

**Medicare Ground Ambulance Data Collection System  
Required Information for Collection and Reporting  
November 1, 2019**

**Introduction**

This document lists the specific information that sampled ground ambulance organizations must collect and report through the Medicare Ground Ambulance Data Collection System. The list is organized in four sections:

- A. Organizational characteristics
- B. Services provided
- C. Information on costs
- D. Information on revenue

We are providing this list as an additional resource to ground ambulance organizations preparing to collect and report information. A printable version of the data collection instrument is available from the CMS ambulance services center website at <https://www.cms.gov/Center/Provider-Type/Ambulances-Services-Center.html>. Please see the printable data collection instrument for additional details on specific questions and instructions. The ambulance services center website lists other resources that may be helpful to ground ambulance organizations preparing to collect and report information as part of Medicare's ground ambulance data collection system. Please email [AmbulanceDataCollection@cms.hhs.gov](mailto:AmbulanceDataCollection@cms.hhs.gov) if you have questions regarding the data collection system.

**General Data Collection and Reporting Principles**

*Avoiding double counting.* It is important that staff, costs, and revenue are reported *only once* to avoid double-counting. As an example, if you have staff with both emergency medical technician (EMT) and administrative responsibilities, do not report their hours worked and compensation in both the EMT and administration/facilities categories. The data collection instrument includes instructions on how to assign staff, costs, and revenue to only one category for the purposes of reporting.

*Collecting and reporting required information that you may not currently track.* Some 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 pays for certain of your ground ambulance costs (e.g., if your municipality pays 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.

## Required Information for Collection and Reporting

Selected ground ambulance organizations must collect and report all information listed below that is applicable to their organization. We list information applicable only to certain types of ground ambulance organizations based on organizational characteristics and services provided in boxes. Unless otherwise specified, all questions ask for information relevant to your organization's continuous 12-month data collection period.

### *A. Organizational Characteristics*

- Your organization's National Provider Identifier(s) (NPIs). You will be asked to report information for one NPI only. NPIs are 10-digit numbers used to uniquely identify healthcare providers in a standard way. See <https://www.cms.gov/Regulations-and-Guidance/Administrative-Simplification/NationalProvIdentStand/> for more information.
- Your organization's name, contact information, data collection and reporting periods (will be prepopulated to the extent possible based on the information you provided to your Medicare Administrative Contractor), and your organization's ownership type. Check the Medicare Provider Enrollment, Chain, and Ownership System (PECOS) to see if the information you are including here aligns with what CMS has in their enrollment system and make changes as necessary. You can view your current enrollment record and instructions for updating enrollment information at <https://pecos.cms.hhs.gov/pecos/login.do>.
- Whether your organization uses any volunteer labor.
- How you categorize your ground ambulance organization among several organization types.
- Whether your organization provides services other than ground ambulance services.
- Whether your organization provides certain types and levels of services.
- Your organization's overall staffing model.
- The ZIP codes which you consider to comprise your primary service area.
- The ZIP codes which you consider to comprise your secondary service area, if applicable.

### *B. Services Provided*

- Your organization's approximate average trip time in its primary service area and, if applicable, in its secondary service area.
- 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 organization's ground ambulance responses rely on staff from another non-transporting organization (such as a local fire department) including the share of ground ambulance responses involving a non-transporting agency and the types of staff involved.
- If applicable, the share of ground ambulance responses that are in your organization's secondary service area.
- 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 that were paid in part or in full by any health insurer or patient.
- Whether your organization participates in standby events (paid or unpaid).
- The number of paramedic intercepts where your organization provided Advanced Life Support (ALS) staff in response to calls for service for which another organization provides an ambulance.
- The share of ground ambulance transports by type 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 Part of a Broader Parent Organization:*

- 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 and 90<sup>th</sup> percentile response times in your organization’s primary service area and, if applicable, average response time in your organization’s secondary service area. 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**

*Total Costs*

- 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 data collection instrument. You are being asked a series of more detailed cost questions to help us better understand where these costs are coming from.

*Staffing and Labor Costs*

- 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 and 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 Department and/or Police Department-Based Organizations:*

- The number of total annual hours worked by category by individuals who are fire fighter/EMTs and police officer/EMTs.

### *Organizations with Responsibilities other than Ground Ambulance, Fire, and Police:*

- The number of annual hours unrelated to ground ambulance, fire, or police services worked by category.

### *Organizations Part of a Broader Parent Organization:*

- Allocated compensation for administrative/facilities staff.

### *Facility Costs*

- 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 and lease payments or depreciation.
- Combined facilities-related insurance costs, maintenance and improvements costs, utility costs, and facility taxes.

### *Vehicle Costs*

- 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, 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, the annual depreciated value of the vehicle if owned, 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*

- Total annual depreciated costs 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 depreciated costs 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*

- Whether your organization contracts for billing, accounting, vehicle maintenance and repair, dispatch and call center, facilities maintenance, or information technology services and, if so, the annual cost for the service and the share 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.

**Box 3: Facility, Vehicle, Equipment, Consumable, Supply, and Other Cost Information  
Applicable to Certain Organization Types**

*Organizations Part of a Broader Parent Organization:*

- Allocated annual parent organization costs.

***D. Information on Revenue***

- Your organization’s total revenue, including revenue unrelated to ground ambulance services.
- 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.