ambulance operations for your organization's data collection year 2022?

\$ 1,250

What was the total **license** cost of all vehicles (ambulance and non-ambulance) used to respond to ambulance calls or support ground ambulance operations for your organization's data collection year 2022?

\$ 2,150

What was the total **insurance** cost of all vehicles (ambulance and non-ambulance) used to respond to ambulance calls or support ground ambulance operations for your organization's data collection year 2022?

\$

If another entity pays the insurance cost for vehicles used in ground ambulance response, please record the cost for the vehicles used by your organization.

When totaling the Other Costs, please enter only whole numbers. Enter 0 if the percentage is 0. Your totals cannot exceed 100%.

CMS.gov Enterprise Portal
My Apps Help Log Out

My Profile

- Overview
- NPI Registration
- Data Collection System
- Help
- Supporting Documentation

Data Collection System

NPI

✓
 Emergency Response Time
Complete

✓
 Ground Ambulance Service Volume
Complete

✓
 Service Mix
Complete

✓
 Labor Costs
Complete

✓
 Facilities Costs
Complete

⋮
 Vehicle Costs
Active

Vehicle Costs

Other Costs Associated with Vehicles (continued)

What was the total maintenance cost of all vehicles (ambulance and non-ambulance) used to respond to ambulance calls or support ground ambulance operations ground ambulances for your organization's data collection year 2022? Do not include any in-house labor costs already included in the labor section or any outside service or contract (you will be asked to report these later).

\$

Please report the share of maintenance costs attributable to:

Ground Ambulances	<input style="width: 30px;" type="text" value="35"/>	%
Fire Trucks	<input style="width: 30px;" type="text" value="10"/>	%
Land Rescue Vehicles	<input style="width: 30px;" type="text" value="20"/>	%
Water Rescue Vehicles	<input style="width: 30px;" type="text" value="0"/>	%
Other Vehicles that respond to emergencies (but not designed to transport patients)	<input style="width: 30px;" type="text" value="15"/>	%
Other Vehicles	<input style="width: 30px;" type="text" value="5"/>	%

What was the total fuel cost for all vehicles used to respond to ambulance calls or support ground ambulance operations ground ambulances for your organization's data collection year 2022?

\$

If another entity pays the fuel cost for vehicles used in ground ambulance response, please record the cost for the vehicles used by your organization.

Please report the share of fuel costs attributable to:

Ground Ambulances	<input style="width: 30px;" type="text"/>	%
Fire Trucks	<input style="width: 30px;" type="text"/>	%
Land Rescue Vehicles	<input style="width: 30px;" type="text"/>	%
Water Rescue Vehicles	<input style="width: 30px;" type="text"/>	%
Other Vehicles that respond to emergencies (but not designed to transport patients)	<input style="width: 30px;" type="text"/>	%
Other Vehicles	<input style="width: 30px;" type="text"/>	%

You will only see this question if you indicated your organization has more than one NPI to bill Medicare for ground ambulance Services. Enter in the whole dollar amount.

The screenshot shows the CMS.gov Enterprise Portal interface for the Medicare Ground Ambulance Data Collection System. The top navigation bar includes the CMS.gov logo, 'Enterprise Portal', 'My Apps', and user options like 'Help' and 'Log Out'. The main header is 'Medicare Ground Ambulance Data Collection' with a 'My Profile' button. A left sidebar contains navigation links: 'Overview', 'NPI Registration', 'Data Collection System' (highlighted), 'Help', and 'Supporting Documentation'. The main content area is titled 'Data Collection System' and features an NPI dropdown menu. Below this is a progress bar and a horizontal timeline with six steps: 'Emergency Response Time Complete', 'Ground Ambulance Service Volume Complete', 'Service Mix Complete', 'Labor Costs Complete', 'Facilities Costs Complete', and 'Vehicle Costs Active'. Under the 'Vehicle Costs' section, there is a sub-section titled 'Other Costs Associated with Vehicles (continued)' with a text prompt: 'Please report the allocated portion of registration, license, insurance, maintenance, and fuel costs incurred at the level of the parent organization/central office of this NPI based on your organization's approach for allocating to specific NPIs.' Below the text is a text input field with a dollar sign prefix.

Equipment, Consumable, and Supply Costs

There may be two notes at the beginning of the section to read, depending on your previous responses.



Equipment, Consumable, and Supply Costs

⚠ Do not include air ambulance services in responding to the following questions.

⚠ Do not include any "central office equipment" that serves multiple NPIs, except for where specifically requested.

In this section, we are interested in equipment, consumables, and supply costs.

