



# Medicare Ground Ambulance Data Collection System Webinar: Instrument Walkthrough

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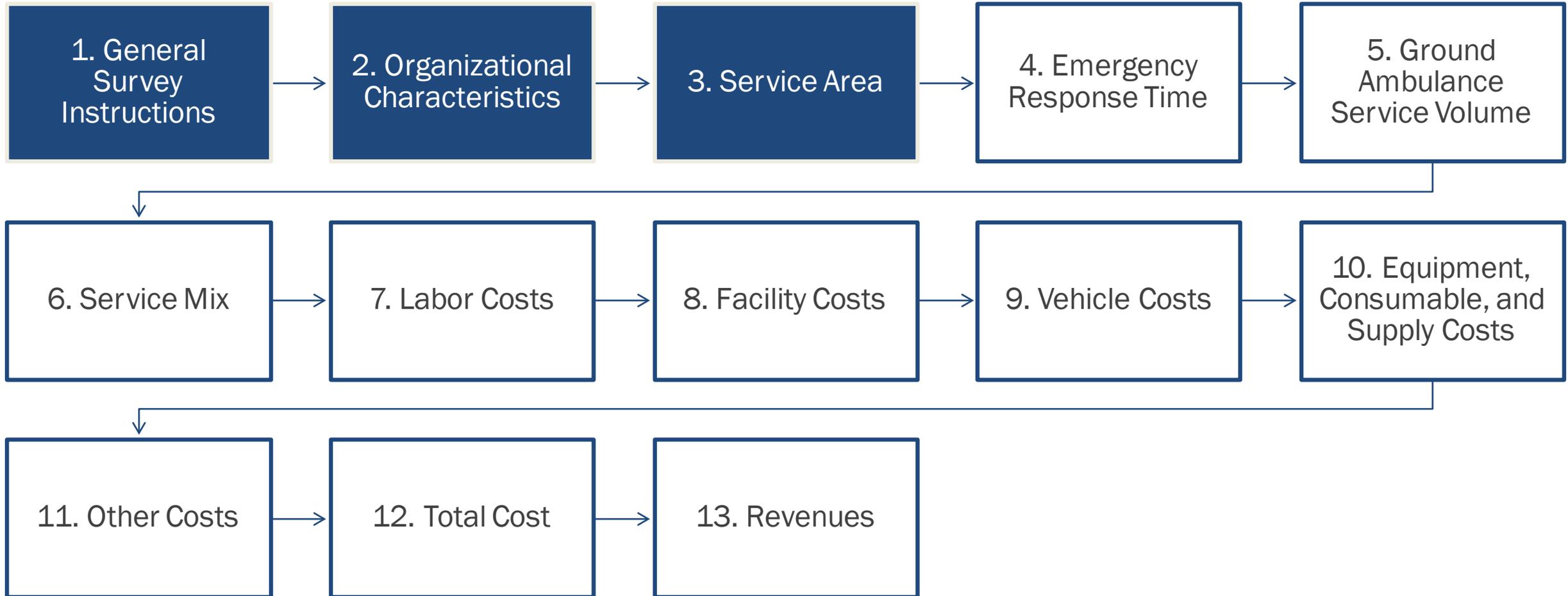
August 26, 2021

# Agenda

- Today's session is an overview of the Medicare Ground Ambulance Data Collection Instrument. We'll review selected questions that impact the flow of the instrument or are more complex in detail.
- We will highlight clarifications and changes proposed by CMS in the CY 2022 Physician Fee Schedule (PFS) Proposed Rule.
- More information is available from the Medicare Ambulances Services Center website (<https://www.cms.gov/Center/Provider-Type/Ambulances-Services-Center.html>), including:
  - A printable version of the entire instrument
  - Other resources such as a quick reference guide, frequently asked questions, and past webinars on different topics

Please note that the currently posted instrument, earlier webinars, and other materials do not reflect CMS's proposed changes in the CY 2022 PFS Proposed Rule. **These proposals have not been finalized and may change.** Future webinars will cover the finalized changes.

# Instrument Sections



## Section 2 Summary: Organizational Characteristics

- Organization name and contact information
- Ownership type (for-profit, non-profit, government, public-private partnership)
- Whether your organization provides services other than ground ambulance services (e.g., fire, police, hospital, or air ambulance services)
- Whether the sampled National Provider Identifier (NPI) is part of a larger “parent organization” billing under multiple NPIs
- Use of volunteer labor
- Staffing model

## Section 2, Questions 2 and 6

- **Section 2, Question 2:** Is this NPI part of a larger “parent organization” that owns or operates multiple NPIs billing for ground ambulance services? *Yes (1), No (0)*
- **Section 2, Question 6:** Did your organization use volunteer labor for any positions related to your ground ambulance service during the data collection period? Please include volunteers even if they receive small stipends, allowances, or other incentives from your organization. Do not include staff who are paid on an hourly or salary basis even if they perform some activities (e.g., responding as an EMT) on a volunteer basis. *Yes (1), No (0)*

**Programming Note:** If you answer Yes to Question 2, you will see additional questions related to organizations billing for ground ambulance organizations billing under multiple NPIs. If you answer Yes to Question 6, you will see additional questions about volunteers.

