Medicare Ground Ambulance Data Collection Instrument: Requirements for Medicare Providers

Andrew Mulcahy, PhD MPP (RAND)
Sara Heins, PhD (RAND)

November 4, 2021
Medicare Providers of Services

The following are examples of providers of Medicare services that may furnish and bill Medicare for ground ambulance services:

- Hospitals
- Critical Access Hospitals (CAHs)
- Skilled Nursing Facilities (SNFs)
- Comprehensive Outpatient Rehabilitation Facilities (CORFs)
- Health Agencies (HHAs)
- Hospice programs

For more information and a full list of providers visit: https://www.cms.gov/research-statistics-data-and-systems/downloadable-public-use-files/provider-of-services
Instrument Sections with Instructions or Questions Tailored for Provider-Based Ground Ambulance Organizations

- Section 2: Organizational Characteristics
- Section 5: Service Volume
- Section 7: Labor Costs
- Section 8: Facilities Costs
- Section 10: Equipment, Consumable, and Supply Costs
- Section 11: Other Costs
- Section 12: Total Cost
- Section 13: Revenues

Selected organizations need to complete the entire Medicare Ground Ambulance Data Collection Instrument, not just these sections.

Sections 3, 4, 6, and 9 (covering service area, emergency response time, service mix, and vehicles, respectively) ask the same questions regardless of whether the organization is provider- or supplier-based.
The information in this webinar reflects changes finalized by CMS as part of the CY 2022 Physician Fee Schedule Final Rule.

CMS will update the printable instrument posted online soon. There are some differences between the currently posted printable instrument and what we present today.

Please check the Medicare Ambulances Services Center website and future webinars for updates (https://www.cms.gov/Center/Provider-Type/Ambulances-Services-Center).
General Instructions for Provider-Based Organizations

• Only report expenses and revenue *from your ground ambulance* operations *unless otherwise noted in the instructions.*
  – Usually, you’ll be able to report that only a percentage of a reported expense or revenue figure is related to your ground ambulance operation (vs. other hospital operations).
    • Use your organization’s current allocation approach or your best judgement to estimate this percentage.
    • Depending on the question, you might use shares of responses, labor hours, square footage, or operating expenses as the basis for this percentage.
• For example, in questions about facilities (Section 8), just consider buildings related to your ground ambulance operation. An example of facilities NOT included in this section would be freestanding outpatient clinics or hospitals that do not operate ground ambulance organizations.

• Other staff and some facilities, vehicles, equipment, etc., may not be related to ambulance operations at all. These are not in scope for ground ambulance data collection and must be excluded.
Section 2: Organizational Characteristics, Question 7

Question 7 asks about which category best describes your ground ambulance operation:

a. Fire department-based
b. Police or other public safety department-based
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)

Question 8 asks you to CONFIRM whether your ground ambulance operation shares operational costs (e.g., building space or personnel) with a Hospital or other Medicare provider of services.

**Notes:** “d” assumes your organization may share costs with other provider services NOT related to ground ambulance operations. If you give a different answer, you will still have the opportunity to indicate that your organization shares costs with a hospital or other provider services in a later question.
Section 2: Organizational Characteristics, Question 9

Question 9 asks if your ground ambulance operation provides any of the following services or operations:

a. Fire department
b. Police or other public safety department
c. Hospital or other Medicare provider of services (e.g., SNF).
d. Another healthcare organization (excluding hospitals, skilled nursing facilities, or other Medicare provider of services)
e. An air ambulance operation
f. Other (specify)

Note: If you indicated that you were a provider organization in 7, you will NOT see option "c." If you are NOT a provider organization but DO share some operational costs with a provider organization, you may indicate that here. Taken together, your answers to Questions 7-9 will influence which questions you see later in the instrument.
Section 2: Organizational Characteristics, Question 10

**Question 10** asks whether your organization routinely provides ground ambulance responses to 911 calls.

**Note:** Some providers may only provide specialty or interfacility transports and not respond to 911 calls. If this describes your organization, answer “No” to this question and you will not see Section 4 questions on Emergency Response Time.
Section 5: Service Volume

This section asks about your organization’s service volume. Questions cover:

– **Total responses:** 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.