- Please use your organization's guidelines to categorize goods as capital expenses versus operation expenses and report depreciation.
- Do not report depreciation if your organization uses a cash basis for accounting.
- For capital expenditures, medical and non-medical equipment, most organizations will amortize costs over the life of the good.
- For capital expenditures (medical and non-medical equipment), report annual depreciation expenses. If your organization calculates depreciation expense for multiple purposes (e.g. depreciation for tax incentive purposes vs. Generally Accepted Accounting Principles (GAAP) for standard auditing purposes), please report the depreciation expense captured for standard

Proceed to answer the questions using whole numbers.

Equipment, Consumable, and Supply Costs

Medical Equipment/Supplies

Please report the following for all **capital medical equipment** your organization used entirely or in part for ground ambulance services during your organization's data collection year 2022. Capital medical equipment refers to equipment that can endure repeated use; it includes, but is not limited to, defibrillators, ventilators, monitors, and power lifts.

Annual depreciation expenses
\$

Maintenance, certification, or service costs
Do not include any costs that you include elsewhere in the instrument
\$

[Previous](#) [Next](#)

[Save](#)

For this question, be sure to select ALL the statements that apply.

Equipment, Consumable, and Supply Costs

Medical Equipment/Supplies

Did your organization have any costs associated with medications purchased for ground ambulance services during your organization's data collection year 2022?

- Yes
 No

Can you report these costs separately from other medical supplies and consumables?

- Yes
 No

What was the total cost of medications your organization purchased during your organization's data collection year 2022 for ground ambulance services? Do not include in-kind donations.

Total cost of medications

\$

Dollar amount is required

[Previous](#)

[Next](#)

[Save](#)

Continuing answering the questions until you complete this section.

Equipment, Consumable, and Supply Costs

Non-Medical Equipment/Supplies

What was the total annual cost of uniforms by your organization purchased during your organization's data collection year 2022 for ground ambulance services?

Total annual cost of uniforms

\$

What was the percentage of uniform expenses attributable to ground ambulance services during your organization's data collection year 2022?

%

[Previous](#)

[Next](#)

[Save](#)

For this question, you will only see the second part if you indicate your organization has shared services.

Equipment, Consumable, and Supply Costs

Non-Medical Equipment/Supplies

What was the total cost of other non-medical supplies (e.g., paper, office supplies, postage) your organization purchased during your organization's data collection year 2022?

Total cost of all other non-medical supplies

\$

What was the percentage of non-medical supply expenses attributable to ground ambulance services during your organization's data collection year 2022? Report 100 percent if all non-medical supply expenses were related to only ground ambulance services. Report less than 100 percent if some non-medical supply expenses were related to both ground ambulance and other purposes (e.g., air ambulance or hospital uses).

%

[Previous](#)

[Next](#)

[Save](#)

You will see this question if you indicate your organization has more than one NPI to bill Medicare for ground ambulance services.

CMS.gov Enterprise Portal My Apps Help Log Out

Medicare Ground Ambulance Data Collection

My Profile

Overview
NPI Registration
Data Collection System
Help
Supporting Documentation

Data Collection System

NPI

Progress bar: 50% complete

- Ground Ambulance Service Volume Complete
- Service Mix Complete
- Labor Costs Complete
- Facilities Costs Complete
- Vehicle Costs Complete
- Equipment, Consumable, and Supply Costs Active

Equipment, Consumable, and Supply Costs

Non-Medical Equipment/Supplies

Please report the allocated portion of non-medical equipment and supply expenses incurred at the level of the parent organization/central office of this NPI based on your organization's approach for allocating costs to specific NPIs.

Allocated portion of non-medical equipment and supply expenses

\$

When you reach the end of this section, click Save and then click Next Section.

Other Costs

The beginning of this section has instructions on how to answer the questions for additional costs.

Once you have finished reading, click Start to begin.

Service Mix
Complete
Labor Costs
Complete
Facilities Costs
Complete
Vehicle Costs
Complete
Equipment,
Consumable, and
Supply Costs
Complete

Other Costs

⚠ Do **not** include air ambulance services in responding to the following questions.

⚠ Do **not** include any other “central office” costs that apply to multiple NPIs, except for where specifically requested.

In this section, we ask about **additional costs** during your organization's data collection period (January 1, 2022 through December 31, 2022) not covered in previous sections, directly related to supporting your organization's ambulance services. Include only costs that were not covered earlier in this instrument.

In general, if you report an amount that is specific to your **ground ambulance operations**, report 100% in the second column. If you report an amount reflecting costs for your ground ambulance and other operations – for example fire, police, or Medicare provider operations, then report the share of the reported total associated with **your organization's ground ambulance operations**.

