



mln call

A MEDICARE LEARNING NETWORK® (MLN) EVENT

Ground Ambulance Data Collection Instrument Walkthrough

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Acronyms in this Presentation

- ALS: advanced life support
- BLS: basic life support
- EMR: emergency medical responder
- EMS: emergency medical services
- EMT: emergency medical technician
- GAAP: generally accepted accounting principles
- HCPCS: Healthcare Common Procedure Coding System
- HR: human resources
- IT: information technology
- NPI: National Provider Identifier
- PTO: paid time off
- QRV: quick response vehicle
- SUV: sport-utility vehicle



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.
- 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 that you can use to follow along with the presentation today.
 - Slides and a recording from a prior session where we reviewed the information required for reporting.



Instrument Sections

1. General Survey Instructions
2. Organizational Characteristics
3. Service Area
4. Emergency Response Time
5. Ground Ambulance Service Volume
6. Service Mix
7. Labor Costs
8. Facility Costs
9. Vehicle Costs
10. Equipment, Consumable, and Supply Costs
11. Other Costs
12. Total Cost
13. Revenues



Section 2 Summary: Organizational Characteristics

- Whether your ground ambulance organization bills using one or more National Provider Identifiers (NPIs)
- Organization name and contact information
- Ownership type (for-profit, non-profit, government, public-private partnership)
- Services other than ground ambulance services (e.g., fire, police, hospital, air ambulance)
- Volunteer labor
- Staffing model



Section 2, Questions 2 and 7

- **Section 2, Question 2:** Did your organization use more than one NPI to bill Medicare for ground ambulance services during the data collection period? *Yes (1), No (0)*
- **Section 2, Question 7:** 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 7, you will see additional questions about volunteers.



Section 2, Questions 8 and 9

Section 2, Question 8. 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 providing non-emergency services*
- g. Other (please specify)*

Section 2, Question 9. You indicated that your ground ambulance operation is **[FILL in option a, b, or d from above]** 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*

Programming Note: If you share operational costs with fire, police, other public safety operations, 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.



Section 2, Questions 13 and 14

- **Section 2, Question 13.** Do you operate water-based ambulances? Please do **not** include vehicles used exclusively for water rescues that do not meet the requirements to be a water ambulance in your jurisdiction. *Yes (1), No (0)*
- **Section 2, Question 14.** Do you operate air ambulances? *Yes (1), No (0)*

Programming Note: If you operate water ambulances (Section 2, Question 13), you will see additional questions and instructions related to water ambulance service volume and costs. If you operate air ambulances (Section 2, Question 14), 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. Do not include areas where you provide services only under exceptional circumstances (e.g., when participating in coordinated national or state responses to disasters or mass casualty events).



Section 3, Questions 1, 4, and 5

- **Section 3, Question 1.** Please select the ZIP codes(s) in which your **primary** service area is located. *[Select from dropdown]*
- **Section 3, Question 4.** Do you have a secondary service area? *Yes (1), No(0)*
- **Section 3, Question 5.** Please select the ZIP codes(s) in which your **secondary** service area is located. *[Select from dropdown]*

Programming Note: Not all organizations have a secondary service area. You will only be asked questions related to your secondary service area if you report having one.



Section 4 Summary: Emergency Response Time

- Average response times for primary and secondary (if applicable) service areas
- 90th percentile response times for primary and secondary (if applicable) service areas
- Whether your organization has response time targets

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



Section 4, Questions 1 and 2

- **Section 4, Question 1.** We are interested in your organization's response time for ground ambulance responses to emergency calls for service in your primary service area (the area in which you usually provide service and where the majority of your transport pickups occur). We define response time as the time from when the call comes in to when the ambulance or another EMS response vehicle arrives on the scene. Do you define response time in this way? *Yes (1), No (0)*
- **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. Other (please specify:) [Specify]*

Data Collection Note: If you measure response times differently than described in Question 1, use your approach to report times in later questions.



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 is the response time below which 90 percent of your emergency responses fall (i.e., your organization's 90th percentile emergency response time) in your primary service area? (*Enter minutes*)

Data Collection Note: If you do not collect average and/or 90th percentile response times, report estimates.



