



Medicare Ground Ambulance Data Collection System (GADCS) User Guide

CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS)

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Acronyms and Definitions

ALS1	Advanced Life Support, Level 1
ALS2	Advanced Life Support, Level 2
BBA	Bipartisan Budget Act
BLS	Basic Life Support
CMS	Centers for Medicare & Medicaid Services
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

Introduction

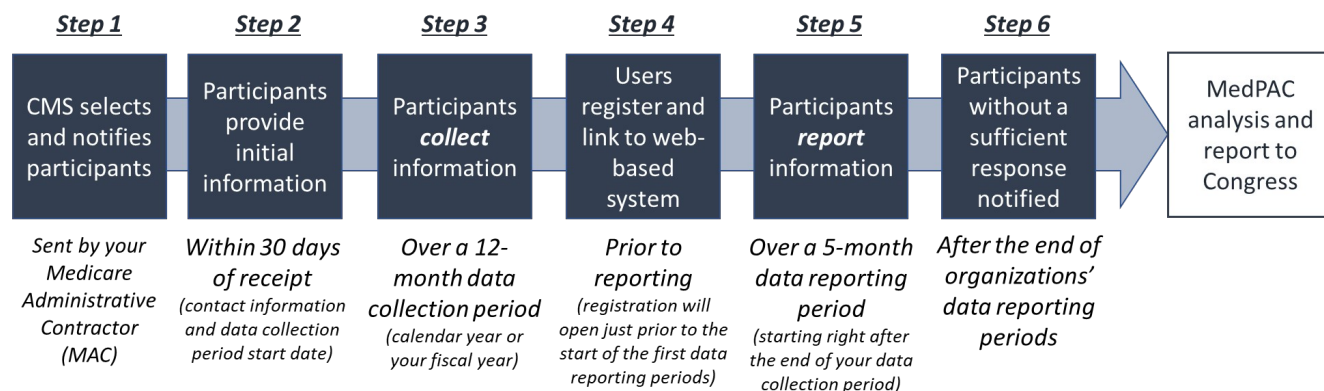
This document provides an overview of the Medicare Ground Ambulance Data Collection System (GADCS) and lists the specific information that sampled ground ambulance organizations must collect and report through the GADCS.

The Medicare Ground Ambulance Data Collection Instrument is the set of questions that sampled ground ambulance organizations will answer when they report information to the GADCS. The Instrument contains questions relating to your organization's characteristics, service area, emergency response time (if applicable), mix of ground ambulance services (e.g., basic life support versus advanced life support and emergency versus non-emergency transports), costs (including those related to labor, facilities, vehicle, equipment, consumables, supplies, and other), and revenues (e.g., payments from health insurers) and provides instructions on how to report this information.

A printable version of the Medicare Ground Ambulance Data Collection Instrument is available on CMS' Ambulances Services Center website at <https://www.cms.gov/Center/Provider-Type/Ambulances-Services-Center.html>. The Ambulances Services Center website lists other resources, including prior presentations and a Frequently Asked Questions (FAQ) document (<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AmbulanceFeeSchedule/Downloads/Medicare-Ground-Ambulance-FAQs.pdf>), that may be helpful to ground ambulance organizations preparing to collect and report information to the GADCS. Please email AmbulanceDataCollection@cms.hhs.gov if you have questions regarding this document or the GADCS.

Timeline and Process Overview

CMS developed the GADCS to meet the requirements described in paragraph (17) of section 1834 (l) of the Social Security Act. CMS is required by law to collect information on costs, revenue, utilization, and other information from representative samples of ground ambulance organizations. This information will be analyzed by the Medicare Payment Advisory Commission (MedPAC), a government body independent from CMS, to develop a report to Congress on the adequacy of Medicare payment rates for ground ambulance services and geographic variations in the cost of furnishing such services.



The figure above provides a high-level overview of the timeline for the data collection and data reporting requirements under the GADCS. In brief, CMS first selects and notifies participants in each of four representative samples of ground ambulance organizations (**Step 1**). Selected organizations have 30 days following receipt of notification to submit important initial information, including contact information and the start of the organization's data collection period, to CMS (**Step 2**).

After reporting this initial information, organizations will **collect** data over a continuous 12-month data collection period (**Step 3**). Organizations can choose to use a calendar year as their reporting period or, if different than a calendar year, their fiscal year.

Two types of users, data submitters and certifiers, will need to create accounts and link to the sampled NPI via a web-based GADCS portal currently under development by CMS (**Step 4**). Submitters are responsible for entering information into the web-based instrument (i.e., questions organized by section). Certifiers will review complete responses and certify the information is complete and accurate before submitting the response to CMS.

Organizations must report and certify their response in the GADCS before the end of their data reporting period, a 5-month period starting immediately after the end of the organization's data collection period (**Step 5**). CMS will notify organizations that do not sufficiently report information and may apply a 10 percent payment reduction on Medicare Part B Ambulance Fee Schedule services during the next calendar year to organizations that do not sufficiently report (**Step 6**). Ultimately, MedPAC will analyze the data reported to CMS to determine the adequacy of Medicare payments for ground ambulance services and geographic variations in the cost of furnishing such services. MedPAC will submit a report including its recommendations to Congress.

General Data Collection and Reporting Principles

Collecting information over a continuous, 12-month data collection period. Selected organizations will collect information over a continuous, 12-month data collection period. Organizations will not report any information to CMS until after the end of the data collection period. The information that you report to CMS must reflect the entire continuous, 12-month data collection period. Your

answers to questions about the characteristics of your organization should reflect how your organization operated during its data collection period, even if there were subsequent changes in characteristics or operations. Similarly, reported expenses, revenue, and hours worked must reflect the entire continuous, 12-month data collection period, even if your situation changed after the end of your data collection period. Please see detailed instructions in the printable version of the Medicare Ground Ambulance Data Collection Instrument for more detail.

Collecting and reporting required information that you may not currently track. Some ground ambulance organizations may need to reach out to individuals outside their organization to gather information that is not currently tracked. As an example, if your organization is part of a local government or broader parent entity that paid for certain aspects of your ground ambulance costs (e.g., if your municipality paid facility rent or benefits for staff), you will need to collect and report that information in order for CMS to get a full picture of the costs of operating your ground ambulance organization. As another example, you may need to reach out to your billing company for information on your volume of billed ground ambulance transports and the breakdown by level during your organization's data collection period.

Avoiding double counting. It is important that the staff hours, costs, and revenues contributing to the totals you report in the Medicare Ground Ambulance Data Collection Instrument are counted *only once*. As an example, following the instructions in the instrument, staff with both emergency medical technician (EMT) and administrative responsibilities must contribute *only* to reported EMT hours and compensation and not to reported administrative staff hours and compensation. The data collection instrument includes instructions on how to assign staff, costs, and revenue to only one category for the purposes of reporting.

Reporting information for sampled National Provider Identifiers (NPIs) only. CMS selects ground ambulance organizations to participate in the GADCS using NPIs. In some cases, an individual selected NPI will be part of a larger company or parent organization operating multiple ground ambulance NPIs. In other cases, a single ground ambulance organization may bill under multiple NPIs, for example when providing ambulance services in different jurisdictions. In these cases, you must collect and report data separately for each NPI, and you must report only for selected NPIs.

General Layout of Information

The bullet lists below summarize the information in the Medicare GADCS across its 13 sections. Ground ambulance organizations selected to participate in the GADCS must collect and report all information below that is applicable to their organization. The grey boxes below list information applicable only to certain types of ground ambulance organizations based on organizational characteristics and the services that are provided. Unless otherwise specified, all questions ask for information collected over your organization's continuous, 12-month data collection period.

A. Organizational Characteristics and Service Area (Instrument Sections 2 & 3)

- How you categorize your ground ambulance organization among several organization types.
- Whether your organization provides services other than ground ambulance services.
- Whether your organization operates land and/or water ambulances.
- Whether your organization provides certain types and levels of services (e.g., responses to emergency calls for service).
- Your organization's overall staffing model.
- Whether your organization uses any volunteer labor.
- The ZIP codes which you consider to comprise your service area.

B. Services Volume and Mix (Instrument Sections 4, 5, & 6)

- Your organization's approximate average trip time (in minutes).
- Number of total responses for all calls for service.
- Number of total ground ambulance responses involving a fully equipped and staffed ground ambulance, regardless of whether the response resulted in a transport.
- Whether your ground ambulance organization responds to calls with another non-transporting agency (such as a local fire department) that is not part of your organization, and the types of staff involved.
- Your organization's number of ground ambulance responses that *did not* result in a transport and, of these, the share where the patient received medical treatment on site.
- Your organization's number of ground ambulance responses that *did* result in a transport.
- Your organization's number of ground ambulance transports during the data collection period that were paid in part or in full by any health insurer or patient by the time you report data.
- Whether your organization participates in standby events (paid or unpaid).
- The number of paramedic intercepts for which your organization provided an Advanced Life Support (ALS) level of service for which another organization provides an ambulance transport.
- Excluding paramedic intercepts meeting Medicare's definition, the number of responses for which your organization provided ALS intervention as a joint response to meet a Basic Life Support (BLS) ambulance from another organization.
- The share of ground ambulance transports by level of service by billing code.
- The share of ground ambulance services that were interfacility.