Start

For the first question, you must check the box for all that apply, and only then will you be able to fill in the dollar amount and percentages.

Other Costs

Please report costs your organization incurred for **outside contracted services** for which you paid a fee (including labor, supplies, etc.) that were not reported elsewhere in this instrument, such as dispatch/call center service fee, to support your ground ambulance services. Did your organization use any of the following **contracted services** during your organization's data collection period (January 01, 2022 through December 31, 2022)?

Please select all that apply and indicate total cost for each outside contracted service, and, if applicable, percentage of the cost attributable to ground ambulance services. **Do not include any costs already reported elsewhere in this instrument.**

Type	Contracted service during the data collection period	Total cost for the service	Percentage of this cost attributable to ground ambulance services
Billing service	<input type="checkbox"/>	\$ <input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/> %
Accounting service	<input type="checkbox"/>	\$ <input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/> %
Vehicle maintenance/repair service	<input type="checkbox"/>	\$ <input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/> %
Dispatch/call center service	<input type="checkbox"/>	\$ <input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/> %

If you select "Other" you must write in a description.

Other Costs

Please report costs your organization incurred for **outside contracted services** for which you paid a fee (including labor, supplies, etc.) that were not reported elsewhere in this instrument, such as dispatch/call center service fee, to support your ground ambulance services. Did your organization use any of the following **contracted services** during your organization's data collection period (January 01, 2022 through December 31, 2022)?

Please select all that apply and indicate total cost for each outside contracted service, and, if applicable, percentage of the cost attributable to ground ambulance services. **Do not include any costs already reported elsewhere in this instrument.**

Type	Contracted service during the data collection period	Total cost for the service	Percentage of this cost attributable to ground ambulance services
Billing service	<input type="checkbox"/>	\$ <input type="text"/>	<input type="text"/> %
Accounting service	<input type="checkbox"/>	\$ <input type="text"/>	<input type="text"/> %
Vehicle maintenance/ repair service	<input type="checkbox"/>	\$ <input type="text"/>	<input type="text"/> %
Dispatch/call center service	<input checked="" type="checkbox"/>	\$ <input type="text" value="53,000"/>	<input type="text" value="8"/> %
Facilities maintenance services	<input type="checkbox"/>	\$ <input type="text"/>	<input type="text"/> %
IT support service	<input checked="" type="checkbox"/>	\$ <input type="text" value="135,000"/>	<input type="text" value="20"/> %
EMT/response labor	<input type="checkbox"/>	\$ <input type="text"/>	<input type="text"/> %
Other (specify)	<input checked="" type="checkbox"/>	\$ <input type="text" value="47,000"/>	<input type="text" value="7"/> %

[Previous](#) [Next](#)

[Save](#)

For this question, be sure to check all statements that apply to your organization.

CMS.gov Enterprise Portal
My Apps
Help
Log Out

Medicare Ground Ambulance Data Collection
My Profile

Overview

NPI Registration

Data Collection System

Help

Supporting Documentation

Data Collection System

NPI

Service Mix
Complete

Labor Costs
Complete

Facilities Costs
Complete

Vehicle Costs
Complete

Equipment, Consumable, and Supply Costs
Complete

Other Costs
Active

Other Costs

Please indicate if your organization incurred any of the following expenses during your organization's data collection period (January 1, 2022 through December 31, 2022). These expenses should be partly or entirely related to supporting your organization's ambulance services. **Do not include any costs already reported elsewhere in this instrument.** Select all categories that apply, including "other" if applicable. The next question will ask you to report a cost for each category that you select on this page.

Medical or Ambulance-Related Expenses

- Biohazard waste and medication removal fees
- Fee to physician(s) to oversee the paramedics and provide quality assurance (excluding labor for medical director if accounted for in the first question or in the labor section)
- Laundry

Administrative and General Expenses

- Travel other than for training (including lodging, transportation, per diem, and other travel related costs)
- Organization dues, subscriptions
- Subsidies paid to other organizations (e.g., fire department, dispatch center)
- Funds paid to other ambulance organizations for services (e.g., paramedic staff for BLS transports). Do not include any in-house labor costs already included in the labor section or any outside service or contracted services already reported.
- Funds paid to other non-transporting organizations for services (e.g., medical staff for transports, responding to calls)
- Overhead allocation from parent organization/central office
- Board of Directors/Trustees expenses
- Advertising, including any type of advertising (even for recruiting purposes) in any medium (print, radio, internet, etc.)
- Event/meeting costs (including meals)
- Miscellaneous administrative fees/costs not already reported in Section 10.2 or Section 3 (telephone, trash and shredding services, printing and copying costs)
- IT software, licensing fees (excluding costs accounted for in IT service fee in earlier section)
- Training and continuing education costs (e.g., costs for materials, travel, training fees, and labor). Do not include any labor costs associated with training that was already covered by standard labor costs.
- Interest paid
- Physicals and medical assessments
- Recruiting expenses (Do not include any advertising expenses reported in previous items)
- Audit fees, legal fees, and other professional fees