– **Ground ambulance responses:** Response to a call for service by a fully equipped and staffed ground ambulance, scheduled or unscheduled, with or without a transport, and with or without payment.

– **Ground ambulance transports:** Use of a fully staffed and equipped ground ambulance responding to a request for service to provide a medically necessary transport (based on the rules relevant to the applicable payer).

– **Paid ground ambulance transports:** A ground ambulance transport for which your organization has been paid in full or in part by a payer and/or patient only.

**Note:** All interfacility transports, whether emergent or not, scheduled or unscheduled, will always be included in the first three categories.
Section 7: Labor Reporting for Provider Organizations

- Generally, reporting staffing and labor cost information is similar for provider organizations and non-provider organizations.

- One main difference:
  - Provider organizations may have staff that work on both ground ambulance operations and other provider operations that are not related to ground ambulance operations (e.g., hospital administration or providing care in the hospital).
  - These hours will need to be reported separately.

- Note, staff with NO ground ambulance responsibilities are not reported in this instrument.
Sections 7.1, 7.2, and 7.3

• For each staff category you indicated you had in Section 7, you will be asked to report:
  – Total annual compensation (paid staff categories only).
  – Total hours worked annually.
  – Total hours worked related to ground ambulance responsibilities.
  – Total hours worked annually related to all other responsibilities.

Total Hours Worked Annually Examples:
• Ground ambulance responses
• Administrative duties for ground ambulance and public safety operations
• Most other ground ambulance duties at your organization, including those listed at right

Total hours worked annually related to all other responsibilities:
• Air ambulance operations
• Healthcare delivery unrelated to ground ambulance activities, such as work in the hospital
• Community outreach and education

Not Included in Either:
• Time spent on call
• Fundraising
One full-time **EMT-Basic**, receives annual salary and benefits totaling $35,000/year. The EMT responds to emergency ground ambulance calls and does administrative work for both ground ambulance and non-ground ambulance aspects of the organization. She is estimated to spend 1,000 hours a year on ground ambulance calls, 500 hours doing ground ambulance administration, and 500 hours doing non-ground ambulance hospital administration.

### Calculations:
- Total hours worked annually: \(1,000 + 500 + 500 = 2,000\) hours
- Total hours worked annually related to ground ambulance operations: \(1,000 + 500 = 1,500\) hours
- Hours worked annually unrelated to ground ambulance duties = 500 hours

<table>
<thead>
<tr>
<th>EMT/Response Staff Category</th>
<th>Total annual compensation for paid EMT/response staff</th>
<th>Total hours worked annually for paid EMT/response staff</th>
<th>Total hours worked annually related to ground ambulance operations</th>
<th>Hours worked annually unrelated to ground ambulance duties</th>
</tr>
</thead>
<tbody>
<tr>
<td>EMT – Basic</td>
<td>$35,000</td>
<td>2,000</td>
<td>1,500</td>
<td>500</td>
</tr>
</tbody>
</table>
An emergency medicine physician works as a physician at the hospital and serves as its Medical Director for ambulance services. She spends about 10% of her time (208 hours/year) on ground ambulance operations including running quality improvement efforts for the hospital’s ambulance services and attending monthly EMT committee meetings. The rest of the time, she works as a physician at the hospital. She works 2,080 hours/year and has annual salary and benefits totaling $150,000.

An administrator at the hospital is responsible for payroll for all hospital staff. He works full time (2,080 hours/year) and estimates that about 5% of employees on payroll are primarily involved in the hospital’s ground ambulance operations. His annual salary and benefits are $40,000.

<table>
<thead>
<tr>
<th>Staff Category</th>
<th>Total annual compensation</th>
<th>Total hours worked annually</th>
<th>Total hours worked annually related to ground ambulance operations</th>
<th>Hours worked annually related to all other responsibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Director</td>
<td>150,000</td>
<td>2,080</td>
<td>208</td>
<td>1,872</td>
</tr>
<tr>
<td>Administrative/facilities staff</td>
<td>40,000</td>
<td>2,080</td>
<td>104</td>
<td>1,976</td>
</tr>
</tbody>
</table>
Section 8, Facilities Costs

• This section asks about costs for your organization’s facilities that are fully or partially related to ground ambulance operations.
• Facilities may include:
  – Dispatch/call centers.
  – Vehicle storage.
  – Administrative offices.
  – Buildings for EMT/Response staff.
  – Any other building fully or partially related to your organization’s ground ambulance operations.
Section 8.1, Questions 2-3

• **Question 2:** You will list the name/function of each facility **fully or partially** related to your organization’s ground ambulance operations.
  – Example: if your ground ambulance operations are entirely housed in a separate building from other hospital activities, only list that building. If your ground ambulance operations are located within a hospital, list the hospital.