Box 1: Services Provided Information Applicable to Certain Organization Types

Organizations that use more than one NPI to bill Medicare:

- Your parent organization's number of ground ambulance transports, including the number of transports across all ground ambulance organizations and NPIs owned or operated by the parent organization.

Organizations Responding to Emergency Calls for Service:

- How your organization currently tracks response times.
- Average response time.

- The share of emergency responses with response times more than twice your organization's average response time.
- Whether your organization is required or incentivized to meet response time targets.
- The share of ground ambulance responses that were emergency and non-emergency.

Organizations Operating Water Ambulances:

- The share of ground ambulance responses involving a water ambulance.

C. Information on Costs (Instrument Sections 7 through 12)

Staffing and Labor Costs (Instrument Section 7)

- Whether your organization uses paid and/or volunteer staff in specific categories of emergency medical technician (EMT) and other response staff categories.
- Whether your organization uses paid and/or volunteer medical director staff and staff in specific administration/facility categories.
- Total annual hours worked, hours worked related to ground ambulance responsibilities, and hours worked related to all other responsibilities by staff category.
- Total compensation for paid staff by staff category.
- Whether your organization has staff performing specific roles such as billing, data analysis, training, and medical quality assurance more than half-time.

Box 2: Staffing and Labor Cost Information Applicable to Certain Organization Types

Organizations using volunteer labor:

- The total number of EMT/response and of administrative/facilities volunteers. Total annual hours worked by volunteer staff by staff category.
- Total costs associated with volunteer staff.

Fire, Police, and/or Public Safety-Based Organizations:

- Hours worked related to fire, police, or other public safety activities by category for individuals with both ground ambulance and fire/police/public safety roles.

Facility Costs (Instrument Section 8)

- Information on each facility used by your organization related to ground ambulance services such as whether your organization pays mortgage or lease payments for each facility, whether the facility is owned outright or donated, the square footage of the facility, and the share of the facility related to ground ambulance services.
- Annual costs associated with each facility due to mortgage interest, lease payments, and depreciation (if applicable).
- Combined, facilities-related insurance costs, maintenance and improvements costs, utility costs, and facility taxes.

Vehicle Costs (Instrument Section 9)

- Information on each ambulance used by your organization related to ground ambulance services such as whether the ambulance was used to transport patients, whether the ambulance was donated, the annual depreciated value of the ambulance if owned (if applicable), payment amount if leased, and whether the ambulance was remounted and at what cost if owned.
- Information on each non-ambulance vehicle used by your organization related to ground ambulance services such as the vehicle type, whether the vehicle was donated, annual depreciation expense if owned (if applicable), and the payment amount if leased.
- The total miles traveled by ambulance and non-ambulance vehicles.
- Combined vehicle-related registration, license, insurance, maintenance, and fuel costs as well as estimates of the breakdown of maintenance and fuel costs across different types of vehicles.

Equipment, Consumable, and Supply Costs (Instrument Section 10)

- Total annual depreciation expense (if applicable), acquisition costs (if applicable), and total annual maintenance, certification, and service costs for capital medical equipment.
- Total annual costs associated with medications. If your organization does not have any costs related to medications, you will be asked to indicate a reason why.
- Total annual costs for medical supplies and consumables. This amount excludes costs related to capital medical equipment and medication reported elsewhere.
- Total annual depreciation expense (if applicable), acquisition cost (if applicable), and total annual maintenance, certification, and service costs for capital non-medical equipment.
- Total annual costs associated with uniforms.
- Total annual costs for non-medical supplies. This amount excludes costs associated with medical supplies, all capital equipment, and uniforms, all of which are reported elsewhere.

Other Costs (Instrument Section 11)

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

Total Costs (Instrument Section 12)

- Your organization's total costs, including costs unrelated to ground ambulance services. Note: We are asking for your organization's total costs in one separate question at the end of the cost section in the Medicare Ground Ambulance Data Collection Instrument. You are being asked a series of more detailed cost questions to help CMS understand the components of your total costs.

D. Information on Revenue (Instrument Section 13)

- Your organization's total revenue, including revenue unrelated to ground ambulance services.
- Transport revenue from different types of health care payers. Specific categories include fee-for-service (FFS) Medicare, Medicare Advantage (i.e., Medicare managed care), FFS Medicaid, Medicaid managed care, TRICARE, Veteran's Health Administration, commercial insurance, workers' compensation, and patient self-pay. You will be asked whether patient cost sharing is included in the amount you report for each payer category or in the patient self-pay category.
- Whether you routinely bill for transports of patients with different sources of coverage. The specific categories are the same as those listed above.
- Whether your organization realized revenue from any other sources (e.g., from contracts, earmarked taxes, donations, grants, etc.)
- Percent of revenue attributable to ground ambulance services across different categories.

Getting Help

If you have questions about the GADCS, please email (insert helpdesk info). If you have policy questions, please email the CMS's ambulance data collection mailbox (AmbulanceDataCollection@cms.hhs.gov). For a list of supplemental documents, webinars, and other resources, please see CMS's Ambulances Services Center website at <https://www.cms.gov/Center/Provider-Type/Ambulances-Services-Center.html>.

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 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 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.

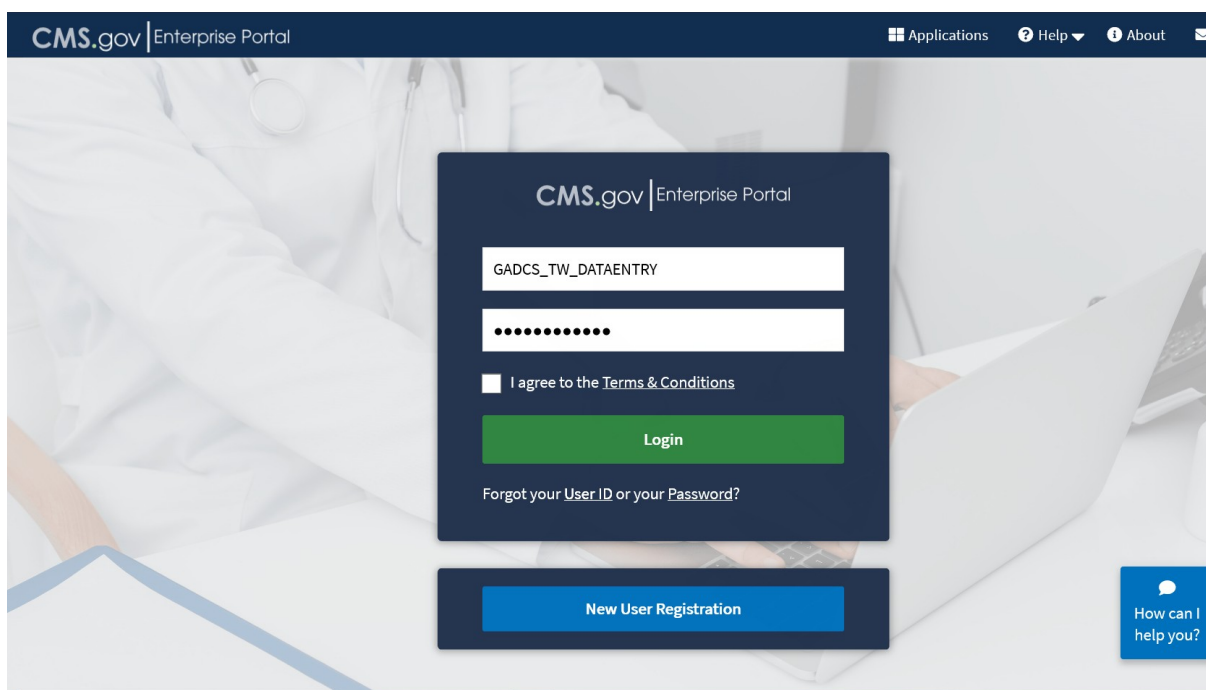
Logging In

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.

