

DRAFT Medicare Ground Ambulance Data Collection Instrument*

*This is a draft Data Collection Instrument for Ground Ambulance Providers and Suppliers, in accordance with requirements under Section 50203(b) of the Bipartisan Budget Act of 2018. This data collection instrument may change as a result of comments received in response to the CY 2020 Physician Fee Schedule Proposed Rule, which contains the Proposal to Establish a Medicare Ground Ambulance Services Data Collection System. To comment on the proposed rule, please refer to file code CMS-1715-P. You may submit electronic comments to <http://www.regulations.gov>. Follow the "Submit a comment" instructions. You may also submit comments by mail to the following address ONLY: Centers for Medicare & Medicaid Services; Department of Health and Human Services; Attention: CMS-1715-P; P.O. Box 8016; Baltimore, MD 21244-8016 or by express overnight mail to the following address ONLY: Centers for Medicare & Medicaid Services; Department of Health and Human Services; Attention: CMS-1715-P; Mail Stop C4-26-05; 7500 Security Boulevard; Baltimore, MD 21244-1850. Please allow sufficient time for mailed comments to be received before the close of the comment period, no later than 5 p.m. on September 27, 2019.

NOTE: All programming notes, skip patterns and annotations to improve readability are indicated in brackets. This text will not appear in the final programmed data collection instrument but is included in this draft version to indicate the intended functionality of the programmed instrument. Item wording, definitions, and response options for the respondent appear in black.

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Proposed Ground Ambulance Data Collection Instrument

1. General Survey Instructions

Section 50203(b) of the Bipartisan Budget Act of 2018 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 § 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).

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 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. We are requesting information pertaining to calendar year _____, or your fiscal year that started in _____.

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.

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 other organizations or individuals pay for certain of your ground ambulance costs (e.g., if your municipality pays facility rent), you will need to collect that information from those organizations or individuals. 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 copy of the data collection instrument is available at: [\[INSERT LINK\]](#).

You can complete the data collection instrument in multiple sittings. If you need to stop before completing the instrument, you can log out by clicking on the "Exit" button. 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 \[INSERT LINK\]](#).

2. Organizational Characteristics

We are interested in learning more about your ground ambulance organization and how you collect data related to costs and revenues. Your answers to these questions will help ensure that you are presented with questions about costs and revenues that are relevant to your organization.

1. Is **[pre-populate number]** an NPI your organization uses to bill for ground ambulance services? Yes (1) / No (0) **[If No (0), either exit instrument or allow respondent to correct number or contact support]**
2. Does your organization use **more than one** NPI to bill Medicare for ground ambulance services? Yes (1) / No (0)
 - a. **[If Yes (1)]** You are being asked to complete this instrument and enter data **only** for the following NPI: **[pre-populate number]**. You will be asked to allocate a portion of costs and revenues incurred at the level of your parent organization (e.g., corporate management, information technology [IT] systems, etc.) in sections below.
3. What is 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. (enter name)
4. What is the name, job title, and contact information for the primary person completing this instrument? (enter name, job title, and contact information)
5. Are you reporting information for a 12-month data collection period spanning January-December 201X **[data collection year]**? Yes (1) / No (0)
 - a. If No (0), What is the starting date of your regular fiscal year that began in 201X **[year prior to data collection]** that was the basis for the start of your 12-month data collection period (select date from drop-down calendar)

[begin annotation] Note: We will define the data collection period as either (a) the calendar year aligning with the data collection year, or (b) 12-month period from the start of the organization's fiscal year in the data collection year [end annotation].

6. Which category best describes your ownership status?
 - a. For-profit
 - b. Non-profit excluding government
 - c. Government (e.g., federal, state, county, city/township/other municipal)
 - d. Public/private partnership
7. Does your organization use volunteer labor for any positions related to your ground ambulance service? Please include volunteers even if they receive small stipends, allowances, or other incentives from your organization. Yes (1), No (0)

8. Which category best describes your ground ambulance operation?
- Fire department-based
 - Police or other public safety department-based
 - 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 <https://www.cms.gov/Research-Statistics-Data-and-Systems/Downloadable-Public-Use-Files/Provider-of-Services/>.
 - Independent/proprietary organization primarily providing EMS services under contract
 - Other Independent/proprietary organization
 - Other (please specify)
9. **[If Question 8= a, b, or d]** You indicated that your ground ambulance operation is **[FILL “fire department-based” or “police or other public safety department-based” or “hospital-based or other Medicare provider-based.”]** Please confirm that your ground ambulance operation shares operational costs, such as building space or personnel, with these other operations.
- Yes, we share some or all costs (1)
 - Costs are **not** shared (0)
10. Does your ground ambulance operation share any operational costs, such as building space or personnel, with one of the following?
- [Do not display if Question 8 = a]** A fire department? Yes (1), No (0)
 - [Do not display if Question 8 = b]** A police or other public safety department? Yes (1), No (0)
 - [Do not display if Question 8 = d]** 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 <https://www.cms.gov/Research-Statistics-Data-and-Systems/Downloadable-Public-Use-Files/Provider-of-Services/>) Yes (1), No (0)
 - Another healthcare organization (excluding hospitals, skilled nursing facilities, or other Medicare provider of services)? Yes (1), No (0)
 - An air ambulance operation? Yes (1), No (0)
 - Other (specify)? _____
- [begin annotation] *Note: For the remainder of the data collection instrument, we show items related to shared services to organizations that answer Section 2, Question 9 = Yes(1) OR Question 10 = Yes(1) to a-f. To streamline the skip logic, we refer to the answers to these questions as “Shared Services = Yes” for the remainder of the document. [end annotation]*
11. Does your organization routinely provide ground ambulance responses to 911 calls? Yes (1), No (0)

12. Do you operate land-based ambulances? Yes (1), No (0)
13. Do you operate water-based ambulances? Please do **not** include vehicles used exclusively for water rescues that do not meet the requirements to be a water ambulance in your jurisdiction. Yes (1), No (0)
[begin annotation] Note: This response will be used to prompt for some water-specific volume and cost information. [end annotation]
14. Do you operate air ambulances? Yes (1), No (0) **[If Yes (1), show the following warning prior to each section:]** “Do **not** include air ambulance services in responding to the following questions.”
15. Which staff deployment model best describes your organization?
 - a. Static deployment (same number of fully staffed ambulance units available no matter the time of day or day of the week)
 - b. Dynamic deployment (units vary depending on the time of day or day of the week)
 - c. Combined deployment (certain times of the day have a fixed number of units, and other times are dynamic depending on need)
16. **[If Question 11=Yes]** 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 (1), No (0)
17. Do you ever perform 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 (1), No (0)
18. Other than what was reported in item 17, 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 (1), No (0)

3. 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 usually provide service and where 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).

1. Please select the ZIP codes(s) in which your **primary** service area is located:
[Select ZIPs from drop-down menu and allow respondents to type in, allow respondent to select multiple]
2. **[If Yes (1) to Section 2, Question 11]** Are you the primary emergency ambulance provider in most or all of your primary service area (either for ALS, BLS, or both)? Yes (1), No (0)

3. During a response, what is the approximate **average trip time** (in minutes) across all service levels (BLS, ALS, etc.) in your primary service area from the time the ambulance leaves the station to when that ambulance is available to take another call?
 - a. Less than 30 minutes
 - b. 30 minutes–60 minutes
 - c. 61 minutes–90 minutes
 - d. 91 minutes–120 minutes
 - e. 121–150 minutes
 - f. More than 150 minutes
4. Do you have a 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).
 - a. Yes (1) **[Continue to remaining questions in this section]**
 - b. No (0) **[Skip to Section 4]**
5. Please select the ZIP codes(s) in which your secondary service is located **[Select ZIPs from drop-down menu and allow type in, allow to select multiple]**
6. During a response, what is the approximate **average trip time** (in minutes) across all service levels (BLS, ALS, etc.) in your **secondary** service area from the time the ambulance leaves the station to when that ambulance is available to take another call?
 - a. Less than 30 minutes
 - b. 30 minutes–60 minutes
 - c. 61 minutes–90 minutes
 - d. 91 minutes–120 minutes
 - e. 121–150 minutes
 - f. More than 150 minutes

4. Emergency Response Time

[Ask only if Section 2, Question 11 is Yes (1)]

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

1. 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. Is this information that you are able to report? Yes (1), No (0)
 - a. **[IF YES,]**
 - i. What is the **average** response time for ground ambulance emergency responses in your **primary** service area? (Enter