**CY 2022 PFS Proposed Rule:** CMS proposed to clarify the text for Section 2, Question 2.

## Section 2, Question 7

**Section 2, Question 7.** Which category best describes your ground ambulance operation?

- a. Fire department-based
- b. Police or other public safety department-based (including all-hazards public safety organizations)
- c. Government stand-alone emergency medical services (EMS) agency
- d. Hospital or other Medicare provider of services (such as skilled nursing facility).
- e. Independent/proprietary organization primarily providing EMS services
- f. Independent/proprietary organization primarily providing non-emergency services
- g. Other (please specify)

## Section 2, Questions 8 and 9

**Section 2, Question 8.** You indicated that your ground ambulance operation is [FILL fire department-based, police or other public safety department-based, or a hospital or other Medicare provider from prior question] Please confirm that your ground ambulance operation shares operational costs, such as building space or personnel, with these other operations.

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

**Section 2, Question 9.** Does your organization provide any of the following services or operations? [Only display options not previously selected]

- a. A fire department? Yes (1), No (0)
- b. A police or other public safety department? Yes (1), No (0)
- c. 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)
- d. Another healthcare organization (excluding hospitals, skilled nursing facilities, or other Medicare provider of services)? Yes (1), No (0)
- e. An air ambulance operation? Yes (1), No (0)
- f. Other (specify)? Enter text

**Programming Note:** If you are a shared fire, police, other public safety organization (hereafter “public safety”), or with a Medicare provider, you will be asked for additional information throughout the instrument on the share of costs related to ground ambulance rather than other (e.g., fire) operations.

**CY 2022 PFS Proposed Rule:** CMS proposed to clarify the text for Section 2, Question 9.

## Section 2, Questions 12 and 13

- **Section 2, Question 12.** 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)
- **Section 2, Question 13.** Do you operate air ambulances? Yes (1), No (0)

**Programming Note:** If you operate water ambulances (Section 2, Question 12), you will see additional questions and instructions related to water ambulance service volume and costs. If you operate air ambulances (Section 2, Question 13), the instrument will remind you in several places to not report air ambulance services, costs, and revenue.

## Section 3 Summary: Service Area

- ZIP codes in your primary and, if applicable, secondary service areas
- Average trip times

### Definitions:

- **Primary Service Area:** The area in which you are exclusively or primarily responsible for providing service at one or more levels and where it is highly likely that the majority of your transport pickups occur.
- **Secondary Service Area:** Other areas where you regularly provide services through mutual or auto-aid agreements.

## Section 3, Question 4

- **Section 3, Question 4.** Do you have a secondary service area? *Yes (1), No(0)*
  - Some, but not all, ground ambulance organizations regularly provide service outside of their primary service area, for example through mutual or auto-aid agreements with nearby municipalities. If this applies to your organization, please report areas that are outside your primary service area but where you regularly provide services as part of your secondary service area.
  - You do not need to report areas where you provide services very rarely or only under exceptional circumstances (for example, when participating in coordinated national or state responses to disasters or mass casualty events).
  - Use your judgement as to whether your organization regularly serves a secondary service area. For example, you may choose to consider ZIP codes outside your primary service area but where you had 5 or more responses during the data collection period as part of your secondary service area if you believe these transports have a significant impact on your organization's costs.

**Programming Note:** You will only be asked questions related to your secondary service area if you report having one.

**CY 2022 PFS Proposed Rule:** CMS proposed to elaborate the definition of secondary service areas in this question.

# Section 4 Summary: Emergency Response Time

- Average response times for primary and secondary (if applicable) service areas
- The share of responses with much longer response times
- Whether your organization has response time targets

**Programming Note:** You will only see questions in this section if you respond to emergency calls.

**CY 2022 PFS Proposed Rule:** CMS proposed to replace a question asking for your organization's 90<sup>th</sup> percentile response time with a question asking for the approximate share of responses with response times twice as long as your average.

# Section 4, Questions 1 and 2

- **Section 4, Question 1.** CMS is 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). Here, response time is defined as the time from when the call comes into dispatch to when the ambulance or another EMS response vehicle arrives on the scene. Do you define response time in this way? Yes (1), No (0)
- **[If no to Question 1] Section 4, Question 2.** You indicated in Question 1 that your organization uses a different definition of response time. Please select the definition that best fits your organization's measurement of response time:
  - a. From the time the ambulance leaves the station to the time the ambulance or other EMS vehicle is at the scene*
  - b. From the time the call gets routed from dispatch to our organization to the time the ambulance or other EMS vehicle is at the scene.*
  - c. Other (please specify)*

**CY 2022 PFS Proposed Rule:** CMS proposed clarifying the definition of response time and expanding the response options.

## Section 4, Question 3

- **Section 4, Question 3b.** What is the average response time for ground ambulance emergency responses in your primary service area? (*Enter minutes*)
- **Section 4, Question 3c.** What share of responses take more than twice as long as the average response time as reported in the prior question? (*Enter percentage*)

**Data Collection Note:** If you do not collect these response times, you will have the option to report estimates

**CY 2022 PFS Rule Proposed Change:** CMS proposed eliminating an existing question asking for the 90th percentile response time as organizations we spoke with were having trouble answering. Instead, they proposed asking for the share of responses that take more than twice as long as the average.