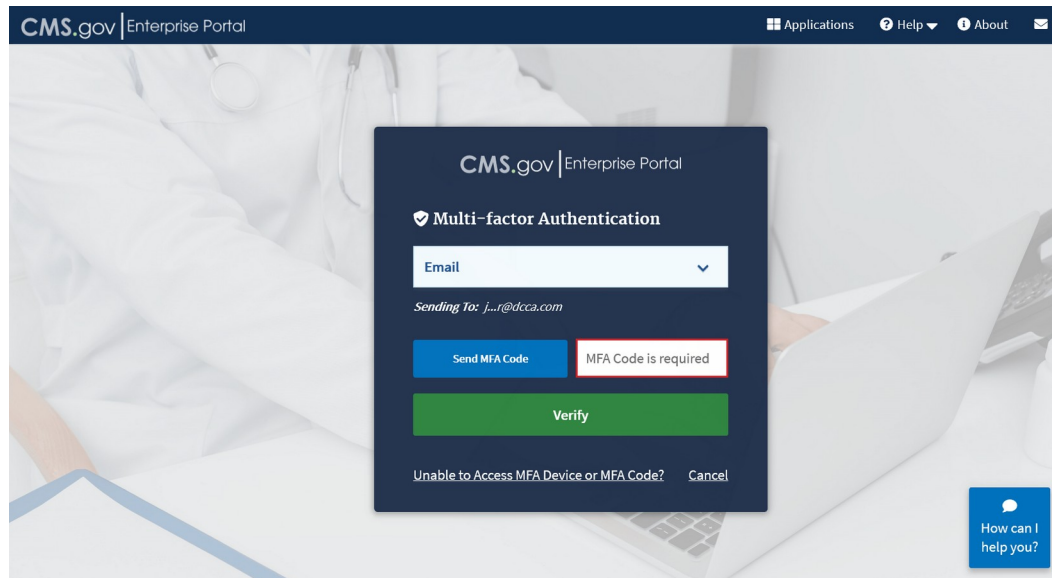
To log in, click this link: <https://portalval.cms.gov/>

The screenshot shows the CMS.gov Enterprise Portal login interface. At the top, a dark blue header contains the CMS.gov logo and 'Enterprise Portal' text on the left, and links for Applications, Help, About, and a mail icon on the right. The main content area has a light gray background with a faint image of a doctor. In the center is a dark blue login box. Inside this box, the CMS.gov logo and 'Enterprise Portal' text are at the top. Below this is a white input field containing the text 'GADCS_TW_DATAENTRY'. Underneath is another white input field filled with black dots, representing a password. Below the password field is a checkbox with the text 'I agree to the Terms & Conditions'. A green 'Login' button is positioned below the checkbox. Under the button is a link that says 'Forgot your User ID or your Password?'. Below the login box is a separate blue button labeled 'New User Registration'. In the bottom right corner of the page, 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.

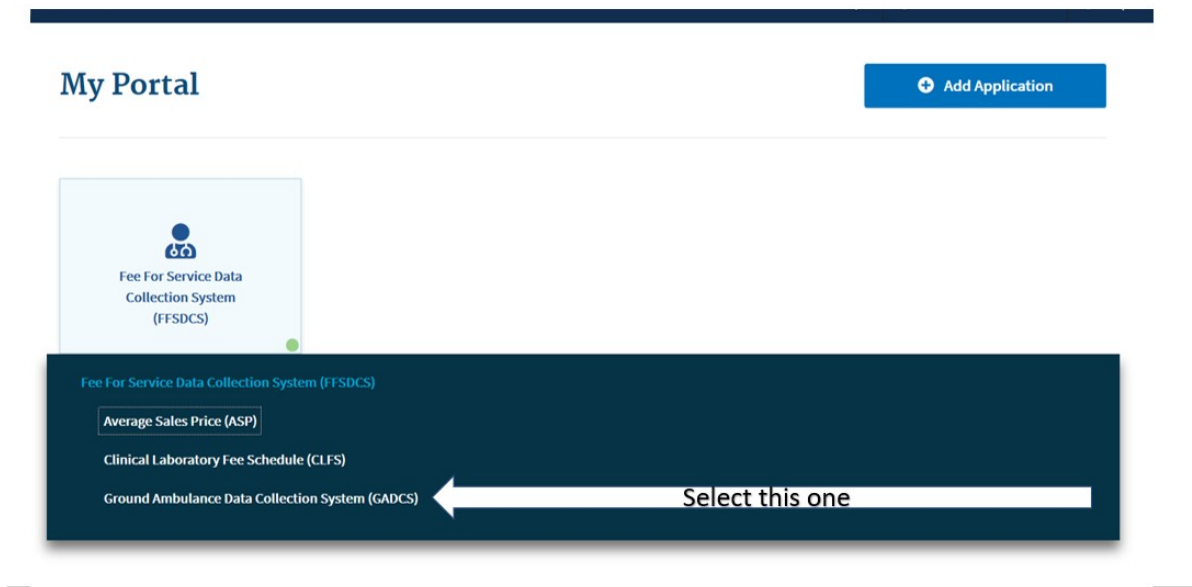


The screenshot shows the CMS.gov Enterprise Portal Multi-factor Authentication interface. At the top, there's a header with "CMS.gov | Enterprise Portal" and navigation links for "Applications", "Help", "About", and a user profile icon. The main content area has a dark blue background with a white "Multi-factor Authentication" title. Below the title is an "Email" dropdown menu. A message "Sending To: j...r@dcca.com" is displayed. There are two buttons: a blue "Send MFA Code" button and a red "MFA Code is required" button. Below these is a green "Verify" button. At the bottom, there are links for "Unable to Access MFA Device or MFA Code?" and "Cancel". A small blue chat bubble icon in the bottom right corner says "How can I help you?".

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.



The screenshot shows the "My Portal" page. At the top, there's a header with "My Portal" and an "Add Application" button. Below the header, there's a grid of application icons. The "Fee For Service Data Collection System (FFSDCS)" icon is highlighted with a green dot. Below the grid, there's a dark blue sidebar with a list of options: "Average Sales Price (ASP)", "Clinical Laboratory Fee Schedule (CLFS)", and "Ground Ambulance Data Collection System (GADCS)". A white arrow points to the "Ground Ambulance Data Collection System (GADCS)" option, with the text "Select this one" next to it.

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

On this page, you will first want to read 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 Start, and begin on NPI Registration.

The image displays two screenshots of the Medicare Ground Ambulance Data Collection System Overview page. The top screenshot shows the page with a 'Close' button in the top right. The bottom screenshot shows the same page with 'Cancel' and 'Start' buttons at the bottom.

Medicare Ground Ambulance Data Collection System Overview

What is the Medicare Ground Ambulance Data Collection System?

Ground ambulance providers and suppliers 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 period. Organizations may choose a collection period aligning with the calendar year or the organization's fiscal year that begins between January 1, 2022 and December 31, 2022. 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.

Process Flow:

- NPI Registration (both Data Entry and Certifier)
- Data entry role enters responses
- Certifier reviews and certifies

Buttons: Cancel, Start

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' page within the 'CMS.gov My Enterprise Portal'. The page has a dark blue header with 'CMS.gov My Enterprise Portal', 'My Apps', a notification bell, a user profile icon, 'Help', and 'Log Out'. Below the header is a green banner for the 'Medicare Ground Ambulance Data Collection System'. On the left is a sidebar with 'Dashboard', 'NPI Registration' (highlighted), and 'Supporting Documentation'. The main content area is titled 'NPI Registration' with a link to 'Overview Info'. Under the heading 'User ID NPI', there are three required fields: 'Primary Practice Location State (Required)' with a dropdown menu showing 'Ohio', 'Ground Ambulance Organization Name (Required)' with a search box 'Type in first 2 or 3 letters to see all options' and a 'Select...' dropdown, and 'NPI Selected for Data Reporting (Required)' with an empty text box. Below these fields is a link: 'Can't find your organization? Contact the CMS Helpdesk at helpdesk@cms.gov'. At the bottom is a 'Link the selected NPI' button. Four instructional arrows are overlaid: a blue arrow labeled 'Select your state' points to the state dropdown; a blue arrow labeled 'Select your organization' points to the organization name search box; a blue arrow labeled 'Type in your organization's NPI' points to the NPI text box; and a yellow arrow labeled 'Request help if needed' points to the helpdesk link. A large blue arrow labeled 'Click to complete' points to the 'Link the selected NPI' button.

