



**Centers for Medicare & Medicaid Services**

# **Medicare Ground Ambulance Data Collection System (GADCS)**

## **User Guide**

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**Version 3.0**

**1/01/2024**

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# 1. Introduction

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The Centers for Medicare & Medicaid Services (CMS) developed this User Guide as a resource for selected ground ambulance organizations that are required to collect and report data via the Medicare Ground Ambulance Data Collection System (GADCS). The **Introduction** section of the User Guide covers:

- A brief GADCS overview
- The GADCS timeline for your organization
- A summary of the information that must be collected and reported via the GADCS

The **System** section of the User Guide describes how to get set up and logged in to the GADCS, including:

- How to create a user account, select a user role, and log in
- How to link a user account to one or more ground ambulance organization National Provider Identifier (NPI)
- The general functionality of the web-based GADCS

The **Instrument** section of the User Guide covers important functionality and general principles. This section is followed by a **Walkthrough** of the GADCS instrument, including instructions, tips, and answers to frequently asked questions on each GADCS question, organized sequentially section-by-section. The aim of this section is to provide a reference for users collecting and entering data into the GADCS.

The last section, **Certifiers and Revisions**, covers processes and steps for users reviewing and certifying responses as well as for users responding to GADCS Certifier feedback.

Beyond this User Guide, [CMS' GADCS website](#) links to other important GADCS resources, including a separate [Frequently Asked Questions](#) (FAQ) document, a [printable version of the GADCS questions](#) (commonly referred to as the GADCS Instrument), [Quick Reference Guide](#), Tip Sheets on: [allocating costs and revenues](#), [reporting expenses for contracted services](#), and reporting for [public safety](#), [government-based](#), and [provider](#) organizations, [Facilities](#) and [Vehicles](#) Templates, and [slides and recordings](#) from prior webinars, Ambulance Open Door Forums, office hours and question and answer sessions. CMS will post information on future GADCS webinars on the [Ambulance Events website](#). We encourage you to explore those resources alongside this User Guide.

If you have questions regarding the User Guide or the GADCS in general, please [email the CMS ambulance data collection mailbox](#). For technical questions regarding the system itself, please email the GADCS [Helpdesk](#).

## 1.1 Brief GADCS Overview

The GADCS is an instrument to collect cost, revenue, utilization, and other information from selected ground ambulance organizations. CMS was required by law to develop the GADCS and to select representative samples of ground ambulance organizations to participate in the GADCS. In turn, those ground ambulance organizations selected to participate are required to collect and report information via the GADCS. Ground ambulance organizations that are selected to participate in the GADCS that do not report sufficient data may be subject to a 10 percent payment reduction in Medicare payments under the Medicare Part B Ambulance Fee Schedule. See **Box 1** for more detail on the establishment of the GADCS.

Your participation in the GADCS is important and appreciated. CMS must deliver GADCS data to the Medicare Payment Advisory Commission (MedPAC) which will use the data to develop a Report to Congress. Based on the data reported by selected ground ambulance organizations, MedPAC must assess the adequacy of Medicare payment rates for ground ambulance services and geographic variations in the cost of furnishing such services. The report will include recommendations to Congress.

### **Box 1: Additional Detail on the Establishment of the GADCS**

Section 50203(b) of the Bipartisan Budget Act (BBA) of 2018 (Public Law 115-123) added paragraph (17) to section 1834 (I) of the Social Security Act. This section requires the Secretary of the U.S. Department of Health and Human Services to collect cost, revenue, utilization, and other information determined appropriate by the Secretary from providers and suppliers of ground ambulance services.

In the CY 2020 Physician Fee Schedule (PFS) final rule (84 FR 62863 through 629897), CMS finalized a data collection system that collects detailed information on ground ambulance provider and supplier characteristics including service areas, service volume, costs, and revenue through a data collection instrument, commonly referred to as the Medicare Ground Ambulance Data Collection Instrument, via a web-based system.

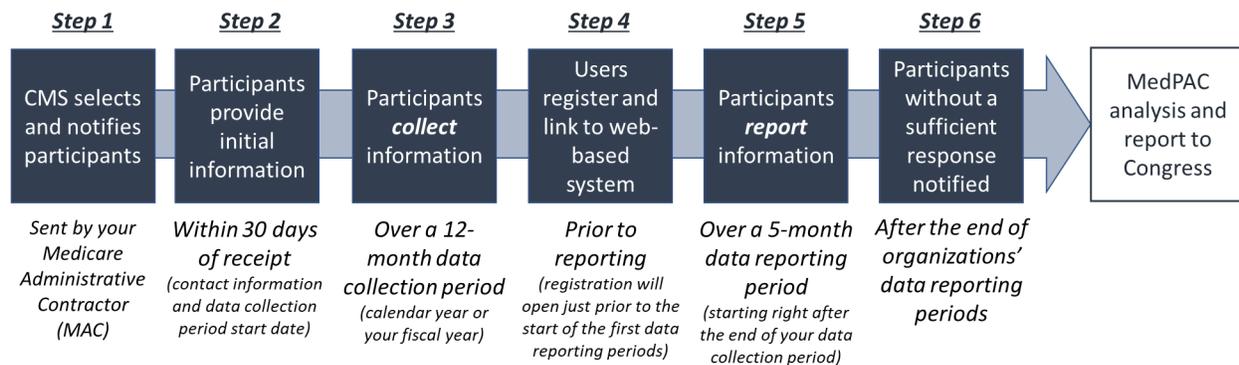
CMS also finalized its proposal to select four consecutive representative samples of ground ambulance organizations in the CY 2020 PFS final rule (84 FR 62893). CMS used a stratified random sampling approach to ensure each of the annual samples was representative of the broader ground ambulance industry on key organizational characteristics. Each of the four samples covered 25% of eligible ground ambulance organizations, and an individual ground ambulance organization could not be sampled more than once across the four samples.

CMS posted a “printable” (i.e., Adobe PDF) version of the instrument that was finalized in the CY 2020 PFS final rule and refined the printable instrument further in the CY 2022 PFS Final Rule (86 FR 65306 – 65317), in the CY 2023 PFS Final Rule (87 FR 70014- 70023), and in the CY 2024 PFS Final Rule (88 FR 79293-79296). In parallel, CMS developed a programmed, web-based version of the Instrument accessed via the GADCS (the “GADCS Instrument”).

The reported information will be provided to MedPAC which is required to submit a report to Congress on the adequacy of Medicare payment rates for ground ambulance services and geographic variations in the cost of furnishing such services. MedPAC is an independent federal body established by the Balanced Budget Act of 1997 (P.L. 105-33) to advise the U.S. Congress on issues affecting the Medicare program.

Figure 1 provides a high-level overview of the GADCS process. First, CMS selects and notifies participants in each of four representative samples of ground ambulance organizations (**Step 1**). These selected organizations have 30 days following receipt of notification to submit important initial information, including contact information and the start of the organization’s data collection period, to CMS (**Step 2**).

Figure 1: GADCS Process



**NOTE:** At the time of this writing (December 2023), CMS has selected all four planned samples (“Year 1,” “Year 2,” “Year 3,” and “Year 4”). Lists of selected ground ambulance organizations in each of the four samples can be found [here](#).

An organization’s **data collection period** is a continuous, 12-month period over which the organization will **collect** required information. Organizations can choose to use a calendar year as their data collection period or, if different than a calendar year, their fiscal year. Organizations will collect data over their continuous, 12-month data collection period (**Step 3**). The specific information that must be collected is summarized in the next User Guide section and is covered in detail in the printable GADCS instrument available [here](#).

Two types of users must create accounts and link to the sampled NPI via the web-based GADCS portal (**Step 4**). **GADCS Submitters** are responsible for entering information into the web-based instrument (i.e., questions organized by section). After data entry is complete, **GADCS Certifiers** review responses, request corrections if necessary, and certify the responses as accurate.

Organizations must report and certify their response in the GADCS before the end of their data reporting period, a 5-month period starting immediately after the end of the organization’s data collection period (**Step 5**). CMS will notify organizations that do not sufficiently report information and may apply a 10 percent payment reduction on Medicare Part B Ambulance Fee Schedule services during the next calendar year to organizations that do not sufficiently report (**Step 6**). Ultimately, MedPAC will analyze the data reported to CMS to determine the adequacy of Medicare payments for ground ambulance services and geographic variations in the cost of furnishing such services. MedPAC will submit a report including its recommendations to Congress.

## 1.2 GADCS Timelines

As described above, each selected ground ambulance organization has a continuous, 12-month data collection period and a 5-month data reporting period starting immediately after the data collection period ends. Organizations' data collection periods can start either January 1 of a given year (i.e., coinciding with a calendar year) or, if different, on the first day of the fiscal year starting in a given calendar year. CMS delayed data collection periods and data reporting periods for selected ground ambulance organizations in Year 1 and Year 2 in response to the COVID-19 Public Health Emergency (PHE) pandemic (see **Box 2** for details). **Table 1** below summarizes key dates for already-sampled Year 1 and Year 2 ground ambulance organizations as well as key dates for Year 3 and Year 4 organizations.

Table 1: GADCS Timeline Overview

Samples	Data collection period start date	Earliest data reporting period start date	Earliest data reporting period end date
Year 1 & Year 2	January 1, 2022, or the start of the fiscal year beginning in calendar year 2022	January 1, 2023	May 31, 2023
Year 3 & Year 4	January 1, 2023, or the start of the fiscal year beginning in calendar year 2023	January 1, 2024	May 31, 2024

**NOTE:** Most, but not all, ground ambulance organizations have fiscal years that align with the calendar year. For these organizations, data collection periods start January 1 (of 2022 for Year 1 and Year 2 organizations and of 2023 for Year 3 and Year 4 organizations). Data reporting periods for these organizations start January 1 and end May 31 (of 2023 for Year 1 and Year 2 organizations and of 2024 for Year 3 and Year 4 organizations). Organizations with fiscal years starting later in the calendar year follow the same timeline. See more timeline examples at the GADCS FAQ document available [here](#).

### Box 2: Additional Detail on COVID-19 PHE-Related GADCS Timeline Delays

Due to the COVID-19 Public Health Emergency (PHE), CMS delayed the data collection and reporting requirements for ground ambulance organizations that were selected to participate in Year 1 and Year 2 of the GADCS. Selected organizations in Years 1 and 2 began collecting information in 2022 and began reporting information in 2023. The COVID-19 Emergency Declaration Blanket Waivers for Health Care Providers document is available [here](#). The COVID-19 FAQs on Medicare Fee-for-Service Billing document is available [here](#).

In the CY 2022 Physician Fee Schedule Final Rule (86 FR 65314) ([link](#)), CMS changed the data collection periods and data reporting periods for Year 3 organizations prior to their selection. Selected organizations in Year 3 will now collect and report information at the same time as selected organizations in Year 4, with data collection starting in 2023 and data reporting starting in 2024.

## 1.3 Overview of Required Information

The GADCS includes 13 sections, including an initial section with general instructions (see Table 2). You can review the specific instructions, questions, and information required for each section in the printable GADCS instrument available on the [GADCS website](#).

**Table 2: GADCS Sections by Content Area**

<b>GADCS Section</b>	<b>Broad Description of Content Area</b>
Section 1: General Survey Instructions	Background and motivation for data collection, instructions related to functionality, and links for questions and other resources.
Section 2: Organizational Characteristics	Information regarding ownership, services provided, operations, and other characteristics. Answers to several questions in this section determine the sections and questions that the selected ground ambulance organization will see later on.
Section 3: Service Area	ZIP Code-based reporting of primary and secondary service areas.
Section 4: Emergency Response Time	Measurement methods and times. Only presented to organizations providing emergency responses.
Section 5: Ground Ambulance Service Volume	Number of ground ambulance responses, transports, etc.
Section 6: Service Mix	Types and level of services by HCPCS code and other characteristics.
Section 7: Labor Costs	Hours and costs associated with EMTs, administrative staff, and facilities staff; separate reporting of volunteer staff.
Section 8: Facilities Costs	Number of facilities; annual cost of ownership, insurance, maintenance, and utilities.
Section 9: Vehicle Costs	Number of ground ambulances; number of other vehicles used in ground ambulance responses; annual cost of ownership; total fuel, maintenance, and insurance costs.
Section 10: Equipment & Supply Costs	Capital medical and non-medical equipment; medical and non-medical supplies and other equipment.
Section 11: Other Costs	All other costs not reported elsewhere.
Section 12: Total Cost	Total costs for the organization.
Section 13: Revenue	Revenue from health insurers (including Medicare); revenue from all other sources.

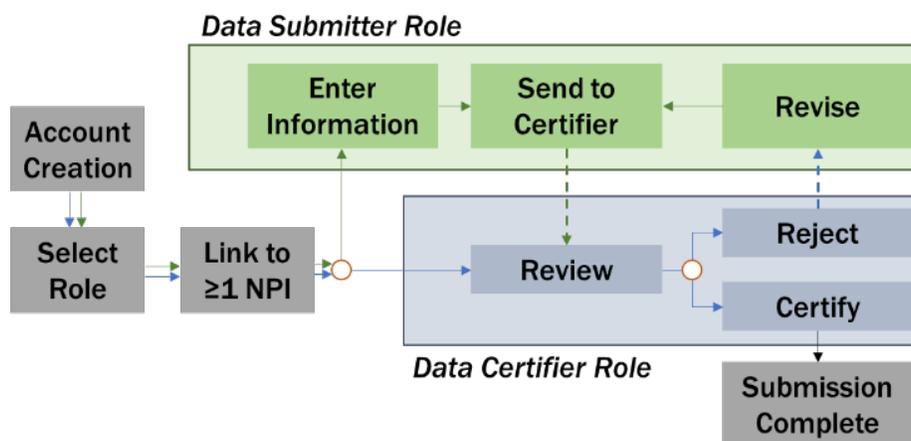
## 2. The System

The web-based GADCS is the system all selected ground ambulance organizations will use to submit and certify GADCS information. Every new GADCS user must all follow the same three initial steps:

- 1) Create a new user account
- 2) Select a GADCS user role
- 3) Link the account to one or more NPIs

After these initial steps, users' experiences will vary depending on whether they are in the **GADCS Submitter** role, or the **GADCS Certifier** role (see Figure 2).

Figure 2: GADCS User Roles



Users with the **GADCS Submitter** role will enter collected information in response to GADCS questions through the web-based portal. Once one or more GADCS Submitters completes all GADCS sections, the Certifier will be notified. A single NPI can have multiple data submitters.

Users with the **GADCS Certifier** role review the information entered by the GADCS Submitter to ensure it is correct and complete. The Certifier will then certify the submission of the reported data. If the GADCS Certifier would like changes to be made to the data that was reported in the system, the system allows the certifier to return the submission to GADCS Submitters for revision. The Certifier should be someone at your organization who can review and attest to the accuracy and completeness of your organization's GADCS responses. Depending on your leadership structure, your organization's data certifier could be a Chief Executive Officer (CEO), Chief Financial Officer (CFO), a fire chief, or anyone else in a position to attest to your organization's costs and revenues.

A user may only have one role at a time, and therefore cannot perform the functions of a submitter and certifier at the same time. If a user needs to change their role, they may [follow these instructions](#) or contact the [Helpdesk](#) for assistance.

**NOTE:** After reading [Part 2](#) of the User Guide, GADCS Certifiers may want to [skip to Part 5](#) which covers review and certification for users in this role. However, GADCS Certifiers may want to refer to [Parts 3 and 4](#) if they have questions about specific GADCS questions or instructions.

GADCS Submitters may want to proceed to [Parts 3](#) and [4](#) which covers the GADCS instrument functionality and questions. GADCS Submitters should also review [Part 5](#) because it includes instructions on how to respond to GADCS Certifier feedback, if any.

## 2.1 Create User Account

Before you can log in, you must create a **New User Account**. All GADCS users, regardless of their role, must complete the New User Registration steps.

## 2.2 New User Registration

- (1) Navigate to <https://portal.cms.gov>. The Login window appears.
- (2) Users create a new user account using the **New User Registration** button located on the Login window.

Figure 3: CMS Identity Management (IDM) Login

Figure 3 shows the CMS.gov Enterprise Portal login window. The window is dark blue with a white border. At the top left, there are two tabs: "Login" (selected) and "Login with PIV Card". The main content area contains a "User ID" field with a red border and the text "User ID is a required field". Below it is a "Password" field with a red border and the text "Password is a required field". A checkbox is followed by the text "I agree to the Terms & Conditions". A large green button labeled "Login" is centered below the fields. At the bottom of the main area, there are links for "Forgot your User ID or your Password?" and "Need to unlock your account?". Below the main content area is a separate dark blue box containing a large blue button labeled "New User Registration".

- (3) Click the **New User Registration** button.
- (4) On the **Step #1: Select Your Application** page, select **FFSDCS** (Fee-For-Service Data Collection System) from the Select Your Application drop-down list.

Figure 4: Step #1

## Step #1: Select Your Application

Step 1 of 3 - Select your application from the dropdown. You will then need to agree to the terms & conditions.

- (5) Read the Terms & Conditions, select **I agree to the Terms and Conditions**, and then click **Next** to continue with the registration process.
- (6) Then the **Step #2: Register Your Information** page displays.

Figure 5: Step #2

## Step #2: Register Your Information

Step 2 of 3 - Please enter your personal and contact information.

All fields are required unless marked (optional).

Figure 6: Step #2 (Cont.)

- (7) Provide the information requested on the **Step #2: Register Your Information** page, as shown. All fields are required and must be completed unless marked “Optional.” After all required information has been provided, click **Next** to continue.

(8) The **Step #3: Create User ID, Password & Security Question/Answer** page displays.

Figure 7: Step #3

The screenshot shows the CMS.gov Enterprise Portal interface for Step #3. The header includes the CMS.gov logo and navigation links for Applications, Help, and About. The main heading is "Step #3: Create User ID, Password & Security Question/Answer". Below the heading, there is a sub-heading "Step 3 of 3 - Please create User ID and Password. Select a Security Question and provide Answer." and a note "All fields are required unless marked (optional)". The form contains several input fields: "Enter User ID", "Enter Password" (with a visibility icon), "Confirm Password" (with a visibility icon), "Select Security Question" (a dropdown menu), and "Enter Security Answer". At the bottom, there are three buttons: "Back", "Next", and "Cancel".

(9) Create and enter a user ID in the **Enter User ID** field based on the requirements for creating a user ID as shown below.

Figure 8: Step #3 (Cont.)

## Step #3: Create User ID, Password & Security Question/Answer

Step 3 of 3 - Please create User ID and Password. Select a Security Question and provide Answer.

All fields are required unless marked (optional).