Fees, Fines, and Taxes

- 911 service fees
- Fees for toll roads
- Fees paid to local jurisdictions required as condition of providing ground ambulance service (e.g. franchise fees)
- Fees for regulatory compliance or accreditation (annual cost per year)
- Business registration and related fees
- Licenses
- Fines, forfeitures, and citations
- Taxes

Insurance

- Liability/malpractice insurance
- Workers' compensation insurance (only if not reported in Labor Section above)
- General insurance (excluding insurance for facilities or insurance reported in other sections)

Any other expenses not reported elsewhere in the instrument

None of the above

Continue answering questions until you complete the section. The sources you will see listed are based on the categories you selected previously. The percentage total does need to equal 100%.

CMS.gov Enterprise Portal
My Apps
Help
Log Out

Medicare Ground Ambulance Data Collection
My Profile

- Overview
- NPI Registration
- Data Collection System
- Help
- Supporting Documentation

Data Collection System

NPI

Service Mix
Complete

Labor Costs
Complete

Facilities Costs
Complete

Vehicle Costs
Complete

Equipment, Consumable, and Supply Costs
Complete

Other Costs
Active

Other Costs

Please report total expenses by source for your organization's data collection period (January 1, 2022 through December 31, 2022).

Source	Total Expense	What % of Expense is Attributable to Ground Ambulance Services?
Biohazard waste and medication removal fees	\$ <input style="width: 60px;" type="text"/>	% <input style="width: 40px;" type="text"/>
Travel other than for training (including lodging, transportation, per diem, and other travel related costs)	\$ <input style="width: 60px;" type="text"/>	% <input style="width: 40px;" type="text"/>
Funds paid to other ambulance organizations for services (e.g., paramedic staff for BLS transports)	\$ <input style="width: 60px;" type="text"/>	% <input style="width: 40px;" type="text"/>
Overhead allocation from parent organization/central office	\$ <input style="width: 60px;" type="text"/>	% <input style="width: 40px;" type="text"/>
IT software, licensing fees (excluding costs accounted for in IT service fee in earlier section)	\$ <input style="width: 60px;" type="text"/>	% <input style="width: 40px;" type="text"/>
Fees paid to local jurisdictions required as condition of providing ground ambulance service (e.g. franchise fees)	\$ <input style="width: 60px;" type="text"/>	% <input style="width: 40px;" type="text"/>
Business registration and related fees	\$ <input style="width: 60px;" type="text"/>	% <input style="width: 40px;" type="text"/>
Liability/malpractice insurance	\$ <input style="width: 60px;" type="text"/>	% <input style="width: 40px;" type="text"/>
Any other expenses not reported elsewhere in the instrumen	\$ <input style="width: 60px;" type="text"/>	% <input style="width: 40px;" type="text"/>

Please report the allocated portion of these miscellaneous costs incurred at the level the parent organization/central office of this NPI based on your organization's approach for allocating costs to specific NPIs.

\$

Total Costs

Enter in the total of your organization's costs.

Total Cost

Please provide the total expenses of your NPI for data collection year 2022. The total expenses reported here should include all operating and capital costs (including costs for services not related to ground ambulance services).

\$

Dollar amount is required

[Previous](#)

 Save

Revenues

This section asks about your organization's sources of ground ground ambulance revenue. Click start to begin.

CMS.gov Enterprise Portal My Apps Help Log Out

Ground Ambulance Data Collection System

 My Profile

You will report your total revenue from all sources your organization received during your data collection period.

CMS.gov Enterprise Portal My Apps Help Log Out

Medicare Ground Ambulance Data Collection

 My Profile

For this question, you will check the boxes for all the sources of revenue that your organization received during your data collection period. You will only be allowed to enter data for the sources where you check the box.