Section 4, Question 3 Illustrative Examples

- The example below calculates the average and 90th percentile response times for a hypothetical ground ambulance organization with ten total responses with response times of 3, 3, 4, 4, 4, 5, 5, 5, 5, and 6 minutes:

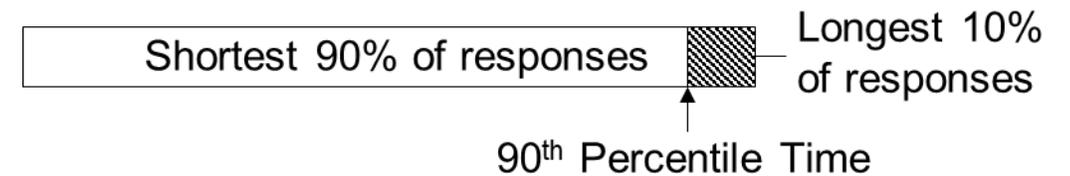
Average Response Time

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

In this illustrative example:

$$\frac{(3+3+4+4+4+5+5+5+5+6) \text{ minutes}}{10 \text{ responses}} = \frac{4.4 \text{ minutes}}{\text{response}}$$

90th Percentile Response Time



In this illustrative example:

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.



Section 5, Questions 1 and 2

- **Section 5, Question 1.** What was your organization's **total number of responses** during the data collection period? 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. *(Enter number)*
- **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? This number should be based on all responses by a fully equipped and staffed ground ambulance, regardless of whether the response resulted in a transport. *(Enter number)*.

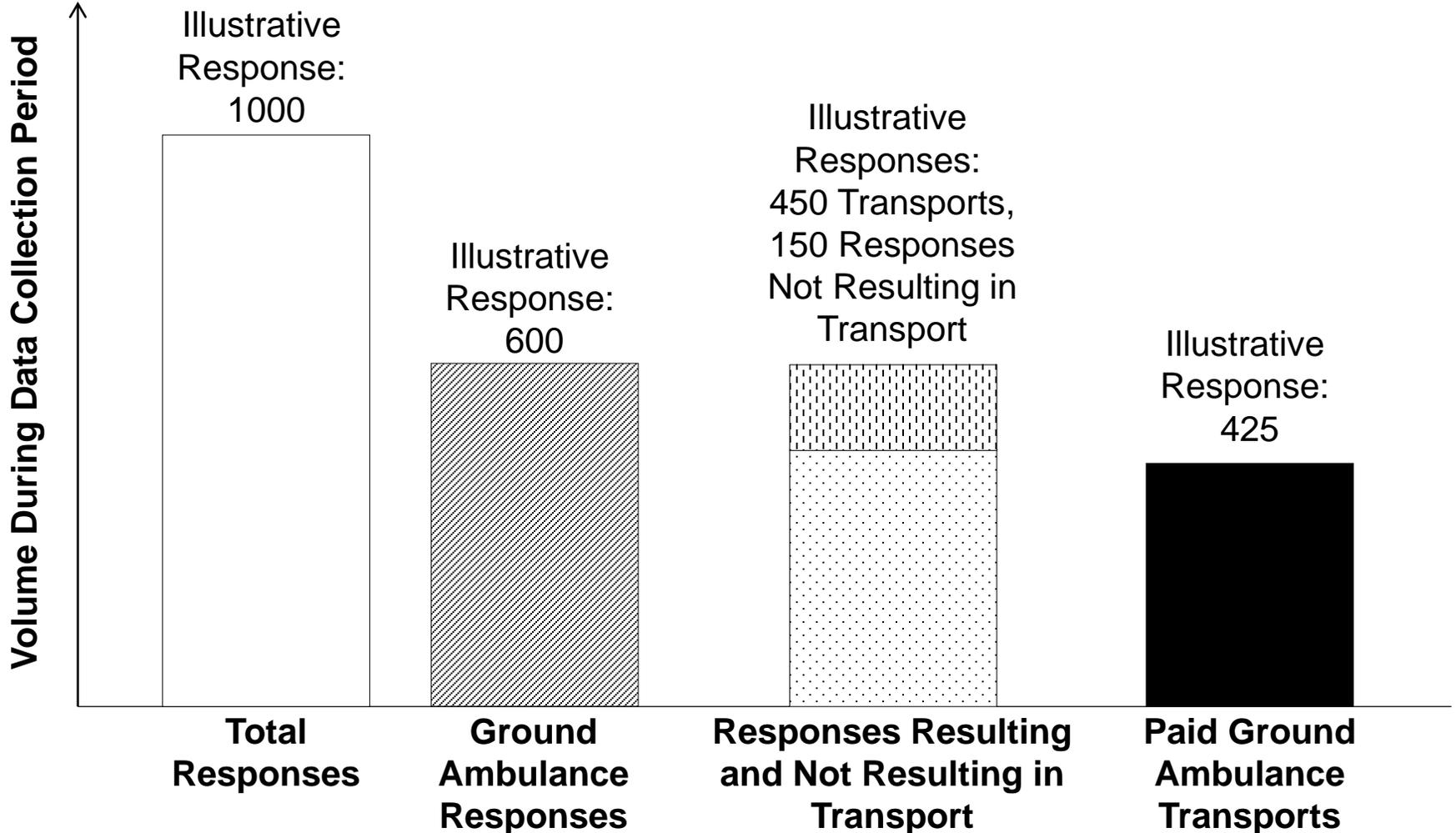


Section 5, Questions 5, 6, and 7

- **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.** What was the total number of **paid ground ambulance transports** during the data collection period, across all payer types and regardless of the level of service or geography? Paid ground ambulance transports are ground ambulance transport for which your organization has been paid in full or in part by a payer and/or patient only. *(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 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)*
 - a) In what share of ground ambulance transports does 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.