This screenshot shows the same Step #3 form as Figure 7, but with a "Password Requirements" popup window overlaid on the "Enter Password" field. The "User ID" field contains the text "FFSDCS\_TW\_DATAENTRY1". The "Enter Password" field is filled with dots. The "Select Security Question" dropdown is highlighted with a red border and labeled as a "Required field." The "Password Requirements" popup lists the following rules:
 

- Password must be changed every 60 days.
- Password must be a minimum of 8 characters.
- Password must contain: 1 upper case and 1 lower case letter, 1 number, and 1 special character.
- The following special characters may not be used < > ( ) ' " / \ (space).
- Password cannot contain: Parts of User ID, First Name, Last Name, common passwords.
- Password can only be changed once every 24 hours.
- Password must be different from last 24 passwords.

 At the bottom, the "Back", "Next", and "Cancel" buttons are visible.

- 10) After entering the user ID and password, select a question in the **Select Your Security Question** drop-down list and enter the answer you want to be saved with the question. Your security answer is used in case you forget your password, or you need to unlock your account. Click **Next** to complete the registration process.
- 11) Then the **New User Registration Summary** page will display.

**Figure 9: New User Registration Summary Page**

### New User Registration Summary

Please review your information and make any necessary changes before submitting.

FFSDCS

**Application Description:** The Fee for Service Data Collection System (FFSDCS) application collects data related to Medicare Part B reimbursement information.

First Name MyFirstName	Enter Middle Name (optional)	Last Name MyLastName	Suffix (optional) ▼
Birth Month January ▼	Birth Date 1 ▼	Birth Year 2004 ▼	
Home Address Line 1 123 Main Street		Enter Home Address 2 (optional)	
City Anytown	State Maine ▼	ZIP Code 12345	Enter ZIP+4 Code (optional)
Email Address MyName@email.com		Confirm Email Address MyName@email.com	
Phone Number 200-123-4567			

All fields are required unless marked (optional).

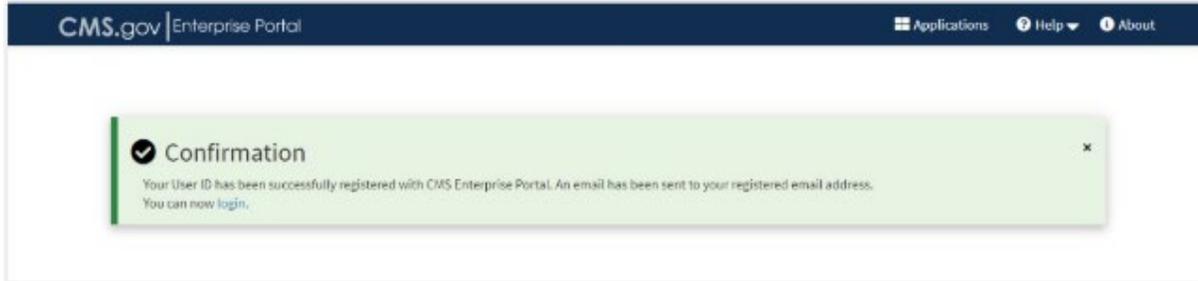
---

User ID MyFirstName	
Enter Password *****	Confirm Password *****
Security Question What is the food you least liked as a child? ▼	
Security Answer child	

Submit User
Cancel

- 12) Review the information you entered, make any necessary changes, and then click the **Submit User** button.
- 13) The **Confirmation** page is displayed acknowledging your successful registration and informs you that you should receive a confirmation email and can now log in.

Figure 10: Confirmation



## 2.3 Select a GADCS User Role

The Medicare Ground Ambulance Data Collection System is a role-based system. This means that certain system functions are linked to specific “user role profiles.” When a new user is given access to the GADCS, a role is approved that provides access to the specific functions they need.

As noted above, the two GADCS roles are:

**GADCS Submitter:** this role is the person who uses the collected data to enter and submit the required information (or answers to the questions outlined in the GADCS online system) into the GADCS portal. Once this person has completed and submitted the online form, the Certifier will be notified. A submitter can be any individual the organization chooses, including a third-party contractor.

**GADCS Certifier:** this role is the person who will review the information reported by the GADCS Submitter to ensure it is correct and complete. The Certifier will then certify the submission of the reported data. If the Certifier would like changes to be made to the data that was reported in the system, the certifier must notify the Submitter to update and submit the revised data. Depending on your leadership structure, your organization's data certifier could be a CEO, CFO, fire chief, or anyone else in a position to attest to your organization's costs and revenues.

It is at the discretion of each organization who to designate as submitter and certifier roles. These individuals will require access to financial data and should have strong working knowledge of how the organization operates.

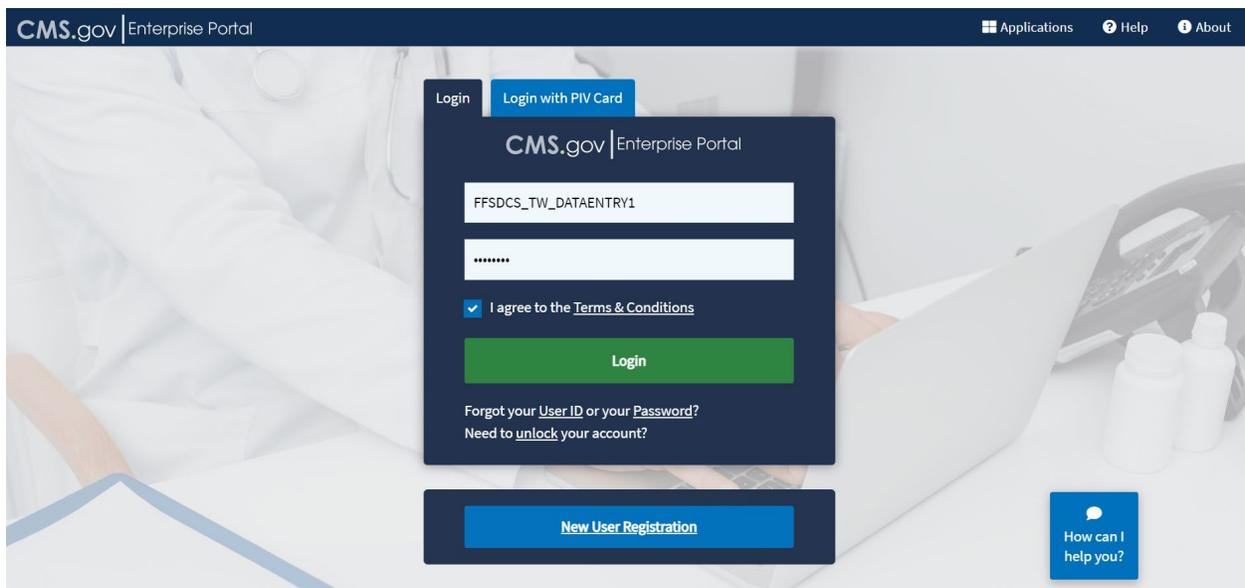
A user may only have one role at a time, and therefore cannot perform the functions of a submitter and certifier at the same time. If a user needs to change their role, they must first remove their current role, then request a new role, and once the request has been approved, their former role is no longer active. The following are the instructions on how to request access to an application and role when you currently do not have a role in the application. If you need to change your role, [here are the instructions](#) or you may contact the [Helpdesk](#) for assistance.

- 1) Navigate to the [CMS Enterprise Portal public home page](#).
- 2) Log in using your user ID and password.
- 3) On the **My Portal** page click the **Add Application** button.
- 4) Request Application Access.
- 5) Choose an application from the **Select an Application** drop-down list. Select FFSDCS.

(Note: Based on the role requested, you may or may not be required to enter the Role Details)

- 6) Click **Next** to continue.
- 7) Enter a justification for your Role Request in the **Enter the Reason for Request** section.
- 8) Click **Submit** to submit the request for approval. You will be prompted to confirm if you want to proceed.
- 9) Click **OK**. You will receive confirmation that the request was submitted successfully along with a tracking number for your request. You will see one or more request tracking number(s) on the **Request New Application Access Acknowledgement** page. You can use these tracking number(s) when contacting the approvers for help.
- 10) Once you have completed creating your **New User Account**, you can login to the portal.
- 11) [Click here to log in.](#)

Figure 11: CMS Enterprise Portal Login Page



- 12) Enter your login credentials provided in the email sent to you when you created your **New User Account**.
- 13) Click to read the **Terms & Conditions** button, and then click the check box to acknowledge agreement with the Terms and Conditions. Then click **Login**. You will then be prompted to enter in a multi-factor identification (MFA) code.  

You will have the option to choose where to send the MFA code. The dropdown menu will offer a variety of choices, but we suggest using Email or Text. You can learn more about the CMS MFA code [here](#).
- 14) Click on the **Send MFA Code** button and then enter the six-digit code sent to the email address or phone number you used to register your account.

Figure 12: Login page

Login | Login with PIV Card  
 CMS.gov | Enterprise Portal  
 Multi-factor Authentication  
 Text Message (SMS) [v]  
 Send To: xxx-xxx-3  
 MFA Code Sent  
 MFA Code is required  
 Verify  
 Send MFA code automatically  
 Do not challenge me on this device for the next 30 minutes  
[Learn how to add MFA Devices beyond email](#)  
[Unable to Access MFA Device or MFA Code?](#)

- 15) Click the **Verify** button.
- 16) After verifying your MFA code, you will see your My Portal page.
- 17) Click on the **Fee For Service Data Collection System (FFSDCS)** icon to show the selections. Then click on the bottom and third link to the **Medicare Ground Ambulance Data Collection System (GADCS)**.

Figure 13: My Portal

CMS.gov | My Enterprise Portal  
 My Portal  
 Add Application  
 Previous Login: [View Login History](#)  
 Fee For Service Data Collection System (FFSDCS)  
 Average Sales Price (ASP)  
 Clinical Laboratory Fee Schedule (CLFS)  
 Medicare Ground Ambulance Data Collection System (GADCS)

## 2.4 How to Change Your User Role

If a user needs to change their user role for any reason, for example, if a user has entered data as a GADCS Submitter, but due to a staffing change within the organization needs to change to a GADCS Certifier role, the user must follow these steps:

- 1) Navigate to the [CMS Enterprise Portal public home page](#).
- 2) Log in using your user ID and password.
- 3) Click the arrow by your username at the top of the screen.

Figure 14: My Portal Username



- 4) Click on My Access.

Figure 15: My Access



Previous Login: [View Login History](#)

- 5) Click **Select Action**.
- 6) Click **Remove Role**.

Figure 16: My Access Homepage

## My Access

[My Roles](#)
● My Pending Requests
✔ My Annual Certifications
🕒 My Request History

The following is a list of your existing applications and associated roles. You can add roles to these applications below or request access to a different application by selecting "[Add Application](#)".

Application ^	Role ↕	Actions
FFSDCS ⓘ	GADCS Submitter ⓘ	Select Action ▾ + Add Role - Remove Role 👁 View Role Details

Showing 1 of 1 record.

- 7) Request the new Role by clicking on **Add Role**.
- 8) Once the request has been approved, the user can now log in as a GADCS Certifier. The GADCS Submitter role is no longer active.

If a user would need to change back to a GADCS Submitter role, they would repeat the steps above in removing their GADCS Certifier role, requesting a GADCS Submitter role, and then wait for approval.

Contact the [Helpdesk](#) if you need assistance.

## 2.5 Linking Your Account to One or More NPIs

The system will display this Overview screen upon your first log in. You will want to read this screen to learn a little more about the GADCS. Then when you have completed reading the Overview page, click on **Start** to begin linking your account to one or more National Provider Identifiers (NPIs) selected to collect and report information to the GADCS. Your organization's NPI is listed on your claims that are submitted when billing Medicare for ground ambulance services.

**NOTE:** An individual user can link to one or more NPIs. In general, the process is the same for linking the first and later NPIs. The rest of this section of the User Guide will walk through a case where the user links to just one NPI. See the Box at the end of this section for instructions specific to users needing to link to multiple NPIs.

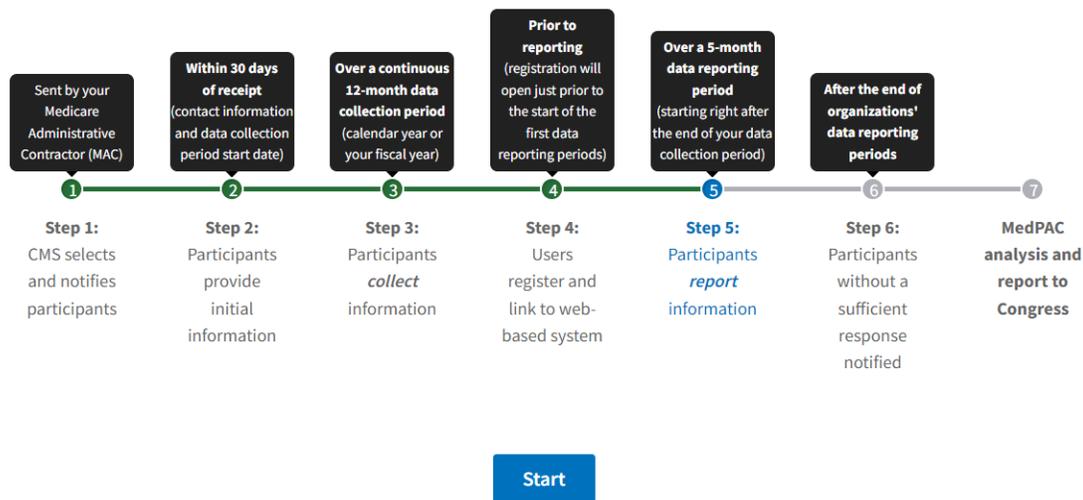
Figure 17: Overview

### Overview

[Close](#)

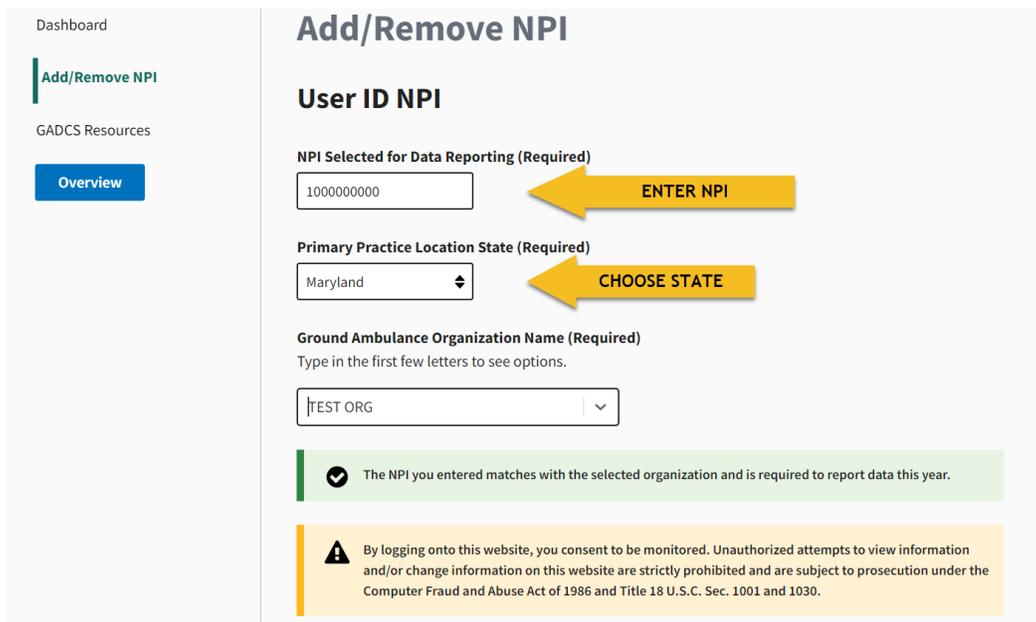
#### What is the Medicare Ground Ambulance Data Collection System?

Ground ambulance providers and suppliers selected to participate in the Medicare Ground Ambulance Data Collection System must first *collect* information on cost, utilization, revenue, and other information over a continuous 12-month period (either a calendar or fiscal year). Selected organizations reported their data collection start date to their Medicare Administrative Contractor in the first quarter of 2022. Your organization must *report* its collected information within a 5-month data reporting period starting immediately after the end of its data collection period. The information reported to CMS will be used to evaluate the extent to which reported costs relate to payment rates under the Medicare Part B Ambulance Fee Schedule (AFS). Failure to sufficiently submit the required information may result in a 10 percent reduction to payments under the AFS for one year, unless a hardship exemption has been granted or an informal review has determined that your organization is not subject to the 10 percent reduction to payments. The figure below shows the various steps in the GADCS process.



Use the arrow button to select the NPI's primary practice location state. Then, start typing the name of the organization in the text field. This will show you a list of ground ambulance organization names (you may need to enter more characters if there are many names). Then use the arrow to select the name of the ground ambulance organization from the list. Click the **Link the selected NPI** button to complete linking your account to this NPI.

Figure 18: Add/Remove NPI



Dashboard

Add/Remove NPI

GADCS Resources

Overview

## Add/Remove NPI

### User ID NPI

**NPI Selected for Data Reporting (Required)**

1000000000 **ENTER NPI**

**Primary Practice Location State (Required)**

Maryland **CHOOSE STATE**

**Ground Ambulance Organization Name (Required)**

Type in the first few letters to see options.

TEST ORG

✓ The NPI you entered matches with the selected organization and is required to report data this year.

⚠ By logging onto this website, you consent to be monitored. Unauthorized attempts to view information and/or change information on this website are strictly prohibited and are subject to prosecution under the Computer Fraud and Abuse Act of 1986 and Title 18 U.S.C. Sec. 1001 and 1030.

If the NPI you are trying to link to is already linked to another user's account, an email will be automatically generated to the point of contact already associated with the NPI. Unauthorized attempts to view information and/or change information are strictly prohibited and subject to prosecution under the Computer Fraud and Abuse Act of 1996 and Title 18 U.S.C. Sec. 1001 and 1030.

Figure 19: Sample Email

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Centers for Medicare and Medicaid Services  
7500 Security Boulevard  
Baltimore, MD 21244



Center for Medicare, Technology, Coding, and Pricing Group  
Division of Data Analysis and Market Based Pricing

This email is to inform you that Jennifer Smith has linked to your organization's NPI 1000000000 in the CMS Medicare Ground Ambulance Data Collection System. If this person is not an authorized representative of your organization, please contact the GADCS Help Desk at Email: [gadcshelpdesk@dcca.com](mailto:gadcshelpdesk@dcca.com) or GADCS Helpdesk Phone: 833-879-6075.