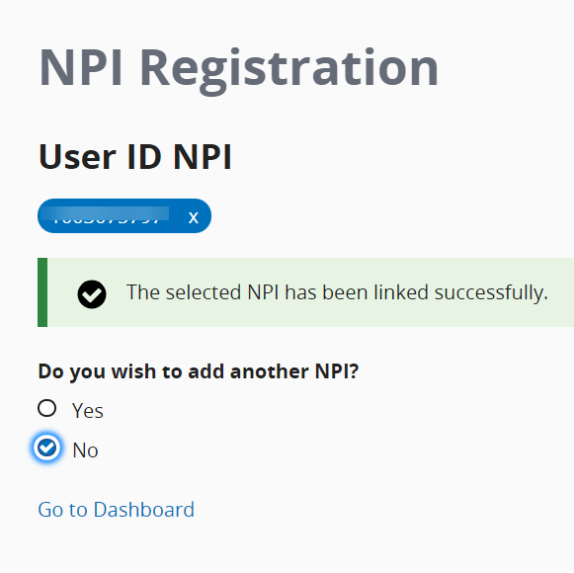
If the NPI you are trying to link to is already in use, you will see an error message that will prompt you to send an email to the help desk to resolve the issue.

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.

Select Yes to add another NPI, and then enter the information for the second number. Repeat for as many NPIs as you need.



NPI Registration

User ID NPI

1003075757 X

✓ The selected NPI has been linked successfully.

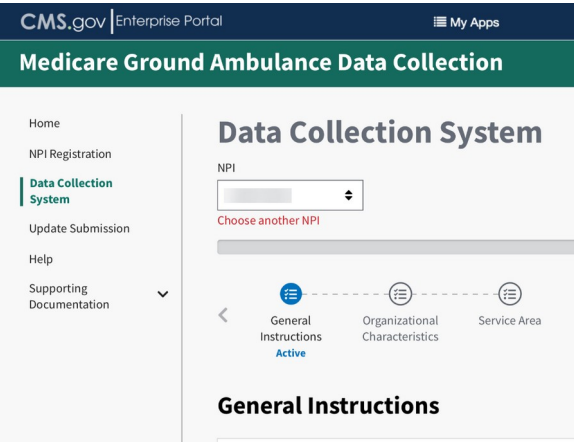
Do you wish to add another NPI?

☐ Yes

☒ No

[Go to Dashboard](#)

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

Choose another NPI

General Instructions

Organizational Characteristics

Service Area

General Instructions

1. General Instructions

Welcome to the Medicare Ground Ambulance Data Collection 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 CMS.gov My Enterprise Portal interface for the Medicare Ground Ambulance Data Collection System. The header includes the CMS.gov logo, "My Enterprise Portal", "My Apps", and navigation links for Help and Log Out. The main title is "Medicare Ground Ambulance Data Collection System".

On the left is a sidebar menu with "Dashboard", "NPI Registration", and "Supporting Documentation".

The main content area is titled "Data Collection System". It displays the "NPI" as a redacted box and the "Data Collection Period" as "January 01, 2022 - December 31, 2022". Below this is a progress bar 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 labeled "I verify that I've read the instructions above." which is checked.

A "Next" button is located at the bottom right of the instructions box.

CMS.gov

My Enterprise Portal

My Apps

Help

Log Out

Medicare Ground Ambulance Data Collection System

Dashboard

NPI Registration

Supporting Documentation

Data Collection System

NPI

Data Collection Period

January 01, 2022 - December 31, 2022

General Instructions

Organizational Characteristics

Service Area

Emergency Response Time

Ground Ambulance Service Volume

Active

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 Next, 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.

18

CMS.govMy Enterprise Portal

My Apps

HelpLog Out

Medicare Ground Ambulance Data Collection System

Dashboard

NPI Registration

Supporting Documentation

NPI

Data Collection Period

January 01, 2022 - December 31, 2022

General Instructions

Organizational Characteristics

Service Area

Emergency Response Time

Ground Ambulance Service Volume

General Instructions

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.

Previous

Save

Next Section →

2. 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.

The screenshot shows the CMS.gov My Enterprise Portal interface. The top navigation bar includes the CMS.gov logo, "My Enterprise Portal", "My Apps", and links for Help and Log Out. The main content area is titled "Data Collection System". Below this, there is a section for "NPI" and "Data Collection Period" (January 01, 2022 - December 31, 2022). A progress bar shows five steps: General Instructions, Organizational Characteristics (Active), Service Area, Emergency Response Time, and Ground Ambulance Service Volume. The "Organizational characteristics" section is currently active, displaying introductory text and a "Start" button.

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.

The screenshot shows the "Organizational characteristics" questionnaire. It contains three questions with radio button options:

- Is 1003075797 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 OHIO AMBULANCE SOLUTIONS, LLC 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

At the bottom of the questionnaire, there are "Previous" and "Next" buttons, and a "Save" button with a floppy disk icon.

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 a survey application interface. At the top, there is a progress bar with five steps: General Instructions, Organizational Characteristics (labeled 'Active'), Service Area, Emergency Response Time, and Ground Ambulance Service Volume. The main heading is 'Organizational characteristics'. Below this, a text prompt asks for job title, work email, and work phone for the primary person. There are three input fields: 'Job Title (Required)' with 'Job Manager', 'Work Email Address (Required)' with 'manager@job.com', and 'Work Phone (Required)' with '410-201-1234'. A question about ownership type follows, with four radio button options: 'For-profit' (selected), 'Non-profit excluding government', 'Government (e.g., federal, state, county, city/township/other municipal)', and 'Public/private partnership'. Another question asks if the organization uses volunteer labor, with 'Yes' and 'No' (selected) radio button options. At the bottom right of the form are 'Previous' and 'Next' buttons. Below the form, centered, is a 'Save' button with a floppy disk icon.

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

Organizational characteristics

What is your job title, work email address and work phone for the primary person completing this instrument

Job Title (Required)

Job Manager

Work Email Address (Required)

manager@job.com

Work Phone (Required)

410-201-1234

Which description of ownership type best fits your organization?

☒ For-profit

☐ Non-profit excluding government

☐ Government (e.g., federal, state, county, city/township/other municipal)

☐ Public/private partnership

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.

☐ Yes

☒ No

Previous Next

Save

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

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General Instructions Complete

Organizational Characteristics Active

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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 CMS.gov My Enterprise Portal interface for the Medicare Ground Ambulance Data Collection System. The 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 (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 checkboxes: '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)'. The 'Other (specify)' checkbox is selected, and a text input field is provided for specification. At the bottom of the form, there is a 'Save' button and 'Previous' and 'Next' navigation buttons.

Organizational characteristics

Does your ground ambulance operation share any operational costs, such as building space or personnel, with one of the following?

☐ 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?

☒ Other (specify)

☒ None

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

[Save](#)

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

General Instructions

Organizational Characteristics

Service Area

Emergency Response Time

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Active

Organizational characteristics

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

- End of Organizational Characteristics -

Previous

Next Section →

Save

Click Save and then click Next Section.

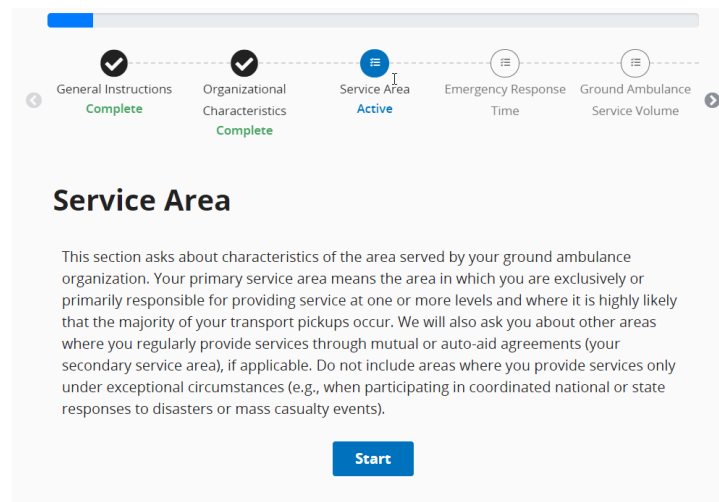
3. Service Area

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 section is titled "Service Area". The text explains that this section asks about the characteristics of the area served by the ground ambulance organization, defining the primary service area as the area where the majority of transport pickups occur. It also mentions secondary service areas and exceptional circumstances. A blue "Start" button is at the bottom.

General Instructions Complete

Organizational Characteristics Complete

Service Area Active

Emergency Response Time

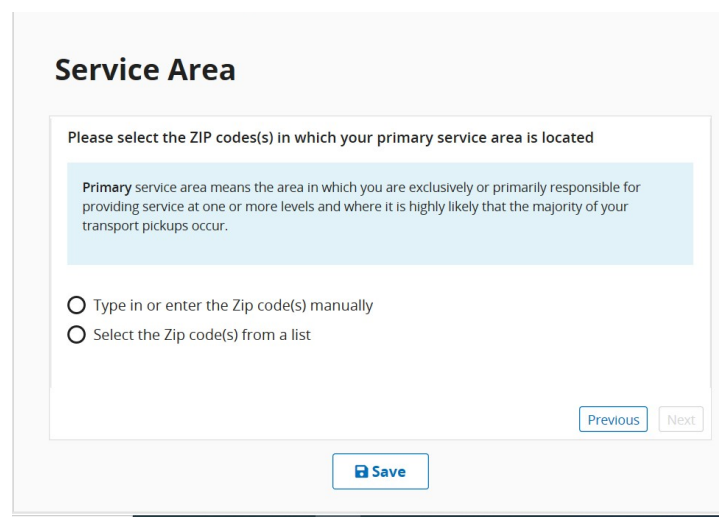
Ground Ambulance Service Volume

Service Area

This section asks about characteristics of the area served by your ground ambulance organization. Your 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. We will also ask you about other areas where you regularly provide services through mutual or auto-aid agreements (your secondary service area), if applicable. 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).

