Medicare Ground Ambulance Data Collection System (GADCS):
Public Safety Organizations Tip Sheet

Selected ground ambulance organizations must collect and report information to the Centers for Medicare & Medicaid Services (CMS) via the Medicare Ground Ambulance Data Collection System (GADCS). For more information, see CMS' GADCS Frequently Asked Questions document.

Many ground ambulance organizations share operational costs with fire departments, police departments, or other public safety entities (referred to in the GADCS as “public safety organizations”). Public safety organizations often have staff, operational costs, and revenues that are related to both their ground ambulance and public safety operations.

**Tip #1:** Define yourself as a public safety organization in Section 2, Organizational Characteristics, Questions 7-9 in the GADCS.
- If you consider yourself a public safety organization, select “fire department-based” or “police, or other public safety department-based” in Section 2, Question 7.
- Indicate whether your organization shares costs with public safety operations in Section 2, Question 8 (most public safety organizations will answer “Yes”).
- If another category better describes your organization (e.g., hospital, independent/proprietary organization primarily providing EMS services), but you do provide some public safety services, you can indicate this in Section 2, Question 9.

Your answers will determine whether you see public-safety specific questions in later sections.

**Tip #2:** Only report expenses and revenue from your ground ambulance operations unless otherwise noted in the instructions.
- Only consider your ground ambulance operations when answering questions in GADCS, unless otherwise specified in the instructions.
- Costs and revenues solely related to public safety operations should not be reported except for where clearly specified in Section 12, Total Cost and Section 13, Revenues.
- Refer to the “Allocating Expenses and Revenues” webinar for details on how to approach reporting shared costs and revenue for your organization.

**Tip #3:** When assigning staff to labor categories in Section 7, Labor Costs in the GADCS, each staff member should contribute to only one labor category, even if they perform multiple roles in your organization.
- Only include individuals in your reporting who had responsibilities that were either partly or entirely related to your ground ambulance operation (see example on next page).
- Assign staff members to “with fire, police, and/or other public safety” categories if they have fire, police, and/or other public safety roles at your organization (do not consider their roles at other organizations). This includes ground ambulance staff who respond to fires or police calls (e.g., EMTs) as well as administrative staff who support both ground ambulance and public safety operations. Later in Section 7, you will allocate time spent on ground ambulance, public safety, and other activities.
- If staff had both “response” (i.e., responding to ambulance or public safety calls) and “administrative roles”, assign them only to the relevant response category. If staff had paid and volunteer roles during the data collection period, assign them only to the relevant paid category.
Example 1. Assigning staff to labor

Tip #4: Many organizations share facilities or vehicles across their ground ambulance and public safety operations. Report your best estimate of the share of these costs associated with ground ambulance services. This can be based on physical space, share of total responses that are medical responses, or any other reasonable, data driven strategy. Refer to the "Allocating Expenses and Revenues" webinar for more details and examples.

Example 2. Allocating facility costs

Facility 1: Garage

Space allocation: Reports 25% of garage is ground ambulance related because ambulances occupy 25% of space and fire trucks occupy 75% of space.

Facility 2: Administrative Building

Response allocation method: Reports 70% of the building is ground ambulance related because 70% of responses were medical (vs. 30% fire) and rooms were used for both ambulance and fire operations.