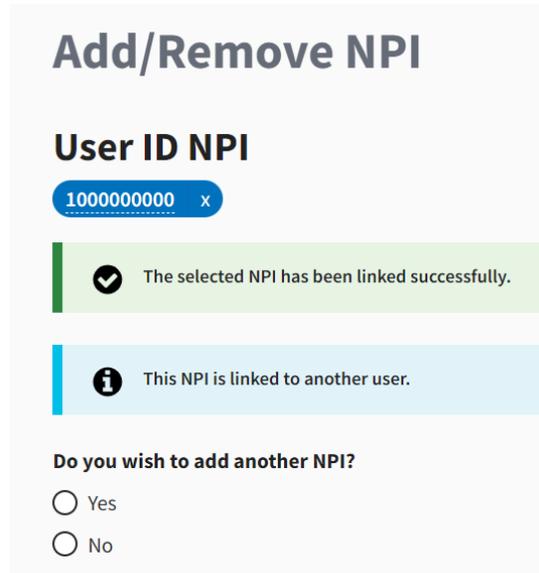
DO NOT REPLY TO THIS EMAIL. This email is generated from an unmonitored email account. If you received this in error or have any questions, please notify [gadcshelpdesk@dcca.com](mailto:gadcshelpdesk@dcca.com)

*The information contained in this email message, including any attachments, is privileged information. It is intended only for the use of the individual and/or entity identified in the address of this email message. If you are not the intended recipient, or an employee or agent responsible to deliver it to the intended recipient, you are forbidden (not authorized) to read, print, retain, copy or disseminate this message or any part of it.*

If you see any error messages, please check your information for typos or mistakes, and try again. If the error message persists, please contact the [Helpdesk](#) and include your NPI(s), name, email, phone number, reason for inquiry, and whether you are a submitter or certifier role. You may also click the Helpdesk link in the system to send an email that is prepopulated with some information the Helpdesk will need to help solve your issue.

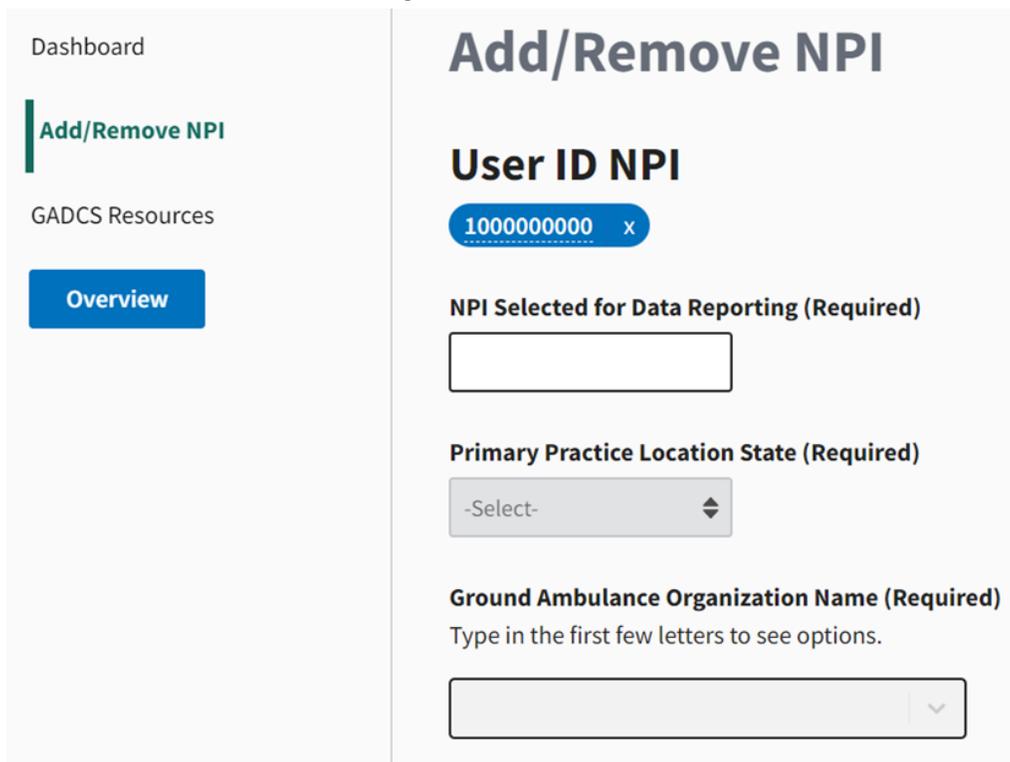
You may link your account to more than one NPI if you will serve in the GADCS Submitter role or GADCS Certifier role for multiple NPIs. Your screen will reflect an option that allows you to select Yes to add another NPI, and then you can enter the information to link to a second NPI. Repeat for as many NPIs as you need.

Figure 20: Add/Remove NPI Confirmation



You may also add NPIs at any time by clicking **Add/Remove NPI** in the left navigation and repeating the steps outlined above.

Figure 21: NPI Dashboard



## 3. The Instrument

### 3.1 The Dashboard Screen

Users in the **GADCS Submitter** role will see the Dashboard screen after linking to an NPI. Here you can review your progress at a glance. You can navigate to different sections to review your responses. You can also view all your information such as name of organization, what role you have, and what the data collection period and data reporting period are for your organization.

**NOTE:** You must complete the first three sections of the GADCS in order. Afterwards, you are free to navigate from section to section in any order. From the Dashboard, click the Start button for “1. General Instructions” or the Start button at the bottom of the screen to begin.

You can view your **Dashboard** at any time using the link in the left navigation bar. The links at the left allow you to link (or unlink) your account to additional NPIs, navigate to additional GADCS resources, and review the **Overview** page presented earlier.

Figure 22: Dashboard

**Dashboard**

Add/Remove NPI

Hardship Exemption Request Form

GADCS Resources

**Overview**

## Dashboard

**Welcome Jennifer!**

NPI  
1000000300 - TEST ORG300 (Not Started)

NPI: 1000000300  
Org Name: TEST ORG300  
State: Washington  
Role: GADCS Submitter  
Data Collection Period: January 1, 2022 to December 31, 2022  
Data Reporting Period: January 1, 2023 to May 31, 2023  
Status: Not Started

0% COMPLETED

Data Collection Instrument Section	Status	Action
1. General Instructions	Not Started	<a href="#">Start</a>
2. Organizational Characteristics	Not Started	<a href="#">Start</a>
3. Service Area	Not Started	<a href="#">Start</a>
4. Emergency Response Time	Not Started	<a href="#">Start</a>
5. Ground Ambulance Service Volume	Not Started	<a href="#">Start</a>
6. Service Mix	Not Started	<a href="#">Start</a>
7. Labor Costs	Not Started	<a href="#">Start</a>
8. Facilities Costs	Not Started	<a href="#">Start</a>
9. Vehicle Costs	Not Started	<a href="#">Start</a>
10. Equipment, Consumable, and Supply Costs	Not Started	<a href="#">Start</a>
11. Other Costs	Not Started	<a href="#">Start</a>
12. Total Cost	Not Started	<a href="#">Start</a>
13. Revenues	Not Started	<a href="#">Start</a>

[Start](#)

If your account is linked to multiple NPIs, you will see tabs running along the top of the Dashboard allowing you to select the active NPI for which you are entering information. If your account is linked to

more than 7 NPIs, you will see a drop-down option rather than tabs. If you need to switch from one NPI to another, you can return to the Dashboard screen at any time using the link in the left navigation bar.

Figure 23: Multiple NPIs Tab

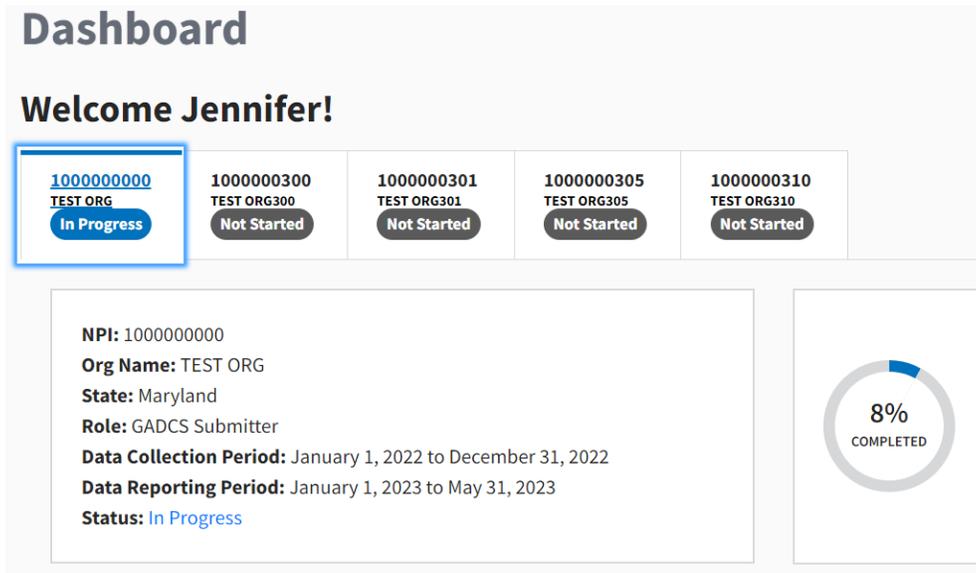
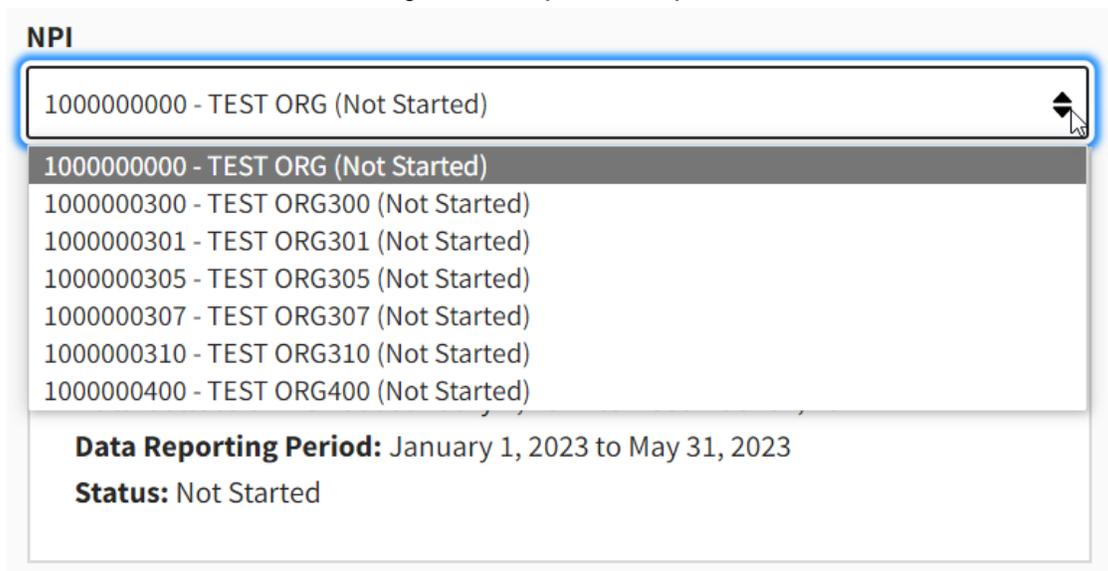


Figure 24: Multiple NPIs Dropdown



## 3.2 General Instrument Functionality

Please keep the following technical points in mind as you work in the GADCS.

### 3.2.1 Browser Compatibility

The web based GADCS portal is only compatible in Chrome, Firefox, and Edge.

### 3.2.2 GADCS Question Numbering

The web-based GADCS uses the same numbering as the printable GADCS questions available on CMS' GADCS website. Please be aware that an individual NPI may not need to respond to every question. The instrument may skip over questions as you input data depending on your answers in prior sections or questions. Please be sure to input an answer to any questions you do see.

### 3.2.3 Question Formatting

As you input data, some responses will generate follow-up questions. Be sure to answer all prompts and questions before moving to the next page or section. Certain questions will have important information in red, explanations, definitions, pop-ups, or warnings. Be sure you are reading all the information provided on the page before entering your data.

### 3.2.4 Warning Messages

Depending on your responses, you may see “warning” messages as you input data. These messages will appear with this  symbol with a yellow or orange background. These messages do not mean you have done something incorrectly, but instead will highlight information that requires extra attention.

Here is a list of the potential messages you will see and visual examples:

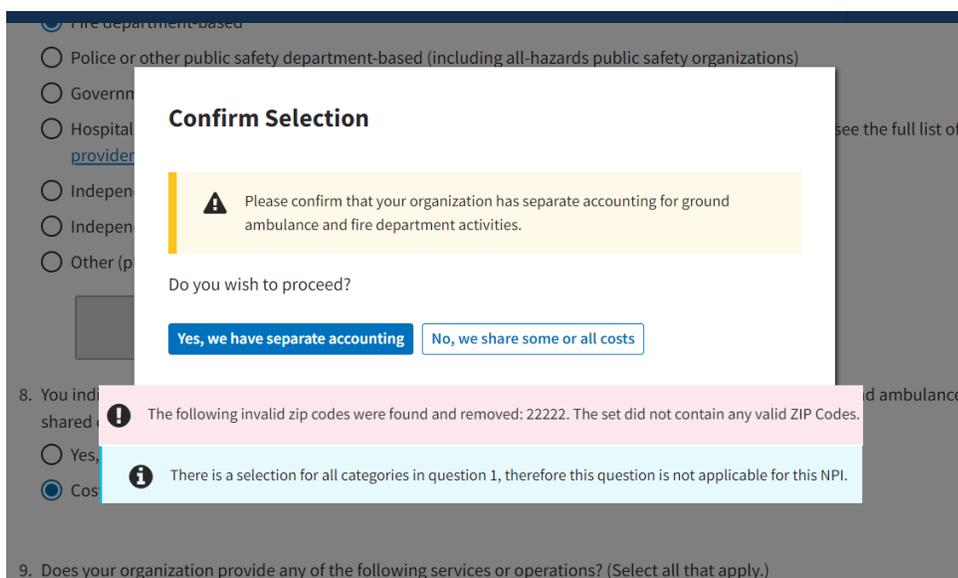
- Do not include any “central office staff” that serve multiple NPIs, except for where specifically requested.
- Do not include any “central office facilities” that serve multiple NPIs, except for where specifically requested.
- Do not include any “central office vehicles” that serve multiple NPIs, except for where specifically requested.
- Do not include any “central office equipment” that serve multiple NPIs, except for where specifically requested.
- Do not include any “central office costs” that serve multiple NPIs, except for where specifically requested.
- Do not include individuals who had only air ambulance responsibilities.
- Do not include air ambulance services in responding to the following questions.

### 3.2.5 Programmed Checks

The GADCS includes many internal programmed validation checks to ensure responses are consistent with one another. Messages or table cells highlighted in red text or borders indicate answers that are missing or that require adjustment before you can proceed. These messages may be indicated by this symbol  with a red background.

Here is a sample of system messages that you may see including warning messages and programmed checks:

**Figure 25: Sample of System Messages**



### 3.2.6 Autosave Feature

The GADCS saves your responses as you enter them. You can also hit the “save” button at the bottom of a screen to save your progress. You are able to log out and then back in again, picking up where you left off.

### 3.2.7 Multiple Users

We do not recommend that multiple users enter information for the same NPI at the same time. Instead, hand off from one user to another when entering information to avoid conflicts and errors.

### 3.2.8 Decimals and Rounding

The GADCS does not accept decimals in any of the numerical fields. Do not type in or copy and paste numbers with decimals into the GADCS web-based portal as this will result in incorrect values. For example, typing in the value “100.54” will result in an entered response of “10,054.” If you are copying and pasting several numbers from an Excel spreadsheet, we recommend rounding all the numbers in Excel before pasting them into the GADCS web-based portal.

### 3.2.9 Progress Bar

As you move through the web based GADCS portal, you will notice a progress bar above the questions. While you’re working in a section, it will say “In Progress”. When you’ve completed a section, it will say “Complete”. If a question was skipped or requires more information, it will say “Review”.

### 3.2.10 Help Desk Links

Throughout the system, if you encounter an issue entering the data, you will see a link to the [GADCS Helpdesk](#). Clicking the Helpdesk link on the webpage will generate an email prepopulated with some key information the Helpdesk will need to address your issue.

## 3.3 General Data Collection and Data Reporting Principles

Please keep the following general principles in mind when collecting and reporting information:

**Collecting information over a continuous, 12-month data collection period.** Selected organizations will collect information over a continuous, 12-month data collection period using a printable version of the GADCS Instrument. Organizations will not report any information to CMS until after the end of the data collection period. The information that you report to CMS must reflect the entire continuous, 12-month data collection period. Your answers to questions about the characteristics of your organization should reflect how your organization operated during its data collection period, even if there were subsequent changes in characteristics or operations. Similarly, reported expenses, revenue, and hours worked must reflect the entire continuous, 12-month data collection period, even if your situation changed after the end of your data collection period. Please see detailed instructions in the printable version of the Medicare Ground Ambulance Data Collection Instrument for more detail. For additional assistance with questions in the printable Instrument, please consult with the FAQ document on [CMS' GADCS website](#).

**NOTE:** If the selected NPI was only used to bill Medicare for a portion of the 12-month data collection period, you may indicate this in the GADCS. More information on this question is described in [Section 4.2](#) of the User Guide.

**Collecting and reporting required information that you may not currently track.** Some ground ambulance organizations may need to reach out to individuals outside their organization to gather information that is not currently tracked. As an example, if your organization is part of a local government or broader parent entity that paid for certain aspects of your ground ambulance costs (e.g., if your municipality paid facility rent or benefits for staff), you will need to collect and report that information in order for CMS to get a full picture of the costs of operating your ground ambulance organization. As another example, you may need to reach out to your billing company for information on your volume of billed ground ambulance transports and the breakdown by level during your organization's data collection period.

**Avoiding double counting.** It is important that the staff hours, costs, and revenues contributing to the totals you report in the Medicare Ground Ambulance Data Collection System are counted only once. As an example, following the instructions in the system, staff with both emergency medical technician (EMT) and administrative responsibilities must contribute only to reported EMT hours and compensation and not to reported administrative staff hours and compensation. The data collection system includes instructions on how to assign staff, costs, and revenue to only one category for the purposes of reporting.

**Allocating costs:** The scope of GADCS is limited to ground ambulance costs and revenue. Many organizations share facilities, staff, or other resources with another service, such as a fire department, hospital, or police department. Even some organizations providing only ground ambulance services, for example, local government-based organizations may have information on some expenses at a broader government level rather than for their ground ambulance organization specifically. Several sections of the GADCS ask organizations sharing services to

report a portion of the item that is related to ground ambulance services. The GADCS wanted to preserve as much flexibility for reporting organizations as possible, so there are many possible methods to determining the portion of a specific cost that is related to your ground ambulance operations. For more detailed information and examples on how to allocate costs, revenue, or staff hours, please see the previous webinar on the topic at [this link](#).