- minutes)
- b. **[IF NO,]**
 - i. What is your best estimate of the **average** response time for ground ambulance emergency responses in your **primary** service area? (Enter minutes)
 2. **[If Yes (1) to Section 2, Question 11 AND Yes (1) to Section 3, Question 4],** What is the **average** response time for ground ambulance emergency responses in your **secondary** service area? (Enter minutes)
 3. Is your organization required or incentivized to meet response time targets? Yes (1), No (0)
 - a. **[If No (0), skip to Section 5.]**
 - b. **[If Yes (1), ask the following questions:]**
 - i. Who determines the response time targets required or incentivized?
 1. Our organization sets our own target response time
 2. Local municipality
 3. County
 4. Other (please specify):
 - ii. Are you penalized if you exceed the response time targets? Penalties can take the form of reduced payments or a fine. Yes (1), No (0)

5. Ground Ambulance Service Volume

This section asks about your organization's service volume. For the purposes of this instrument:

- **[Display only if Section 2, Question 11 is Yes (1)] Total responses** is defined as the total number of responses by your organization regardless of whether a ground ambulance was deployed. Include EMS responses that did not involve a ground ambulance (e.g., responses only involving a 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. **[If Section 2, Question 8 is "a" also display]** "Include emergency responses that only involved a fire truck or other fire/rescue vehicles;" **[if "b"]** "Include emergency responses that only involved a police car or other public safety vehicle"
- A **ground ambulance response** is a response by a fully equipped and staffed ground ambulance, scheduled or unscheduled, with or without a transport, and with or without payment. If more than one vehicle is sent to the scene, count this as one response.
- A **ground ambulance transport** is the use of a fully staffed and equipped ground ambulance responding to a request for service. It also provides a medically necessary transport of a patient from the site of response to the nearest appropriate facility that can treat the patient's condition. In addition, traveling to the destination by any other means would endanger the patient's health.
- A **paid transport** refers to a ground ambulance transport for which your organization has been paid in full or in part by a payer and/or patient. 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.

1. **[If Yes (1) to Section 2, Question 11]** What was your organization's total number of responses (with and without a ground ambulance) in calendar year 201X **[or fill fiscal year as specified in Section 2, Question 5a]**. (Enter number)
2. What was your organization's total number of **ground ambulance responses** in calendar year 201X **[or fill fiscal year as specified in Section 2, Question 5a]** 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. (Enter number)
3. 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). (Enter percentage)
4. What was the total number of ground ambulance responses **that did not result in a transport** in calendar year 201X **[or fill fiscal year as specified in Section 2, Question 5a]**? 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. Please note the sum of ground ambulance responses that did and did **not** result in a transport (reported in this and in the next item) should equal your total number of ground ambulance responses. (Enter number)
 - a. Of the responses that did **not** result in a transport, what percentage received medical treatment on site? (Enter percentage)
5. What was the total number of ground ambulance **transports** for your organization in calendar year 201X **[or fill fiscal year as specified in Section 2, Question 5a]**, across all payer types, and regardless of the level of service or geography? The sum of ground ambulance responses that did and did not result in a transport (reported in this and in the prior item) should equal your total number of ground ambulance responses. (Enter number)
 - a. **[If Yes (1) to Section 2, Question 2]** Here we are interested in **ALL** of the NPIs associated with your parent organization. What was the total number of ground ambulance **transports** for your **parent** organization in calendar year 201X **[or fill fiscal year as specified in Section 2, Question 5a]**, across all payer types and regardless of the level of service or geography? (Enter number)
6. What was the total number of **paid transports** in calendar year 201X **[or fill fiscal year as specified in Section 2, Question 5a]**, across all payer types

- and regardless of the level of service or geography? (Enter number)
7. 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 (1), No (0)
 8. **[If Yes (1) to Section 2, Question 17 is Yes(1)]** What was the number of responses in calendar year 201X **[or fill fiscal year as specified in Section 2, Question 5a]** when your organization provided paramedic intercepts? A paramedic intercept is an 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 provided by an entity that is under contract with the volunteer ambulance company that does not provide the transport but is paid for their paramedic intercept service (State of NY only meets these requirements).” (Enter number)
 9. **[If Yes (1) to Section 2, Question 18 is Yes(1)]** Excluding paramedic intercepts meeting Medicare’s definition reported above, what was the number of responses in calendar year 201X **[or fill fiscal year as specified in Section 2, Question 5a]** when 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. (Enter number)

6. 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%.

[If Section 2, Question 14 is Yes (1) show the following warning “Do not include air ambulance services in responding to the following questions.”]

1. Please reply to the following questions regarding the mix of your organization’s **ground ambulance responses** in calendar year 201X **[or fill fiscal year as specified in Section 2, Question 5a]**.

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. The percentage of emergency and non-emergency responses should add to 100%.

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

	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	Enter percentage
Non-emergency	Enter percentage

2. **[If Yes (1) to Section 2, Question 13]** Please indicate what percentage of your organization’s **transports** used land or water ambulances in calendar year 201X **[or fill fiscal year as specified in Section 2, Question 5a]**. The percentages should add to 100%. Enter 0% if you do not provide transports in either category.

	What percentage of your organization’s transports fell into the following categories? Enter 0% if you do not provide transports in a category.
Land ambulance transports (excluding water)	Enter percentage
Water ambulance transports (excluding land)	Enter percentage

3. Please indicate what percentage of your organization’s **total transports** fell in the following categories during calendar year 201X **[or fill fiscal year as specified in Section 2, Question 5a]**. 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.
- a. CMS uses the following definitions for EMT staff categories:
 - i. EMT-Basic: certification depends on state or local level.
 - ii. EMT-intermediate: “EMT-Intermediate is an individual who is qualified, in accordance with state and local laws, as an EMT-Basic and who is also certified in accordance with state and local laws to perform essential advanced techniques and to administer a limited number of medications.” “Advanced-EMT” is another term used in the industry.
 - iii. EMT-paramedic: “EMT-Paramedic possesses the qualifications of the EMT-Intermediate and, in accordance with state and local laws, has enhanced skills that include being able to administer additional interventions and medications.” “Paramedic” is another term used in the industry.

	What percentage of your organization's transports fell into the following categories? Enter 0% if you do not provide transports in a category.
Basic Life Support (BLS), Non-emergency [Basic Life Support (BLS) is a transport staffed by certified Emergency Medical Technicians (EMTs - basic).]	Enter percentage
Basic Life Support (BLS), Emergency	Enter percentage
Advanced Life Support, Level 1 (ALS1), Non-emergency [ALS1 is a transport staffed by EMT-Intermediate or EMT- Paramedics but not including any ALS2 procedures, as defined by CMS.]	Enter percentage
Advanced Life Support, Level 1 (ALS1), Emergency	Enter percentage
Advanced Life Support, Level 2 (ALS2) [ALS2 is an emergency transport staffed by EMT-Intermediate or EMT-Paramedics including at least three separate administrations of one or more medications by intravenous (IV) push/bolus or by continuous infusion (excluding crystalloid fluids) or at least one procedure defined by CMS as ALS2.]	Enter percentage
Specialty Care [The interfacility transportation of a critically injured or ill patient by a ground ambulance vehicle, including the provision of medically necessary supplies and services, at a level of service beyond the scope of the EMT-Paramedic]	Enter percentage

4. In thinking **across all of your transports**, what is the percentage of transports that are interfacility, i.e., transfers for current patients admitted to an inpatient or skilled nursing facility? (Note that these transports are not separately payable under Part B for Medicare. We are interested in the share of transports that are interfacility across all payers). (Enter percentage)

7. Labor Costs

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

1. This question asks about your organization's staff in calendar year 201X **[or fill fiscal year as specified in Section 2, Question 5a]**. Please review the following instructions before completing the table below.
 - 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.
 - a. CMS uses the following definitions for EMT staff categories:
 - i. EMT-Basic: certification depends on state or local level.