# Section 4, Question 3 Illustrative Examples

- The example below calculates the average response time and the share of responses that take more than twice as long as average for a hypothetical ground ambulance organization. The organization has ten total responses with times of 3, 3, 4, 4, 4, 5, 5, 5, 5, and 15 minutes:

## Average Response Time

$$\text{Average Response Time} = \frac{\left( \begin{array}{l} \text{The sum of response times for all of your} \\ \text{organization's ground ambulance responses} \end{array} \right)}{\left( \begin{array}{l} \text{Your organization's total number of ground} \\ \text{ambulance responses} \end{array} \right)}$$

*In this illustrative example:*

$$\frac{(3+3+4+4+5+5+5+15) \text{ minutes}}{10 \text{ responses}} = \frac{5.3 \text{ minutes}}{\text{response}}$$

## Share of Responses that Take More than Twice the Average

3	3	4	4	4	5	5	5	5	15
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*In this illustrative example:*

Twice the average response time:  $2 \times 5.3$   
minutes = 10.6 minutes

1/10 (10%) of responses are longer than 10.6  
minutes

# Section 5 Summary: Ground Ambulance Service Volume

- Number of total responses
- Number of total ground ambulance responses
- Number of ground ambulance responses not resulting in a transport
- Total number of ground ambulance transports
- Number of ground ambulance transports that resulted in full or partial payment
- Collect and report **total volume**, not just Medicare utilization

**Data Collection Note:** Report counts of transports – total and paid – only from the **sampled NPI** if you bill under multiple NPIs.

**CY 2022 PFS Proposed Rule:** CMS proposed specifying that paid transports should only include those furnished during the data collection period and paid by the time data is reported.

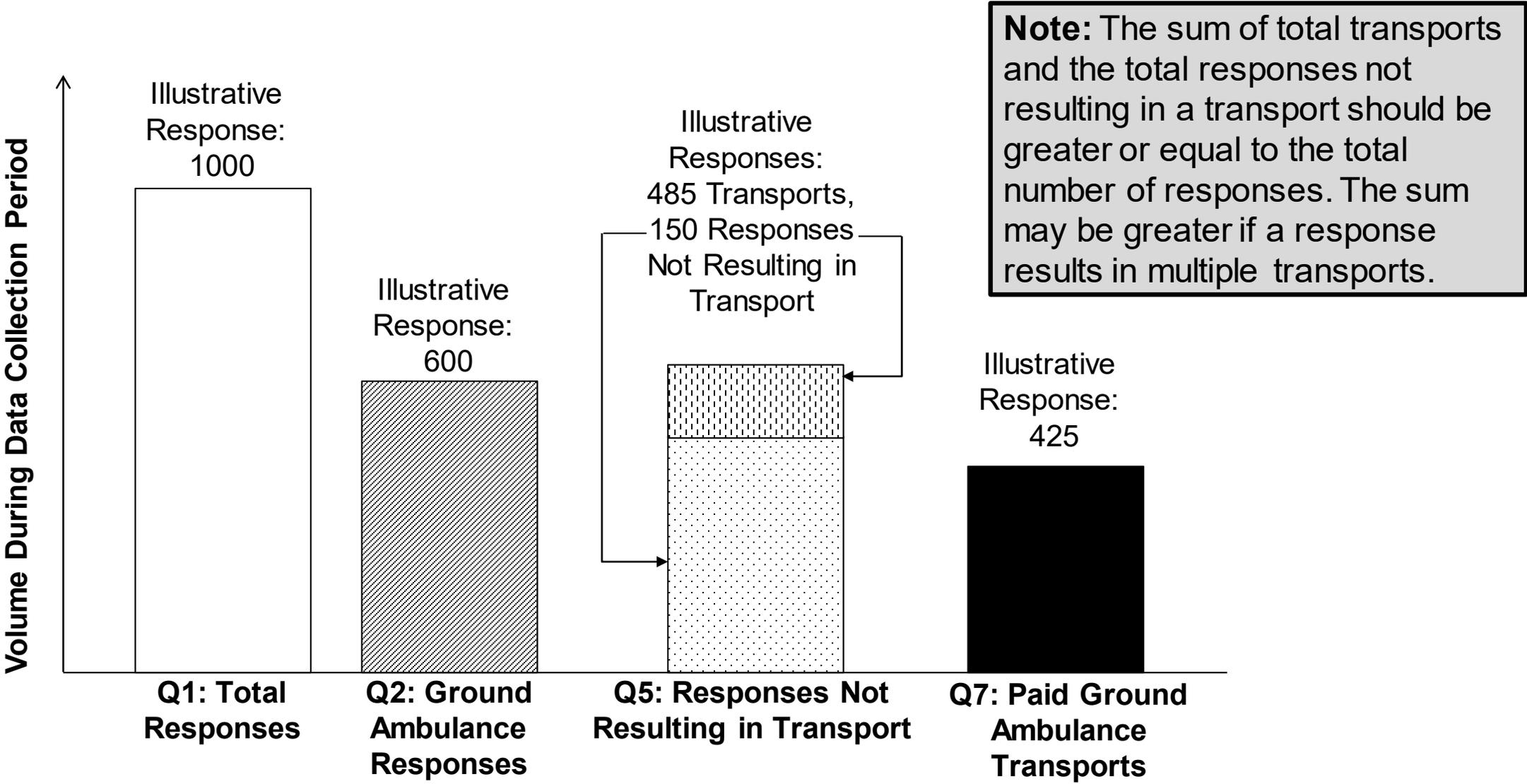
## Section 5, Questions 1 and 2

- **Section 5, Question 1.** What was your organization's **total number of responses** during the data collection period? (*Enter number*)
  - Total responses are defined as the total number of responses by your organization regardless of whether a ground ambulance was deployed and regardless of whether or not a patient was transported. Include EMS responses that did not involve a ground ambulance (e.g., responses only involving a pickup truck or sport-utility vehicle (SUV), including quick response vehicle (QRV), a “fly-car,” or “sprint” vehicle). Include emergency responses that did not include a ground ambulance, such as those that only that involved only fire trucks and/or other fire/rescue vehicles. If more than one vehicle is sent to the scene, count this as one response.
- **Section 5, Question 2.** What was your organization's total number of **ground ambulance responses** during the data collection period across all payer types and regardless of the level of service or geography? (*Enter number*).
  - 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.