CMS.gov Enterprise Portal
My Apps
Help
Log Out

Medicare Ground Ambulance Data Collection
My Profile

- Overview
- NPI Registration
- Data Collection System
- Help
- Supporting Documentation

Data Collection System

NPI

<

Facilities Costs
Complete

Vehicle Costs
Complete

Equipment, Consumable, and Supply Costs
Complete

Other Costs
Complete

Total Cost
Complete

Revenues
Active

>

Revenues

Please indicate if your organization received any revenue from paid ground ambulance transports from the following payers during your organization's data collection period (January 1, 2022 through December 31, 2022). Exclude revenue from services other than ground ambulance transports (e.g., payments for treatment at the scene when no transport was furnished) if possible. You will be asked to report this revenue later. If you are not able to separate transport and other service revenue from a given payer, you may report the total revenue from all health care services in this item.

Source of Revenue from Paid Ground Ambulance Transports	Received revenue during data collection year 2022	Total revenues	Indicate if cost sharing (i.e., the amount for a transport that is billed to a patient with this insurance) was included
Traditional (fee-for-service) Medicare	<input type="checkbox"/>	<input style="width: 60px;" type="text"/>	<input type="radio"/> Yes <input type="radio"/> No
Medicare Advantage (also known as Medicare Managed Care)	<input type="checkbox"/>	<input style="width: 60px;" type="text"/>	<input type="radio"/> Yes <input type="radio"/> No
Traditional (fee-for-service) Medicaid	<input type="checkbox"/>	<input style="width: 60px;" type="text"/>	<input type="radio"/> Yes <input type="radio"/> No
Medicaid managed care	<input type="checkbox"/>	<input style="width: 60px;" type="text"/>	<input type="radio"/> Yes <input type="radio"/> No
TRICARE	<input type="checkbox"/>	<input style="width: 60px;" type="text"/>	<input type="radio"/> Yes <input type="radio"/> No
Commercial insurance	<input type="checkbox"/>	<input style="width: 60px;" type="text"/>	<input type="radio"/> Yes <input type="radio"/> No
Workers' compensation	<input type="checkbox"/>	<input style="width: 60px;" type="text"/>	<input type="radio"/> Yes <input type="radio"/> No
Patient self-pay (amount patients pay for deductibles, coinsurance, etc.)	<input type="checkbox"/>	<input style="width: 60px;" type="text"/>	

Choose the response that best applies to the payers that your organization billed during your data collection period..

CMS.gov Enterprise Portal My Apps Help Log Out

Medicare Ground Ambulance Data Collection

My Profile

Overview
NPI Registration
Data Collection System
Help
Supporting Documentation

Data Collection System

NPI

Progress bar: 5/6 items complete, 1 item active.

- Facilities Costs Complete
- Vehicle Costs Complete
- Equipment, Consumable, and Supply Costs Complete
- Other Costs Complete
- Total Cost Complete
- Revenues Active

Revenues

How often did your organization bill the following types of payers for the amount owed for a transport during your organization's data collection period (January 1, 2022 through December 31, 2022)?

Traditional (fee-for-service) Medicare
 Never Sometimes Usually Always N/A - no patients transported

Medicare Advantage (also known as Medicare Managed Care)
 Never Sometimes Usually Always N/A - no patients transported

Traditional (fee-for-service) Medicaid
 Never Sometimes Usually Always N/A - no patients transported

Medicaid managed care
 Never Sometimes Usually Always N/A - no patients transported

TRICARE
 Never Sometimes Usually Always N/A - no patients transported

Commercial insurance
 Never Sometimes Usually Always N/A - no patients transported

Workers' compensation
 Never Sometimes Usually Always N/A - no patients transported

Patient self-pay (amount patients pay for deductibles, coinsurance, etc.)
 Never Sometimes Usually Always N/A - no patients transported

Check all that apply regarding the sources of revenue. You will only be able to enter amounts in the fields you select.