**Reporting information for sampled National Provider Identifiers (NPIs) only.** CMS selects ground ambulance organizations to participate in the GADCS using NPIs. In some cases, an individual selected NPI will be part of a larger company or parent organization operating multiple ground ambulance NPIs. In other cases, a single ground ambulance organization may bill under multiple NPIs, for example when providing ambulance services in different jurisdictions. In these cases, you must collect and report data separately for each NPI, and you must report only for selected NPIs.

## 4. Part 4: Section-by-Section User Guide Instructions

---

The following User Guide sections walk through each of the GADCS Sections providing question-by-question instructions and guidance. Each question number is bolded so you can compare between the User Guide, the web-based instrument, and the printable (i.e., Adobe PDF) version of the instrument.

The User Guide uses the following conventions to flag different types of content:

Instructions are in plain text.

**GADCS TIPS** are in gold-shaded text boxes

**WARNINGS** are in red-shaded text boxes

**GADCS FAQ EXCERPTS** are in blue-shaded text boxes

The FAQ excerpts in blue-shaded boxes are reproduced from the full [GADCS FAQ document](#) available on [CMS' GADCS website](#).

## 4.1 Section 1: General Instructions

**GADCS TIP:** GADCS Submitters for each organization must complete Sections 1, 2, and 3 in sequential order before continuing to other GADCS sections. Sections 4 through 13 can be completed in any order.

**Section 1, Page 1** describes how CMS is required to collect data from ground ambulance organizations, how the collected data will be used, and how selected organizations are required to participate or face a potential 10 percent payment reduction.

**Figure 26: General Instructions**

**Data Collection System**

NPI: 100000300  
Data Collection Period: January 01, 2022 - December 31, 2022

0% COMPLETED

1. General Instructions **Active** 2. Organizational Characteristics 3. Service Area 4. Emergency Response Time 5. Ground Ambulance Service Volume

### 1. General Instructions

Section 50203(b) of the Bipartisan Budget Act (BBA) of 2018 (Public Law 115-123) added paragraph (17) to section 1834 (l) of the Social Security Act (the Act). This section requires the Secretary of the Department of Health and Human Services (HHS) to develop a data collection system to collect cost, revenue, utilization, and other information from providers and suppliers of ground ambulance services ("ground ambulance organizations"). The Centers for Medicare & Medicaid Services (CMS) has developed this data collection instrument to collect this information. The collected information will be analyzed to assess the adequacy of Medicare payments for ground ambulance services.

In accordance with CMS' regulations at 42 CFR §414.626, your ground ambulance organization has been selected to submit the data requested in this data collection instrument. If you do not sufficiently collect the data during the data collection period, and sufficiently report the data during the applicable data reporting period, you will receive written notification that you will receive a payment reduction under section 414.610(c)(9).

**i** Your organization must report the required information prior to May 31, 2023, which is five months after the end of its data collection period. You can enter the required information over multiple sittings. The system will save your responses after every screen, or whenever you hit the "Save" button at the bottom of your screen. When you log in again later, you can pick up where you left off. After you enter all required information, a Certifier at your organization will review the entire response and either request changes or certify the information.

I verify that I've read the instructions above.

Next

You must read the instructions on this page and verify that you have read and understand them by checking the box that says "I verify that I've read the instructions above" before clicking the blue **Next** button to advance to the next page.

**GADCS TIP:** The blue box at the bottom of the page reviews GADCS functionality. In brief, you can enter information over multiple sittings and the system saves your information as you move from page-to-page. See earlier sections of the User Guide for more information.

**Section 1, Page 2** lists general instructions that you should keep in mind across all 13 GADCS sections. For example:

- The data your organization reports via the GADCS must align with your organization's continuous, 12-month data collection period.
- In general, you can continue to use your organization's current accounting practices.
- Report only ground ambulance expenses and revenue.

Many ground ambulance organizations have already downloaded or printed an Adobe PDF version of the GADCS questions as an aid while collecting data. If you do not have a copy of the questions, or if you would like a clean, up-to-date version, click the **Downloadable Printable Instrument** button.

**Figure 27: General Instructions (Cont.)**

### 1. General Instructions

This data collection instrument includes detailed questions about your organization's characteristics, services, ground (land and water) ambulance costs, and revenue. The questions generally refer to your organization's total ground ambulance costs, revenue, and volume of services, not just the portion of costs, revenue, and volume related to services that you provided to Medicare beneficiaries. Organization-specific data collected through this effort will not be published.

If your organization billed Medicare for ground ambulance services under multiple National Provider Identifiers (NPIs) during its data collection period, the data collection instrument will specify the NPI for which CMS is requesting data. **Here, the term "ground ambulance organization" refers to the NPI for which CMS is requesting data.**

You must report information covering a continuous 12-month data collection period. This period starts on the date which your organization previously reported to your Medicare Administrative Contractor (MAC) or to CMS. This period starts on the date which your organization previously reported to a designated Medicare Administrative Contractor (MAC) or to CMS. The continuous 12-month data collection period for your organization runs from July 01, 2021 to June 30, 2022.

The data collection instrument consists of 13 sections. The time spent gathering the data needed to complete the data collection instrument will vary depending on your organization's accounting and recordkeeping systems. CMS expects it will take up to 20 hours to review the instructions and collect the required data and an additional 3 hours to enter, review, and submit the information.

In general, you will be able to report information collected under your organization's standard accounting practices during its data collection period. CMS understands that some ground ambulance organizations use accrual-basis accounting while others use cash-basis accounting. Please follow the instructions in each instrument section.

CMS wants to make sure that it gets a full picture of the cost of operating ground ambulance services at your ground ambulance organization. If your organization was part of a municipal government or larger entity that paid for certain ground ambulance expenses (for example, if your municipality pays for rent, benefits, fuel, or dispatch), you must report information on these expenses. This applies only in cases where you are owned or operated by or have a partnership or joint venture with the entity that covers expenses for your ground ambulance operation. In other cases, do not estimate or report the value of donated vehicles, supplies, equipment, or other resources or labor used in your ground ambulance operation. For example, if your local hospital provided drugs at no cost, but you are not a hospital-based ground ambulance organization, then do not report the expense associated with the donated drugs.

CMS recommends that you use a printed version of the data collection instrument which can be downloaded using the button below and then enter the information into the online data collection instrument when all of the information is collected. In addition a printable copy of the data collection instrument is available at the *CMS Ambulance Services Center*. Click button below to open the *CMS Ambulance Services Center* in a separate browser tab.

[Download Printable Instrument](#)

[Visit CMS Ambulances Services Center](#)

I verify that I've read the instructions above.

[Previous](#)

[Next](#)

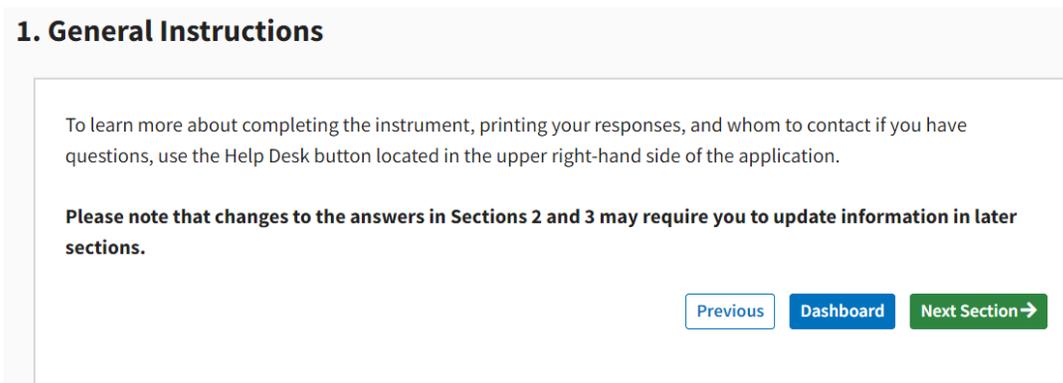
**GADCS TIP:** The “Visit CMS’ GADCS Website” button for other GADCS documentation and resources, including a [FAQ document](#). Many FAQ entries related to specific GADCS questions are reproduced in this User Guide.

As on the prior page, you must read the instructions on this page and verify that you have read and understand them by checking the box that says “I verify that I’ve read the instructions above” before clicking the blue **Next** button to advance to the next page.

**Section 1, Page 3** describes how to contact the GADCS Help Desk if you need assistance. It also notes that changes you make to your initial responses to questions in Sections 2 (Organizational Characteristics) and 3 (Service Area) may require you to update information in other sections.

This is the last screen in Section 1. You can click **Dashboard** to return to the dashboard or **Next Section** to proceed to Section 2.

**Figure 28: General Instructions**

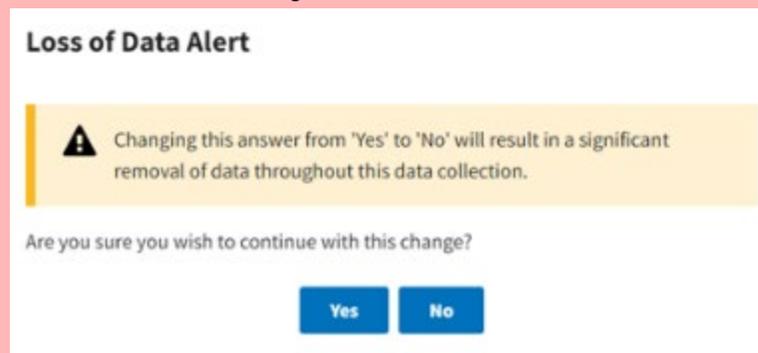


**WARNING:** Your answers to questions in Sections 2 (Organizational Characteristics) and 3 (Service Area) determine the specific questions you will need to answer in later sections. For example, if you report using volunteer labor in Section 2, you will be asked questions related to volunteer labor in Section 7 (Labor Costs).

**Revising answers to Section 2 and 3 questions after completing later sections may result in a loss of data.**

For example, changing Section 2 responses to indicate your organization did *not* use volunteer labor may erase your prior Section 7 responses related to volunteer labor. The GADCS uses pop-up confirmation windows like the one below to warn you when this might occur.

**Figure 29: Loss of Data**



## 4.2 Section 2: Organizational Characteristics

Read the instructions on the introductory screen and click Start to begin Section 2.

Figure 30: Organizational Characteristics Intro

### 2. Organizational Characteristics

CMS is interested in learning more about your ground ambulance organization and how you collected data related to costs and revenues during the data collection period. Your answers to these questions will help ensure that you are presented with questions about costs and revenues that are relevant to your organization. Your answers to all questions in the instrument, including those in Section 2, should reflect the continuous 12-month data collection period, not subsequent changes. Use your best judgement if your organization's characteristics changed during the continuous 12-month data collection period.

The questions in the next two sections determine questions you will see later. After you complete sections 1-3, you will be able to fill in the rest of the information in any order.

**Please note that changes to the answers in these sections may require you to update information in later sections.**

Start

**GADCS TIP:** GADCS Submitters for each organization must complete Sections 1, 2, and 3 in sequential order before continuing to other GADCS sections. Sections 4 through 13 can be completed in any order. Section 2 has several questions that will tailor later questions to your organization, such as whether your organization uses volunteer labor.

**WARNING:** Several Section 2 questions (1, 2, 3, 6, 7, 8, 9, 10, 11, 12, 16, and 17) determine which questions you will answer in later sections.

***Revising answers to these questions after completing later sections may result in a loss of data.***

The GADCS uses pop-up confirmation windows to warn you when this might occur.

**Section 2, Question 1** asks your organization to confirm it used the NPI listed on the screen to bill Medicare for ground ambulance services during its data collection period.

- Answering **Yes** prompts the next question.
- Answering **No** prompts follow-up questions asking for more information.

Figure 31: Section 2, Question 1 - 3

## 2. Organizational Characteristics

[Section 2 Instructions](#)

1. Is **1000000118** an NPI your organization used to bill Medicare for ground ambulance services during the data collection period?

Yes, throughout the organization's continuous, 12-month data collection period

Yes, but for only part of the organization's continuous, 12-month data collection period

No

2. Is this NPI part of a larger "parent organization" that owns or operates multiple NPIs billing for ground ambulance services?

Yes

No

3. Is **TEST ORG118** the name of your organization? For the remainder of the instrument, the term "organization" refers to the NPI for which CMS is requesting data.

Yes

No

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If your organization was only operational or using the NPI in question for part of the year, you will respond "Yes, but for only part of the organization's continuous, 12-month data collection period." The pop-up question will request you enter the dates your organization was operating under the NPI, as seen below (Figure 32).

Figure 32: Section 2, Question 1 Option 2

**Data Collection System**

NPI: 1000000118  
Data Collection Period: January 01, 2022 - December 31, 2022

1. General Instructions Complete  
2. Organizational Characteristics Active

### 2. Organizational Characteristics

1. Is **1000000118** an NPI your organization used to bill Medicare for ground ambulance services during the data collection period?

Yes, throughout the organization's continuous, 12-month data collection period  
 Yes, but for only part of the organization's continuous, 12-month data collection period  
  
 No

**i** Please note that the organization should continue reporting as usual.

2. Is this NPI part of a larger "parent organization" that owns or operates multiple NPIs billing for ground ambulance services?

Yes  
 No

Page 1 of 3  Last Autosaved at 6:23:49 PM

The follow-up questions after a “No” response are designed to address several common scenarios including:

- An NPI which ceased operations prior to, during, or after the start of an organization’s data collection period
- An NPI that remained in operation but was not used to bill Medicare for ground ambulance services during an organization’s data collection period

If you respond that either of these scenarios apply to your organization, then you will see one final follow-up question asking for confirmation. Responding “**I confirm**” will satisfy the GADCS reporting requirement for your organization.

If the listed NPI does not match your organization, or if you answer that none of the scenarios in the follow-up questions apply to your organization, the GADCS will prompt you to contact the Help Desk for assistance. Once you’ve completed Question 1, the **Review** button will become active on your **Dashboard** screen.

You can now click the **Review** button to generate a pdf version of your responses at any point while you’re entering data.

Figure 33: Welcome Dashboard

# Welcome Jennifer!

## NPI

1000000000 - TEST ORG (In Progress)

**NPI:** 1000000000  
**Org Name:** TEST ORG  
**State:** Maryland  
**Role:** GADCS Submitter  
**Data Collection Period:** January 1, 2022 to December 31, 2022  
**Data Reporting Period:** January 1, 2023 to May 31, 2023  
**Status:** [In Progress](#)



Data Collection Instrument Section	Status	Action
1. General Instructions	Complete	<a href="#">Review</a>
2. Organizational Characteristics	Complete	<a href="#">Review</a>

**Section 2, Question 2** asks whether the NPI for which you are reporting data is part of a larger “parent” organization operating multiple NPIs. In these cases, NPIs may share some costs with the parent organization. If you respond **Yes**, you will see specific questions in later sections asking for a share of parent organization (or “central office”) costs attributable to the specific NPI for which you are reporting data.

**Figure 34: Section 2, Question 2**

2. Is this NPI part of a larger "parent organization" that owns or operates multiple NPIs billing for ground ambulance services?

- Yes  
 No

 You are being asked to complete this instrument and enter data separately for each sampled NPI. The following questions refer only to the following NPI: 1000000000. You will be asked to allocate a portion of costs and revenues incurred at the level of your parent organization (otherwise known as your central office) related to corporate management, information technology [IT] systems, etc., in sections below.

**WARNING:** You must report information for **only** the specific selected NPI for which you are currently entering information in the GADCS. If your broader parent organization operates multiple NPIs, use an approach to allocate parent organization/central office expenses across NPIs to avoid double counting of these expenses.

**GADCS FAQ EXCERPT:** Should we answer “yes” to Section 2, Question 2 (“Is this NPI part of a larger ‘parent organization’...”) if our organization bills under a second NPI for services provided under contract in neighboring municipalities?

*Answer: You should not consider yourself to be a multiple NPI organization in this scenario. Please note that it will be important for organizations like yours to report costs and revenue related to the selected NPI only, not with other NPIs that you may bill under. When the other NPIs (i.e., those that pay you to provide services under contract) are selected, they will report the amount they pay your organization as an expense.*

**Section 2, Question 3** asks you to confirm the name of the NPI for which you are reporting data. Answering **Yes** proceeds to the next page and Section 2, Question 4. Answering **No** prompts you to contact the Help Desk for assistance. Organizations answering “No” may have unintentionally linked to the wrong NPI.

**Figure 35: Section 2 Question 3**

3. Is **TEST ORG** the name of your organization? For the remainder of the instrument, the term "organization" refers to the NPI for which CMS is requesting data.

- Yes  
 No

**WARNING:** There is no need to contact the GADCS Help Desk for minor discrepancies between the displayed organization name and your preferred name (e.g., differences in capitalization, punctuation, abbreviations, spelling, etc.). The displayed organization name is from CMS' Provider Enrollment, Chain, and Ownership System (PECOS). You can log in to PECOS to edit your organization's name [here](#).

**Section 2, Question 4** asks you to confirm contact information for your organization, including the name, title, e-mail address, and work phone number of the **person with primary responsibility for completing the instrument**. This contact information that you enter in Section 2, Question 4 will supplement, not replace, any prior contact information that you provided to CMS or to CMS' contractor.

**Figure 36: Section 2, Question 4**

4. What is your job title, work email address and work phone for the primary person completing this instrument?  
Please spell out your primary job title.

**Job Title (Required)**

Director

**Work Email Address (Required)**

Director@AmbulanceOrg.Org

**Work Phone (Required)**

800-588-2300

**Extension**

Keep the following in mind when answering **Section 2, Question 4**:

- 1) The job title field has a maximum of 200 characters. You can abbreviate as necessary, so your response fits within this character limit.
- 2) The e-mail address must be in this format: address@domain.ext.
- 3) Enter your 10-digit work phone number with area code first in the XXX-XXX-XXXX format.

**Section 2, Question 5** asks you to select an ownership category that you think best fits your organization. There is no option to write-in an “other” response for this question. Use your judgement to select one of the four categories.

**Section 2, Question 6** asks whether your organization used volunteer labor during its data collection period. Selecting Yes will trigger questions on volunteers in Section 7 (Labor Costs) Staff are considered volunteers even if they receive small stipends or incentives, but NOT if they are paid on an hourly or salaried basis (even if performing some volunteer duties).

Figure 37: Section 2, Questions 5 - 6

5. Which description of ownership type best fits your organization?

- For-profit
- Non-profit excluding government
- Government (e.g., federal, state, county, city/township/other municipal)
- Public/private partnership

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 received small stipends, allowances, or other incentives from your organization. Do not include staff who were paid on an hourly or salary basis even if they performed some activities (e.g., responding as an EMT) on a volunteer basis.

- Yes
- No

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Clicking **Next** after answering Section 2, Question 6 will advance to the next page.

**Section 2, Question 7** asks you to select which of a list of different types of ground ambulance organizations best describes your organization during its data collection period. Use your judgement to select the most appropriate category and use the “other” box only if absolutely necessary.