## Section 5, Questions 5, 6, and 7

- **Section 5, Question 5.** What was the **total number of ground ambulance responses that did not result in a transport** during the data collection period? 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. *(Enter number)*
- **Section 5, Question 6.** What was the total number of **ground ambulance transports** for your organization during the data collection period, across all payer types, and regardless of the level of service or geography? *(Enter number)*
- **Section 5, Question 7.** Of the ground ambulance transports your organization provided during the data collection period, how many were **paid** (either in part or in full) across all payer types and regardless of the level of service or geography by the time you are reporting data to CMS? *(Enter number)*

# Section 5 Service Volume Questions Example Responses



## Section 5, Question 3

- **Section 5, Question 3.** Does your organization respond to calls with another non-transporting agency such as a local fire department that is not part of your organization? *Yes (1), No (0)*
  - a. What is your best estimate of the percentage of total ground ambulance responses include a non-transporting agency? *(Enter number)*
  - b. What kind of labor does the non-transporting agency provide during ground ambulance responses? Please check all that apply:
    - i. *Paramedic*
    - ii. *Other EMT*
    - iii. *Other (specify)*
  - c. In what percentage of ground ambulance transports do you estimate that the non-transporting agency continue to provide medical care in the ambulance during the transport? *(Enter percentage)*

**Data Collection Note:** This item allows you to report cases where some labor is provided by another organization. If this scenario applies to you, your reported labor costs may be lower than that of similar organizations. For parts a and c of the question, estimates are acceptable.

## Section 5, Questions 9 and 10

- **Section 5, Question 9.** What was the number of **responses** during the data collection period for which 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*)
- **Section 5, Question 10.** Excluding paramedic intercepts meeting Medicare’s definition reported above, what was the number of **responses** during the data collection period for which your organization provided an ALS intervention as a joint response to meet a Basic Life Support (BLS) ambulance from another organization? Do not include responses when your organization billed for a transport. (*Enter number*)

**Programming Note:** These questions appear only if you indicate in Section 2 that you provide either (Q16) paramedic intercept services meeting Medicare’s definition, or (Q17) ALS-level intervention as part of a joint response where another organization bills for the transport. If these scenarios apply to you, your reported labor costs may be higher on a per-transport basis than those of similar organizations.

## Section 6 Summary: Service Mix

- The share of **ground ambulance responses** that were emergency versus non-emergency
- The breakdown of **ground ambulance transports** by category (billing code)
- The share of **ground ambulance transports** that were interfacility
  
- As in the last section, collect and report information on **all of your organization's services**, not just Medicare services.

# Section 6, Question 1

- **Section 6, Question 1.** Please reply to the following questions regarding the mix of your organization's **ground ambulance responses** during the data collection period. An emergency response is a BLS or ALS1 level of service that has been provided in immediate response to a 911 call or the equivalent. An immediate response is one in which the ground ambulance organization begins as quickly as possible to take the steps necessary to respond to the call. This can include emergency transfers from a lower-level to higher-level of care.

Response Type	What percentage of your organization's ground ambulance responses fell into the following categories? Enter 0% if you do not provide responses in a category.
Emergency	<i>Enter percentage</i>
Non-emergency	<i>Enter percentage</i>

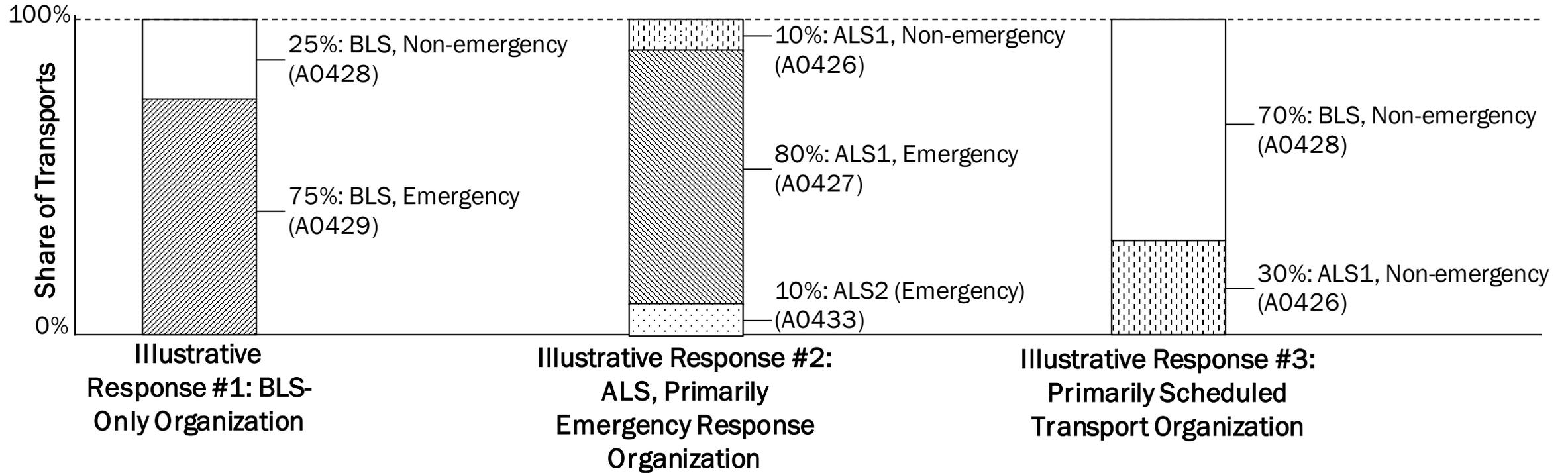
**Note:** The percentage of emergency plus non-emergency responses should add to 100%.