- ii. EMT-intermediate: “EMT-Intermediate is an individual who is qualified, in accordance with state and local laws, as an EMT-Basic and who is also certified in accordance with state and local laws to perform essential advanced techniques and to administer a limited number of medications.” “Advanced-EMT” is another term used in the industry.
 - iii. EMT-paramedic: “EMT-Paramedic possesses the qualifications of the EMT-Intermediate and, in accordance with state and local laws, has enhanced skills that include being able to administer additional interventions and medications.” “Paramedic” is another term used in the industry.
- **[Include only for NPIs where Shared Services = Yes]** 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.
- **[Include only for NPIs where Shared Services = Yes]** Do not include individuals who had only non-ground ambulance responsibilities (e.g., firefighters who were not EMT/response staff or managers such as deputy fire chiefs with no ground ambulance responsibilities). **[Include only for air ambulance NPIs if Section 2, Question 14 is Yes (1)]** Do **not** include individuals who had only air ambulance responsibilities.
- Include EMT/response staff in the EMT/response category that matched their level at the start of calendar year 201X **[or fill fiscal year as specified in Section 2, Question 5a]**.
- The default is to report individuals with **any** EMT/response responsibilities in the appropriate EMT/response category and not in any other category. Include EMT/response staff who had supervisory or administration/facilities responsibilities in the EMT/response staff category that matched their level at the start of calendar year 201X **[or fill fiscal year as specified in Section 2, Question 5a]**. Do **not** report these staff in the administration/facilities staff categories. For example, an EMT with vehicle maintenance responsibilities would contribute to the appropriate EMT category but **not** to the vehicle maintenance category.
- For administration/facilities staff with multiple roles, assign each individual to a category indicating the individual’s primary activity. For example, if an individual performed primarily management duties but also had billing or pre-billing duties, include the individual in the management category.
- Do not report outside contracted services, for example vehicle maintenance provided under contract, if the contract covered services and supplies in addition to labor. You will have the opportunity to report these costs in another section.
- Use the “other” category only to report staff who (a) have at least some ground ambulance responsibilities, and (b) do not have any responsibilities in any of the listed categories.

Please indicate if your organization had paid staff (full and/or part time) **[and/or used volunteer staff (show only if Section 2, Question 7 is Yes(1))]** in each of the following categories in calendar year 201X **[or fill fiscal year as specified in Section 2, Question 5a]**.

Staff Category	Paid Staff	Volunteer Staff [Display if Section 2, Question 7 is Yes (1)]
EMT/Response Staff		
EMT – Basic	Yes (1), No (0)	Yes (1), No (0)
EMT – Intermediate	Yes (1), No (0)	Yes (1), No (0)
EMT – Paramedic	Yes (1), No (0)	Yes (1), No (0)
Nurse, doctor, respiratory therapist, or other medical staff	Yes (1), No (0)	Yes (1), No (0)
Emergency Medical Responder (EMR)	Yes (1), No (0)	Yes (1), No (0)
Ambulance Driver (non-EMT/EMR)	Yes (1), No (0)	Yes (1), No (0)
Medical Director	Yes (1), No (0)	Yes (1), No (0)
Administration/Facilities Staff		
Administrative (clerical, human resources [HR], billing, IT support, etc.)	Yes (1), No (0)	Yes (1), No (0)
Management (executive, public information officer, etc.)	Yes (1), No (0)	Yes (1), No (0)
Dispatch / Call Center	Yes (1), No (0)	Yes (1), No (0)
Vehicle Maintenance	Yes (1), No (0)	Yes (1), No (0)
Facilities Maintenance (janitorial staff, laundry, repairs, etc.)	Yes (1), No (0)	Yes (1), No (0)
Other not reported above [If respondent selects “other,” a blank field will appear requesting the respondent to specify category]	Yes (1), No (0)	Yes (1), No (0)

2. **[For each category on the table where a respondent selected “No” for both paid and volunteer staff, a follow-up question will be presented to assess the reasons why the respondent selected “No.”]** In the previous question, you reported that you did **not** use any **[insert staff category]** in your ground ambulance operation in calendar year 201X **[or fill fiscal year as specified in Section 2, Question 5a]**. Please select the reason why:
- This labor category is part of our ground ambulance operation but is paid for or provided at no cost by another entity (1). **[If this option is selected, present a statement that indicates the respondent will be asked to report associated typical weekly hours and associated costs in the following sections.]**
 - One or more staff do perform these functions, but we assigned these staff to another category per the instructions (2).
 - We do not have staff in this labor category related to our ground ambulance operation and/or we contract with another organization for this role (3).

7.1. Paid EMT/Response Staff Compensation and Hours Worked

[If Section 7, Question 1, Paid Staff Column is “Yes” for one or more EMT/Response staff categories. A separate section asks about volunteers.]

1. This question asks about paid EMT/Response staff (both full and/or part time) in your organization during a **typical week** in calendar year 201X [or fill fiscal year as specified in Section 2, Question 5a]; specifically about:
 - Total annual compensation for all paid EMT/response staff
 - Total hours during a typical week worked by paid EMT/response staff
 - [Include only if Section 2, Question 8 is “a” or “b”] Total hours during a typical week worked by paid EMT/response staff who also serve as [Firefighters/police officers is “a” and/or “b” respectively]
 - Total hours during a typical week that are **not** related to (a) ground ambulance responsibilities, or (b) fire/police responsibilities for paid EMT/response staff

Please review the following instructions before completing the table below.

- [Include only for NPIs where Shared Services = Yes] Include only paid EMT/response staff who had responsibilities that were either partly or entirely related to your ground ambulance operation, including frontline staff responding to ground ambulance calls. This may include, for example, firefighters or EMTs.
- [Include only for NPIs where Shared Services = Yes] Do not include individuals with **only** non-ground ambulance responsibilities (e.g., firefighters who are not EMT or response staff). [Include for air ambulance NPIs only if Section 2, Question 14 is Yes (1)] Do **not** include individuals who had **only** air ambulance responsibilities.
- Report paid staff with **any** EMT/response responsibilities in the appropriate EMT/response category and **not** in any other category. Include EMT/response staff who had supervisory or administration/facilities responsibilities in the EMT/response staff category that matched their level at the start of calendar year 201X [or fill fiscal year as specified in Section 2, Question 5a]. Do **not** count these staff when responding to the administration/facilities staff questions below. For example, an EMT with vehicle maintenance responsibilities would contribute to the appropriate EMT category but **not** to the vehicle maintenance category. You will report on staff with only administrative responsibilities in a later section.
- [Include only for those for whom Section 2, Question 7 is Yes (1).] Do **not** include volunteer EMT/response staff. You will report on these staff in a different section.
- Include paid EMT/response staff in the EMT/response category that matched their level at the start of calendar year 201X [or fill fiscal year as specified in Section 2, Question 5a].

For Total Annual Compensation

- Report **total annual compensation** for paid staff in each of the EMT/response staff categories in the table below.
- Report total compensation including salary/wages and, when applicable, benefits (e.g., healthcare, paid time off [PTO], retirement, stipends, life insurance),

overtime, training time, and callback and standby pay for paid staff.

- If one or more components of compensation costs (e.g., benefits) were paid by another entity with which you had a business relationship (e.g., a municipality that you serve), please obtain and include these costs when you report total compensation. If only total costs in a category are available from another entity (e.g., total benefits costs across all staff), please allocate to labor categories based on salary or wages across labor categories. For example, if total benefits were \$60,000, one-third of EMT/response staff salary and wages was for EMT-Basic and two-thirds of EMT/response staff salary and wages was for EMT-Paramedic, \$20,000 (\$60,000 multiplied by one-third) would contribute to total compensation for EMT-Basic and \$40,000 (\$60,000 multiplied by two-thirds) would contribute to total compensation for EMT-Paramedic.

For Total Hours Worked in a Typical Week

- Please report **total hours worked** by all paid EMT/response staff (including full- and part-time staff) in each category **during a typical week**. If your organization has two paid paramedics who both work 40 hours during a typical week, and two paid paramedics who each work 25 hours a week, the reported total would be $40 + 40 + 25 + 25 = 130$ hours for paramedics.
- Select a week for reporting that is typical, in terms of seasonality, in the volume of services you offer (if any), and in staffing levels during the reporting year.
- Report total hours worked by paid staff with some or entirely ground ambulance responsibilities. As an example, for a paid firefighter/EMT who works 40 hours during a typical week across fire and ground ambulance operations, add 40 hours to your total hours for all EMT/response staff, **not** the share of hours related to ground ambulance services.
- Include only staff whose EMT roles are with your organization. If staff are employed as EMTs with your organization and as firefighters for another organization, include only the EMT hours for your organization in this section.

[Include only if Section 2, Question 8 = “a” or “b.”] For Total Hours Worked in a Typical Week by Staff With Fire/Police Response Roles

- Please report **total hours worked during a typical week** by paid EMT/response staff (full and part time) **who are also firefighters or police officers** in each category. If your organization has three paid EMT-Basic staff who each work 40 hours a week, and if two are firefighters or police officers and one is EMT only, report 80 hours in this item (compared to 120 hours for all staff in this category).
- Include only staff whose police or firefighter roles are with your organization. As an example, if a staff member is employed as an EMT with your organization and as a firefighter for another organization, include this staff member’s EMT hours only in the previous section (do **not** include this staff member in this section).
- Use the same week for reporting as you selected to report “Total Hours Worked in a Typical Week.”
- All of the paid staff who contribute to this column must also contribute to “Total Hours Worked in a Typical Week.”