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 (a) paramedic intercept services meeting Medicare’s definition, or (b) 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>

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



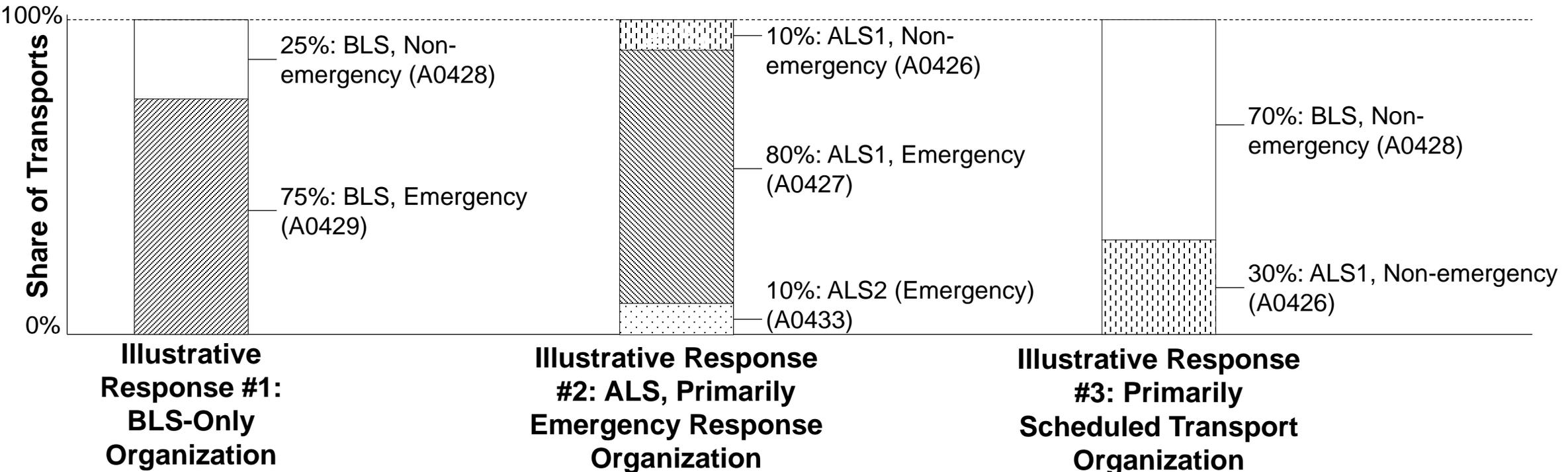
Section 6, Question 3

- **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. We have included the billing codes 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

- Did you use staff in different categories during the data collection period?
- For each paid staff category:
 - Total annual compensation
 - Total hours worked annually
 - Total hours worked annually unrelated to ground ambulance operations
- For each volunteer staff category:
 - Number of individuals who were volunteers
 - Total hours worked annually
 - Total hours worked annually unrelated to ground ambulance operations
 - Total costs related to volunteers (e.g., stipends, allowances, etc.)



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	Paid Staff without Fire/Police/ Public Safety roles	Volunteer Staff without Fire/Police/ Public Safety roles	Paid Staff with Fire/Police/ Public Safety roles	Volunteer Staff with Fire/Police/ Public Safety roles
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.