Start

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 "Service Area" section with a title and a question: "Please select the ZIP codes(s) in which your primary service area is located". A light blue box defines the 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 are "Previous" and "Next" buttons, and at the bottom center is a "Save" 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

Previous Next

Save

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.

✓

General Instructions

Complete

✓

Organizational Characteristics

Complete

⋮

Service Area

Active

⋮

Emergency Response Time

⋮

Ground Ambulance Service Volume

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

Select the ZIP Codes

State

County

Zip

Ohio

All County

44130 x

43005 x

43007 x

44130 x

43005 x

43007 x

3 Zip Code(s) in OH have been added [Clear All](#)

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

44130 x

43005 x

43007 x

Total of 3 Zip code(s) have been added. [Delete All](#)

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

[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 code(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 code(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.

Add

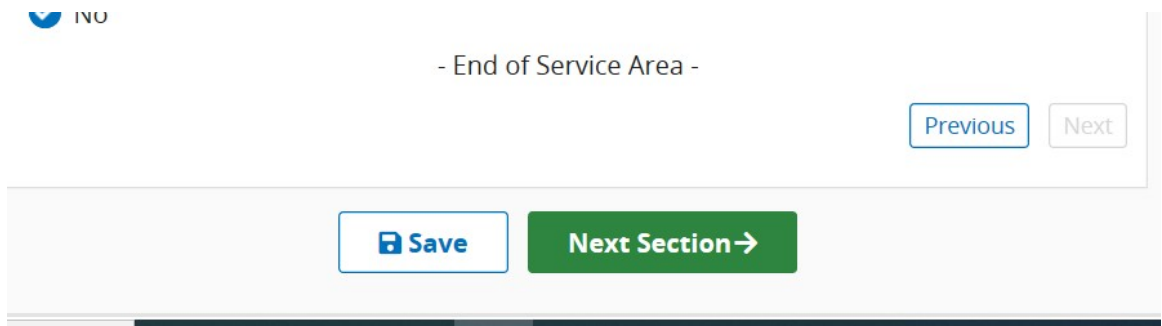
21201 x 21202 x 21237 x 21234 x

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

Previous Next

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.



The screenshot shows a software interface with a light gray background. At the top left, there is a blue circular icon with a white checkmark and the text "INO". In the center, the text "- End of Service Area -" is displayed. To the right of this text, there are two buttons: "Previous" with a blue border and "Next" with a gray border. Below these, there is a horizontal bar with a light gray background. On the left side of this bar is a button labeled "Save" with a blue icon of a floppy disk. To the right of the "Save" button is a green button labeled "Next Section →".

4. Emergency Response Time

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

Click start to begin this section.

CMS.gov | My Enterprise Portal

My Apps

Help Log Out

Medicare Ground Ambulance Data Collection System

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NPI [Redacted]

Data Collection Period: January 01, 2022 - December 31, 2022

General Instructions Complete

Organizational Characteristics Complete

Service Area Complete

Emergency Response Time Active

Ground Ambulance Service Volume

Emergency Response Time

To help us better understand your ground ambulance organization's response time, please answer the following questions:

[Start](#)

CMS.gov | My Enterprise Portal

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Help Log Out

Medicare Ground Ambulance Data Collection System

Overview

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NPI [Redacted]

General Instructions Complete

Organizational Characteristics Complete

Service Area Complete

Emergency Response Time Active

Ground Ambulance Service Volume Complete

Emergency Response Time

We are interested in your organization's response time for ground ambulance responses to emergency calls for service in your **primary** service area (the area in which you usually provide service and where the majority of your transport pickups occur). We define response time as the time from when the call comes in to when the ambulance or another EMS response vehicle arrives on the scene. Do you define response time in this way?

☐ Yes

☒ No

You indicated in your previous response that your organization uses a different definition of response time. Please select the definition that best fits your organization's measurement of response time:

☐ From the time the ambulance leaves the station to the time the ambulance or other EMS vehicle is at the scene

☒ Other (please specify)

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

[Save](#)

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).

Data Collection System

NPI

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

Emergency Response Time

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

☐ Yes

☒ No

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

Estimated average response time

minutes

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?

Estimated response time

minutes

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

[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.

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](#)

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.

Data Collection System

NPI

General Instructions

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Complete

Active

Emergency Response Time

Is your organization required or incentivized to meet response time targets?

☒ Yes

☐ No

Who determines the response time targets required or incentivized?

☐ Our organization sets our own target response time

☒ Local municipality

☐ County

☐ Other (please specify)

Are you penalized if you exceed the response time targets? Penalties can take the form of reduced payments or a fine

☐ Yes

☒ No

Previous

Save

Next Section →

5. 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 period?

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.

What was your organization's total number of **ground ambulance responses** during your organization's data collection period 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 screenshot shows the CMS.gov My Enterprise Portal interface. The top navigation bar includes the CMS.gov logo, "My Enterprise Portal", "My Apps", a notification bell, a user profile icon, and "Help" and "Log Out" links. The main content area is titled "Ground Ambulance" and includes a "Supporting Documentation" dropdown. A warning popup is displayed in the center, asking: "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?" with "Yes" and "No" buttons and a "Close" link. The background form shows the "Ground Ambulance" section with a "Total number of responses" input field containing "100". Below this, a text box defines "Total responses" and includes a question about the organization's total number of ground ambulance responses during the data collection period (October 01, 2021 through September 30, 2022).

Ground Ambulance

What was your organization's total number of ground ambulance responses during your organization's data collection period (October 01, 2021 through September 30, 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 responses

100

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.

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?

[Close](#)

[Yes](#) [No](#)

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

Data Collection System

NPI
155684432

General Instructions
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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 (October 01, 2021 through September 30, 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.

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Ground Ambulance Service Volume

What was the total number of **ground ambulance transports** for your organization during your organization's data collection period (October 01, 2021 through September 30, 2022), across all payer types, and regardless of the level of service or geography?

Total number of ground ambulance transports

100

Here we are interested in **ALL** of the NPIs associated with your parent organization/central office. What was the total number of **ground ambulance transports across all of the NPIs operated by your parent organization/central office** during your organization's data collection period (October 01, 2021 through September 30, 2022), across all payer types and regardless of the level of service or geography?

Total number of ground ambulance transports across all of the NPIs

100

What was the total number of **paid ground ambulance transports** during your organization's data collection period (October 01, 2021 through September 30, 2022), across all payer types and regardless of the level of service or geography?

Total number of paid ground ambulance transports

100

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.

Data Collection System

NPI

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Complete

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 (October 01, 2021 through September 30, 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.

6. 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.

Service Mix

Please reply to the following questions regarding the mix of your organization's **ground ambulance responses** during your organization's data collection period.

There are two levels of service for Basic Life Support (BLS) and Advanced Life Support, Level 1 (ALS1) transports: emergency and non-emergency. CMS has defined an emergency response as: An emergency response is a BLS or ALS1 level of service that has been provided in immediate response to a 911 call or the equivalent. An immediate response is one in which the ground ambulance organization begins as quickly as possible to take the steps necessary to respond to the call. This can include emergency transfers from a lower-level to higher-level of care. The percentage of emergency and non-emergency responses should add to 100%. Advanced Life Support, Level Two (ALS2), Specialty Care Transport (SCT) and Paramedic Intercept (PI) transports may be emergency if an immediate response is provided.

Enter 0% if you do not provide responses in either category

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	75 %
-----------	-----------------------------------

Non-emergency	25 %
---------------	-----------------------------------

Total	100 %
--------------	--------------

Previous

Next

Save

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** fell in the following categories during your organization's data collection period. 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.