## Section 6, Question 3

- Section 6, Question 3.** Please indicate what percentage of your organization’s total **ground ambulance transports** fell in the following categories during the data collection period. Emergency transfers would be included under the category in which they were billed. The billing codes are included for reference. The percentages should add to 100%.

Transport Type (Healthcare Common Procedure Classification System [HCPCS] Code)	What percentage of your organization’s <i>transports</i> fell into the following categories? Enter 0% if you do not provide transports in a category.
Basic Life Support (BLS), Non-emergency (HCPCS code A0428)	<i>Enter percentage</i>
Basic Life Support (BLS), Emergency (HCPCS code A0429)	<i>Enter percentage</i>
Advanced Life Support, Level 1 (ALS1), Non-emergency (HCPCS code A0426)	<i>Enter percentage</i>
Advanced Life Support, Level 1 (ALS1), Emergency (HCPCS code A0427)	<i>Enter percentage</i>
Advanced Life Support, Level 2 (ALS2) (HCPCS code A0433)	<i>Enter percentage</i>
Specialty Care (HCPCS code A0434)	<i>Enter percentage</i>

# Section 6, Question 3 Example Responses



# Section 7 Summary: Labor Costs

## For Paid and Volunteer Staff

- Did you use staff in different categories during the data collection period?
- Total hours worked annually
- Total hours worked annually related to ground ambulance operations
- Total hours worked related to public safety (for organizations with these services)
- Total hours worked annually related to all other responsibilities

## For Paid Staff Only

- Total annual compensation

## For Volunteer Staff Only

- Number of individuals who were volunteers
- Total costs related to volunteers (e.g., stipends, allowances, etc.)

**CY 2022 PFS Proposed Rule:** CMS proposed separate reporting of hours worked related to ground ambulance operations, public safety operations, and other activities. Only public safety organizations would be asked to report hours associated with public safety activities.

# Section 7 Instructions

- Each staff member should contribute to **only one labor category for the purposes of Section 7**, even if they perform multiple roles in your organization.
- Examples:

Staff Member	Category for Reporting
A paid EMT-Basic who also performs administrative duties	Paid EMT-Basic
A paid EMT-Paramedic who volunteers additional unpaid hours	Paid EMT-Paramedic
A paid administrator handling billing and clerical duties and occasional vehicle maintenance	Paid administration/facilities category based on the primary responsibility
A volunteer EMT-Intermediate who became an EMT-Paramedic during the data collection period	Paid EMT-Intermediate
A paid EMT-Paramedic with only air ambulance responsibilities	Not reported

# Section 7, Question 1

**Section 7, Question 1:** Please indicate if your organization had paid staff (full and/or part time) and/or used volunteer staff in each of the following categories during the data collection period (check all that apply).

Staff Category	Without Public Safety roles		With Public Safety roles	
	Paid Staff	Volunteer Staff	Paid Staff	Volunteer Staff
EMT/Response Staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EMT – Basic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EMT – Intermediate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EMT – Paramedic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nurse, doctor, respiratory therapist, or other medical staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Medical Responder (EMR)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ambulance Driver (non-EMT/EMR)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Director	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Administration/Facilities Staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Administrative (clerical, human resources [HR], billing, IT support, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Management (executive, public information officer, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dispatch / Call Center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vehicle Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facilities Maintenance (janitorial staff, laundry, repairs, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other not reported above (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Programming Note:** If you do not select any of the categories in a row, you will be asked to report reasons why in Section 7, Question 2.

# Section 7.1, Question 1

**Section 7.1, Question 1:** This question asks about **paid EMT/Response staff** (both full and/or part time) in your organization during the data collection period. Please report about EMT/response staff in your organization for the data collection period:

Staff Category	Total annual compensation	Total hours annually	Total hours worked annually related to ground ambulance operations	Total Hours worked annually related to public safety operations	Hours worked annually related to all other responsibilities
EMT – Basic, without public safety role	<i>Dollars</i>	<i>Hours</i>	<i>Hours</i>	<i>N/A</i>	<i>Hours</i>
EMT – Basic, with public safety role	<i>Dollars</i>	<i>Hours</i>	<i>Hours</i>	<i>Hours</i>	<i>Hours</i>
EMT – Intermediate, without public safety role	<i>Dollars</i>	<i>Hours</i>	<i>Hours</i>	<i>N/A</i>	<i>Hours</i>
EMT – Intermediate, with public safety role	<i>Dollars</i>	<i>Hours</i>	<i>Hours</i>	<i>Hours</i>	<i>Hours</i>
EMT – Paramedic, without public safety role	<i>Dollars</i>	<i>Hours</i>	<i>Hours</i>	<i>N/A</i>	<i>Hours</i>
EMT – Paramedic, with public safety role	<i>Dollars</i>	<i>Hours</i>	<i>Hours</i>	<i>Hours</i>	<i>Hours</i>
Nurse/doctor/other medical staff w/ public safety role	<i>Dollars</i>	<i>Hours</i>	<i>Hours</i>	<i>N/A</i>	<i>Hours</i>
Nurse/doctor/other medical staff w/o public safety role	<i>Dollars</i>	<i>Hours</i>	<i>Hours</i>	<i>Hours</i>	<i>Hours</i>
Emergency Medical Responder (EMR) w/ public safety role	<i>Dollars</i>	<i>Hours</i>	<i>Hours</i>	<i>N/A</i>	<i>Hours</i>
EMR w/o public safety role	<i>Dollars</i>	<i>Hours</i>	<i>Hours</i>	<i>Hours</i>	<i>Hours</i>
Ambulance Driver (non-EMT/EMR) w/ public safety role	<i>Dollars</i>	<i>Hours</i>	<i>Hours</i>	<i>N/A</i>	<i>Hours</i>
Ambulance Driver (non-EMT/EMR) w/o public safety role	<i>Dollars</i>	<i>Hours</i>	<i>Hours</i>	<i>Hours</i>	<i>Hours</i>