• **Question 3:** For each facility you listed in Question 2, you will give the
  – total square footage of the facility.
  – percentage of your facility’s square footage related to ground ambulance services.

Report your *best estimate* of the percentage of the facility associated with ground ambulance services. This can be based on physical space or whatever allocation method your organization uses for cost reporting.
Facility 1: Hospital

- Hospital: 10,000 sq. ft. total
- Billing Offices: 2,000 sq. ft. (~5% of bills are for ground ambulance services)
- Ambulance Services: 1,000 sq. ft.

In this facility, ambulance operations account for 1,100 sq. ft. of the hospital (1,000+2,000*0.05=1,100) and account for 11% of the total hospital square footage.

Facility 2: Garage

- Garage: 5,000 sq. ft.

The ambulances for this organization are kept in a separate garage that does not share any space with non-ground ambulance services. They list the facility as 100% ground ambulance related.
Section 8.3, Question 1

- In this question, you must report **TOTAL COSTS** and percentage of total costs **associated with ground ambulance operations** across all buildings for the following categories over your organization’s 12-month data collection period:
  - Insurance costs
  - Facilities maintenance and improvement costs
  - Facilities utilities costs
  - Facilities taxes

Report your *best estimate* of the percentage of the facility-related costs associated with ground ambulance services. This can be based on physical space or whatever allocation method your organization uses for cost reporting.
Section 8.3, Example Utilities Calculation

The hospital in this example doesn’t have a way of separately tracking utilities costs related to ground ambulance vs. their other operations, so they use their square footage and percent attributable to ground ambulance from Section 8.1 to allocate utilities costs.

<table>
<thead>
<tr>
<th>Section 8.1, Question 3: Facility Name</th>
<th>Section 8.1, Question 3: % of facility related to ground ambulance services</th>
<th>Total Utilities Cost for Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital Main Building</td>
<td>11%</td>
<td>$60,000</td>
</tr>
<tr>
<td>Garage</td>
<td>100%</td>
<td>$15,000</td>
</tr>
</tbody>
</table>

The organization makes the following calculations:

60,000 x 0.11 + 15,000 x 1.00 = $21,600 utilities costs related to ground ambulance services

60,000 + 15,000 = $75,000 total utilities costs

21,600 / 75,000 = 0.28 (29%) of utilities costs attributable to ground ambulance services

The organization reports $75,000 total utilities costs and 29% of total utilities costs as being attributable to ground ambulance operations.
Section 10. Equipment, Consumables, and Supply Costs

- You will be asked to report costs to your organization for the following categories:
  - Capital Medical Equipment (10.1, Question 1)
  - Medications (10.1, Question 2)
  - Other medical equipment, supplies, and consumables (10.1, Question 3)
  - Capital non-medical equipment (10.2, Question 1)
  - Uniforms (10.2, Question 2)
  - Non-medical supplies (10.2, Question 3)
- Only report equipment, consumables, and supplies *partially or totally* related to ground ambulance operations.
- Report any items used solely by ground ambulance operations at 100%. For items shared with other types of operations (e.g., a ventilator also used in the hospital), estimate the percentage of costs attributable to ground ambulance operations.
# Section 10. Details on Categories and Allocation

<table>
<thead>
<tr>
<th>Reporting Category</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Capital Medical Equipment</td>
<td>Defibrillators, ventilators, monitors</td>
</tr>
<tr>
<td>Medications</td>
<td>Epinephrine, morphine, naloxone</td>
</tr>
<tr>
<td>Other medical equipment, supplies, and consumables</td>
<td>Bandages, gauze, blood pressure cuffs</td>
</tr>
<tr>
<td>Capital non-medical equipment</td>
<td>Computers, photocopier</td>
</tr>
<tr>
<td>Uniforms</td>
<td>Shirts, pants</td>
</tr>
<tr>
<td>Non-medical supplies</td>
<td>Paper, paperclips, coffee supplies</td>
</tr>
</tbody>
</table>