**Figure 38: Section 2, Question 7**

7. Which category best describes your ground ambulance operation?

- Fire department-based
- Police or other public safety department-based (including all-hazards public safety organizations)
- Government stand-alone emergency medical services (EMS) agency
- Hospital or other Medicare provider of services (such as skilled nursing facility). For more information, see the full list of [Medicare provider of services](#)  categories.
- Independent/proprietary organization primarily providing EMS services
- Independent/proprietary organization providing non-emergency services
- Other (please specify)

**GADCS FAQ EXCERPT:** If my organization is an independent/proprietary organization that is licensed as an EMS service but provides primarily non-emergency services, which option should I select for Section 2, Question 7?

*Answer: You should select the response that you feel best describes your organization. If you consider your organization to provide primarily non-emergency services, you should select the sixth option, “Independent/proprietary organization providing non-emergency services,” even if you are licensed as an EMS service [[see complete FAQ entry here](#)].*

**GADCS TIP:** Section 2, Question 7, option d (“Hospital or other Medicare provider of services”) refers to specific provider categories defined by CMS. Please [check this link](#) for more information. Other types of health care providers should **not** select this option.

**Section 2, Question 8** only appears if your response to the prior question was:

- a. Fire department-based
- b. Police or other public-safety department-based (including all-hazards public safety organizations)
- c. Hospital or other Medicare provider of services.

Answer **Yes** to this question if your organization provided both ground ambulance services and these other operations AND the cost information you report to GADCS will be entirely or partially shared across ground ambulance and other operations. For example, if your organization provides both fire and ground ambulance services and at least some of your labor, facility, vehicles, or other expenses are shared between ground ambulance and other operations, answer **Yes**. Depending on your answer to Section 2, Question 7, you may see different text in Section 2, Question 8. For example, if you reported your organization is a hospital or other Medicare provider of services in Question 7, you will be asked to confirm that you share operational costs with a hospital or other Medicare provider of services in Question 8.

**Figure 39: Section 2, Question 8**

8. You indicated that your ground ambulance operation is police or other public safety department-based. Please confirm that your ground ambulance operation shared operational costs, such as building space or personnel, with a police or other public safety department.

- Yes, we shared some or all costs
- Costs were not shared

Organization should answer **No** primarily in two scenarios. First, your organization might consider themselves to be culturally or historically fire, police, other public safety, or hospital-based even though your organization now only provides ground ambulance services. Second, your organization may have completely separate accounting between ground ambulance and other operations.

**GADCS TIP:** Regardless of your response to Section 2, Question 8, most questions in the GADCS allow you to report the share of a particular response that was related to ground ambulance operations. There is an entire webinar devoted to ‘allocating’ expenses and revenue between ground ambulance and other operations. Please see [this webinar](#) if you have further questions related to allocation.

**Section 2, Question 9** provides a final opportunity to describe your ground ambulance organization's operations. Answer **Yes** or **No** to each option (a through e) and use option f (other) if your organization provides another service or function not listed here. Depending on your answers to Section 2, Question 7, you may not see every response option in Section 2, Question 9. For example, if you reported your organization is fire department-based in Question 7, Question 9 will omit response option a ("A fire department").

**Figure 40 Section 2, Question 9**

9. Does your organization provide any of the following services or operations? (Select all that apply.)

- A fire department
- A hospital or other Medicare provider of services (such as a skilled nursing facility). For more information, see the full list of [Medicare provider of services](#)  categories.
- Other health care delivery operations such as a clinic or urgent care center (excluding hospitals, skilled nursing facilities, or other Medicare provider of services)
- An air ambulance operation
- Other (please specify)

None

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**GADCS FAQ EXCERPT:** If my ambulance organization provides non-medical transport or community paramedicine services, should I check the fourth option "Another healthcare organization" in Section 2, Question 9?

**Answer:** *The fourth option is meant to apply to broader health care delivery organizations, such as a clinic or urgent care center, that are not hospitals or other Medicare providers of service. Do not select this option if you provide on-medical patient transport and community paramedicine services and not a broader range of health care services.*

**WARNING:** If you indicate your organization is fire department, police department, or other public safety department-based in Section 2, Questions 7-9, you will answer some questions in Section 7 (Labor Costs) separately for staff with and without these other roles. If you expected to see separate Section 7 questions for staff with fire, police, and other public safety roles but did not, chances are you need to update your responses to Section 2, Questions 7-9.

**Section 2, Questions 10-15** ask for more information about your ground ambulance organization and the services it provides:

- **Section 2, Question 10** asks whether your organization routinely provides ground ambulance responses to 911 calls. Use your best judgement when interpreting “routinely.”

**WARNING:** Answering No to Section 2, Question 10 will result in your organization skipping over Section 4 (Emergency Response Times). If you expected to answer questions on emergency response time but did not see them, you may need to revise your response to Section 2, Question 10.

- **Section 2, Questions 11 and 12** ask whether your organization operates land and water ambulances, respectively. Consider only those vehicles that meet the requirements for an ambulance in your jurisdiction (i.e., do not include water rescue vehicles). You must answer **Yes** to one or both of these questions. You will only see later questions related to water ambulances if you respond Yes to Question 12.
- **Section 2, Question 13** asks whether your organization operates air ambulances. Answering **Yes** to this question will trigger warnings to remind your organization not to report costs associated with the air ambulance portion of your services.

Figure 41: Section 2, Questions 10 - 13

## Data Collection System

NPI: 1000000000  
Data Collection Period: January 01, 2022 - December 31, 2022

8%  
COMPLETED

1. General Instructions Complete    2. Organizational Characteristics Active    3. Service Area    4. Emergency Response Time    5. Ground Ambulance Service Volume

### 2. Organizational Characteristics [Section 2 Instructions](#)

10. Does your organization routinely provide ground ambulance responses to 911 calls?

Yes  
 No

11. Do you operate land-based ambulances?

Yes  
 No

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  
 No

13. Do you operate air ambulances?

Yes  
 No

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**Section 2, Question 14** asks you to describe your staffing model. Please select the option that best describes your organization.

**GADCS FAQ EXCERPT:** My organization typically has the same number of fully staffed ambulances regardless of the time of day or day of the week. However, we have more ambulances available during the summer. What type of deployment model should we say we have in Section 2, Question 14?

**Answer:** For this question, only focus on staffing across a typical week. Do not consider differences in staffing based on seasonality.

Figure 42: Section 2, Questions 14, 15

The screenshot shows the 'Data Collection System' interface. At the top, it displays 'NPI: 1000000000' and 'Data Collection Period: January 01, 2022 - December 31, 2022'. A progress indicator shows '8% COMPLETED'. Below this is a navigation bar with five steps: 1. General Instructions (Complete), 2. Organizational Characteristics (Active), 3. Service Area, 4. Emergency Response Time, and 5. Ground Ambulance Service Volume. The main content area is titled '2. Organizational Characteristics' and contains two questions:

14. Which staff deployment model best describes your organization?

- Static deployment (same number of fully staffed ground ambulance units available no matter the time of day or day of the week)
- Dynamic deployment (units vary depending on the time of day or day of the week)
- Combined deployment (certain times of the day have a fixed number of units, and other times are dynamic depending on need)

15. Do you provide 911 emergency service around the clock for all days in the year (also known as “24/7/365” service) in most or all of your service area?

- Yes
- No

**GADCS FAQ EXCERPT:** How should we indicate if we use “peak trucks” (i.e., use additional ambulances on specific days or at specific times)?

**Answer:** In Section 2, Question 14, you should indicate that your organization using a “Dynamic deployment” model. The expenses associated with these ambulances should be included in your responses to Section 9, Vehicle Costs.

**Section 2, Question 15** asks whether you provide 911 emergency service around the clock on every day of the year. Only organizations that answered Yes to Section 2, Question 10 (i.e., responding to emergency calls for service) will see this question.

Clicking **Next** after answering Section 2, Question 15 will advance to the next page.

**Section 2, Questions 16-17** ask whether your organization deploys paramedics to meet a ground ambulance at the scene deployed by another organization (i.e., “paramedic intercept”).

**GADCS TIP:** The key difference between Question 16 and Question 17 is that Question 16 uses Medicare’s formal definition of paramedic intercept while Question 17 uses a more colloquial definition.

**WARNING:** Currently, only certain organizations in rural New York state meet Medicare’s paramedic intercept criteria. If you respond Yes to Section 2, Question 16, but are not located in New York, the GADCS will present a warning message asking you to change your response if you did not provide services in New York.

**GADCS FAQ EXCERPT:** If my organization deploys ALS emergency response staff as a joint response to meet a Basic Life Support Ambulance (BLS) and bills for transports, should I answer “Yes” to Section 2, Question 17?

**Answer:** Only answer “Yes” to Section 2, Question 17 if your organization provided an ALS intervention as joint response to meet a BLS ambulance from another organization where your organization **did not bill** the patient or an insurer for a resulting transport.

If you respond **Yes** to either Question 16 or Question 17, Section 5 (Service Volume) will ask you questions on the number of paramedic intercept responses.

**Section 2, Question 18** asks if your organization contracted out core ground ambulance functions, like EMS responses, EMT staffing, or provision of ambulances, during its 12-month data collection period, and to select every statement that applies.

**Figure 43: Section 2, Questions 16 - 18**

16. Do you ever provide paramedic intercepts? A paramedic intercept service is defined in §410.40(c) as an Advanced Life Support (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 furnished by an entity that is under contract with the volunteer ambulance company that does not provide the transport but is paid for their service (State of NY only meets these requirements).
- Yes
- No
17. Other than what was reported in the previous question, do you ever deploy ALS emergency response staff as a joint response to meet a Basic Life Support (BLS) ground ambulance from another organization during the course of responses?
- Yes
- No
18. Did your organization contract out core ground ambulance functions, like EMS responses, EMT staffing, or provision of ambulances, during its 12-month data collection period? Select all that apply.
- EMT labor specifically (excluding medical direction)
- Broader ground ambulance services, for example specific response capabilities in terms of ambulance units or service hours.
- None of the above

- End of Section 2: Organizational Characteristics -

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If you choose any option other than **None of the above** for Question 18, include labor hours for EMT/Response staff employed by your EMT/Response staffing contractor(s) in your Section 7 responses but **DO NOT** report annual compensation for staff employed by your EMT/Response staffing contractor(s) in Section 7. Additionally, if you selected "Broader ground ambulance services...", include the number and type of facilities and vehicles used by your EMS contractor(s) in your Sections 8 and 9 responses, but **DO NOT** report annual expenses for these facilities and vehicles in Sections 8 and 9. In either case, if you choose an option other than **None of the above**, report the entire expense associated with your EMT/Response staffing contract(s) in Section 11 (Other Costs), Question 1. The ["Reporting Expenses for Contracted Services" tip sheet](#) on the GADCS website provides additional details on how to report under different contracting scenarios.

When you have completed all questions in this section, click on **Next Section** to proceed to Section 3, Service Area.

## 4.3 Section 3: Service Area

Please read the information at the beginning of this section carefully before clicking **Start** to begin.

Figure 44: Service Area

1. General Instructions Complete

2. Organizational Characteristics Complete

3. Service Area Active

4. Emergency Response Time

5. Ground Ambulance Service Volume

### 3. Service Area

**⚠ Do not include air ambulance services in responding to the following questions.**

This section asks about characteristics of the area served by your ground ambulance organization. Your primary service area means 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 ground ambulance transport pickups occur. This section will also ask you about other areas where you regularly provide services through mutual or auto-aid agreements (your secondary service area), if applicable. 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).

Your answers to all questions in the instrument, including those in Section 3, should reflect the continuous 12-month data collection period, not subsequent changes. Use your best judgement if your organization's characteristics changed during the continuous 12-month data collection period.

**Start**

**GADCS TIP:** GADCS Submitters for each organization must complete Sections 1, 2, and 3 in sequential order before continuing to other GADCS sections. Sections 4 through 13 can be completed in any order.

**WARNING:** Your Section 3 response as to whether your organization has a secondary service area determines whether you will see some questions in later sections.

**Revising answers to these questions after completing later sections may result in a loss of data.**

The GADCS uses pop-up confirmation windows to warn you when this might occur.

Click **Start** to begin this section. You will only see the yellow alert message if you previously indicated your organization operates air ambulances in Section 2.

**Section 3, Question 1** asks you to define your organization’s primary service area using ZIP Codes. For the purposes of this data collection effort, use your best judgement about how to define your primary and secondary service areas, if applicable. In general, your **primary service area** is 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. A **secondary service area** is outside your primary service area, but one where you regularly provide services through mutual or auto-aid arrangements or at a different level of service compared to your primary service area.

Figure 45: Add ZIP Code(s)

When reporting service areas using ZIP Codes, it is possible that you will report the same ZIP Code as belonging to both your primary and secondary service areas, for example in a case where a town and a township share a ZIP Code and your organization is primarily responsible for service within the town but has mutual or auto aid agreements with the surrounding township. Please list all ZIP Codes in your service area, even if they cross over into another county or municipality.

Figure 46: Add ZIP Code(s) (Cont.)

**Add ZIP Code(s)** ✕ Close

**i** Please note that you can enter manually and/or select by State and County via a list.

**Please enter or select the ZIP Codes.**  
You may enter the list manually or select by State and County

Type in or enter the ZIP Code(s) manually

Select the ZIP Code(s) by State and County from a list

State: Maryland

County: Baltimore city

Zip: 23 Zip Code(s) Checked ✕ ✕ ✕

**GADCS TIP:** Unless otherwise noted, consider all the ground ambulance services you provide across your entire service area, including both your primary and, if applicable, secondary service areas, when responding to GADCS questions in other sections.

To get started, click **Add ZIP Code(s)**. You have the option to enter in the ZIP Codes of your service area manually or to choose from prepopulated lists. If you enter the ZIP codes manually, separate each one with a comma, semicolon, or space. If you choose the prepopulated list, enter in the relevant State and County, and then select all ZIP Codes that apply. You can choose Check All. After selecting some ZIP Codes, click **Enter**. You can repeat these steps to add additional ZIP Codes until finished. You can click the “x” next to an already-entered ZIP Code to remove it from your selections.

The GADCS will alert you if you accidentally enter duplicate or invalid ZIP Codes:

**i** The following invalid zip codes were found and removed: 22222. The set did not contain any valid ZIP Codes.

**w** The list contained duplicate items or zip codes that were already added. Duplicates were removed prior to adding.

When done entering ZIP Codes for your primary service area, click **Add** to add the selected ZIP Codes in your primary service area. Click **Next** to proceed to the next page.

**Section 3, Question 2** asks whether your organization is the primary emergency ground ambulance organization in your primary service area. Only organizations indicating that they provide emergency ground ambulance services in Section 2, Question 10 will see this question. Answer **Yes** if you are the primary EMS agency in most or all of your primary service area at any level (i.e., ALS, BLS, or both)

Figure 47: Section 3, Questions 2 - 4

### 3. Service Area

[Section 3 Instructions](#)

2. Are you the primary emergency ground ambulance organization in most or all of your primary service area (either for ALS, BLS, or both)?

Yes

No

3. During a response, what is the approximate **average trip time** (in minutes) across all service levels (BLS, ALS, etc.) in your primary service area from the time a ground ambulance begins its response to the time when the ground ambulance is available to respond to another call (that is, time on task)?

Less than 30 minutes

30 minutes–60 minutes

61 minutes–90 minutes

91 minutes–120 minutes

121–150 minutes

More than 150 minutes

4. Do you have a **secondary** service area? 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 judgment 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 ground ambulance transports have a significant impact on your organization's costs.

Yes

No

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**Section 3, Question 3** asks you to estimate the average trip time in your primary service area. The GADCS defines average trip time as the time an ambulance begins its response to the time when the ambulance is available to respond to another call. This is sometimes referred to as “time on task” in the ambulance industry. Please select the range that includes your estimate of the average (i.e., mean) average trip time for your organization during its data collection period.

**GADCS TIP:** You can calculate average trip time in two steps:

1. Adding up trip time (i.e., time on task) in minutes across all your organization’s ground ambulance responses during its data collection period
2. Divide the resulting sum of minutes by the number of ground ambulance responses during your organization’s data collection period.

**Section 3, Question 4** asks whether your organization has a secondary service area. Answering **Yes** will ask you to enter the ZIP Codes associated with your secondary service area on the next page. Click **Next** to continue.

Answering **No** will complete Section 3. Click **Next Section** to proceed to Section 4, Emergency Response Time.

**Section 3, Question 5** asks you to identify the ZIP Codes comprising your secondary service area if you reported having one in the prior Question. The process to select and submit ZIP Codes in Question 5 is identical to the process in Question 1.

Figure 48: Section 3, Question 5

### 3. Service Area

[Section 3 Instructions](#)

5. Please select the ZIP Code(s) in which your secondary service is located

Secondary service area means the areas where you regularly provide services through mutual or auto-aid agreements.

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**Section 3, Question 6** asks about your estimate of the average trip time in your secondary service area, if you reported having one in Section 3, Question 4. Most organizations with both primary and secondary service areas will report a longer average trip time in their secondary compared to primary service area.

Figure 49: Section 3, Question 6

### 3. Service Area

[Section 3 Instructions](#)

6. During a response, what is the approximate **average trip time** (in minutes) across all service levels (BLS, ALS, etc.) in your **secondary** service area from the time a ground ambulance begins its response to the time when the ground ambulance is available to respond to another call (that is, time on task)?

- Less than 30 minutes
- 30 minutes–60 minutes
- 61 minutes–90 minutes
- 91 minutes–120 minutes
- 121–150 minutes
- More than 150 minutes

- End of Section 3: Service Area -

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After answering Section 3, Question 6, click **Next Section** to move directly into Section 4, Emergency Response Time, or select **Dashboard** to return to the dashboard where you will be able to view all sections of the GADCS that are available to the GADCS Submitter.

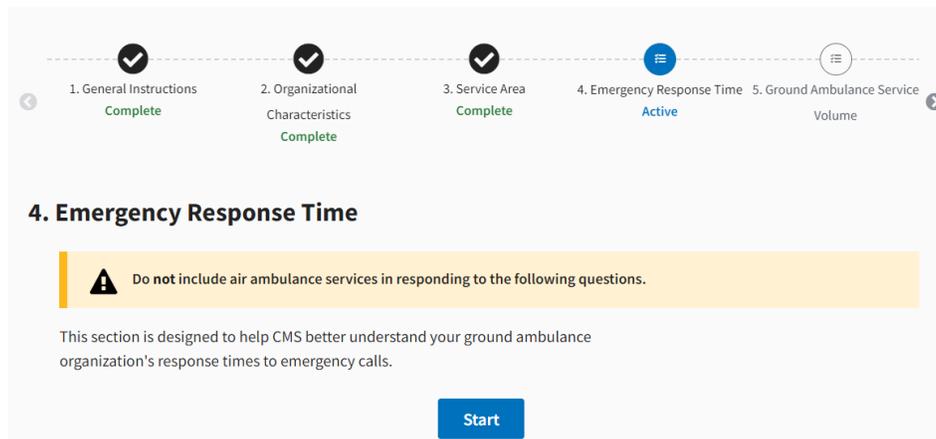
**GADCS TIP:** After completing Sections 1, 2, and 3 in sequential order, you can start and complete Sections 4 through 13 in any order. Navigate to the **Dashboard** to easily switch to another section. You can also use the navigation bar across the top of the GADCS screen.