**Programming Note:** Rows will appear only for staff categories you use.

# Section 7.2, Question 1

**Section 7.2, Question 1:** This question asks about paid medical director and administration/facilities staff (both full and/or part time) in your organization during the data collection period.

Staff Category	Total annual compensation	Total hours annually	Total hours worked annually related to ground ambulance operations	Total Hours Worked Annually Related to Public Safety Operations	Hours worked annually related to all other responsibilities
Medical Director, w/o public safety role	<i>Dollars</i>	<i>Hours</i>	<i>Hours</i>	<i>N/A</i>	<i>Hours</i>
Medical Director, w/ public safety role	<i>Dollars</i>	<i>Hours</i>	<i>Hours</i>	<i>Hours</i>	<i>Hours</i>
Administration/Facilities Staff, w/o public safety role	<i>Dollars</i>	<i>Hours</i>	<i>Hours</i>	<i>N/A</i>	<i>Hours</i>
Administration/Facilities Staff, w/ public safety role	<i>Dollars</i>	<i>Hours</i>	<i>Hours</i>	<i>Hours</i>	<i>Hours</i>

**Programming Note:** Rows will appear only for staff categories you use.

# Section 7 Labor Costs Data Collection Notes

- **For reporting total compensation:**
  - Include 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 reporting total hours worked annually:**
  - Report the sum of hours worked at your organization across all staff assigned to the category. Include **all hours**, including hours unrelated to your ground ambulance operation.
- **For reporting total hours worked related to fire/police/other public safety operations:**
  - Report the sum of hours worked at your organization on activities supporting public safety operations across all staff assigned to the category. This includes both responding to public safety calls and performing administrative or other duties that support public safety operations.
- **For reporting hours related to all other responsibilities:**
  - Report hours worked by staff assigned to the category on activities other than ground ambulance or public safety duties, including:
    - Air ambulance operations
    - Healthcare delivery unrelated to ground ambulance operations, 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/public safety activities

# Section 7.1, Illustrative Example

A fire-based ground ambulance organization had 3 paid EMT-Basics during the data collection period, each with total annual compensation of \$40,000.

- See the first table for details on each staff member.
- The second table illustrates the first two completed rows from Section 7.1, Question 1

Paid EMT-Basic #1	Paid EMT-Basic #2	Paid EMT-Basic #3
<ul style="list-style-type: none"> <li>• Not a firefighter</li> <li>• Only ambulance responsibilities</li> <li>• 1,500 hours/year (part time)</li> </ul>	<ul style="list-style-type: none"> <li>• Fire responsibilities 50% of time</li> <li>• Ambulance responsibilities 50% of time</li> <li>• 2,000 hours/year (full time)</li> </ul>	<ul style="list-style-type: none"> <li>• Fire responsibilities 25% of time</li> <li>• Ambulance responsibilities 50% of time</li> <li>• Community outreach 25% of time</li> <li>• 2,000 hours/year (full time)</li> </ul>

Staff Category	Total annual compensation	Total hours annually	Total hours worked annually related to ground ambulance operations	Total Hours worked annually related to public safety operations	Hours worked annually related to all other responsibilities
EMT – Basic, w/o public safety role	\$40,000	1,500	1,500	N/A	0
EMT – Basic, w/ public safety role	\$80,000	4,000	2,000	1,500	500

## Section 7.3: Volunteer Labor

- In this section you will report on volunteers:
  - Number of individuals that were volunteers during the data collection period by labor category.
  - Hours worked for volunteer EMT/response staff, by category, following the same format as for paid staff.
  - Total costs related to volunteers, e.g., stipends, allowances, honoraria, etc.

**Programming Note:** This section will only appear if you check “volunteer” for one of the labor categories in Section 7, Question 1

# Section 8 Summary: Facility Costs

- Number of buildings
- Name and function (e.g., call center, garage, administrative)
- Facility square footage
- Annual cost of ownership per facility
- Total insurance, maintenance, utility, and tax costs across all facilities combined

**CY 2022 PFS Proposed Rule:** CMS proposed adding a screening questions to Section 2 asking whether organizations calculate depreciation expenses for facilities, vehicles, and equipment. Answers to these questions would determine how later questions about expenses and depreciation are worded.

# Section 8, Questions 1 and 2

- **Section 8.1, Question 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*)
- **Section 8.1, Question 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*)

**Programming Note:** Your answers will populate a table in the next question that asks about each facility.

## Section 8.1, Question 3

- Section 8.1, Question 3.** For each of the following facilities, please check the option that best applies and enter the square footage and percentage of square footage associated with ground ambulance services.