**Notes on allocation:** Depending on your organization’s structure and accounting practices, you may be able to report equipment and supplies only for ground ambulance operations. Alternatively, for some categories you may be unable to separate ground ambulance costs and need to estimate a percent allocation.
Section 10.1, Question 1 Example

Background: This hospital-based provider organization purchased two pieces of capital medical equipment used by its ground ambulance operations: a power lift and a transport ventilator. The power lift costs $6,000 and is used exclusively by ground ambulance operations. The transport ventilator costs $5,000 and is used by the hospital for transports within the hospital but is sometimes signed out by the ground ambulance organization for interfacility transports. They estimate that 90% of the time it is used for transports within the hospital and 10% for interfacility transports.

Calculations

Option 1: $6,000+$5,000 x 0.10=$6,500
Option 2: $6,000+$5,000=$11,000
$6,500/$11,000=0.59

<table>
<thead>
<tr>
<th>Option</th>
<th>Reporting Category</th>
<th>Total Cost</th>
<th>% Related to Ground Ambulance Operations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Option 1</td>
<td>Capital medical equipment</td>
<td>$6,500</td>
<td>100%</td>
</tr>
<tr>
<td>Option 2</td>
<td>Capital medical equipment</td>
<td>$11,000</td>
<td>59%</td>
</tr>
</tbody>
</table>

CY 2022 PFS Final Rule: CMS clarified that organizations operating on a cash-basis do not need to depreciate capital equipment costs. CMS edited wording in Section 10 questions to more clearly indicate where these organizations should report equipment purchase costs.
Section 10.1, Medications

• Question 2 asks if your organization had any costs associated with medications purchased for ground ambulance services during your data collection period.

• IF YES: You will indicate if you can report these costs separately from other medical supplies and consumables (and then will be asked to report the total costs for medications).
  • If you cannot report separately, you will be asked to include the cost of medications with other medical equipment, supplies, and consumables costs.
  • IF NO: You will skip to the next set of questions.

Note: Provider organizations, such as hospitals, should only list the cost of medications used to stock ground ambulances. Do not include medications used elsewhere in the organization.
Section 11. Other Costs

- You will be asked to report costs to your organization for the following categories:
  - Contracted services (e.g., billing, accounting, vehicle maintenance/repair, IT support)
  - Other expenses (e.g., biohazard waste and medication removal fees, laundry, board of directors/trustees expenses, event/meeting costs)

- As with Section 10, you will have to estimate the percent of each of these costs associated with ground ambulance operations using a method of your choice. For example, one of the methods presented in this presentation.
## Section 11, Question 1

<table>
<thead>
<tr>
<th>Type</th>
<th>Total cost for the service</th>
<th>Percentage of this cost attributable to ground ambulance services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Billing service</td>
<td>Enter dollar amount</td>
<td>Enter percentage</td>
</tr>
<tr>
<td>Accounting service</td>
<td>Enter dollar amount</td>
<td>Enter percentage</td>
</tr>
<tr>
<td>Vehicle maintenance/repair service</td>
<td>Enter dollar amount</td>
<td>Enter percentage</td>
</tr>
<tr>
<td>Dispatch/call center service</td>
<td>Enter dollar amount</td>
<td>Enter percentage</td>
</tr>
<tr>
<td>Facilities maintenance services</td>
<td>Enter dollar amount</td>
<td>Enter percentage</td>
</tr>
<tr>
<td>IT support service</td>
<td>Enter dollar amount</td>
<td>Enter percentage</td>
</tr>
</tbody>
</table>

**Note:** You will be asked which of these contracted services you provide. Only the ones you answer yes to will be displayed.
Background: This hospital-based provider organization contracts services to support their ground ambulance operations, listed in the table below. The organization contracts a dispatch service that supports all emergency calls (EMS, police, fire) in the town. This service costs $6,000 a year. The hospital contracts with an IT support service which costs $20,000/year, and the hospital’s accountants allocate a portion ($1,500/year) of that cost to ground ambulance operations.