- The total hours worked during a typical week by paid EMT/response staff who also served as firefighters/police officers should be less than the total hours reported for all paid EMT/response staff.

[Include only for NPIs where Shared Services = Yes.] Hours Worked During a Typical Week Unrelated to Ground Ambulance or Fire/Police Response Roles

- In this column we are interested in the non-ground ambulance hours for EMT staff with shared roles other than those previously discussed. Report the hours during a typical week worked by paid EMT/response staff in each category that were **not** related to (a) ground ambulance responsibilities or (b) fire/police response activities.
- Other responsibilities could include:
 - Air ambulance operations
 - healthcare delivery unrelated to ground ambulance, such as work in a clinic
 - Public health responsibilities
 - Community education and outreach
 - Community paramedicine
 - Any other responsibility unrelated to ground ambulance and fire/police activities
- Use the same typical week for reporting as you selected to report “Total Hours Worked in a Typical Week.”
- All of the staff who contribute to this total must also contribute to reported “Total Hours Worked in a Typical Week.”
- As in other items, do **not** include individuals who have no ground ambulance responsibilities. For example, staff with 100% air ambulance responsibilities do **not** contribute to your response to this item, while staff with 50% ground ambulance and 50% air ambulance responsibilities **do** contribute.
- Unlike in earlier questions where each of your staff contributed all of their hours to total hours worked during a typical week, staff contribute only a fraction of their total hours worked during a typical week to your response in this item.
 - For example, a paramedic working a 40-hour week who splits work time evenly between ground and air ambulance operations would contribute 20 hours (40 hours multiplied by one-half) to this item. The same paramedic contributes a full 40 hours to total hours worked during a typical week in a prior item.
 - As another example, a firefighter/EMT-Basic working a 40-hour week who spends 20 hours a week responding to ground ambulance calls for service, 10 hours a week responding to fire calls for service, and 10 hours a week on community education and outreach would contribute:
 - 40 hours to “Total Hours Worked in a Typical Week by Paid EMT/Response Staff”
 - 40 hours to “Total Hours Worked in a Typical Week by Paid EMT/Response Staff Who Also Served as Firefighters”
 - 10 hours to this item, “Hours Worked During a Typical Week Unrelated to Ground Ambulance or Fire/Police Activities”

- Total hours reported for each of these groups should be less than the total hours reported for all EMT/response paid staff.

Please report about EMT/response staff in your organization in calendar year 201X **[or fill fiscal year as specified in Section 2, Question 5a]**; specifically:

- Total annual compensation for all paid EMT/response staff
- Total hours during a typical week worked by paid EMT/response staff
- **[Include only if Section 2, Question 8 = “a” or “b.”]** Total hours worked during a typical week unrelated to ground ambulance or fire/police response [Fill firefighters/police officers is “a” and/or “b” respectively]
- **[Include for NPIs where Shared Services = Yes.]** Total hours worked during a typical week that were **not** related to (a) ground ambulance responsibilities or (b) fire/police responsibilities for paid EMT/Response staff

[Auto-populate table based on responses to Section 7, question 1]

EMT/Response Staff Category	Total annual compensation for paid EMT/ response staff	Total hours in a typical week for ALL paid EMT/ response staff	[Display if Section 2, Question 8 = “a” or “b”]Total hours in a typical week for paid EMT/ response staff with fire/police response duties ONLY	[Display if Shared Services = Yes] Hours worked during a typical week unrelated to ground ambulance or fire/police response duties
EMT – Basic	dollars	hours	hours	hours
EMT – Intermediate	dollars	hours	hours	hours
EMT – Paramedic	dollars	hours	hours	hours
Nurse, doctor, respiratory therapist, or other medical staff	dollars	hours	hours	hours
Emergency Medical Responder	dollars	hours	hours	hours
Ambulance Driver (non-EMT/EMR)	dollars	hours	hours	hours

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

[If Section 7, Question 1, Paid Staff Column is “Yes” for one or more Administration, Facilities or Medicare Director Staff. Volunteers are asked about in a separate section.]

Please review the following instructions before completing the table below.

- Administrative/facilities staff include staff with the following responsibilities:
 - Administration (e.g., clerical, HR, and IT support)
 - Management (e.g., executives and public information officers)
 - Billing
 - Dispatch/call center
 - Vehicle maintenance
 - Facilities maintenance (e.g., janitorial, laundry, and repairs)
- **[Include only for NPIs where Shared Services = Yes.]** Include only paid administration/facilities and medical director staff who had responsibilities that were either partly or entirely related to your ground ambulance operation. This may include, for example, fire chiefs with management responsibilities related to your ground ambulance operation.
 - Do **not** include staff with some or entirely EMT/response responsibilities. These staff are included in a prior item and are **not** reported here. For example, an EMT with vehicle maintenance responsibilities would contribute to your prior responses related to EMT/response staff and **not** to administration/facilities staff in this item.
 - **[Include only for those with volunteers Section 2, Question 7 is Yes (1).]** Do **not** include volunteer administration/facilities or medical director staff. You will report on these staff in a different section.
 - **[Include only for NPIs where Shared Services = Yes]** Do not include individuals with **only** non-ground ambulance responsibilities (e.g., fire chiefs who do not have ground ambulance management responsibilities).
 - **[Include only for air ambulance NPIs if Section 2, Question 14 is Yes (1).]** Do **not** include individuals who had **only** air ambulance responsibilities.

For Total Annual Compensation

- Report **total annual compensation** for paid staff in the administration/facilities and medical director categories in the table below.
- Report total compensation including salary/wages, and when applicable, benefits (e.g., healthcare, PTO, retirement, stipends, life insurance), overtime, training time, callback and standby pay for paid staff.
- If one or more components of compensation costs (e.g., benefits) were paid by another entity with which you had a business relationship (e.g., a municipality that you serve), please obtain and include these costs when you report total compensation. If only total costs in a category are available from another entity (e.g., total benefits costs across all staff), please allocate to labor categories based on salary or wages across labor categories. For example, if total benefits

were \$60,000, one-third of EMT/response staff salary and wages was for EMT-Basic and two-thirds of EMT/response staff salary and wages were for EMT-Paramedic, \$20,000 (\$60,000 multiplied by one-third) would contribute to total compensation for EMT-Basic and \$40,000 (\$60,000 multiplied by two-thirds) would contribute to total compensation for EMT-Paramedic.

For Total Hours Worked in a Typical Week

- Please report **total hours worked** by all administration/facilities and medical director staff **during a typical week**. If your organization had two paid administration/facilities staff who both worked 40 hours during a typical week, and two paid administration/facilities staff who each worked 25 hours a week, the reported total would be $40 + 40 + 25 + 25 = 130$ hours.
- Select a week for reporting that was typical, in terms of seasonality, in the volume of services that you offer (if any), and in staffing levels during the reporting year.
- Report total hours worked by paid administration/facilities staff with some or entirely ground ambulance responsibilities, **not** just the hours that were related to ground ambulance services. As an example, for a paid deputy fire chief who worked 40 hours during a typical week across fire and ground ambulance operations, add 40 hours to your total hours for administration/facilities staff, **not** the share of hours related to ground ambulance services.
- Do **not** include staff with some or entirely EMT/response responsibilities. These staff are included in a prior item and are **not** reported here.

[Include only if Section 2, Question 8 = “a” or “b.”] For Total Hours Worked in a Typical Week by Staff with Fire/Police Response Roles

- Please report **total hours worked** by paid administration/facilities staff **who were also firefighters or police officers during a typical week**. If your organization has three paid administration/facilities staff who each work 40 hours a week, and if two were police officers and one was not, report 80 hours in this item (compared to 120 hours for all staff in this category).
- Use the same typical week for reporting as you selected to report “Total Hours Worked in a Typical Week.”
- All of the staff who contribute to this total must also contribute to reported “Total Hours Worked in a Typical Week.”
- The total hours worked during a typical week by paid administration/facilities staff who also served as firefighters/police officers should be less than the total hours reported for all paid administration/facilities staff.
- Do **not** include staff with some or entirely EMT/response responsibilities. These staff are included in a prior item and are **not** reported here.

[Include only for NPIs where Shared Services = Yes.] Hours Worked During a Typical Week Unrelated to Ground Ambulance or Fire/Police Response Roles

- In this column, we are interested in the hours during a typical week worked by administration/facilities and medical director staff in each category that were **not** related to (a) ground ambulance responsibilities or (b) fire/police response activities. Do **not** include staff with some or entirely EMT/response responsibilities. These staff are included in a prior item and are **not** reported here.