Facility Name	Your organization or another entity made rent or lease payments for the facility	Your organization or another entity owned the facility and made mortgage, interest, or other payments towards ownership	Your organization or another entity owns the facility outright	Facility was donated – no costs (excluding maintenance, utilities, insurance, and taxes)	Facility square footage	Percentage of your facility square footage related to ground ambulance services
Facility 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Enter Number</i>	<i>Enter Percentage</i>
Facility 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Enter Number</i>	<i>Enter Percentage</i>
Last Facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Enter Number</i>	<i>Enter Percentage</i>

## Section 8.1, Question 3 Illustrative Response

The table below is completed assuming an organization has two facilities related to ground ambulance operations: a leased fire station and a municipal building.

Facility Name	Your organization or another entity made rent or lease payments for the facility	Your organization or another entity owned the facility and made mortgage, interest, or other payments towards ownership	Your organization or another entity owns the facility outright	Facility was donated – no costs (excluding maintenance, utilities, insurance, and taxes)	Facility square footage	Percentage of your facility square footage related to ground ambulance services
Fire station	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5,000	60%
Municipal building	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>	8,000	10%

**Programming Note:** In this example, the organization has both fire and EMS services and estimates that 60% of the facility is related to ambulance activities. This is one question where an estimate is acceptable. Answer based on the percent of physical space used for ambulance activities or the percent of calls you receive that are EMS vs. fire. The municipal building may be shared with other government functions.

# Section 8.2, Question 1

- Section 8.2, Question 1.** Please indicate the total amount your organization paid for the following during the data collection period. 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.

Facility Name	Annual lease or rental costs for each facility	Annual mortgage, bond interest, and other costs of ownership for each facility	Annual depreciation expense for each owned facility	No annual costs of ownership for fully-owned or donated facilities
Facility 1	Enter Amount	Enter Amount	Enter Amount	<input type="checkbox"/>
Facility 2	Enter Amount	Enter Amount	Enter Amount	<input type="checkbox"/>
Last Facility	Enter Amount	Enter Amount	Enter Amount	<input type="checkbox"/>

**Data Collection Note:** For this question, you must report the entire cost of the facility, not just the cost related to ground ambulances.

**CY 2022 PFS Proposed Rule:** CMS proposed editing this question wording for organizations that do not depreciate facility expenses.

# Section 8.2, Question 1 Illustrative Response

- The table above is completed assuming the leased fire station results in an annual expense of \$75,000 and the municipal building has no annual cost because it is owned outright.

Facility Name	Annual lease or rental costs for each facility	Annual mortgage, bond interest, and other costs of ownership for each facility	Annual depreciation expense for each owned facility	No annual costs of ownership for fully-owned or donated facilities
Fire station	\$75,000	N/A	N/A	<input type="checkbox"/>
Municipal building	N/A	N/A	N/A	X

**CY 2022 PFS Proposed Rule:** CMS proposed editing this question wording for organizations that do not depreciate facility expenses.

## Section 9 Summary: Vehicle Costs

- Each vehicle related to your ground ambulance operation including information on vehicle type (e.g., ambulance, supervisor vehicle)
- Annual cost to your organization for each vehicle
- Total registration, license, insurance, fuel, and maintenance costs for all vehicles
- Share of non-ambulance vehicles related to your ground ambulance operations.

**CY 2022 PFS Proposed Rule:** CMS proposed clarifying that organizations operating on a cash-basis do not need to depreciate vehicle costs and indicating more clearly where to report vehicle purchase costs for these organizations.

## Section 9.3, Question 1 through 5

- **Section 9.3, Questions 1-5. Other Costs Associated with Vehicles**
- What was the total cost of all vehicles (ambulance and non-ambulance) used to respond to ambulance calls or support ground ambulance operations during the data collection period? (*Enter dollar amount for each of the following*)
  - **Registration** (Question 1)
  - **License** (Question 2)
  - **Insurance** (Question 3)
  - **Maintenance** (Question 4)
  - **Fuel** (Question 5)

### Data Collection Notes:

- Report **one total cost** for all your vehicles together per question
- Do not report insurance or maintenance costs reported in another section.
- For maintenance and fuel costs, report the share of associated with different types of vehicles (e.g., ambulances versus rescue vehicles).

# Section 10 Summary: Equipment, Supply, and Consumable Costs

- Capital medical equipment costs, depreciation, and share of costs related to ground ambulance activities
- Medication costs
- Medical supplies, equipment, and consumables costs
- Non-medical supplies, equipment, and consumables (e.g., paper office supplies) and share of costs related to ground ambulance services
- Uniform costs

**Programming Note:** If you have ground ambulance and non-ground ambulance activities (e.g., a fire/EMS organization) and share equipment and non-medical supplies costs, estimate the percent of these costs related to ground ambulance activities. For medications, medical supplies, and consumables, only report costs related to ground ambulance activities.

**CY 2022 PFS Proposed Rule:** CMS proposed clarifying that organizations operating on a cash-basis do not need to depreciate capital equipment costs and indicating more clearly where to report capital equipment purchase costs for these organizations.

# Section 10.1, Question 1

- **Question 10.1, Question 1.** Please report the following for all capital medical equipment your organization used entirely or in part for ground ambulance services during the data collection period.
  - a. Annual depreciation expenses: *(Enter Amount)*
  - b. Maintenance, certification, or service costs: *(Enter Amount)*
  - c. What was the percentage of capital medical equipment attributable to ground ambulance services during the data collection period? Report 100 percent if all capital medical equipment was used only for ground ambulance services. Report less than 100 percent if some capital medical equipment was used for both ground ambulance and other purposes (e.g., air ambulance or hospital uses). *(Enter Percentage)*

**Definition: Capital medical equipment** refers to equipment that can endure repeated use. Examples include, defibrillators, ventilators, monitors, or power lifts but you may have other kinds of equipment that you capitalize. This equipment generally costs more than \$5000.