<table>
<thead>
<tr>
<th>Type</th>
<th>Total cost for the service</th>
<th>Percentage of this cost attributable to ground ambulance services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dispatch/call center service</td>
<td>$20,000</td>
<td>100%</td>
</tr>
<tr>
<td>IT support service</td>
<td>$1,500</td>
<td>100%</td>
</tr>
</tbody>
</table>
Section 11, Question 1: Example Response 2

**Background:** This SNF organization contracts facilities maintenance and does not separate out this cost for its ground ambulance operations. They have a garage and staff/administrative offices and answered Section 8.1, Question 3 as below. Their total maintenance costs for all facilities are $100,000/year.

### Section 8.1, Question 3 Answers

<table>
<thead>
<tr>
<th>Facility Name</th>
<th>% of facility related to ground ambulance</th>
<th>Total Sq. Footage</th>
</tr>
</thead>
<tbody>
<tr>
<td>SNF Main Building</td>
<td>11%</td>
<td>10,000</td>
</tr>
<tr>
<td>Garage</td>
<td>100%</td>
<td>2,000</td>
</tr>
</tbody>
</table>

**Calculations:**

- $10,000 \times 0.11 + 2,000 = 3,100$ square feet attributable to ground ambulance services
- $10,000 + 2,000 = 12,000$ total square footage of facilities
- $3,100 / 12,000 = 0.26 \text{ (26\%)}$ square footage of total facilities attributable to ground ambulance services

<table>
<thead>
<tr>
<th>Type</th>
<th>Total cost for the service</th>
<th>% of cost attributable to ground ambulance services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facilities maintenance</td>
<td>$100,000</td>
<td>26%</td>
</tr>
</tbody>
</table>
Section 11, Questions 3-4

• For this question, you will be asked to indicate whether you have costs/expenses for several items in the following categories:
  – Medical or Ambulance-Related Expenses
  – Administrative and General Expenses
  – Fees, Fines, and Taxes

• For Question 4, you will be asked to provide the following for each cost/expense your organization has:
  – Total expense for that category
  – Percentage of expense attributable to ground ambulance services
Section 11, Question 4: Example Response

**Background:** This hospital-based provider organization noted that they had the expenses listed below. This organization pays separate annual dues to ambulance ($30) and hospital ($10,000) professional organizations. They hosted one meeting to discuss a new ambulance policy that was attended by only ground ambulance organization staff costing $3,000. They held a staff appreciation event for their whole organization that cost $2,000. The hospital has 500 employees total and 10 (2%) of these employees are dedicated ground ambulance employees, while the other 490 have no ground ambulance responsibilities.

**Event/meeting costs calculations:**

\[
\begin{align*}
\text{Total cost related to ground ambulance} &= 3000 + (2000 \times 0.02) = 3040 \\
\text{Total cost of events} &= 3000 + 2000 = 5000 \\
\text{Cost attributable to ground ambulance services} &= \frac{3040}{5000} = 0.61 \text{ or } 61%
\end{align*}
\]

<table>
<thead>
<tr>
<th>Category</th>
<th>Total Expense</th>
<th>What % of Expense is Attributable to Ground Ambulance Services?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organization dues, subscriptions</td>
<td>$30</td>
<td>100%</td>
</tr>
<tr>
<td>Event / meeting costs (including meals)</td>
<td>$5,000</td>
<td>61%</td>
</tr>
</tbody>
</table>
Section 12. Total Cost

This section only has the following question:

Please provide the total expenses of your NPI for 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).

Please note that you should report the entire cost of your organization (however you define it) including non-ground ambulance costs, if applicable.
Section 13. Revenues

• This section asks about revenue from paid ground ambulance transports and other sources.
  – Ground ambulance transport revenue is reported similarly for all organizations and will not be covered here.
• Questions for other sources of revenue will ask you to allocate percent of revenue associated with ground ambulance services.
  – Only include revenue fully or partially related to ground ambulance services.
• In general, revenues may:
  – Be completely related to ground ambulance activities (100% attributable to ground ambulance services).
  – Have a certain percentage earmarked for ground ambulance activities.
  – Be general revenues to your organization, can estimate how revenues will be used in organization or default to your organization’s standard accounting practices.
Section 13, Question 1

1. Please report the total revenue your organization received from all sources during the data collection period. Include revenues from services not related to ground ambulance services. (Enter dollar amount)