- Other responsibilities could include:
 - Air ambulance operations
 - Healthcare delivery unrelated to ground ambulance, such as work in a clinic
 - Public health responsibilities
 - Community education and outreach
 - Community paramedicine
 - Any other responsibility unrelated to ground ambulance or fire/police activities
 - Use the same typical week for reporting as you selected to report “Total Hours Worked in a Typical Week.”
 - All of the staff who contribute to this total must also contribute to reported “Total Hours Worked in a Typical Week.”
 - As in other items, do **not** include individuals who have no ground ambulance responsibilities. For example, staff with 100% air ambulance responsibilities do **not** contribute to your response to this item, while staff with 50% ground ambulance and 50% air ambulance responsibilities **do** contribute.
 - Unlike in earlier questions where each of your staff contributed all of their hours to your total hours worked during a typical week, staff contribute only a fraction of their total hours worked during a typical week to your response in this item.
 - For example, an individual with clerical responsibilities working a 40-hour week who splits their time evenly between ground and air ambulance operations would contribute 20 hours (40 hours multiplied by one-half) to this item. The same individual contributes a full 40 hours to total hours worked during a typical week in a prior item.
 - As another example, a deputy fire chief working a 40-hour week who spends 20 hours a week managing ground ambulance services, 10 hours a week managing fire response activities, and 10 hours a week on community education and outreach would contribute:
 - 40 hours to “Total Hours Worked in a Typical Week”
 - 40 hours to “Total Hours Worked in a Typical Week by Staff With Fire Response Roles”
 - 10 hours to this item, “Hours Worked During a Typical Week Unrelated to Ground Ambulance or Fire Response Roles”
 - Total hours reported for each of these groups should be less than the total hours reported for all administration/facility and medical director staff.
1. This question is about staff without EMT/response responsibilities, including administrative/facilities staff and medical director(s), in your organization during a typical week in calendar year 201X **[or fill fiscal year as specified in Section 2, Question 5a]**. Specifically:
- Total annual compensation for all paid administration/facilities and medical director staff
 - Total hours during a typical week worked by paid administration/facilities and medical director staff

- **[Include only if Section 2, Question 8 = “a” or “b.”]** Total hours worked during a typical week for paid non-EMT/response staff with ground ambulance or fire and/or police response duties
- Total hours during a typical week that were **not** related to (a) ground ambulance responsibilities or (b) fire/police responsibilities for paid administration/facilities and medical director staff

[Auto-populate table based on responses to Section 7, question 1]

Non-EMT/Response Staff Category	Total annual compensation for paid non-EMT/response staff	Total hours in a typical week for ALL paid non-EMT/response staff	[Display if Section 2, Question 8 = “a” or “b.”] Total hours in a typical week for paid non-EMT/ response staff with fire/police response duties ONLY	[Display if Shared Services = Yes.] Hours worked during a typical week unrelated to ground ambulance or fire/police response duties
Administrative/ Facilities Staff	dollars	hours	hours	hours
Medical Director(s)	dollars	hours	hours	hours

2. Among staff who were partly or entirely related to your ground ambulance operation, did you have one or more individual staff members devoting a total of at least 20 hours a week in a typical week to each of the following activities? Do **not** include individuals whose services were part of an outside contracted service(s).
 - Billing (Yes/No)
 - Data analysis (Yes/No)
 - Training (Yes/No)
 - Medical quality assurance (Yes/No)
3. **[Ask Only if Section 2, Question 2 (multiple NPIs) is Yes (1).]** Please report the allocated portion of administrative labor costs incurred at the level of the parent organization of this NPI based on your organization’s approach for allocating costs to specific NPIs. (Enter dollar amount.)

7.3. Volunteer Labor

[If Section 2, Question 7 is Yes (1).]

1. How many **individuals** were EMT/response volunteers in calendar year 201X **[or fill fiscal year as specified in Section 2, Question 5a]**?

2. This question is about the **hours** of EMT/response volunteers during a **typical week** during calendar year 201X **[or fill fiscal year as specified in Section 2, Question 5a]**. Specifically:
 - Total hours for all EMT/response staff volunteers
 - **[Include only if Section 2, Question 8 = “a” or “b.”]** Total hours related to serving as fire/police personnel for EMT/response staff volunteers

[Auto-populate table based on responses to item 1]

EMT/Response Staff Category	Total hours for all volunteer EMT/response staff	[Display if Section 2, Question 8 = “a” or “b.”] Total hours in a typical week for volunteer non-EMT/response staff with fire/police response duties ONLY
EMT – Basic	hours	hours
EMT – Intermediate	hours	hours
EMT – Paramedic	hours	hours
Nurse, doctor, respiratory therapist, or other medical staff	hours	hours
EMR	hours	hours
Ambulance Driver (non-EMT/EMR)	hours	hours

3. How many individuals were administration/facility volunteers in calendar year 201X **[or fill fiscal year as specified in Section 2, Question 5a]**? Please read the following instructions before answering this question.
 - 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 item 1 above).

Number of individuals: _____

4. **[Include only if Item 4 is greater than or equal to 1.]** What was the total number of administration/facility volunteer labor hours in a typical week in calendar year 201X **[or fill fiscal year as specified in Section 2, Question 5a]**?

- Include only hours for volunteers who were related to your ground ambulance operation. Do **not** include hours for volunteers with both EMT/response roles and administrative/facilities responsibilities (you reported those individuals in item 2 above).

Number of hours: _____

5. What was the total number of medical director volunteer labor hours in calendar year 201X **[or fill fiscal year as specified in Section 2, Question 5a]**?

Number of hours: _____

6. Did your organization provide stipends, honoraria, benefits, and/or other compensation for ground ambulance volunteer labor? Yes (1), No (0)
- i. **[If Yes (1)]** What was the total cost for stipends and/or benefits in calendar year 201X **[or fill fiscal year as specified in Section 2, Question 5a]**? (Enter dollar amount)

8. Facilities Costs

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

[If Section 2, Question 14 is Yes (1), show the following warning: "Do not include air ambulance services in responding to the following questions."]

8.1. Facility Information

1. 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). (Enter number)

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.
- Facility 1: (enter name)
 - Facility 2: (enter name)
 - Facility 3, etc.: (enter name)

[The following matrix will be prepopulated from responses to Section 8.1, Question 2.]

3. For each of the following types of facilities, please check the option that best applies:

	Your organization or another entity currently pays rent for the facility	Your organization or another entity owns the facility and pays a mortgage	Your organization or another entity owns the facility outright	Facility was donated – no costs (excluding maintenance, utilities, insurance, and taxes)	Facility square footage	[Include only for NPIs where Shared Services = Yes.] Percentage of your facility square footage directly attributable to ground ambulance services
Facility 1 name	√	√	√	√		Enter percentage
Facility 2 name	√	√	√	√		Enter percentage
Facility 3 name	√	√	√	√		Enter percentage
...	√	√	√	√		Enter percentage

8.2. Lease/Mortgage Costs for Facilities

1. Please indicate the total amount your organization paid for the following in calendar year 201X **[or fill fiscal year for all as specified in Section 2, Question 5a]**. Total includes costs paid by another organization or entity on your behalf and includes costs for facilities that were partially related to your ground ambulance operations. Exclude donations or exceptions for which there was no cost.

[Present options below based on responses to Section 8.1, Question 3.]

	[IF RENT]: Lease or rental costs for each facility	[IF OWNED, mortgage]: Mortgage and interest costs (do not report interest costs elsewhere) for each facility	[IF OWNED, no mortgage]: Annual depreciation for each facility	[IF DONATED] Do not report any costs for donated facilities.
Facility 1 name				
Facility 2 name				
Facility 3 name				
...				

2. **[Ask Only if Section 2, Question 2 (multiple NPIs) is Yes (1)]** Please report the allocated portion of other facilities costs incurred at the level of your parent organization (e.g., corporate or regional buildings, garages or service facilities serving multiple NPIs) to this NPI based on your organization's approach for allocating rent/mortgage costs to specific NPIs. (Enter dollar amount)

8.3. Insurance, Maintenance, Utilities, and Taxes

1. Please indicate the total amount your organization paid for the following in calendar year 201X **[or fill fiscal year for all as specified in Section 2, Question 5a]**. Total includes costs paid by another organization or entity on your behalf and includes costs for facilities that were partially related to your ground ambulance operations. Exclude donations or exceptions for which there was no cost.