**Data Collection Note:** If you calculate depreciation expense for multiple purposes (e.g. depreciation for tax incentive purposes vs. Generally Accepted Accounting Principles (GAAP) for standard auditing purposes), report the depreciation expense captured for standard auditing purposes.

# Section 11 Summary: Other Costs

- Costs for outside contracted services such as dispatch/call center, billing, and accounting
- Miscellaneous costs related to:
  - Medical or ambulance-related expenses
  - Administrative and general expenses
  - Fees and taxes

**Programming Note:** If you have both ground ambulance and non-ground ambulance activities (e.g., a fire/EMS organization) you will have additional questions about what percent of costs in each category are related to ground ambulance activities.

## Section 11, Questions 1 and 3

- **Section 11, Question 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 dispatch/call center service fee, to support your ground ambulance services.
- **Section 11, Question 3.** Please indicate if your organization incurred any of the following expenses during the data collection period. 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.**

**Programming Note:** Question 1 includes a list of commonly contracted services. Question 3 includes a list of other cost categories. Write in additional categories, if necessary, for both questions. If you have one or more costs, additional columns will appear asking for the total cost of the service and the percent of those costs attributable to ground ambulance operations.

## Section 12: Total Costs

This section contains one question asking for your organization's total costs:

- **Section 12, Question 1.** Please provide the total expenses of your NPI during the data collection period. The total expenses reported here should include all operating and capital costs (including costs for services not related to ground ambulance services). (*Enter Amount*)

# Section 13 Summary: Revenues

- Revenue from health care payers, by payer (e.g., commercial, Medicaid, Medicare)
- Revenue from all other sources, including:
  - Funding from municipalities
  - Contracts from facilities
  - Charitable donations
  - Grants
- One question asking for your organization's total revenue, including revenue unrelated to ground ambulance services.

## Section 13: Questions 2, 3, and 4

- **Section 13, Question 2.** Can you report revenue for billed ground ambulance transports by healthcare payer category (e.g., Medicare, Medicaid, commercial insurance)? *Yes (1), No (0)*
  - [If Yes (1), proceed to question 3.]
  - [If No (0):] Please report the approximate share of revenue from billed transports for all payers combined. *(Enter dollar amount)*
- **Section 13, Question 3.** Please indicate if your organization received any revenue from paid ground ambulance transports from the following payers during the data collection period (see table in instrument).
- **Section 13, Question 4.** How often did your organization try to bill the following types of payers for the amount owed for a transport during the data collection period? *Never (0), Sometimes (1), Usually (2), Always (3).*

**Programming Note:** Question 3 includes a list of health care payer categories. If you receive revenue from one or more payer, additional columns will appear asking for the revenue from that payer, and whether you are including patient cost sharing in the total amount reported for that payer.

## Section 13: Question 5

- **Section 13, Question 5.** Please indicate if your organization received any revenues from any of the following sources during the data collection period. Include only revenue specifically related to ground ambulance services. If you report an amount that is specific to your **ground ambulance operations**, report 100% in the second column. If you report an amount reflecting revenue for your ground ambulance and other operations – for example fire, police, or Medicare provider operations, then report the share of the reported total associated with **your organization’s ground ambulance operations**.

**Programming Note:** Question 5 includes a list of common sources of revenue. Write in additional categories if necessary. If you indicate that you have revenue from a particular source, additional columns will appear so that you can enter the amount of revenue and the percent attributable to ground ambulance services.

# Question & Answer Session

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# Resources

- Access a printed version of the instrument and frequently asked questions document from the Medicare Ambulances Services Center website (note that the printed instrument does not yet include the proposed changes indicated in this presentation):
  - <https://www.cms.gov/Center/Provider-Type/Ambulances-Services-Center>
- Past slide presentations, webinar recordings, and supplemental documents are also on this site. Note that past presentations do not cover proposed changes. Updated versions of these webinars that include proposed changes are forthcoming.

Please note that the currently posted instrument, earlier webinars, and other materials do not reflect CMS's proposed changes in the CY 2022 PFS Proposed Rule. **These proposals have not been finalized and may change.** Future webinars will cover the finalized changes.

- The Calendar Year CY 2022 PFS Proposed Rule with Comment Period can be downloaded from the Federal Register at:
  - <https://www.govinfo.gov/content/pkg/FR-2021-07-23/pdf/2021-14973.pdf>.
  - The comment period ends September 13, 2021.
- If you have additional questions, please contact:
  - [AmbulanceDataCollection@cms.hhs.gov](mailto:AmbulanceDataCollection@cms.hhs.gov)

# Future CMS Educational Webinars

- CMS will host other educational webinars (weekly on Thursday afternoons EST starting October 7, 2021):
  - Instructions and considerations on reporting labor hours and costs
  - Special requirements for volunteer organizations
  - Special requirements for fire/police/public safety organizations
  - Detailed instructions on reporting revenue
  - Special requirements for provider organizations
  - Special requirements for organizations billing Medicare under multiple NPIs
- Check the Ambulances Services Center website for details:  
<https://www.cms.gov/Center/Provider-Type/Ambulances-Services-Center>
- Please note that the webinars currently posted on the Ambulances Services Center website **do not reflect recent and proposed clarifications to the instrument.** Future webinars will draw attention to these changes.