## 4.4 Section 4: Emergency Response Time

Section 4 is only applicable to organizations responding to emergency calls for service. Organizations answering Yes to Section 2, Question 10 will be prompted to answer the questions in Section 4. Organizations answering No to Section 2, Question 10 will proceed to Section 5. Click **Start** to begin this section.

**Section 4, Questions 1 and 2** ask how your organization defines and measures emergency response time. These questions provide organizations with flexibility to use their current approach to measuring response time rather than adapt a new GADCS approach.

Figure 50: Section 4 Introduction



**Section 4, Question 1** asks whether your organization uses the following definition:

*“the time from when the call comes into dispatch to when the ground ambulance or another EMS response vehicle arrives on the scene”*

Answering **Yes** to Section 4, Question 1 allows you to click **Next** to proceed to the next page. Responding **No** to Section 4, Question 1 leads to the follow-up Question 2.

Figure 51: Section 4, Questions 1 and 2

**Data Collection System**

NPI: 1000000000  
Data Collection Period: January 01, 2022 - December 31, 2022

23% COMPLETED

1. General Instructions Complete  
2. Organizational Characteristics Complete  
3. Service Area Complete  
4. Emergency Response Time Active  
5. Ground Ambulance Service Volume

**4. Emergency Response Time** [Section 4 Instructions](#)

1. CMS is interested in your organization's response time for ground ambulance responses to emergency calls for service. Here, response time is defined as the time from when the call comes into dispatch to when the ground ambulance or another EMS response vehicle arrives on the scene. Do you define response time in this way?

Yes  
 No

2. You indicated in your previous response that your organization uses a different definition of response time. Please select the definition that best fits your organization's measurement of response time:

From the time the ground ambulance leaves the station to the time the ground ambulance or other EMS vehicle is at the scene  
 From the time our organization receives a call from dispatch to the time the ground ambulance or other EMS vehicle is at the scene  
 Other (please specify)

Be sure to write your definition here. |

461 characters remaining.

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**GADCS FAQ EXCERPT:** If an emergency vehicle other than a ground ambulance (e.g., fire truck, rescue vehicle) arrives on the scene before a ground ambulance, does this “stop the clock” when measuring response time?

*Answer: You may use whatever definition of response time is used by your organization. If your organization measures response time as ending when an emergency vehicle, ground ambulance or otherwise, arrives on the scene, you may use this definition in reporting response time.*

**Section 4, Question 2** asks you to provide the specific definition that your organization uses to measure and track emergency response time. The GADCS provides two specific alternatives that CMS has heard applies to some ground ambulance organizations. If neither of these applies to your organization, select “Other (please specify)” and type in your organization’s definition of response time.

Figure 52: Section 4, Question 1

## 4. Emergency Response Time

[Section 4 Instructions](#)

1. CMS is interested in your organization's response time for ground ambulance responses to emergency calls for service. Here, response time is defined as the time from when the call comes into dispatch to when the ground ambulance or another EMS response vehicle arrives on the scene. Do you define response time in this way?

Yes  
 No

**i** Question 2 is not applicable since your organization defines response time as stated in Question 1.

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**Section 4, Question 3** asks for information on emergency response times:

- **Section 4, Question 3a** asks if you are able to report specific response time statistics as measured by your organization. Organizations that track response times and have data at-hand and/or already-calculated statistics should select **Yes**.
- If you select Yes, you will be asked to record the average response time in minutes for your primary (**Question 3b**) and, if applicable, secondary (**Question 3d**) service areas. Question 3d on the secondary service area is only applicable if your organization indicated it had a secondary service area in Section 3.
- Because many organizations have a small share of response times that are much longer than average, the GADCS also asks about the share of responses taking more than twice as long as the average in your primary service (**Question 3c**). This information will help CMS get a sense for the range of response times within your organization.
- If you are not able to report specific response time statistics as measured by your organization, you will be asked to estimate your response times. **Questions 3e-3g** ask for estimates of the same information in 3b-d, instead of actual numbers for organizations that do not track response times.

Figure 53: Section 4, Question 3

**4. Emergency Response Time** [Section 4 Instructions](#)

3. Are you able to report statistics related to response times as measured by your organization?

Yes  
 No

a. Yes, Continue to Question 3b; No, Skip to Question 3e

b. What is the **average** response time for ground ambulance emergency responses in your **primary** service area? (Enter minutes or select "N/A" if your organization does not respond to emergency calls in its primary service area)

minutes  
 Not applicable (N/A) for this organization

c. What is your best estimate of the share of responses that take more than twice as long as the average response time as reported in the prior question? (Enter percentage)

%

d. What is the **average** response time for ground ambulance emergency responses in your **secondary** service area? (Enter minutes or select "N/A" if your organization does not respond to emergency calls in its secondary service area)

minutes  
 Not applicable (N/A) for this organization

**i** Questions 3e, 3f, and 3g are not applicable for this NPI based on previous answer.

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**GADCS FAQ EXCERPT:** How can I estimate the share of responses that take more than twice as long as the average response time in Section 4, Question 3c or Section 4, Question 3f?

**Answer:** First, multiply the average response time you reported in Section 4, Question 3b or 3e (as appropriate) by two. For example, if you reported an average response time of 10 minutes, twice the average response time would be 20 minutes. Next, measure or estimate the percentage of your organizations calls for service where the response time was greater than twenty minutes. For example, if you had 20 total calls and two of those calls had responses times of greater than 20 minutes, you would answer 10%. [\[see complete FAQ entry with additional examples here.\]](#)

Click **Next** after answering Section 4, Question 3 to proceed to the next page.

**Section 4, Question 4** asks about whether your organization is required to meet response time targets and whether there are monetary penalties for failing to meet the requirements.

When you reach the end of this section, click the **Next Section** button to move into Section 5, Ground Ambulance Service Volume, or click on the **Dashboard** button to return to the dashboard where you will be able to navigate to any section in the GADCS.

Figure 54: Section 4, Question 4

**4. Emergency Response Time** [Section 4 Instructions](#)

4 Is your organization required or incentivized to meet response time targets?

Yes

No

a. Who determines the response time targets required or incentivized?

Our organization sets our own target response time

Local municipality

County

Other (please specify)

b. Are you penalized monetarily if you exceed the response time targets? Penalties can take the form of reduced payments or a fine.

Yes

No

- End of Section 4: Emergency Response Time -

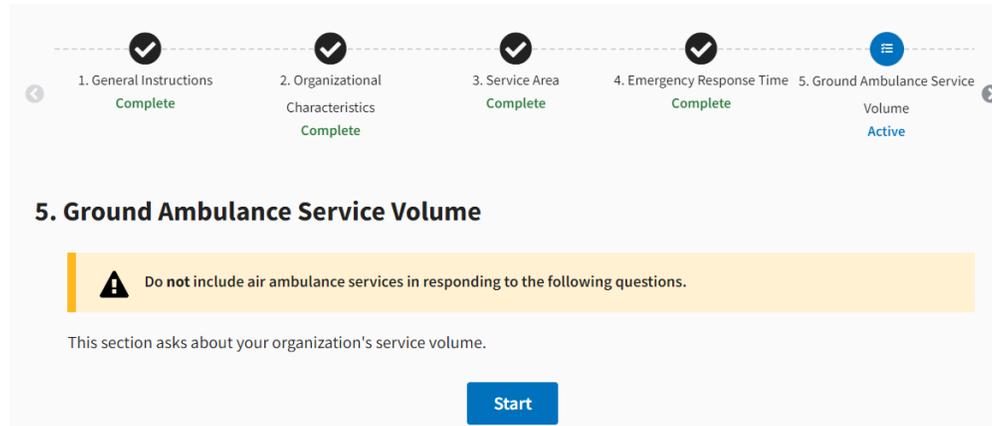
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## 4.5 Section 5: Ground Ambulance Service Volume

Click **Start** to begin this section.

Figure 55: Section 5



**GADCS TIP:** Be sure to carefully read the definitions in Section 5. Questions in this section ask for separate counts of closely related types of activities, for example:

**Total responses**, including responses without a fully staffed and equipped ground ambulance

**Ground ambulance responses**

**Ground ambulance transports (total)**

**Paid ground ambulance transports**

There are some general rules of thumb related to how these numbers should compare to one another. For example, total responses should always be greater than or equal to the number of ground ambulance responses given how these terms are defined. Similarly, total ground ambulance transports will always be greater than or equal to paid ground ambulance transports.

The GADCS includes several pre-programmed checks on these and other relationships. The system will display warning messages in cases where the relationship between two responses does not make sense.

**GADCS TIP:** Throughout Section 5, be sure to report volumes of services counted over your organization's continuous, 12-month data collection period. The same rule applies in other sections of the GADCS.

**Section 5, Question 1** asks about your organization's total responses, including responses that did not involve a fully staffed and equipped ambulance.

**GADCS TIP:** For fire department, police department, and other public safety department-based ground ambulance organizations, this is one of the few questions in the GADCS where you must consider all your organization's operations. For example, a fire department-based organization with 500 medical and 500 fire responses where an ambulance was not deployed should report 1,000 total responses in Section 5, Question 1.

Figure 56: Section 5, Questions 1 and 2

## 5. Ground Ambulance Service Volume

[Section 5 Instructions](#)

1. What was your organization's **total number of responses** during your organization's data collection period?

**Total number of responses**

100

**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 emergency responses that did not involve a ground ambulance (e.g., responses only involving a pickup truck or sport-utility vehicle (SUV), including quick response vehicles (QRVs), "fly-cars," or "sprint" vehicles). If more than one vehicle is sent to the scene, count this as one response.

Include emergency responses that did not involve a ground ambulance, such as those involving only fire trucks, other fire/rescue vehicles, police cars and/or other public safety vehicles.

2. What was your organization's total number of **ground ambulance responses** during your organization's 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.

**Total number of ground ambulance responses**

75

A **ground ambulance response** is a 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. If more than one vehicle is sent to the scene, count this as one response. A standby event may count as a response if your organization provided medical services on scene. Please note that every ground ambulance response will count towards your reported number of total responses, but not all responses are ground ambulance responses.

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Here are some additional pointers for answering Section 5, Question 1:

- Cases where multiple vehicles are deployed count as only one response.
- Include all responses where your staff or vehicles were deployed, regardless of what happened afterwards.
- Responses include cases where the call was cancelled before any units arrived on the scene.

**Section 5, Question 2** asks about the **total responses involving a ground ambulance**. For organizations that only provide ground ambulance services, the answer to this question will be close to, or exactly the same, as the count of total responses in Section 5, Question 1. For other organizations, for example fire department-based organizations, the count of total responses involving a ground ambulance will likely be less than the count of total responses.

**GADCS TIP:** “Total responses involving a ground ambulance” are responses where your organization deployed a fully staffed and equipped ambulance (per requirements in your jurisdiction). It does not matter whether the response was cancelled or resulted in a transport.

**Section 5, Questions 3a-3c** asks whether your organization responds to calls for service in conjunction with vehicles and/or staff from another organization. This includes joint responses with other ground ambulance organizations as well as cases where a fire, police, or other public safety department responds to calls for service with your organization. Only consider cases where your ground ambulance does or would have transported the patient. You must report payments that you make to the other organization (as “other costs” in Section 11). You will not need to report specific labor or other costs from the other organization. If your organization responds to calls as the non-transporting organization, those responses should not be included in this question.

**Figure 57: Section 5, Question 3**

**5. Ground Ambulance Service Volume** [Section 5 Instructions](#)

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? This includes joint responses with other ground ambulance organizations as well as cases where a fire, police, or other public safety department responds to calls for service with your organization. Only consider cases where your ground ambulance does or would have transported the patient, if necessary.

Yes  
 No

a. What is your best estimate of the percentage of total **ground ambulance responses** that involved a non-transporting agency?

%

b. What kind of labor does the non-transporting agency provide during **ground ambulance responses**? Please check all that apply:

Paramedic  
 Other EMT  
 Other (specify)

c. In what percentage of **ground ambulance transports** do you estimate the non-transporting agency continues to provide medical care in the ambulance during the transport? (Enter percentage)

%

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**GADCS FAQ EXCERPT:** How should I answer Section 5, Question 3b if firefighters or other non-EMT responders provide labor during ground ambulance responses as part of a non-transporting agency?

*Answer: Firefighters, non-EMT first responders, and any other type of responder may be specified in the “other” category.*

**GADCS TIP:** Some organizations may not track the percentage of calls where a non-transporting agency responds or the percentage of ground ambulance transports following a joint response where the non-transporting agency continues to provide medical care in the ambulance during the transport. In

general, exact numbers should be provided throughout the instrument unless otherwise specified. However, this is one place where estimates are acceptable.

**Section 5, Question 4** asks about the share of your ground ambulance responses that were in your secondary service area. You will only see Section 5, Question 4 if you previously indicated in Section 3 that your organization has a secondary service area.

Figure 58: Section 5, Questions 4 and 5

## 5. Ground Ambulance Service Volume

[Section 5 Instructions](#)

4. What percentage of your **ground ambulance responses** are in your **secondary** service area? A secondary service area is outside your primary service area, but one where you regularly provide services through mutual or auto-aid arrangements. 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).

%

5. What was the total number of ground ambulance responses **that did not result in a ground ambulance transport** during your organization's 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.

a. Of the ground ambulance responses that did **not** result in a ground ambulance transport, what percentage received medical treatment on site?

%

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**GADCS TIP:** While you can enter percentages up to 100% when responding to Section 5, Question 4, most organizations will report a much smaller share. You can also enter 0%, but only if you did not have any calls for service or so few calls for service in your secondary service area that the percentage rounds to 0% during your organization's continuous 12-month data collection period.

**Section 5, Question 5** asks about the number of ground ambulance responses that did not result in a transport. This number must be less than the total number of ground ambulance responses reported in Section 5, Question 3.

If your answer to Section, Question 5 is greater than zero, the GADCS will ask what percentage of responses that did not result in a transport involved treatment at the scene. Use your organization's current approach to determine which transports involved medical treatment at the scene.

**GADCS FAQ EXCERPT:** My organization bills for "treat, no transport" services as permitted in our state. Should I consider these ground ambulance responses and transports?

*Answer: You should consider these services as ground ambulance responses if your organization dispatched a fully equipped and staffed ground ambulance to the scene. Do not, however, count "treat, no transport" treatment at the scene as ground ambulance transports, even if you use ground ambulance service codes to bill for these services in your state or to specific payers.*

After answering Section 5, Question 5, click **Next** to proceed to the next page.

**Section 5, Question 6** asks for the total number of **ground ambulance transports** that occurred during your data collection period.

**Section 5, Question 6a** asks organizations that are part of broader “parent organization” billing under multiple NPIs (i.e., those answering “Yes” Section 2, Question 2) to report the number of transports across all the parent organization’s NPIs.

Figure 59: Section 5, Questions 6 and 7

**5. Ground Ambulance Service Volume**
[Section 5 Instructions](#)

6. What was the total number of **ground ambulance transports** for your organization during your organization's data collection period, across all payer types, and regardless of the level of service or geography?

75

a. Here CMS is interested in **ALL** of the NPIs associated with your parent organization/central office. What was the total number of **ground ambulance transports across all of the NPIs operated by your parent organization/central office** during your organization's data collection period, across all payer types and regardless of the level of service or geography?

75

7. Of the ground ambulance transports your organization provided during your organization's 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?

25

A **paid ground ambulance transport** refers to a ground ambulance transport furnished during your organization's data collection period for which your organization has been paid in full or in part by a payer and/or patient only by the time you are reporting data to CMS. Please note that some questions ask only about paid ground ambulance transports, and other questions ask about both paid ground ambulance transports and ground ambulance transports that are not paid, either because your organization did not bill for them or because your organization billed but did not collect payment for them.

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**Section 5, Question 7** asks what percentage of the ground ambulance transports contributing to your Section 5, Question 6 response were paid in partial or full by any payer. Payment includes full or partial amounts received by patients directly or from insurers.

**GADCS TIP:** CMS recognizes that payment for transports may not be made for months or in some cases years after the transport itself. Please consider only those transports that were paid in part or in full by the time you analyze and report data when answering this question.

**GADCS FAQ EXCERPT:** If a transport does not generate fee-for-service revenue but was covered by some other payment approach (e.g., per-patient, per-month-based from managed care organizations, other capitated payments from managed care organizations, or ambulance membership/subscription fees), should the transport be considered “paid” for the purposes of answering questions in Section 5?

*Answer: Yes, these transports should be considered paid transports in Section 5. The revenue received during your organization's data collection period related to capitation, membership fees, or other non-fee-for-service arrangements should also be included in Section 13.*

After answering Section 5, Question 7, click **Next** to proceed to the next page.

**Section 5, Question 8** asks whether your organization participates in stand-by events. These may be paid or unpaid services. Answer Yes or No depending on whether your organization provided standby services during its data collection period.

Figure 60: Section 5, Questions 8 - 10

## 5. Ground Ambulance Service Volume

[Section 5 Instructions](#)

8. Does your organization participate in **standby events**? These are events where a ground ambulance is requested to be present on scene in case of an incident. Examples include fairs, concerts, sporting events, or police incidents. These services may or may not be paid.

Yes

No

**i** Question 9 is not applicable for this NPI based on previous answers.

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

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**Section 5, Questions 9 and 10** allow organizations to report on the number of paramedic intercepts according to the CMS definition (from Section 2, Question 16) or the more general definition (from Section 2, Question 17). Your organization will only be prompted to answer these questions if you selected “Yes” to either of the paramedic intercept questions in Section 2.

When you reach the end of the section, click on **Next Section** to continue. You also have the option to click on the **Dashboard** button which will take you to a screen that permits you to see all the 13 sections of the GADCS.

## 4.6 Section 6: Service Mix

Please read the instructions and then click **Start** to begin. Please be sure to read the descriptions carefully for each question.

Figure 61: Section 6

### 6. Service Mix

 Do not include air ambulance services in responding to the following questions.

The following questions ask about the percentage of your organization's ground ambulance **responses and ground ambulance transports** by type. If you are unable to provide an exact percentage, you will be prompted to select a percentage range. If you did not have any responses in a particular category of service, please enter 0%.