Expenditure	Amount
Total facilities-related insurance costs for calendar year 201X [or fill fiscal year for all as specified in Section 2, Question 5a] . Enter dollar amount.	
Total facilities maintenance and improvement costs for calendar year 201X [or fill fiscal year for all as specified in Section 2, Question 5a] . Do not include any labor costs if included in labor section of the instrument. Enter dollar amount.	
Total facilities utilities costs for calendar year 201X [or fill fiscal year for all as specified in Section 2, Question 5a] . Enter dollar amount.	
Total facilities taxes for calendar year 201X [or fill fiscal year for all as specified in Section 2, Question 5a] . Do not include any taxes if included in the mortgage section of the instrument. Enter dollar amount.	

2. **[Ask Only if Section 2, Question 2 (multiple NPIs) is Yes (1).]** Please report the allocated portion of other facilities costs incurred at the level of your parent organization (e.g., corporate or regional buildings, garages or service facilities serving multiple NPIs) to this NPI based on your organization's approach for allocating rent/mortgage costs to specific NPIs. (Enter dollar amount)

9. Vehicle Costs

The following questions are about vehicles your organization uses.

9.1. Ground Ambulance Vehicle Costs

For each of the following questions, consider only vehicles that constitute **ground ambulances** in your jurisdiction. 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.

1. How many ground ambulances does your organization own (including vehicles that have been purchased, gifted, or donated)? _____
2. How many ground ambulances does your organization lease? _____
3. **[If Section 2, Question 12 is Yes (1)]** What was the total number of miles (billed and unbilled) traveled by land ambulances for any reason for calendar year 201X **[or fill fiscal year for all as specified in Section 2, Question 5a]**? (Enter number of miles)

4. **[If Section 2, Question 13 is Yes (1)]** What was the total number of nautical miles traveled by water ambulances for any reason for calendar year 201X **[or fill fiscal year for all as specified in Section 2, Question 5a]**? (Enter number of nautical miles)

[Option 1: If OWNED]

	Individual Ground Ambulance Vehicles [Note. Prepopulated based on answer Section 9.1, Question 1]				
	1	2	3	4	...
Was this ambulance used to transport patients in calendar year 201X [or fill fiscal year for all as specified in Section 2, Question 5a] ? Yes (1), No (0)					
Was this vehicle donated? Yes, (1) No (0)					
[If No(0) to question above] What was the annual depreciated value of the vehicle? If you do not have this value available, please refer to the depreciation worksheet.					
Was this ambulance remounted in calendar year 201X [or fill fiscal year for all as specified in Section 2, Question 5a] ? Yes (1), No (0)					
[If Yes(1) to question above] What was the cost to your organization for the remount?					

[Option 2: If LEASED]

	Individual Ground Ambulance Vehicles [Note. Prepopulated based on answer to Section 9.1, Question 2]				
	1	2	3	4	...
Was this ambulance used to transport patients in calendar year 201X [or fill fiscal year for all as specified in Section 2, Question 5a] ? Yes (1), No (0)					
Total lease cost to your organization for this ambulance for calendar year 201X [or fill fiscal year for all as specified in Section 2, Question 5a] ?					

9.2. 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. Do **not** include vehicles that meet the requirements for an ambulance in your jurisdiction.

[If Section 2, Question 14 is Yes (1), show the following warning:] “Do **not** include air ambulance services in responding to the following questions.”]

1. 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 (1), No (0)
 - a. **[Yes (1), proceed with questions in this section.]**
 - b. **No (0), skip to Section 9.3.]**
2. How many non-ambulance vehicles did your organization own or lease (including vehicles that have been purchased, gifted, or donated) that were used to respond to ground ambulance calls or support ground ambulance operations? These might include fire trucks, land or water rescue vehicles, vehicles that respond to emergencies but are not designed to transport patients (e.g., QRVs, “fly-cars,” lead cars, or “sprint” vehicles), supervisory vehicles, or other types of vehicles.
 - a. Number of non-ambulance vehicles OWNED (include donated vehicles): _____
 - b. Number of non-ambulance vehicles LEASED: _____
3. What was the total number of miles traveled by non-ambulance land vehicles for any reason in calendar year 201X **[or fill fiscal year for all as specified in Section 2, Question 5a]**? (Enter number of miles)
4. **[Ask if Section 2, Question 13 is Yes (1).]** What was the total number of nautical miles traveled by non-ambulance water vehicles for any reason in calendar year 201X **[or fill fiscal year for all as specified in Section 2, Question 5a]**? (Enter number of nautical miles)

[Option 1: If OWNED]

	Individual Non-Ambulance Vehicles [Note. Prepopulated based on answer Section 9.2, Question 2a]				
	1	2	3	4	...
What type of vehicle is this? (Pull-down menu: Fire truck; Land rescue vehicle, Water rescue vehicle, Vehicle that responds to emergencies but is not designed to transport patients (e.g., QRVs, “fly-cars,” lead cars, or “sprint” vehicles), Other vehicle)					

	Individual Non-Ambulance Vehicles [Note. Prepopulated based on answer Section 9.2, Question 2a]				
	1	2	3	4	...
Was this vehicle used to respond to ambulance calls or support ground ambulance operations in calendar year 201X [or fill fiscal year as specified in Section 2, Question 5a]? Yes (1), No (0)					
Was this vehicle donated? Yes (1), No (0)					
[If No (0) to the question above:] What was the annual depreciated value of the vehicle? If you do not have this value available, please refer to the depreciation worksheet.					

[Option 2: If LEASED]

	Individual Non-Ambulance Vehicles [Note. Prepopulated based on answer to Section 9.2, Question 2b]				
	1	2	3	4	...
What type of vehicle is this? (Pull-down menu: Fire truck; Land rescue vehicle, Water rescue vehicle, Vehicle that responds to emergencies but is not designed to transport patients (e.g., quick QVRs, “fly-cars,” lead cars, or “sprint” vehicles), Other vehicle)					
Total lease cost to your organization for this vehicle for calendar year 201X [or fill fiscal year as specified in Section 2, Question 5a]:					

5. [Ask only if Section 2, Question 2 (multiple NPIs) is Yes (1).] Please report the allocated portion of other vehicle costs incurred at the level of the parent organization of this NPI based on your organization’s approach for allocating costs to specific NPIs. (Enter dollar amount)

9.3. Other Costs Associated with Vehicles

[If Section 2, Question 14 is Yes (1), show the following warning: “Do not include air ambulance services in responding to the following questions.”]

1. What was the total **registration** cost of all vehicles (ambulance and non-ambulance) used to respond to ambulance calls or support ground ambulance operations for calendar year 201X **[or fill fiscal year as specified in Section 2, Question 5a]**? (Enter dollar amount)
2. What was the total **license** cost of all vehicles (ambulance and non-ambulance) used to respond to ambulance calls or support ground ambulance operations for calendar year 201X **[or fill fiscal year as specified in Section 2, Question 5a]**? (Enter dollar amount)
3. What was the total **insurance** cost of all vehicles (ambulance and non-ambulance) used to respond to ambulance calls or support ground ambulance operations for calendar year 201X **[or fill fiscal year as specified in Section 2, Question 5a]**? **[Additional instruction if Shared Services = Yes: If another entity pays the insurance cost for vehicles used in ground ambulance response, please record the cost for the vehicles used by your organization.]** (Enter dollar amount)
4. What was the total **maintenance** cost of all vehicles (ambulance and non-ambulance) used to respond to ambulance calls or support ground ambulance operations ground ambulances for calendar year 201X **[or fill fiscal year as specified in Section 2, Question 5a]**? Do **not** include any in-house labor costs already included in the labor section or any outside service or contract (you will be asked to report these later). (Enter dollar amount)

a. Please report the share of maintenance costs attributable to:

Ground Ambulances	_____%
Fire Trucks	_____%
Land Rescue Vehicles	_____%
Water Rescue Vehicles	_____%
Other Vehicles that respond to emergencies (but not designed to transport patients)	_____%
Other Vehicles	_____%

5. What was the total **fuel** cost for all vehicles used to respond to ambulance calls or support ground ambulance operations ground ambulances for calendar year 201X **[or fill fiscal year as specified in Section 2, Question 5a]**? **[Additional instruction if Shared Services = Yes: “If another entity pays the fuel cost for vehicles used in ground ambulance response, please record the cost for the**

vehicles used by your organization.”] (Enter dollar amount)

a. Please report the share of fuel costs attributable to:

Ground Ambulances	_____ %
Fire Trucks	_____ %
Land Rescue Vehicles	_____ %
Water Rescue Vehicles	_____ %
Other Vehicles responding to emergencies (but not designed to transport patients)	_____ %
Other Vehicles	_____ %

6. **[Ask Only if Section 2, Question 2 (multiple NPIs) is Yes (1).]** Please report the allocated portion of other vehicle costs incurred at the level of the parent organization of this NPI based on your organization’s approach for allocating to specific NPIs. (Enter dollar amount)

10. Equipment, Consumables, and Supplies

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. If you need assistance to make this determination, please refer to the supplemental depreciation worksheet.
- For capital expenditures, medical and non-medical equipment, amortize costs over the life of the good.
- For purchased capital expenditures (medical and non-medical equipment), provide the annual depreciated value of the item or refer to the supplemental depreciation worksheet for assistance in calculating this cost.
- For leased capital goods and medical and non-medical equipment, the annual cost is simply 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 Section 2, Question 14 is Yes (1), show the following warning: “Do not include air ambulance services in responding to the following questions.”]