Transport Type	What percentage of your organization's ground ambulance transports fell into the following categories? Enter 0% if you do not provide transports in a category.	
Basic Life Support (BLS), Non-emergency (HCPCS code A0428)	30	%
Basic Life Support (BLS), Emergency (HCPCS code A0429)	30	%
Advanced Life Support, Level 1 (ALS1), Non-emergency (HCPCS code A0426)	10	%
Advanced Life Support, Level 1 (ALS1), Emergency (HCPCS code A0427)	10	%
Advanced Life Support, Level 2 (ALS2), (HCPCS code A0433)	10	%
Specialty Care Transport (SCT), (HCPCS code A0434)	10	%
Total	100 %	

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

[Save](#)

Service Mix

Please indicate what percentage of your organization's **total transports** fell in the following categories during your organization's data collection year 2021. 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.

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

Basic Life Support (BLS), Non-emergency (HCPCS code A0428)		%
Basic Life Support (BLS), Emergency (HCPCS code A0429)		%
Advanced Life Support, Level 1 (ALS1), Non-emergency (HCPCS code A0426)		%

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."

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[Save](#)

[Next Section →](#)

7. Labor Cost

Please read the introduction description carefully before answering any questions.

Acknowledge the instructions, then click Start to begin.

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.

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Help Log Out

Labor Costs

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

[Review the Instructions](#)

Please indicate if your organization has paid staff (full and/or part time) in each of the following categories during your organization's data collection period.

Staff Category	Paid Staff
EMT/Response Staff	
EMT - Basic	☐
EMT - Intermediate	☐
EMT - Paramedic	☐
Nurse, doctor, respiratory therapist, or other medical professional	☐
Emergency Medical Technician (EMT)	☐

[Save](#)

Instructions

Close

- Please provide a response for each row in the table below.
- Staff categories are listed under "EMT/Response Staff," "Administration/Facilities Staff," and "Medical Director" headings.
- Include staff who were both paid and volunteer during your organization's data collection period, for example a paid employee at the start of the year who converted to a volunteer later in the year, in the appropriate paid staff category.
- The default is to report individuals with **any** EMT/response responsibilities in the appropriate EMT/response category and not in the administration/facilities category. Do **not** report EMT/response staff in the administration/facilities staff categories even if they sometimes perform administration/facilities duties. For example, an EMT with vehicle maintenance responsibilities would contribute to the appropriate EMT category but **not** to the vehicle maintenance category.
- Include only individuals who had responsibilities that were either **partly or entirely related to your ground ambulance operation**, including frontline staff responding to ground ambulance calls and administrative and facilities staff that supported your ground ambulance operation. They may include, for example, fire fighter/EMTs and managers (such as a fire chief) with ground ambulance responsibilities.
- Do not include individuals who had **only non-ground**

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

Labor Costs

This question asks whether your organization used paid and volunteer staff in different categories during your organization's data collection period. 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 has paid staff (full and/or part time) in each of the following categories during your organization's data collection period.

Certification depends on state or local level.

EMT - Basic ☐

EMT - Intermediate ☐

EMT - Paramedic ☐

Nurse, doctor, respiratory therapist, or other medical professional ☐

Emergency Medical Responder (EMR) ☐

[Save](#)

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 your organization's data collection period; 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/reponse staff	Total hours worked annually for paid EMT/reponse staff	Hours worked annually unrelated to ground ambulance
EMT - Basic	\$	hrs	hrs
EMT - Intermediate	\$	hrs	hrs

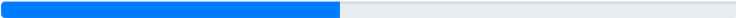
[Save](#)

Be sure to click Review Instructions and read them carefully. For this question, the hours must be entered in whole numbers only

Data Collection System

NPI

Data Collection Period




 Service Mix
Complete


 Labor Costs
Active


 Facilities Cost


 Vehicle Cost


 Equipment,
Consumable, and
Supply Costs

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 during your organization's data collection period. 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 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		hrs	hrs

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Save

You will input data about volunteer labor.

Labor Costs

Volunteer Labor

How many **individuals** were EMT/response volunteers during your organization's data collection period?

This question is about the **hours** of EMT/response volunteers annually during your organization's data collection period. Specifically:

- Total volunteer hours for all EMT/response staff across all activities, including ground ambulance and other activities.
- Hours includes the time from which the volunteer receives a call or a page to the time they are finished with their call as well as time spent in the station house performing duties as if they were being paid. Do not include hours spent on call in this section.

EMT/Response Staff Category	Total hours for all volunteer EMT/response staff	Hours worked annually unrelated to ground ambulance or fire/police/other public safety duties
Nurse, doctor, respiratory therapist, or other medical staff	120 hrs	0 hrs
Ambulance Driver (non-EMT/EMR)	120 hrs	0 hrs

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Labor Costs

Volunteer Labor

How many **individuals** were **administration/facility** volunteers during your organization's data collection period? Please read the following instructions before answering this question.

Number of individuals

Include only volunteers who were related to your ground ambulance operation. Do **not** include volunteers with both EMT/response roles and administrative/facilities responsibilities (you reported those individuals in the previous item).

What was the total number of **administration/facility** volunteer labor hours annually during your organization's data collection period?

Total number of hours worked annually for administration/facilities staff

 hrs.

Number of hours unrelated to ground ambulance activities for administration/facilities staff

 hrs.[Previous](#)[Next](#)

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

8. 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.

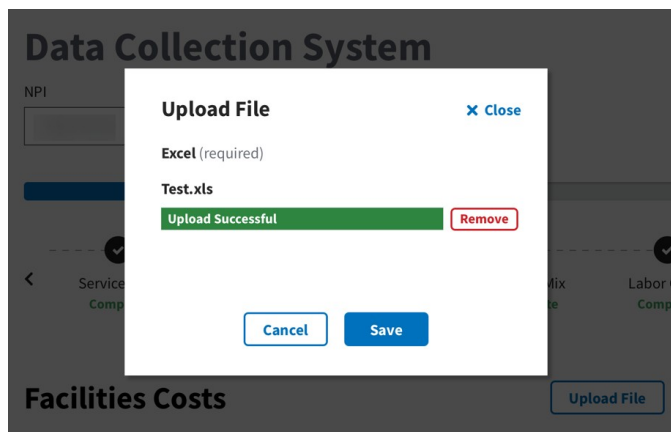
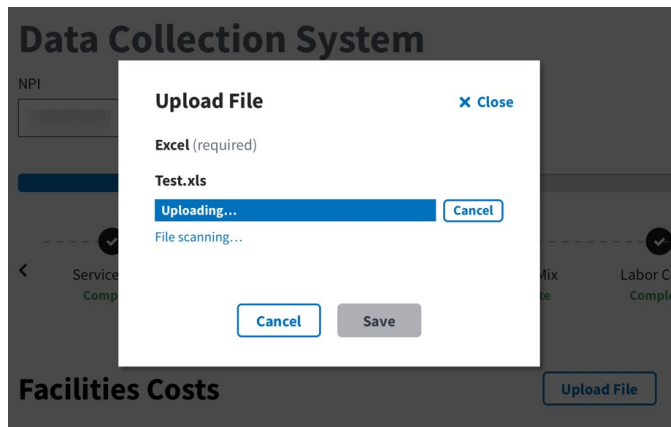
Click Start to begin answering questions in this section.

The screenshot shows a progress bar at the top with six steps: Service Area (Complete), Emergency Response Time (Complete), Ground Ambulance Service Volume (Complete), Service Mix (Complete), Labor Costs (Complete), and Facilities Costs (Active). Below the progress bar, the title 'Facilities Costs' is displayed next to an 'Upload File' button. A paragraph explains that this section asks about facilities costs for ground ambulance organizations, including dispatch centers, vehicle storage, administrative staff, and EMT staff. At the bottom, there is a blue 'Start' button.

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

The screenshot shows a 'Data Collection System' interface with a modal dialog box titled 'Upload File'. The dialog box has a 'Close' button in the top right corner. It specifies 'Excel (required)' and 'Maximum file size is 10 MB'. Inside the dialog, there is a dashed box containing a 'Select File' button and the text 'or drag file here'. At the bottom of the dialog are 'Cancel' and 'Save' buttons. The background shows the 'Facilities Costs' section of the data collection system.

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.

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

2

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 Garage

2 Building

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.

Report total facility square footage. For example, report total square footage for a facility used for both fire and ambulance vehicles and responses.

Report your best estimate of the share of the facility associated with ground ambulance services. Do not include garage, storage, and staff areas used for fire response. Include a share of office and common spaces related to both ground ambulance and other activities that is in proportion to your share of total responses that are ground ambulance responses. For example, if half of your organization's responses are ground ambulance responses, include half of the square footage for these areas.