Note: As in Section 12, include all revenue from your organization. This may include revenue that is not related to ground ambulance services.
Section 13, Question 5

• In this question, you will be asked to indicate whether you have revenue from several sources that may be partially attributable to ground ambulance services. Examples include:
  – Contracts from facilities (e.g., hospitals, nursing homes, prisons, businesses).
  – Fees for standby events.
  – Charitable donations (e.g., foundations and individual donors).
  – Executive loan programs (e.g., chief executive officer, business development, etc.).
  – Program-related investments (e.g., public-private investment).
  – Sale of assets and services.
  – Bond or debt financing.
  – Demonstration grants (federal).

• For each revenue source your organization has, you will be asked to provide:
  – Total revenue for that category.
  – Percentage of revenue attributable to ground ambulance services.
Section 13, Question 5: Example Response

**Background:** This hospital-based ambulance organization reported receiving revenue from the four sources listed below. They received a $10,000 state grant specifically for a pilot program to deliver ground ambulance services. They received charitable donations, with 20% earmarked for ground ambulance-related services. The hospital has a contract with a local nursing home and its accounting department attributes $20,000 of this revenue to ground ambulance services.

<table>
<thead>
<tr>
<th>Category</th>
<th>Total Revenue</th>
<th>What % of Revenue is Attributable to Ground Ambulance Services?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Special-purpose grants (generally state)</td>
<td>$10,000</td>
<td>100%</td>
</tr>
<tr>
<td>Charitable donations</td>
<td>$2,000</td>
<td>20%</td>
</tr>
<tr>
<td>Contracts from facilities (e.g., hospitals, nursing homes, prisons, businesses)</td>
<td>$20,000</td>
<td>100%</td>
</tr>
</tbody>
</table>
Summary of Key Points

• Include interfacility transports (both emergent and non-emergent) in questions about responses and transports.
• Make sure that all costs and revenues related to your organization’s ground ambulance activities are reported somewhere in the instrument.
• Do not double count any costs and revenues.
• If costs or revenues are only partially related to ground ambulance operations, estimate the percentage of the cost related to ground ambulance operations using any reasonable method, such as those suggested in this presentation.
Resources

• Access the most up-to-date instrument and frequently asked questions document from the Ambulances Services Center website:
  – https://www.cms.gov/Center/Provider-Type/Ambulances-Services-Center
• Past slide presentations, webinar recordings, and supplemental documents are also on this site.
• If you have additional questions, please contact:
  – AmbulanceDataCollection@cms.hhs.gov
Q&A

Please submit questions using the “Q&A” button at the bottom of your Zoom screen. If selected, presenters will read your question and respond during the session. CMS will respond to unanswered questions by email. This slide lists common questions and answers for reference.

<table>
<thead>
<tr>
<th>Frequently Asked Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Has my organization been selected to participate?</td>
<td>1. Lists of selected organizations are at the website above. CMS will send notification letters to all selected organizations beginning in November 2021.</td>
</tr>
<tr>
<td>2. What if my organization isn’t on the year 1 or year 2 lists?</td>
<td>2. It is very likely that your organization will be selected in a future year. CMS will announce when it selects year 3 and year 4 organizations.</td>
</tr>
<tr>
<td>3. Is participation required?</td>
<td>3. Yes. Organizations that do not sufficiently submit data will receive a 10% payment reduction.</td>
</tr>
<tr>
<td>4. When will we need to collect and report data?</td>
<td>4. The FAQ at the website above includes examples. In brief, organizations collect data over a continuous 12-month period and report data within 5 months after the data collection period ends.</td>
</tr>
<tr>
<td>5. How do I inform CMS of our data collection period start date?</td>
<td>5. Notification letters will have instructions on reporting your data collection period start date to your MAC. The period can align with the calendar year or your fiscal year.</td>
</tr>
<tr>
<td>6. How do we report data?</td>
<td>6. CMS is developing a web-based portal that will launch in late 2022. CMS will share more information, including training sessions, when available.</td>
</tr>
</tbody>
</table>

Note: Answers to many other questions are at the Ambulances Services Center webpage: [https://www.cms.gov/Center/Provider-Type/Ambulances-Services-Center](https://www.cms.gov/Center/Provider-Type/Ambulances-Services-Center)