Staff Category	Total annual compensation for paid EMT/ response staff	Total hours annually for paid EMT/ response staff	Hours worked annually unrelated to ground ambulance or fire/police/public safety duties
EMT – Basic, without fire/police/public safety role	<i>Dollars</i>	<i>Hours</i>	<i>Hours</i>
EMT – Basic, with fire/police/public safety role	<i>Dollars</i>	<i>Hours</i>	<i>Hours</i>
EMT – Intermediate, without fire/police/public safety role	<i>Dollars</i>	<i>Hours</i>	<i>Hours</i>
EMT – Intermediate, with fire/police/public safety role	<i>Dollars</i>	<i>Hours</i>	<i>Hours</i>
EMT – Paramedic, without fire/police/public safety role	<i>Dollars</i>	<i>Hours</i>	<i>Hours</i>
EMT – Paramedic, with fire/police/public safety role	<i>Dollars</i>	<i>Hours</i>	<i>Hours</i>
Nurse, doctor, or other medical staff w/ public safety role	<i>Dollars</i>	<i>Hours</i>	<i>Hours</i>
Nurse, doctor, or other medical staff w/o public safety role	<i>Dollars</i>	<i>Hours</i>	<i>Hours</i>
Emergency Medical Responder (EMR) w/ public safety role	<i>Dollars</i>	<i>Hours</i>	<i>Hours</i>
Emergency Medical Responder (EMR) w/o public safety role	<i>Dollars</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>
Ambulance Driver (non-EMT/EMR) w/o public safety role	<i>Dollars</i>	<i>Hours</i>	<i>Hours</i>

Programming Note: Rows will appear 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 for paid admin./ facilities/medical director staff	Total hours annually for paid admin./ facilities/ medical director staff	Hours worked annually unrelated to ground ambulance or fire/police/public safety duties
Medical Director, without fire/police/public safety role	<i>Dollars</i>	<i>Hours</i>	<i>Hours</i>
Medical Director, with fire/police/public safety role	<i>Dollars</i>	<i>Hours</i>	<i>Hours</i>
Administration/Facilities Staff, without fire/police/public safety role	<i>Dollars</i>	<i>Hours</i>	<i>Hours</i>
Administration/Facilities Staff, with fire/police/public safety role	<i>Dollars</i>	<i>Hours</i>	<i>Hours</i>

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



Section 7 Labor Costs Data Collection Notes

- **For reporting total compensation:**

- Includes 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 hours unrelated to ground ambulance or public safety duties:**

- 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"> • Not a firefighter • Only ambulance responsibilities • 1,500 hours/year (part time) 	<ul style="list-style-type: none"> • Firefighter • Only fire/ambulance responsibilities • 2,000 hours/year (full time) 	<ul style="list-style-type: none"> • Firefighter • 25% time community outreach • 2,000 hours/year (full time)

Staff Category	Total annual compensation for paid EMT/ response staff	Total hours worked annually for paid EMT/ response staff	Hours worked annually unrelated to ground ambulance or fire/police/public safety duties
EMT – Basic, without fire/police/public safety role	\$40,000	1,500	0
EMT – Basic, with fire/police/public safety role	\$80,000	4,000	500



Section 7.3: Volunteer Labor

- In this section you will report on volunteers:
 - How many individuals 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



Section 8, Questions 1 and 2

- **Section 8, 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, 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 types of 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.



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	<input checked="" type="checkbox"/>



Section 9 Summary: Vehicle Costs

- Each vehicle related to your ground ambulance operation including information on vehicle type (e.g., ambulance, supervisor vehicle, etc.)
- 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.



Section 9.1, Question 5, and Section 9.2, Question 5

- **Section 9.1, Question 5.** [For each owned ambulance vehicle,] What was the annual depreciation expense for this vehicle? *(Enter dollar amount)*
- **Section 9.2, Question 5.** [For each owned non-ambulance vehicle,] What was the annual depreciation expense for this vehicle? *(Enter dollar amount)*

Depreciation Guidelines

- In general, you will be able to use your organization's standard approach to calculating depreciation expenses.
- 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), please report the depreciation expense captured for standard auditing purposes.
- Calculating "straight line" annual depreciation for each vehicle requires three inputs:
 - The purchase price
 - The estimated useful life of the vehicle in years
 - The salvage value (i.e., the value at the end of the useful life)
- The annual straight line depreciation expense for a vehicle with a \$100,000 purchase price, a salvage value of \$20,000, and a 8-year estimated useful life is:
$$(\$100,000 - \$20,000) / 8 \text{ years} = \$10,000$$



Section 9.3, Question 1 through 5

- **Section 9.3, Questions 1-5.** What was the total:

- **Registration** (Question 1)
- **License** (Question 2)
- **Insurance** (Question 3)
- **Maintenance** (Question 4)
- **Fuel** (Question 5)

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*)

Data Collection Note:

- Report **one total cost** for all of your vehicles together per question
- Do not report insurance or maintenance costs reported in another section.
- Report the share of maintenance and fuel costs 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, as we assume that these will not be shared.



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. Did your organization use any of the following **contracted** services during the data collection period?
- **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.** As a way to cross-check total costs reported throughout the instrument, please provide the total costs of your NPI for the data collection period. The total cost reported here should include all operating and capital expenses (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, etc.)
- 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.
- **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



Resources

- Access the most up-to-date instrument and frequently asked questions document from the Medicare 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



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