Facility Name	Rent/Leased	Mortgaged	Owned	Donated	Square footage	% for Ground Ambulance
1 Garage	☒	☐	☐	☐	5,000 Sq Ft	100 %
2 Building	☒	☐	☐	☐	700 Sq Ft	100 %

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Next

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 during your organization's data collection period. 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 Garage	\$ 75,000	\$	\$	☐
2 Building	\$ 50,000	\$	\$	☐

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[Save](#)

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

Insurance, Maintenance, Utilities, and Taxes

Please indicate the total amount your organization paid for the following during your organization's data collection year 2020. 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 2020. Enter dollar amount.	\$	%
Total facilities maintenance and improvement costs for your organization's data collection year 2020. Do not include any labor costs if included in labor section of the instrument. Enter dollar amount.	\$	%
Total facilities utilities costs for your organization's data collection year 2020. Enter dollar amount.	\$	%
Total facilities taxes for your organization's data collection year 2020. Do not include any taxes if included in the mortgage section of the instrument. Enter dollar amount.	\$	%

9. Vehicle Costs

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

Click Start to begin.

Progress bar showing completion status for various sections:

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

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.

Please provide a name (e.g., a vehicle number, license plate, or other identifier) for each vehicle. You can choose whatever name you would like but the names must be unique. You will enter information for each vehicle by name on subsequent pages.

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

1

2

3

4

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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.

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.

Please provide a name (e.g., a vehicle number, license plate, or other identifier) for each vehicle. You can choose whatever name you would like but the names must be unique. You will enter information for each vehicle by name on subsequent pages.

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

1

2

3

4

How many ground ambulances does your organization lease or rent?

Number of ground ambulances LEASED/RENTED

What was the total number of miles (billed and unbilled) traveled by land ambulances for any reason during your organization's data collection period?

Number of miles

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

Vehicle Costs

Ground Ambulance Vehicle Costs (continued)

Report the following information for each owned and/or leased vehicle. 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.

Owned Ground Ambulance	Was this ambulance used to transport patients in data collection year 2021?	Was this vehicle donated?	What was the annual depreciation expense for this vehicle?	Was this ambulance remounted in data collection year 2021?	What was the cost to your organization for the remount?
#1 Suspendisse	☐ Yes ☐ No	☐ Yes ☐ No	\$	☐ Yes ☐ No	\$
#2 Maecenas	☐ Yes ☐ No	☐ Yes ☐ No	\$	☐ Yes ☐ No	\$
#3 Vestibulum	☐ Yes ☐ No	☐ Yes ☐ No	\$	☐ Yes ☐ No	\$
#4 Curabitur	☐ Yes ☐ No	☐ Yes ☐ No	\$	☐ Yes ☐ No	\$

Leased/Rented Ground Ambulance	Was this ambulance used to transport patients in data collection year 2021?	What was the annual depreciation expense for this vehicle?
#1 Phasellus	☐ Yes ☐ No	\$
#2 Nullam	☐ Yes ☐ No	\$
#3 Aliquam	☐ Yes ☐ No	\$
#4 Proin	☐ Yes ☐ No	\$

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.

Next, calculate the total cost of registration for all your organization's vehicles. You will do the same for license and insurance costs. When totaling the Other Costs, please enter only whole numbers.

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 during your organization's data collection period?

\$

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

\$

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

\$

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.

✓

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)

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.

\$

10. Equipment, Consumable, and Supply Costs

Please read the information before clicking Start to begin.

Equipment, Consumable, and Supply Costs

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 auditing purposes.
- For leased capital goods and medical and non-medical equipment, the annual cost is the annual lease expenditures for the piece of equipment.
- For all of the cost categories in this section: If you have an ongoing relationship with an organization that pays this cost for your organization, report the cost here. Otherwise, do not include costs for donated items.
- 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

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 period. 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

\$

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

Medical Equipment/Supplies

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

☒ 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 period for ground ambulance services? Do not include in-kind donations.

Total cost of medications

\$

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Continuing answering the questions until you complete this section.

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

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

What was the total cost of all other non-medical supplies (e.g., paper, office supplies, postage) your organization purchased during your organization's data collection year 2020?

Total cost of all other non-medical supplies

\$

What was the percentage of all other non-medical supply expenses attributable to ground ambulance services during your organization's data collection year 2020? 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).

%

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

The screenshot shows a Medicare billing setup interface. At the top, a progress bar indicates the current step. Below the progress bar, a horizontal timeline shows six steps: 1. Ground Ambulance Service Volume (Complete), 2. Service Mix (Complete), 3. Labor Costs (Complete), 4. Facilities Costs (Complete), 5. Vehicle Costs (Complete), and 6. Equipment, Consumable, and Supply Costs (Active). The current step, 'Equipment, Consumable, and Supply Costs', is highlighted with a blue icon and the word 'Active' in blue. Below the timeline, the section title 'Equipment, Consumable, and Supply Costs' is displayed. Under this title, the sub-section 'Non-Medical Equipment/Supplies' is shown. The text below this sub-section reads: '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.' Below this text, the label 'Allocated portion of non-medical equipment and supply expenses' is followed by a dollar sign (\$) and an empty input box.

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.

11 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.

Other Costs

In this section, we ask about **additional costs** during your organization's data collection period 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?

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 your organization's data collection period	Total cost for the service
Billing service	☒	\$ 2,000
Accounting service	☒	\$ 80,000
Vehicle maintenance/ repair service	☒	\$ 15,000
Dispatch/call center service	☐	\$
Facilities maintenance services	☒	\$ 50,000
IT support service	☐	\$

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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?

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 your organization's data collection period	Total cost for the service
Billing service	☒	\$ 2,000
Accounting service	☒	\$ 80,000
Vehicle maintenance/ repair service	☒	\$ 15,000
Dispatch/call center service	☐	\$
Facilities maintenance services	☒	\$ 50,000
IT support service	☐	\$
EMT/response labor	☒	\$ 100,000
Other (specify)	☒	\$ 47,000
Typed Response		

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

Other Costs

Please indicate if your organization incurred any of the following expenses during data collection year 2021. 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

12 Total Costs

Enter in the total of your organization's costs.

Total Cost

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

\$

- End of Section 12: Total Cost -

[Previous](#)

[Next Section →](#)

This is the only question for this section.

13 Revenues

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

Revenues

This section asks about your organization's sources of ground ambulance revenue. You may need to collect information from a billing company or your municipality in order to report this information. Do **not** include billed but uncollected amounts.

Start

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

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

Revenues

How often did your organization bill the following types of payers for the amount owed for a transport during data collection year 2021?

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

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.

Revenues

Please indicate if your organization received any revenues from any of the following sources during your organization's data collection period. 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 your organization's data collection period?	Total revenues	What % of revenue was attributable to ground ambulance services?
Contracts from facilities (e.g., hospitals, nursing homes, prisons, businesses)	☐		%
Revenue from payers for EMS/medical services other than transports and excluding contracts from facilities reported above	☐		%
Revenues for subcontracted ambulance services	☐		%
Fees for standby events	☐		%
Membership fees for an association that collects fees from participants in return for ambulance services	☐		%
Charitable donations (e.g., foundations and individual donors) excluding vehicles or any cost offsets reported elsewhere in the instrument	☐		%
Executive loan programs (e.g., chief executive officer, business development, etc.)	☐		%
Program-related investments (e.g., public-private investment)	☐		%
Local taxes earmarked for EMS services	☐		%
Contract revenue from local governments in return for services	☐		%
Enterprise funds and utility rates	☐		%
Sale of assets and services	☐		%
Bond or debt financing	☐		%
State or local donation of surplus vehicles and durable equipment	☐		%
Other donations excluding labor, facilities, vehicles, equipment, supplies, medication, and other items reported elsewhere in the instrument	☐		%
Special purpose grants (generally state)	☐		%
Matching grants (generally state)	☐		%
Technical assistance (e.g., subsidized training)	☐		%
Demonstration grants (federal)	☐		%
Congressional earmarks	☐		%
Other (specify)	☐		%
Other Explanation			

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.

The screenshot shows a progress bar at the top with six sections, each marked with a checkmark and the word 'Complete': Facilities Costs, Vehicle Costs, Equipment, Consumable, and Supply Costs, Other Costs, Total Cost, and Revenues. Below the progress bar, the text 'Congratulations!' is displayed in a large, bold font. Underneath, a smaller line of text reads: 'You've now completed all sections. Would you like to review all or submit?'. At the bottom, there are two buttons: a blue 'Review' button with a magnifying glass icon and a green 'Submit' button.

Once you are ready, click the Submit button.

The screenshot shows the 'Data Collection System' interface. A white confirmation dialog box is centered on the screen, asking 'Are you sure you want to submit the responses?'. The dialog box has a 'Close' button in the top right corner, a 'Cancel' button, and a 'Submit' button. In the background, the progress bar from the previous screenshot is visible, showing all sections completed. The word 'Congratulations!' is also visible at the bottom of the background interface.

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 for the Medicare Ground Ambulance Data Collection System. The interface includes a top navigation bar with 'CMS.gov Enterprise Portal', 'My Apps', 'Help', and 'Log Out'. A sidebar on the left contains links for '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 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.'