CMS.gov Enterprise Portal
My Apps
Help
Log Out

Medicare Ground Ambulance Data Collection
My Profile

Overview

NPI Registration

Data Collection System

Help

Supporting Documentation

Data Collection System

NPI

<

Facilities Costs
Complete

Vehicle Costs
Complete

Equipment,
Consumable, and
Supply Costs
Complete

Other Costs
Complete

Total Cost
Complete

Revenues
Active

>

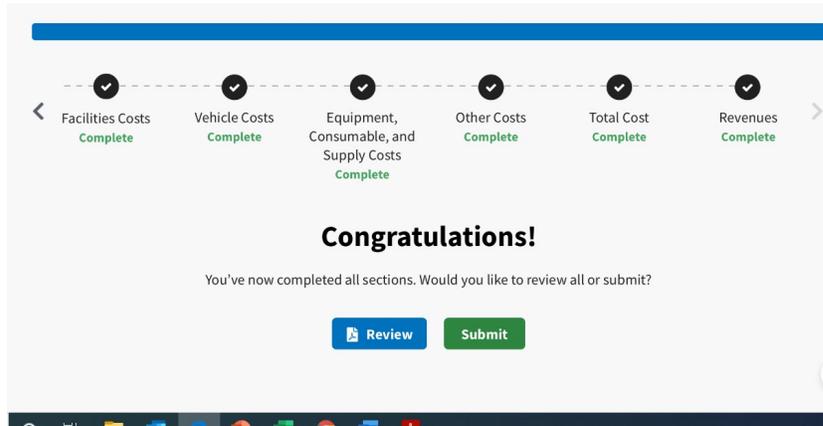
Revenues

Please indicate if your organization received any revenues from any of the following sources during your organization's data collection period (January 1, 2022 through December 31, 2022). Include only revenue fully or partially related to ground ambulance services. If you report an amount that is specific to your ground ambulance operations, report 100% in the last column. If you report an amount reflecting revenue for your ground ambulance and other operations - for example fire, police, or Medicare provider operations, then report the share of the reported total associated with your organization's ground ambulance operations.

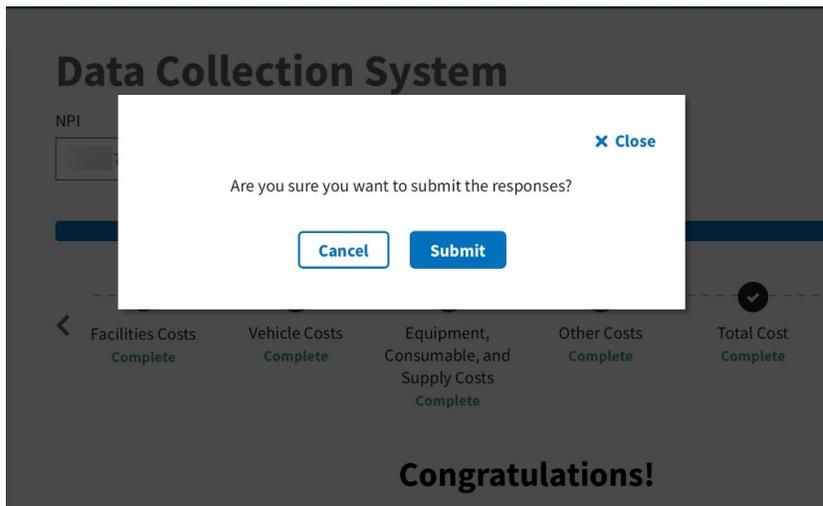
Source of Revenue	Received revenue from category during data collection year 2022	Total revenues	What % of revenue was attributable to ground ambulance services?
Contracts from facilities (e.g., hospitals, nursing homes, prisons, businesses)	<input type="checkbox"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>
Revenue from payers for EMS/medical services other than transports and excluding contracts from facilities reported above.	<input type="checkbox"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>
Revenues for subcontracted ambulance services	<input type="checkbox"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>
Fees for standby events	<input type="checkbox"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>
Membership fees for an association that collects fees from participants in return for ambulance services	<input type="checkbox"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>
Charitable donations (e.g., foundations and individual donors) excluding vehicles or any cost offsets reported elsewhere in the instrument	<input type="checkbox"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>
Executive loan programs (e.g., chief executive officer, business development, etc.)	<input type="checkbox"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>
Program-related investments (e.g., public-private investment)	<input type="checkbox"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>
Local taxes earmarked for EMS services	<input type="checkbox"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>
Contract revenue from local governments in return for services	<input type="checkbox"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>
Enterprise funds and utility rates	<input type="checkbox"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>
Sale of assets and services	<input type="checkbox"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>
Bond or debt financing	<input type="checkbox"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>
State or local donation of surplus vehicles and durable equipment	<input type="checkbox"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>
Other donations excluding labor, facilities, vehicles, equipment, supplies, medication, and other items reported elsewhere in the instrument	<input type="checkbox"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>
Special-purpose grants (generally state)	<input type="checkbox"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>
Matching grants (generally state)	<input type="checkbox"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>
Technical assistance (e.g., subsidized training)	<input type="checkbox"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>
Demonstration grants (federal)	<input type="checkbox"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>
Congressional earmarks	<input type="checkbox"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>
Other (specify)	<input type="checkbox"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>

64

This is the final section of the instrument. If the submitter has completed all the other sections, you can choose to review or submit your responses.