Start

**Section 6, Question 1** asks about the breakdown of **ground ambulance responses** that were emergency versus non-emergency. Your total percentage on this screen must equal 100. Enter 0% if you do not provide responses in one or the other category.

Figure 62: Section 6 Question 1 (Cont.)

### 6. Service Mix [Section 6 Instructions](#)

1. Please reply to the following questions regarding the mix of your organization's **ground ambulance responses** during your organization's data collection period.

**i** There are two levels of service for Basic Life Support (BLS) and Advanced Life Support, Level 1 (ALS1) transports: emergency and non-emergency. CMS has defined an emergency response as: 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. The percentage of emergency and non-emergency responses should add to 100%. Advanced Life Support, Level Two (ALS2), Specialty Care Transport (SCT) and Paramedic Intercept (PI) transports may be emergency if an immediate response is provided.

Enter 0% if you do not provide responses in either category.

Response Type	% Ground Ambulance Responses
Emergency	<input style="width: 60px;" type="text" value="80"/> %
Non-emergency	<input style="width: 60px;" type="text" value="20"/> %
<b>Total</b>	<b>100%</b>

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**GADCS TIP:** Be sure to enter a percentage of ground ambulance responses, not a count, when responding to this question. For example, if you had 200 responses including 180 emergency and 20 non-emergency responses, report 10%, not 20 non-emergency responses. Round all answers to the nearest percentage point.

When you are finished entering information, click on the **Next** button to proceed to the next screen.

**Section 6, Question 2** asks for the breakdown of land versus water ambulance transports. You will only see this question if your organization reported it operates water-based ambulances in Section 2, Question 12. Be sure to report a share of transports for this question, not responses as in the prior question. Your total percentage on this screen must equal 100.

Figure 63: Section 6, Question 2

## 6. Service Mix

[Section 6 Instructions](#)

2. Please indicate what percentage of your organization's **ground ambulance transports** used land or water ambulances during your organization's data collection period. The percentages should add to 100%. Enter 0% if you do not provide transports in either category.

Ground Ambulance Transport Type	% Organization's Ground Ambulance Transports
Land ambulance transports (excluding water)	<input style="width: 80px;" type="text" value="75"/> %
Water ambulance transports (excluding land)	<input style="width: 80px;" type="text" value="25"/> %
<b>Total</b>	<b>100 %</b>

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If you answered “No” to Section 2, Question 12, you will not see this page.

After answering Section 6, Question 2, click on the **Next** button to proceed to the next page.

**Section 6, Question 3** asks for the percentage of ground ambulance transports by transport type (HCPCS or Healthcare Common Procedure Code System). As in Section 5, “ground ambulance transport” refers to the 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). Note that your total percentage must equal 100% across the rows.

**Figure 64: Section 6, Question 3**

**6. Service Mix** [Section 6 Instructions](#)

3. Please indicate what percentage of your organization's **total ground ambulance transports** fell in the following categories during your organization's 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%. Enter 0% if you do not provide transports in a category.

Ground Ambulance Transport Type	% Ground Ambulance Transports
<u>Basic Life Support (BLS), Non-emergency (HCPCS code A0428)</u>	<input type="text" value="20"/> %
<u>Basic Life Support (BLS), Emergency (HCPCS code A0429)</u>	<input type="text" value="20"/> %
<u>Advanced Life Support, Level 1 (ALS1), Non-emergency (HCPCS code A0426)</u>	<input type="text" value="10"/> %
<u>Advanced Life Support, Level 1 (ALS1), Emergency (HCPCS code A0427)</u>	<input type="text" value="10"/> %
<u>Advanced Life Support, Level 2 (ALS2), (HCPCS code A0433)</u>	<input type="text" value="20"/> %
<u>Specialty Care Transport (SCT), (HCPCS code A0434)</u>	<input type="text" value="20"/> %
<b>Total</b>	<b>100%</b>

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**GADCS TIP:** You can hover over the underlined text for a definition of each transport type category. If you provide transports under a billing code not listed in the table, use your best judgement to include the transports in an existing category.

**GADCS FAQ EXCERPT:** In Section 6, does “transports” refer to all transports or just paid transports?

*Answer: In this section, transports refers to all transports. We recognize that unpaid transports may be more difficult to categorize as they may not have yet been adjudicated, but please categorize them as accurately as possible.*

**GADCS TIP:** CMS understands that some ground ambulance transports during your organization’s data collection period may not be fully adjudicated by health insurers by the time you report data to the GADCS. Use your best judgement to determine whether unpaid transports were medically necessary based on the coverage criteria and rules relevant to the applicable payer.

**Section 6, Question 4** asks for the percentage of transports that are interfacility transports.

**Figure 65: Section 6, Question 4**

**6. Service Mix** [Section 6 Instructions](#)

4. In thinking across all of your ground ambulance transports, what is the percentage of transports that are interfacility?

%

**Interfacility transports** are transports where “the origin and destination are one of the following: a hospital or skilled nursing facility that participates in the Medicare program or a hospital-based facility that meets Medicare’s requirements for provider-based status.”

- End of Section 6: Service Mix -

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**GADCS FAQ EXCERPT:** Should emergency interfacility transports be considered “interfacility transports”? Do we need to use Medicare’s formal definition of interfacility transport for transports not paid by Medicare?

*Answer: Yes, this transport will still be considered an interfacility transport. You should also report the transport in the relevant “Emergency” category in Section 6, Question 3. If your organization already has a definition for interfacility transports, you may use that definition for non-Medicare payers only.*

After answering Section 6, Question 4, click on **Next Section** to move on to Section 7, Labor Costs. You can also click on **Dashboard** to return to the dashboard where you can navigate to any section in the GADCS.

## 4.7 Section 7: Labor Costs

This section asks about staffing and labor expenses related to your ground ambulance operation. Please read the introduction description carefully before answering any questions. Click **Start** to begin.

Figure 66: Section 7 Intro

6. Service Mix Complete

7. Labor Costs Active

8. Facilities Costs

9. Vehicle Costs

10. Equipment, Consumable, and Supply Costs

### 7. Labor Costs

**⚠** Do not include air ambulance services in responding to the following questions.

This section asks about the labor costs to operate your organization.

Staff should contribute to only one staff category for reporting throughout this section even if they have multiple roles in your organization during the data collection period.

For example:

- Staff with both EMT and administrative/facilities roles are reported in an EMT staff category.
- Staff changing EMT roles during the data collection period are reported in the category matching their role at the start of the period.
- Staff paid for one role and unpaid (volunteer) for another role are reported as paid staff.

Do not include staff without ground ambulance responsibilities in your responses to the questions in this section.

Please review the detailed instructions provided with each question for more information.

**Start**

You will need to review the instructions by clicking **Review the Instructions** at the beginning of the first question in this section. Read the instructions completely before you begin entering data.

Figure 67: Section 7 Instructions

**Instructions** Close

- Please provide a response in the table below.
- Staff categories are listed under “EMT/Response Staff,” “Administration/Facilities Staff,” and “Medical Director” headings.
- Include staff who were both paid and volunteer during your organization’s data collection period, for example a paid employee at the start of the year who converted to a volunteer later in the year, in the appropriate paid staff category.
- The default is to report individuals with **any** EMT/response responsibilities in the appropriate EMT/response category and not in the administration/facilities category. Do **not** report EMT/response staff in the administration/facilities staff categories even if they sometimes perform administration/facilities duties. For example, an EMT with vehicle maintenance responsibilities would contribute to the appropriate EMT category but **not** to the vehicle maintenance category.
- Include only individuals who had responsibilities that were either **partly or entirely related to your ground ambulance operation**, including frontline staff responding to ground ambulance calls and administrative and facilities staff that supported your ground ambulance operation. They may include, for example, fire fighter/EMTs and managers (such as a fire chief) with ground ambulance responsibilities.
- Do **not** include individuals who had **only** non-ground ambulance responsibilities (e.g., firefighters who were not EMT/response staff or managers such as deputy fire chiefs with no ground ambulance responsibilities). Do **not** include individuals who had **only** air ambulance responsibilities.

**EMT/Response Staff** —

- The “EMT/Response Staff” heading includes separate categories for EMT-Basic, EMT-Intermediate, EMT-Paramedic, and other staff types. Please use the link to CMS definitions for EMT categories, where possible. If your state uses levels of certification and licensure that differ from these categories, use your best judgement to assign staff to the CMS categories.
- Include EMT/response staff in the EMT/response category that matched their level at the start of your organization’s data collection period.
- Do not report outside contracted services, for example vehicle maintenance provided under contract, if the contract covered services and supplies in addition to labor. You will have the opportunity to report these costs in another section.
- Only assign staff to EMT/Response categories if they have EMT/Response roles at **your organization**. If an administrative staff member at your organization is a certified EMT but does not serve in an EMT capacity in your organization, do not include that person in an EMT/Response category.

**Administration/Facilities Staff** —

- For administration/facilities staff with multiple roles, assign each individual to a category indicating the individual’s primary activity. For example, if an individual performed primarily management duties but also had billing or pre-billing duties, include the individual in the management category.
- Use the “other” category only to report staff who (a) have at least some ground ambulance responsibilities, and (b) do not have any responsibilities in any of the listed categories.

**Section 7, Question 1** asks you to indicate whether your organization employs individuals in specific staff categories. Later, you will enter compensation and hours worked for each category selected in this question. Labor categories are split over two pages. The first lists EMT/response and medical director staff while the second lists administrative/facilities staff.

**Figure 68: Section 7, Question 1**

**7. Labor Costs** [Section 7 Instructions](#)

This question asks whether your organization used paid and volunteer staff in different categories during your organization's data collection period. Later questions will ask you about the total compensation and hours worked by staff in categories that are relevant to your organization. Please review the following instructions before completing the table below.

[Review the instructions](#)

1. Please indicate if your organization has paid staff (full and/or part time) and/or used volunteer staff in each of the following categories during your organization's data collection period (check all that apply).

Staff Category	Paid staff without role(s) supporting public safety	Volunteer staff without role(s) supporting public safety	Paid staff with role(s) supporting public safety	Volunteer staff with role(s) supporting public safety
<b>EMT/Response Staff</b>				
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, 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"/>
Ground Ambulance Driver (non-EMT/EMR)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Medical Director</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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**Be sure to count each staff member in only one category for the purposes of answering Section 7, Question 1.** See the instructions and FAQs for more details.

**GADCS TIP:** CMS understands that different states have different license and certification requirements and types that don't align exactly with these categories. Use your best judgement to align labor categories in your state with the categories listed. For example, you could report labor hours and total compensation for EMT-Advanced under the EMT-Intermediate category.

The labor section asks for staff with fire, police, or public safety roles to be reported separately from staff with only ground ambulance responsibilities. Organizations reporting that they share costs with one of these types of organizations in Section 2 will see these separate columns appear. 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**. All ground ambulance staff that also support fire, police, or public safety operations in your organization should be categorized as having a "Fire/Police/Public Safety" role. This includes ground ambulance staff who respond to fires or police calls (e.g., EMTs), but also ground ambulance staff performing administrative or other support activities related to both ground ambulance and fire/police/public safety operations.

**GADCS TIP:** You should only check the box for medical director in Section 7, Question 1 if your organization employs a medical director. If you contract with a medical director for a portion of their time, you can report this information in the next question.

**WARNING:** If you expected to see separate Section 7 questions for staff with fire, police, and other public safety roles but did not, chances are you need to update your responses to Section 2, Questions 7-9. Changing answers to Section 2, Questions 7-9 may delete already-entered information in Section 7 and other sections.

The GADCS FAQ includes several entries related to Section 7, Question 1. See the [full FAQ](#) for more information. Key FAQs are reproduced below.

**Figure 69: Section 7, Question 1 (Cont.)**

**7. Labor Costs** [Section 7 Instructions](#)

This question asks whether your organization used paid and volunteer staff in different categories during your organization's data collection period. Later questions will ask you about the total compensation and hours worked by staff in categories that are relevant to your organization. Please review the following instructions before completing the table below.

[Review the instructions](#)

1. Please indicate if your organization has paid staff (full and/or part time) and/or used volunteer staff in each of the following categories during your organization's data collection period (check all that apply).

Staff Category	Paid staff without role(s) supporting public safety	Volunteer staff without role(s) supporting public safety	Paid staff with role(s) supporting public safety	Volunteer staff with role(s) supporting public safety
<b>EMT/Response Staff</b>				
EMT - Basic	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EMT - Intermediate	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
EMT - Paramedic	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Nurse, doctor, or other medical staff	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Medical Responder (EMR)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Ground Ambulance Driver (non-EMT/EMR)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Medical Director	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**i** The next page will ask you about Administration/Facilities Staff

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**GADCS FAQ EXCERPT:** How should staffing and labor costs be reported if some staff have both administrative/facilities and emergency medical technical (EMT)/response responsibilities?

*Answer: With respect to categorizing staff, you will report individuals with ANY EMT/response responsibilities in the appropriate EMT/response category and not in any other category. Categorize EMT/response staff in the category that matched their level at the start of the data collection period. Do not report these staff in the administration/facilities staff categories. For example, an EMT with vehicle maintenance responsibilities would contribute to the appropriate EMT category, but not to the vehicle*

*maintenance category. When it comes time for reporting labor costs for staff that have both EMT and administrative/facility responsibilities, report total compensation as well as total labor hours annually for all EMT/response staff per category.*

**GADCS FAQ EXCERPT:** How should staffing and labor costs be reported if some staff changed roles during the data collection period?

*Answer: Include staff in the labor category that best matches their level at the start of the data collection period. The one exception is when a volunteer staff member transitions to a paid position or vice versa. In this case, always count the staff member and his or her hours and compensation in the relevant paid staff category. In all cases, each staff member should contribute to only one labor category for the purposes of reporting even if they change roles during the data collection period.*

**GADCS FAQ EXCERPT:** Some staff at my organization are certified and licensed paramedics that work at the paramedic level at another organization and volunteer at my BLS organization. How should I report labor hours and total compensation for these staff?

*Answer: Please include the staff in their role at your organization. Staff in this scenario should be categorized in a volunteer EMT/response role other than the EMT-paramedic category.*

Click **Next** after selecting the EMT/response and medical director labor categories appropriate for your organization. On the next page, select the relevant administrative/facilities categories and hit **Next** again to advance to the next page.

**Section 7, Question 2** asks whether your organization contracts for medical director labor. Organizations that report employing a medical director directly in Section 7, Question 1 will generally answer No to this question. If you answer Yes to this question, be sure not to double count related medical director expenses elsewhere in the GADCS.

Figure 70: Section 7, Question 2

## 7. Labor Costs

[Section 7 Instructions](#)

2. Does your organization contract with a medical director, rather than employing them directly?

Yes  
 No

a. Please report the total compensation amount for medical direction services that your organization paid, not the value of the medical director's time.

\$250,000

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**GADCS FAQ EXCERPT:** Should medical director hours worked, and compensation be reported in Section 7.1?

*Answer: No. Do not report medical director hours worked and compensation in Section 7.1 (e.g., in the "Nurse, doctor, or other medical staff"). There is a dedicated medical director labor category in Section 7.2. There is also a separate question if you contract with a medical director rather than employing one directly.*

**GADCS TIP:** Organizations may also report medical director services in Section 11, Question 1 (on costs associated with broader contracted services). Most organizations reporting medical director expenses in Section 11, Question 1 will answer No to Section 7, Question 2. Please be sure to report medical director expenses only once.

**Section 7, Question 3** asks for more information on each of the labor categories you your organization did not report using in Section 7, Questions 1 and 2. Please click all the reasons that apply for each labor category. Use the “accordion” buttons to expand and collapse response options for each category.

**Figure 71: Section 7, Question 3**

**7. Labor Costs** [Section 7 Instructions](#)

3. In question 1, you reported that you did **not** use any labor in your ground ambulance operation during your organization's data collection period in one or more categories as shown below. Please select one or more reasons why. (select all that apply)

**Vehicle Maintenance**

This labor category is part of our ground ambulance operation but is paid for or provided at no cost by another entity. You will be asked to report associated annual hours and associated costs in the sections that follow.

One or more staff do perform these functions, but we assigned these staff to another category per the instructions

We do not have staff in this labor category related to our ground ambulance operation and/or we contract with another organization for this role

Other (please specify):

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**GADCS TIP:** If you find a category you did not expect in Section 7, Question 3 (e.g., if you are asked why you do not have staff in a labor category that you actually do use), you may need to adjust your responses to Section 7, Questions 1 and 2. Please note that one of the response options in Section 7, Question 3 is “One or more staff do perform these functions, but we assigned these staff to another category per the instructions.” This response may apply when staff have more than one role at your organization.

**Section 7.1, Question 1** asks you to report total annual compensation and hours worked for all staff in each category. Before you input any data related to Paid EMT/Response Staff compensation, be sure to click Review Instructions and read them carefully before entering data.

Section 7.1, Question 1 covers only EMT/response labor categories. You must report on total annual compensation and hours worked for each individual EMT/response labor category. Section 7.2, Question 1 addresses administration/facilities staff. Use the staff assignments from Section 7, Question 1, to decide where to include each staff member's compensation and hours worked across these questions.

Figure 72: Section 7.1 Question 1

**7. Labor Costs**
[Section 7 Instructions](#)

**7.1 Paid EMT/Response Staff Compensation and Hours Worked**

1. This question asks about **paid EMT/Response staff** (both full and/or part time) in your organization during your organization's data collection period; specifically about:

- Total annual compensation for all paid EMT/response staff by category
- Total hours annually worked by paid EMT/response staff by category, including hours for activities other than ground ambulance services
- Total hours annually **related to ground ambulance responsibilities** for paid EMT/response staff by category
- Total hours worked annually related to fire, police, and/or other public safety operations for paid EMT/response staff by category
- Total hours worked annually related to all other responsibilities for paid EMT/response staff by category

Please review the following instructions before completing the table below.

Review the instructions

EMT/Response Staff Category	Total Annual Compensation for Paid EMT/Response Staff	Total Hours Worked Annually for Paid EMT/Response Staff	Total Hours Worked Annually Related to Ground Ambulance Operations	Total Hours Worked Annually Related to Fire, Police, or Other Public Safety Operations	Total Hours Worked Annually Related to all Other Responsibilities
EMT - Basic, with role supporting fire, police, and/or other public safety operations	\$ 100,000	1,260 hrs	1,000 hrs	250 hrs	10 hrs
EMT - Intermediate, without role supporting fire, police, and/or other public safety operations	\$ 100,000	515 hrs	500 hrs	hrs	15 hrs
EMT - Paramedic, without role supporting fire, police, and/or other public safety operations	\$ 100,000	550 hrs	500 hrs	hrs	50 hrs

2. Please report the allocated portion of EMT/response labor costs incurred at the level of the parent organization/central office of this NPI based on your organization's approach for allocating costs to specific NPIs.