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

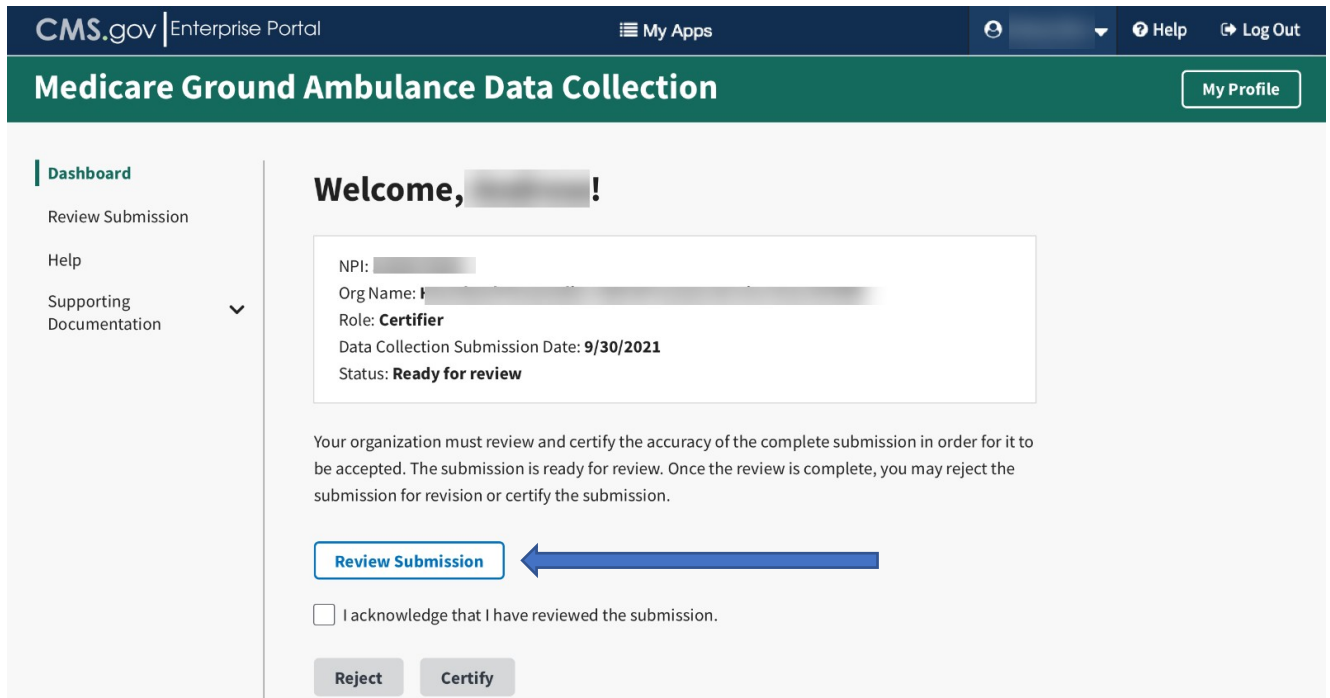
Revenues Complete

✓ 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 image shows the CMS.gov Enterprise Portal Medicare Ground Ambulance Data Collection Certifier Landing Page. The header includes the CMS.gov logo, Enterprise Portal, My Apps, Help, and Log Out. The main heading is Medicare Ground Ambulance Data Collection, with a My Profile button. The left sidebar contains Dashboard, Review Submission, Help, and Supporting Documentation. The main content area displays a Welcome message, a box with user information (NPI, Org Name, Role: Certifier, Data Collection Submission Date: 9/30/2021, Status: Ready for review), and instructions for reviewing and certifying the submission. A blue arrow points to the Review Submission button. Below the button is a checkbox for acknowledging the review, and buttons for Reject and Certify.

Welcome, [redacted]!

NPI: [redacted]
Org Name: [redacted]
Role: **Certifier**
Data Collection Submission Date: **9/30/2021**
Status: **Ready for review**

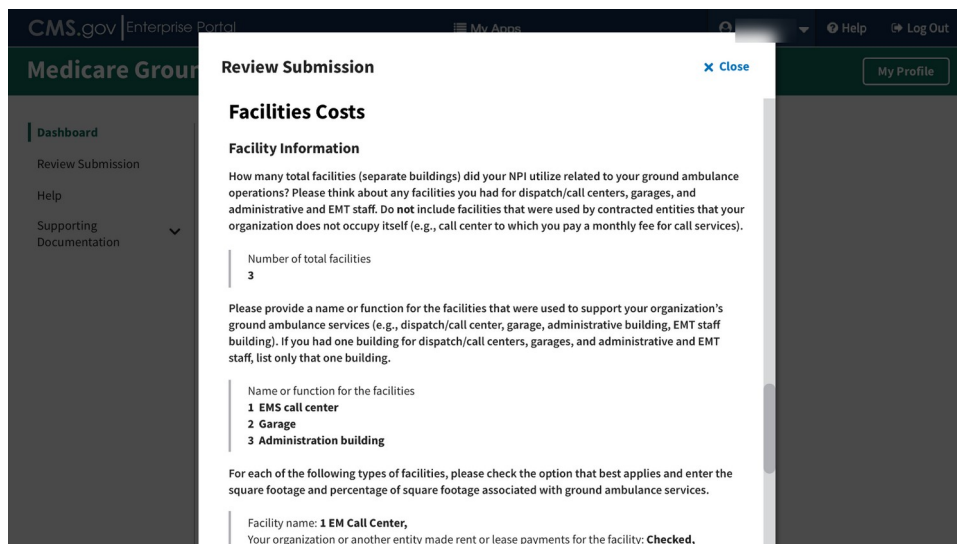
Your organization must review and certify the accuracy of the complete submission in order for it to be accepted. The submission is ready for review. Once the review is complete, you may reject the submission for revision or certify the submission.

[Review Submission](#)

☐ I acknowledge that I have reviewed the submission.

[Reject](#) [Certify](#)

The Certifier must then review the data.



The image shows the CMS.gov Enterprise Portal Medicare Ground Ambulance Data Collection Review Submission Facilities Costs page. The header includes the CMS.gov logo, Enterprise Portal, My Apps, Help, and Log Out. The main heading is Medicare Ground Ambulance Data Collection, with a My Profile button. The left sidebar contains Dashboard, Review Submission, Help, and Supporting Documentation. The main content area displays the Review Submission Facilities Costs section, including Facility Information, a list of facilities, and a table for reviewing and certifying the submission.

Review Submission

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
3

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 EMS call center
2 Garage
3 Administration building

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.

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 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' link. A sidebar on the left contains 'Dashboard', 'Review Submission', 'Help', and 'Supporting Documentation'. The main content area displays a 'Welcome, [redacted]!' message. Below this, a box shows user details: NPI: [redacted], Org Name: [redacted], Role: **Certifier**, Data Collection Submission Date: **9/30/2021**, and Status: **Ready for review**. A paragraph explains that the organization must review and certify the accuracy of the submission. A 'Review Submission' button is present. Below it, a checkbox labeled 'I acknowledge that I have reviewed the submission.' is checked. At the bottom are 'Reject' and 'Certify' buttons.

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 screenshot shows a 'Comments' dialog box with a 'Close' button in the top right. The text inside says 'Please select all sections that apply and provide reasons for rejection.' Below this is a list of checkboxes for various sections: 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, there is a label 'Reasons for rejection' followed by a large text input area.

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.

The screenshot shows a dark-themed background with a white pop-up window in the center. The pop-up has a 'Close' button in the top right corner. The text inside the pop-up reads: 'I certify that the reported cost, revenue, utilization and other information is accurate and that all information and statements made in the submission are true, complete, and current to the best of my knowledge and are made in good faith. I understand that information contained in this submission will be analyzed to assess the adequacy of Medicare payments rates for ground ambulance services.' At the bottom of the pop-up are two buttons: 'Cancel' and 'Certify'. In the background, a 'Welcome, [redacted]!' message is visible, along with a 'Review Submission' button and a checkbox labeled 'I acknowledge that I have reviewed the submission.' which is checked. Below the checkbox are 'Reject' and 'Certify' buttons.

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

The screenshot shows the CMS.gov Enterprise Portal dashboard. The top navigation bar includes 'CMS.gov | Enterprise Portal', 'My Apps', 'Help', and 'Log Out'. The main header is 'Medicare Ground Ambulance Data Collection' with a 'My Profile' button. The left sidebar contains a 'Dashboard' section with links to '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: 9/30/2021', and 'Status: **Certified**'. At the bottom of the main content area, a message reads: 'Thank You! Your certified submission has been accepted.'

Congratulations!