10.1. Medical Equipment/Supplies

1. Please report the following for all **capital medical equipment** your organization purchased and used for ground ambulance services during calendar year 201X **[or fill fiscal year as specified in Section 2, Question 5a]**. Capital medical equipment refers to equipment that can endure repeated use; it includes, but is not limited to, defibrillators, ventilators, monitors, nebulizers, and power lifts.

a. Annual depreciated costs \$ _____

b. Maintenance, certification, or service costs \$ _____

- c. **[If Section 2, Question 10 is Yes (1):]** What was the percentage of **capital medical equipment** attributable to ground ambulance services during calendar year 201X **[or fill fiscal year as specified in Section 2, Question 5a]**? (Enter percentage)

2. Did your organization have any costs associated with **medications** purchased for ground ambulance services during calendar year 201X **[or fill fiscal year as specified in Section 2, Question 5a]**? Yes (1), No (0)

- a. **[If Yes(1):]** Can you report these costs separately from other medical supplies and consumables? Yes (1), No (0)

- i. **[If Yes(1):]** What was the total cost of medications your organization purchased during calendar year 201X **[or fill fiscal year as specified in Section 2, Question 5a]** for ground ambulance services? Do not include in-kind donations. (Enter dollar amount)

- ii. **[If No(0):]** Skip to Question 2b.)

- b. **[If No(0):]** Please select all reasons for no associated costs for medications during calendar year 201X **[or fill fiscal year as specified in Section 2, Question 5a]**:

- i. The medications are supplied by a hospital or hospitals. Yes (1), No (0)
- ii. The costs are paid for by another entity (e.g., local municipality). Yes (1), No (0)
- iii. The medications were donated or provided in-kind. Yes (1), No (0)
- iv. We do not stock medications on our ground ambulances. Yes (1), No (0)

3. What was the total cost of all other **medical equipment, supplies, and consumables** (e.g., bandages, gauze, gloves, basins, oxygen, sterile water, stethoscopes, blood pressure cuffs, IV supplies) your organization purchased during calendar year 201X **[or fill fiscal year as specified in Section 2, Question 5a]**? Include all medical equipment, supplies, and consumables that were **not** reported in the medical equipment/supplies capital expenditures and medications sections above. (Enter dollar amount)

- a. **[If Shared Services = Yes:]** What was the percentage of medical supplies and consumables attributable to ground ambulance services during calendar year 201X **[or fill fiscal year as specified in Section 2, Question 5a]**? (Enter percentage)

10.2. Non-Medical Equipment/Supplies

1. Please report the following for **capital non-medical equipment** your organization purchased and used for ground ambulance services during calendar year 201X **[or fill fiscal year as specified in Section 2, Question 5a]**. Capital non-medical equipment refers to equipment that can endure repeated use; it includes, but is not limited to, computers, dispatch equipment, and furniture.
 - a. Annual depreciated costs \$ _____
(Please see supplemental depreciation worksheet if needed.)
 - b. Maintenance, certification, or service costs \$ _____
 - c. **[If Section 2, Question 10 is Yes (1):]** What was the percentage of **non-medical equipment** that was attributable to ground ambulance services during calendar year 201X **[or fill fiscal year as specified in Section 2, Question 5a]**? (Enter percentage)
2. What was the total annual cost of **uniforms** by your organization purchased during calendar year 201X **[or fill fiscal year for all as specified in Section 2, Question 5a]** for ground ambulance services? (Enter dollar amount)
 - a. **[If Shared Services = Yes:]** What was the percentage of **uniforms** that was attributable to ground ambulance services during calendar year 201X **[or fill fiscal year as specified in Section 2, Question 5a]**? (Enter percentage)
3. What was the total cost of other non-medical supplies (e.g., paper, office supplies, postage) your organization purchased during calendar year 201X **[or fill fiscal year as specified in Section 2, Question 5a]**? If any of this equipment was shared with other business lines (e.g., fire), list only the costs associated with ground ambulance services. (Enter dollar amount)
 - a. **[If Shared Services = Yes:]** What was the **percentage of non-medical supplies** that was attributable to ground ambulance services during calendar year 201X **[or fill fiscal year as specified in Section 2, Question 5a]**? (Enter percentage)
4. **[Ask only if Section 2, Question 2 is Yes (1):]** Please report the allocated portion of **non-medical equipment and supplies** incurred at the level of the parent organization of this NPI based on your organization's approach for allocating costs to specific NPIs. (Enter dollar amount)

11. Other Costs

In this section, we ask about **additional costs** during calendar year 201X [\[or fill fiscal year as specified in Section 2, Question 5a\]](#) 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.

[\[If Section 2, Question 14 is Yes \(1\), show following warning: “Do **not** include air ambulance services in responding to the following questions.”\]](#)

1. 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 medical director services or dispatch/call center service fee, to support your ground ambulance services. Did your organization use any of the following **contracted** services during calendar year 201X [\[or fill fiscal year as specified in Section 2, Question 5a\]](#)?

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.**

	Contracted service during calendar year 201X [or fill fiscal year as specified in Section 2, Question 5a]	[If selected] Total cost for the service	[If Shared Services = Yes] Percentage of this cost attributable to ground ambulance services
Medical director services	<input type="checkbox"/>	Enter dollar amount	Enter percentage
Billing service	<input type="checkbox"/>	Enter dollar amount	Enter percentage
Accounting service	<input type="checkbox"/>	Enter dollar amount	Enter percentage
Vehicle maintenance/repair service	<input type="checkbox"/>	Enter dollar amount	Enter percentage
Dispatch/call center service	<input type="checkbox"/>	Enter dollar amount	Enter percentage
Facilities maintenance services	<input type="checkbox"/>	Enter dollar amount	Enter percentage
IT support service	<input type="checkbox"/>	Enter dollar amount	Enter percentage

2. **[Ask only if Section 2, Question 2 (multiple NPIs) is Yes (1):]** Please report the allocated portion of these services incurred at the level of the parent organization of this NPI based on your organization's approach for allocating costs to specific NPIs. (Enter dollar amount)

3. Please indicate if your organization incurred any of the following expenses during calendar year 201X **[or fill fiscal year as specified in Section 2, Question 5a]**. 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.**

[Note: All respondents will be presented with the following.]

Category	Response
Medical or Ambulance-Related Expenses	
Biohazard waste and medication removal fees	Yes (1), No (0)
Fee to physician to oversee the paramedics and provide quality assurance (excluding labor for medical director if accounted for in Question 1 above or in the labor section)	Yes (1), No (0)
Laundry	Yes (1), No (0)
Administrative and General Expenses	
Travel other than for training (including lodging, transportation, per diem, and other travel related costs)	Yes (1), No (0)
Organization dues, subscriptions	Yes (1), No (0)
Subsidies paid to other organizations (e.g., fire department, dispatch center)	Yes (1), No (0)
Funds paid to other ambulance organizations for services (e.g., paramedic staff for BLS transports, subcontracted ambulance services)	Yes (1), No (0)
Overhead allocation from parent organization or government office	Yes (1), No (0)
Board of Directors / Trustees expenses	Yes (1), No (0)
Advertising	Yes (1), No (0)
Event / meeting costs (including meals)	Yes (1), No (0)
Miscellaneous administrative fees/costs not already reported in Section 10.2 or Section 3 (telephone, trash and shredding services, printing and copying costs)	Yes (1), No (0)
IT software, licensing fees (excluding costs accounted for in IT service fee in earlier section)	Yes (1), No (0)
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.	Yes (1), No (0)
Fees, Fines, and Taxes	
911 service fees	Yes (1), No (0)
Fees for toll roads	Yes (1), No (0)

Category	Response
Fees paid to local jurisdictions required as condition of providing ground ambulance service	Yes (1), No (0)
Fees for regulatory compliance or accreditation (annual cost per year)	Yes (1), No (0)
Business registration and related fees	Yes (1), No (0)
Licenses	Yes (1), No (0)
Fines, forfeitures, and citations	Yes (1), No (0)
Taxes	Yes (1), No (0)
Liability / malpractice insurance	Yes (1), No (0)
Workers' compensation insurance (only if not reported in Labor Section above)	Yes (1), No (0)
General insurance (excluding insurance for facilities or insurance reported in other sections)	Yes (1), No (0)
Interest paid	Yes (1), No (0)
Physicals and recruiting	Yes (1), No (0)
Audit fees, legal fees, and other professional fees	Yes (1), No (0)
Other miscellaneous operating expenses	Yes (1), No (0)

[Populate other expenses by source table based on “Yes (1)” responses to the previous question.]