Once you are ready, click the Submit button.



Once the Submitter have reported all of the data and saved the entries, the Submitter will be prompted to email a notification to the Certifier that it is ready to review.

Facilities Costs Complete

Vehicle Costs Complete

Equipment, Consumable, and Supply Costs Complete

Other Costs Complete

Total Cost Complete

Revenues Complete

Thank you!

Your submission has been saved. Please notify your Certifier this is ready for review.

[Send Email Notification](#)

The From, Subject, and Message fields will be auto populated. You must enter the certifier's email address.

Send Email Notification [Close](#)

To:

From:

Subject:

Message:

[Cancel](#) [Send](#)

Click send to notify the Certifier the data is ready for their review.

The screenshot displays the CMS.gov Enterprise Portal interface for the Medicare Ground Ambulance Data Collection system. The header includes the CMS.gov logo, 'Enterprise Portal', 'My Apps', 'Help', and 'Log Out'. The main title is 'Medicare Ground Ambulance Data Collection' with a 'My Profile' button. The left sidebar contains navigation options: Overview, NPI Registration, Data Collection System (highlighted), Help, Supporting Documentation, and a dropdown arrow. The main content area is titled 'Data Collection System' and features an NPI dropdown menu. Below this is a progress bar with six steps, all marked as 'Complete': Facilities Costs, Vehicle Costs, Equipment, Consumable, and Supply Costs, Other Costs, Total Cost, and Revenues. A green notification box at the bottom states: 'Your email notification has been sent to the certifier successfully.'

Certifier Landing Page

Once the Certifier receives the email notification that the data is ready to be reviewed, they will log in and see this page.

Click Review Submission to review the data.

The screenshot shows the CMS.gov Enterprise Portal interface. The top navigation bar includes the CMS.gov logo, 'Enterprise Portal', 'My Apps', a search icon, 'Help', and 'Log Out'. Below this is a green header with the text 'Medicare Ground Ambulance Data Collection' and a 'My Profile' button. The main content area features a sidebar on the left with 'Dashboard', 'Review Submission', 'Help', and 'Supporting Documentation'. The central panel displays a 'Welcome, [redacted]!' message. Below the welcome message is a box containing user information: 'NPI: [redacted]', 'Org Name: [redacted]', 'Role: Certifier', 'Data Collection Submission Date: 9/30/2022', and 'Status: Ready for review'. A paragraph of text explains that the organization must review and certify the accuracy of the submission. A blue button labeled 'Review Submission' is highlighted with a blue arrow pointing to it. Below the button is a checkbox labeled 'I acknowledge that I have reviewed the submission.' and two buttons labeled 'Reject' and 'Certify'.

The Certifier must then review the data.

The screenshot shows the 'Review Submission' page in the CMS.gov Enterprise Portal. The page title is 'Review Submission' with a 'Close' button. The main heading is 'Facilities Costs'. Under 'Facility Information', there is a question: 'How many total facilities (separate buildings) did your NPI utilize related to your ground ambulance operations? Please think about any facilities you had for dispatch/call centers, garages, and administrative and EMT staff. Do not include facilities that were used by contracted entities that your organization does not occupy itself (e.g., call center to which you pay a monthly fee for call services).' The answer is '3'. Below this, there is a question: 'Please provide a name or function for the facilities that were used to support your organization's ground ambulance services (e.g., dispatch/call center, garage, administrative building, EMT staff building). If you had one building for dispatch/call centers, garages, and administrative and EMT staff, list only that one building.' The answer is a list: '1 EMS call center', '2 Garage', and '3 Administration building'. At the bottom, there is a question: 'For each of the following types of facilities, please check the option that best applies and enter the square footage and percentage of square footage associated with ground ambulance services.' The answer is 'Facility name: 1 EM Call Center, Your organization or another entity made rent or lease payments for the facility: Checked'.

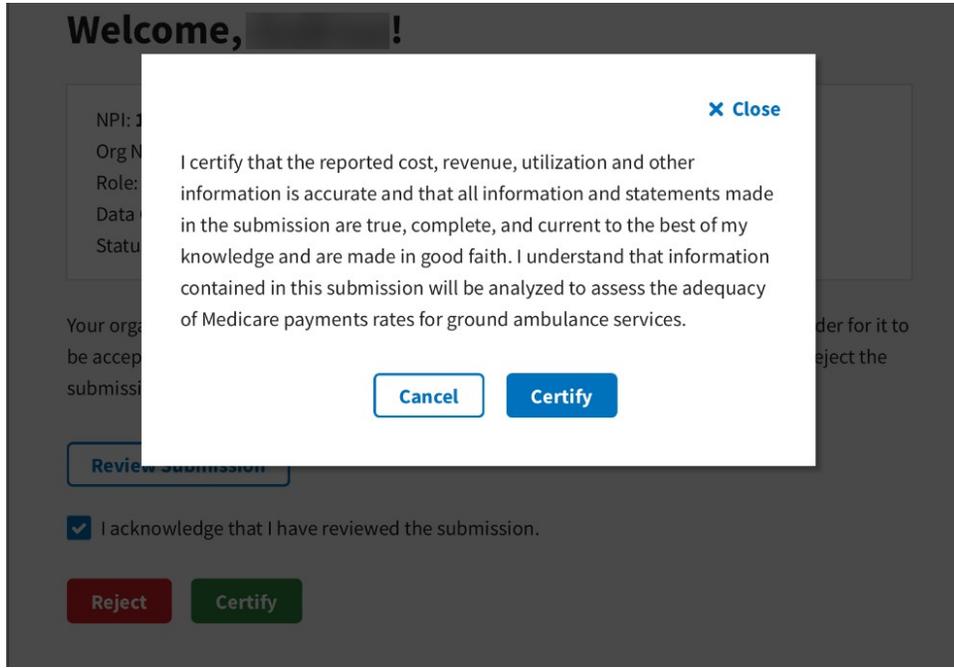
If the data is correct, the certifier will then click the box to acknowledge they have reviewed the data, and then click the Certify button.

The screenshot shows the CMS.gov Enterprise Portal interface for Medicare Ground Ambulance Data Collection. The header includes the CMS.gov logo, 'Enterprise Portal', 'My Apps', 'Help', and 'Log Out'. The main title is 'Medicare Ground Ambulance Data Collection' with a 'My Profile' button. A sidebar on the left contains 'Dashboard', 'Review Submission', 'Help', and 'Supporting Documentation'. The main content area displays a 'Welcome, [redacted]!' message. Below the welcome message is a box containing the following information: NPI: [redacted], Org Name: [redacted], Role: **Certifier**, Data Collection Submission Date: **9/30/2022**, and Status: **Ready for review**. A paragraph of text explains that the organization must review and certify the accuracy of the complete submission. Below this text is a 'Review Submission' button, a checked checkbox for 'I acknowledge that I have reviewed the submission.', and two buttons: 'Reject' (red) and 'Certify' (green).

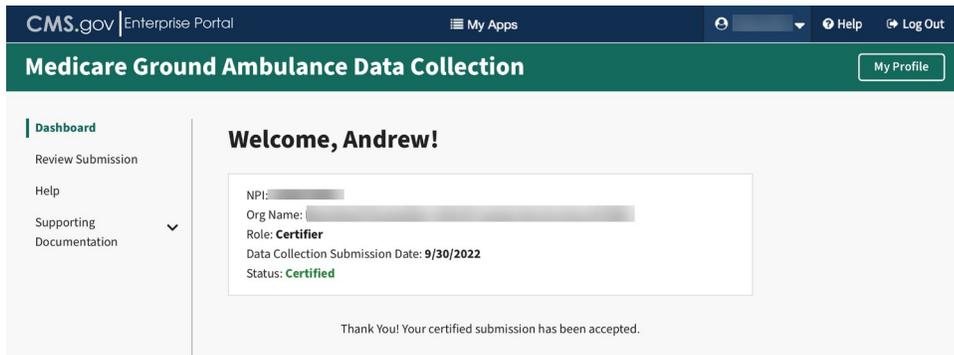
After you review the submission, if you must reject it for any reason, click on the Reject button. You will be prompted to check off any sections that require further review and space to provide information to the Submitter on what data needs to be reviewed. The submitter will receive an email with this information.

The screenshot shows a 'Comments' dialog box with a 'Close' button in the top right corner. The text inside the dialog reads: 'Please select all sections that apply and provide reasons for rejection.' Below this text is a list of sections, each with an unchecked checkbox: General Survey Instructions, Organizational Characteristics, Service Area, Emergency Response Time, Ground Ambulance Service Volume, Service Mix, Labor Costs, Facilities Costs, Vehicle Costs, Equipment, Consumable, and Supply Costs, Other Costs, Total Cost, and Revenues. At the bottom of the dialog, there is a section labeled 'Reasons for rejection' followed by a large empty text input box.

If the data is accurate and the submission is complete, The Certifier will click the Certify button. The Certifier will see a pop-up screen asking for their certification.



Once you click the Certify button, you will see this screen.



Congratulations!