4. Please report total expenses by source for calendar year 201X **[or fill fiscal year as specified in Section 2, Question 5a]**.

	Total Expense	What % of Expense is Attributable to Ground Ambulance Services?
Source 1	Enter dollar amount	Enter percentage
Source 2	Enter dollar amount	Enter percentage
Source 3	Enter dollar amount	Enter percentage
Source 4	Enter dollar amount	Enter percentage
...		
...		
...		

5. **[Ask only if Section 2, Question 2 (multiple NPIs) is Yes (1):]** Please report the allocated portion of these miscellaneous costs incurred at the level the parent organization of this NPI based on your organization’s approach for allocating costs to specific NPIs. (Enter dollar amount)

12. Total Cost

1. As a way to cross-check total costs reported throughout the instrument, please provide the total costs of your NPI for calendar year 201X **[or fill fiscal year as specified in Section 2, Question 5a]**. The total cost reported here should include all operating and capital costs (including services not related to ground ambulance services).

\$ _____

13. Revenues

This section asks about your organization’s sources of ground ambulance revenue.

[If Section 2, Question 14 is Yes (1), show following warning: “Do not include air ambulance services in responding to the following questions.”]

1. Please report total revenue from all sources your organization received during calendar year 201X **[or fill fiscal year as specified in Section 2, Question 5a]**. Include revenues not related to ground ambulance services. (Enter dollar amount)
2. Can you report revenue for billed ground ambulance transports by healthcare payer category (e.g., Medicare, Medicaid, commercial insurance)? Yes (1), No (0)
 - a. **[If Yes (1), proceed to question 3.]**
 - b. **[If No (0):]** Please report the approximate share of revenue from billed transports for all payers combined. (Enter dollar amount)
3. **[If Section 13, Question 2 is yes (1)]** Please indicate if your organization received any revenue from paid ground ambulance transports from the following payers during calendar year 201X **[or fill fiscal year as specified in Section 2, Question 5a]**.

Source of Revenue from Paid Ground Ambulance Transports	Received revenue during calendar year 201X [or fill fiscal year as specified in Section 2, Question 5a] ?	[If Yes (1) for received revenue from category] Total revenues	[If Yes (1) for received revenue from category] Indicate if cost sharing (i.e., the amount for a transport that is billed to a patient with this insurance) was included
Medicare Fee for Service	Yes (1), No (0)	Enter dollar amount	Yes (1), No (0)

Source of Revenue from Paid Ground Ambulance Transports	Received revenue during calendar year 201X [or fill fiscal year as specified in Section 2, Question 5a] ?	[If Yes (1) for received revenue from category] Total revenues	[If Yes (1) for received revenue from category] Indicate if cost sharing (i.e., the amount for a transport that is billed to a patient with this insurance) was included
Medicare Advantage (also known as Medicare Managed Care)	Yes (1), No (0)	Enter dollar amount	Yes (1), No (0)
Medicaid	Yes (1), No (0)	Enter dollar amount	Yes (1), No (0)
Tricare	Yes (1), No (0)	Enter dollar amount	Yes (1), No (0)
Veterans Administration	Yes (1), No (0)	Enter dollar amount	Yes (1), No (0)
Commercial insurance	Yes (1), No (0)	Enter dollar amount	Yes (1), No (0)
Workers' compensation	Yes (1), No (0)	Enter dollar amount	Yes (1)/No (0)
Patient self-pay	Yes (1), No (0)	Enter dollar amount	-

4. How often did your organization try to bill the following types of payers for the amount owed for a transport during calendar year 201X **[or fill fiscal year as specified in Section 2, Question 5a]**?

Insurance type	Frequency of billing
Medicare Fee for Service	Never (0), Sometimes (1), Usually (2), Always (3)
Medicare Advantage (also known as Medicare Managed Care)	Never (0), Sometimes (1), Usually (2), Always (3)
Medicaid	Never (0), Sometimes (1), Usually (2), Always (3)
Tricare	Never (0), Sometimes (1), Usually (2), Always (3)
Veterans Administration	Never (0), Sometimes (1), Usually (2), Always (3)
Commercial insurance	Never (0), Sometimes (1), Usually (2), Always (3)
Workers' compensation	Never (0), Sometimes (1), Usually (2), Always (3)
Patient self-pay	Never (0), Sometimes (1), Usually (2), Always (3)

5. Please indicate if your organization received any revenues from any of the following sources during calendar year 201X **[or fill fiscal year as specified in Section 2, Question 5a]**. Include only revenue specifically related to ground ambulance services.

Source of Revenue	Received revenue from category during calendar year 201X [or fill fiscal year as specified in Section 2, Question 5a] ?	[If Yes (1) for received revenue from category] Total revenues	[If Yes (1) for received revenue from category] What % of revenue was attributable to ground ambulance services?
Contracts from facilities (e.g., hospitals, nursing homes, prisons, businesses)	Yes (1) / No (0)	Enter dollar amount	Enter percentage
Revenues for subcontracted ambulance services	Yes (1) / No (0)	Enter dollar amount	Enter percentage
[If Section 5, Question 7 is Yes (1):] Fees for standby events	Yes (1) / No (0)	Enter dollar amount	Enter percentage
Membership fees associated with an ambulance club	Yes (1) / No (0)	Enter dollar amount	Enter percentage
Charitable donations (e.g., foundations and individual donors) excluding vehicles or any cost offsets reported elsewhere in the instrument	Yes (1) / No (0)	Enter dollar amount	Enter percentage
Executive loan programs (e.g., chief executive officer, business development, etc.)	Yes (1) / No (0)	Enter dollar amount	Enter percentage
Program-related investments (e.g., public-private investment)	Yes (1) / No (0)	Enter dollar amount	Enter percentage
Local taxes earmarked for EMS services	Yes (1) / No (0)	Enter dollar amount	Enter percentage
Enterprise funds and utility rates	Yes (1) / No (0)	Enter dollar amount	Enter percentage
Sale of assets and services	Yes (1) / No (0)	Enter dollar amount	Enter percentage
Bond or debt financing	Yes (1) / No (0)	Enter dollar amount	Enter percentage

Source of Revenue	Received revenue from category during calendar year 201X [or fill fiscal year as specified in Section 2, Question 5a]?	[If Yes (1) for received revenue from category] Total revenues	[If Yes (1) for received revenue from category] What % of revenue was attributable to ground ambulance services?
State or local donation of surplus vehicles and durable equipment	Yes (1) / No (0)	Enter dollar amount	Enter percentage
Other donations (includes market value for donations) excluding labor, facilities, vehicles, equipment, supplies, medication, and other items reported elsewhere in the instrument	Yes (1) / No (0)	Enter dollar amount	Enter percentage
Special-purpose grants (generally state)	Yes (1) / No (0)	Enter dollar amount	Enter percentage
Matching grants (generally state)	Yes (1) / No (0)	Enter dollar amount	Enter percentage
Technical assistance (e.g., subsidized training)	Yes (1) / No (0)	Enter dollar amount	Enter percentage
Demonstration grants (federal)	Yes (1) / No (0)	Enter dollar amount	Enter percentage
Congressional earmarks	Yes (1) / No (0)	Enter dollar amount	Enter percentage
Other (specify)	Yes (1) / No (0)	Enter dollar amount	Enter percentage

6. **[Ask only if Section 2, Question 2 (multiple NPIs) is Yes (1):]** Please report the allocated portion of revenue at the level of the parent organization (e.g., corporate investments, donations, etc.) of this NPI based on your organization's approach for allocating costs to specific NPIs. (Enter dollar amount)

[Note: Respondents will be allowed to 1) Review a copy of final responses before a final "Click to Submit," and 2) print out a completed copy of their responses at the end.]