\$2,000,000

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For total annual compensation, report a single, total amount covering all the staff in the relevant category (i.e., row). You do not need to report compensation for individual staff members. However, if you have only one staff member in a particular category, the amount you report will reflect just that one individual's compensation.

**GADCS TIP:** Report total compensation including salary/wages and, when applicable, benefits (e.g., healthcare, paid time off [PTO], retirement, stipends, life insurance), employer payroll taxes, 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), you must obtain and include these costs when you report total compensation.

For hours worked, report total hours pooled over all staff assigned to each labor category. If staff contribute only a fraction of their time to ground ambulance operations, you must separately report hours worked related to ground ambulance operations; fire, police, and other

public safety operations (if applicable); and all other activities. The sum of hours worked across these three categories must add up to the total hours worked by staff in this category at your organization during its data collection period. Do not report hours worked outside of your organization in any category.

Organizations that did not report being fire, police, or other public safety department-based in Section 2, Questions 7-9 will not see the “fire, police, and other public safety operations” column and will not have separate rows for staff with and without fire, police, and public safety roles.

**GADCS TIP:** Activities such as non-medical transport, community paramedicine, public health responsibilities are neither ground ambulance nor fire, police, or other public health activities and must be included in “Hours Worked Annually Related to All Other Responsibilities.”

**WARNING:** If you expected to see separate Section 7 questions for staff with fire, police, and other public safety roles but did not, chances are you need to update your responses to Section 2, Questions 7-9. Changing answers to Section 2, Questions 7-9 may delete already-entered information in Section 7 and other sections.

After entering compensation and hours worked for EMT/response labor categories, click **Next** to proceed to Section 7.2, Question 1 on the next page.

**Section 7.2, Question 1** follows the same steps as Section 7.1, Question 1, but for administration/facilities staff rather than EMT/response staff. Answer these questions as appropriate for your organization and click Next to proceed to the next page.

**Figure 73: Section 7.2 Question 1**

**7. Labor Costs**
[Section 7 Instructions](#)

**7.2 Paid Administration, Facilities Staff, and Medical Director Compensation and Hours Worked**

1. This question is about staff without EMT/response responsibilities, including administrative/facilities staff and medical director(s), in your organization annually during your organization's data collection period. Specifically:

- Total annual compensation for all paid administration/facilities and medical director staff
- Total hours annually worked by paid administration/facilities and medical director staff
- Total hours worked annually related to ground ambulance operations by paid administration/facilities and medical director staff
- Total hours worked annually related to fire, police, and/or other public safety operations
- Total hours annually related to all other responsibilities for paid administration/facilities and medical director staff

Please review the following instructions before completing the table below.

Review the instructions

Administration, Facilities, and Medical Director Staff Category	Total Annual Compensation	Total Paid Hours Worked Annually	Total Hours Worked Annually Related to Ground Ambulance Operations	Total Hours Worked Annually Related to Fire, Police, and/or Other Public Safety Operations	Total Hours Worked Related to all Other Responsibilities
Administration/ Facilities Staff, without role supporting fire, police, and/or other public safety operations	<input type="text" value="\$100,000"/>	<input type="text" value="2,050"/> hrs	<input type="text" value="2,000"/> hrs	<input type="text" value=""/>	<input type="text" value="50"/> hrs
Administration/ Facilities Staff, with role supporting fire, police, and/or other public safety operations	<input type="text" value="\$100,000"/>	<input type="text" value="2,130"/> hrs	<input type="text" value="2,000"/> hrs	<input type="text" value="80"/> hrs	<input type="text" value="50"/> hrs
Medical Director, without role supporting fire, police, and/or other public safety operations	<input type="text" value="\$100,000"/>	<input type="text" value="1,010"/> hrs	<input type="text" value="1,000"/> hrs	<input type="text" value=""/>	<input style="border: 2px solid #0070c0;" type="text" value="10"/> hrs

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**GADCS TIP:** Note Section 7.2, Question 1 asks for total compensation and hours worked pooled across all your administration/facilities staff combined. You do not need to report compensation and hours worked separately by narrower administration/facilities categories (e.g., vehicle maintenance versus office manager).

The GADCS FAQ includes several entries related to Section 7.1, Question 1 and Section 7.2, Question 1. See the [full FAQ](#) for more information. Key FAQs are reproduced below.

**GADCS FAQ EXCERPT:** Should hours on call be included in total hours worked?

*Answer: When reporting hours worked, do not include hours on-call toward hours worked unless staff are paid and present at the station. While off-site on-call hours are excluded, you should report total compensation, including compensation for off-site on-call time.*

**GADCS FAQ EXCERPT:** How should we report staff training in the data collection instrument?

*Answer: There are two ways that you can report training. If training is conducted by your organization's staff, you would include hours worked and compensation for training staff in your calculations of total hours worked and total compensation. Employees would report hours spent and compensation (if any) for attending trainings. If the training is not just on ground ambulance topics, the reported total hours and compensation would reflect an estimate of the percent of time related to ground ambulance. If you have other training expenses or pay money to an outside organization for training activities, these can be listed in Section 11, Question 3 under the category "Training and continuing education costs (e.g., costs for materials, travel, training fees, and labor)." Costs related to collecting and reporting data to the Medicare Ground Ambulance Data Collection System should not be reported.*

**GADCS FAQ EXCERPT:** How should we report paid time off (PTO) in the data collection instrument?

*Answer: Paid time off (PTO) is not included in the hours worked section in the labor portion of the data collection instrument. However, PTO is a benefit that should be included in the total compensation questions of the labor section.*

Click **Next** after entering information in Section 7.1, Question 1 to move to the next page.

**Section 7.2, Question 2** asks whether your organization had one or more individual employed staff members devoting a total of at least half time (i.e., 1,000 hours annually or approximately 20 hours a week) to specific activities. Contracted staff are reported separately. Please consider any staff employed by your organization that devoted at least half time (i.e., 1,000 hours annually or approximately 20 hours a week) to billing, data analysis, training, or medical quality assurance.

Figure 74: Section 7.2 Questions 2 and 3

## 7. Labor Costs

[Section 7 Instructions](#)

### 7.2 Paid Administration, Facilities Staff, and Medical Director Compensation and Hours Worked

2. Among staff who were partly or entirely related to your ground ambulance operation, did you have one or more individual staff members devoting a total of at least half time (i.e., 1,000 hours annually or approximately 20 hours a week) to each of the following activities? Do **not** include individuals whose services were part of an outside contracted service(s).

Billing	Data analysis	Training	Medical quality assurance
<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No

3. Please report the allocated portion of administrative/facilities labor costs incurred at the level of the parent organization/central office of this NPI based on your organization's approach for allocating costs to specific NPIs. Be sure not to include expenses associated with staff included in your responses to prior questions.

\$170,000

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While this question is in Section 7.2 which focuses on administration, facilities, and medical director staff, you may consider staff that you categorized as response staff in Section 7.1 as well. However, do not consider volunteers or individuals whose services were part of an outside contracted service.

**Section 7.2, Question 3.** This question only appears for organizations operating multiple NPIs and asks organizations to report the share of administrative/facilities costs incurred at the level of their parent organization.

Click **Next** after completing Section 7.2 to move to the next page.

**GADCS FAQ EXCERPT:** How should an organization determine whether it has one or more staff members working at least half time on the activities listed in Section 7.2, Question 2?

*Answer: Please consider any staff employed by your organization that devoted at least half time (i.e., 1,000 hours annually or approximately 20 hours a week) to billing, data analysis, training, or medical quality assurance. While this question is in Section 7.2 which focuses on administration, facilities, and*

medical director staff, you may consider staff that you categorized as response staff in Section 7.1 as well. However, do not consider volunteers or individuals whose services were part of an outside contracted service.

**Section 7.3** asks for information on volunteer labor, if applicable to your organization.

**WARNING:** Section 7.3 will only appear if your organization answers “Yes” to Section 2, Question 6. If you do not see questions on volunteer labor but think you should or vice versa, please review your response to Section 2, Question 6.

**Revising your organization’s response to Section 2, Question 6 may result in a loss of data in Section 7.3.**

**Section 7.3, Question 1** asks for the number of EMT/response volunteers during the reporting period. This question asks for a count of individual staff members. Your responses must be in whole numbers only.

Figure 75: Section 7.3 Questions 1 and 2

**7. Labor Costs**
[Section 7 Instructions](#)

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**7.3 Volunteer Labor**

1. How many **individuals** were EMT/response volunteers during your organization's data collection period?

**Number of individuals**

2. This question is about the **hours** of EMT/response volunteers annually during your organization's data collection period. Specifically:

- Total volunteer hours for all EMT/response staff across all activities, including ground ambulance and other activities.
- Hours includes the time from which the volunteer receives a call or a page to the time they are finished with their call as well as time spent in the station house performing duties as if they were being paid. Do not include hours spent on call in this section.

EMT/Response Staff Category	Total Hours for all Volunteer EMT/Response Staff	Total Hours Worked Annually Related to Ground Ambulance Operations	Total Hours Worked Annually Related to Fire, Police, and/or Other Public Safety Operations	Total Hours Worked Related to all other Responsibilities
EMT - Basic, without role supporting fire, police, and/or other public safety operations	105 hrs	100 hrs	hrs	5 hrs
EMT - Basic, with role supporting fire, police, and/or other public safety operations	110 hrs	100 hrs	5 hrs	5 hrs
EMT - Intermediate, with role supporting fire, police, and/or other public safety operations	110 hrs	100 hrs	5 hrs	5 hrs

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**GADCS TIP:** You should count staff that transitioned from volunteer to paid staff or vice versa in the appropriate paid staff category. These individuals should not contribute to your count of volunteers in this section.

**Section 7.3, Question 2** asks about the total number of hours for EMT/response volunteers, broken out by labor category. Hours includes the time from which the volunteer receives a call

or a page to the time they are finished with their call as well as time spent in the station house performing duties as if they were being paid. Do not include hours spent on call in this section.

Similar to the last two sections, hours are split out by activity – hours related to ground ambulance duties, hours related to fire, police, or public safety duties (if applicable) and hours related to other activities (if applicable). Only organizations indicating that they are fire, police, or other public safety department-based will see that column.

Click **Next** to advance to the next page.

**Section 7.3, Questions 3 and 4** ask about the number of administrative/facilities volunteers and their hours worked.

These questions mirror those in previous sections. Please see the guidance on earlier pages.

Do not report volunteer medical directors in either of these questions. Volunteer medical directors are reported in Question 5 of this section.

After entering information, click **Next** to continue to the next page.

**Figure 76: Section 7.3 Questions 3 and 4**

**7. Labor Costs**
[Section 7 Instructions](#)

**7.3 Volunteer Labor**

3. How many **individuals** were **administration/facility** volunteers during your organization's data collection period? Please read the following instructions before answering this question.

Include only volunteers who were related to your ground ambulance operation. Do **not** include volunteers with both EMT/response roles and administrative/facilities responsibilities (you reported those individuals on the previous page) and do not include medical directors.

**Number of individuals**

4. What was the total number of **administration/facility** volunteer labor hours annually during your organization's data collection period?

Include only hours for volunteers who were related to your ground ambulance operation. Do **not** include hours for volunteers with both EMT/response roles and administrative/facilities responsibilities (you reported those individuals on the previous page) and do not include medical director volunteer hours.

**Total number of hours worked annually for administration/facilities staff without fire/police/other public safety roles (Enter Number)**

 hrs.
 

**Total number of hours worked annually for administration/facilities staff with fire/police/other public safety roles (Enter Number)**

 hrs.
 

**Number of hours related to fire/police/other public safety activities for administration/facilities staff with fire/police/other public safety roles (Enter Number)**

 hrs.
 

**Number of hours related to all other responsibilities for administration/facilities staff without fire/police/other public safety roles (Enter Number)**

 hrs.
 

**Number of hours related to all other responsibilities for administration/facilities staff with fire/police/other public safety roles (Enter Number)**

 hrs.

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**Section 7.3, Question 5** covers volunteer medical directors. This question will only appear for organizations indicating they have a volunteer medical director in Section 7, Question 1.

Figure 77: Section 7.3 Questions 5 - 7

## 7. Labor Costs

[Section 7 Instructions](#)

### 7.3 Volunteer Labor

5. What was the total number of **medical director** volunteer labor hours during your organization's data collection period?

**Number of hours**

500

 hrs.

**Number of hours unrelated to ground ambulance activities**

10

 hrs.

6. Did your organization provide stipends, honoraria, benefits, and/or other compensation for ground ambulance volunteer labor?

Yes  
 No

a. What was the total cost for all volunteer compensation (e.g. stipends and/or benefits) during your organization's data collection period?

\$2,000

7. Please report the allocated portion of costs associated with volunteer labor incurred at the level of the parent organization/central office of this NPI based on your organization's approach for allocating costs to specific NPIs.

\$100,000

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**Section 7.3, Question 6** asks about total expenses related to volunteer labor and to report any compensation for those volunteers. These expenses might include stipends, honoraria, allowances, benefits, or other “token” payments in recognition of a contribution to your organization, but not as a form of direct compensation for work. Be sure to consider relevant federal and state laws related to volunteer staff. Report a single amount pooled across all volunteers.

**GADCS TIP:** Double check you are reporting expenses in Section 7.3, Question 6 only once in the GADCS. For example, do not report a uniform allowance in this question and as an expense in the Section 10 question on uniform expenses.

**Section 7.3, Question 7** asks for an allocated expense associated with volunteers at the broader parent organization level. This question only appears for organizations indicating they are part of a broader parent organization billing under multiple NPIs in Section 2.

After answering the last question on this page, proceed to Section 8 by clicking on the **Next Section** button. You can also click on the **Dashboard** button to return to the main dashboard where you will be able to navigate to any section in the GADCS.

## 4.8 Section 8: Facilities Costs

Section 8 asks for information about facilities associated with your organization's ground ambulance operation.

Figure 78: Section 8 Introduction

**8. Facilities Cost**

**⚠** Do not include air ambulance services in responding to the following questions.

**⚠** Do not include any "central office facilities" that serve multiple NPIs, except for where specifically requested

This section asks about the facilities costs for your ground ambulance organization. These facilities may have been used for dispatch/call centers, vehicle storage, administrative and EMT staff, or other activities to support your organization's ground ambulance services.

**Start**

Click **Start** to begin this section. Doing so will prompt you to choose between two approaches to entering information in this section: entering information directly in the web-based instrument as you have in prior sections or importing a completed Microsoft Excel GADCS template with information on each of your facilities.

**GADCS TIP:** The choice between entering information directly or importing a completed template is entirely up to you and your organization. Larger organizations (i.e., those with many facilities) may find it easier to use the template. Smaller organizations with only a few facilities may find it easier to enter information directly.

**GADCS TIP:** You are free to combine the two Section 8 data entry methods by first importing a completed template and then adjusting the imported data within the web-based instrument.

**WARNING:** The Section 8 template covers only the initial questions in Section 8. You will still need to answer the questions in Section 8.3 within the web-based instrument, even if you import a template.

Click **Enter Directly** if you choose to enter information directly. You will then start answering questions in Section 8.1 (see documentation below).

Click **Upload a File** if you want to import a completed Excel template. Doing so will present instructions on how to upload a completed template.

Please keep the following in mind if you choose to complete and import a Section 8 template:

- You can find the template [here](#) or by clicking the **Download Template** button in the instrument.
- The template file itself is a Microsoft Excel workbook with multiple tabs (i.e., worksheets).
- The Excel file includes instructions in the **Readme** tab.
- Only enter information in the **Facilities** tab.
- Be sure to save the file in Excel, not in another format.

Figure 79: Section 8 File Upload

### 8. Facilities Cost

The first set of Section 8 questions asks for **information on each facility** related to your ground ambulance operations, including:

- Facility name
- Whether each facility was owned, rented, or donated
- Square footage
- Share related to ground ambulance operations
- Annual costs of ownership

You can answer the first set of Section 8 questions in two ways:

1. Enter information directly using on-screen tables (as you've already entered other information)
2. Fill out and upload an Excel template with the necessary information

You may choose whichever option you prefer, but **organizations with five or fewer facilities may find it easier to enter information directly rather than use the Excel template.**

**Please select your choice below.**

- Clicking **"Enter Directly"** will take you to the next page to start entering information.
- Clicking **"Upload a File"** will provide information on how to find, use, and upload the template.

**WARNING:** Do not edit the column order or headings in the Facilities tab of the Excel workbook. Doing so will prevent the GADCS from accepting your imported template.

**WARNING:** The templates will not accept decimal values. Round all values before uploading your file, otherwise you may see error messages. Simply changing the format of the column to display rounded values will still result in an error if decimals are input.

**GADCS TIP:** Each facility gets a single row in the template. The GADCS will check the logic of the information you report in each row of the template to make sure the responses match up with the instructions. Carefully read the instructions to determine when a value is required for a specific facility. In some cases, you may need to enter 0 if the field is required but you do not incur an expense in that category for the facility during the data collection period. For example, if you purchased a facility before the data collection period began and do not calculate depreciation expenses, input 0 for the facility

acquisition cost. Similarly, if you calculate depreciation costs and the facility is fully depreciated, input 0 for the facility depreciation expense.

You can import a completed template by clicking **Select file** or by dragging the file into the box with a dashed outline. If the file upload has errors, you will see the list of errors as pictured below. You have the option to **Download the File Processing Report** by clicking the button in the lower right corner.

You should first correct errors in the Excel template file and then click **Fix and Re-upload** to upload the corrected file. The GADCS will check again for errors; you may need to repeat these steps multiple times until the system accepts your template. When the file upload is successful, you will see this screen with the name of your file, a status of Upload Succeeded and a banner with the next instructions.

Figure 80: Section 8 File Upload (Cont.)

## 8. Facilities Cost

You can download the Excel template by clicking "Download Template" below. The Excel file includes instructions on how to fill out the template.

After your template is complete, click "Select file" to proceed. The GADCS will check the information in your template before accepting the file and will ask you to re-upload a corrected template file if there are any issues.

**Uploading a file imports answers for the first set of Section 8 questions.** You will have an opportunity to review your uploaded responses prior to proceeding. After you upload and review your responses to these initial Section 8 questions, you will answer the remaining Section 8 questions on-screen as you have in other sections.

[Download Template](#)

### Upload a File

**Excel** (required)

Maximum File Size is 10MB

[Select file](#)

or drag file here

Section 8 File Upload

[Previous](#)

[Next](#)

Click on the **Next** button to go to the next page. Organizations that imported a completed Section 8 template will proceed through Section 8.1 and 8.2 screens to confirm the information you imported via the template is correct.

**Section 8.1, Question 1** asks how many facilities are related to ground ambulance operations at your organization.

**Figure 81: Section 8, Questions 1 - 3**

**8. Facilities Cost**
[Section 8 Instructions](#)

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**8.1 Facility Information**

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). The number you enter in this first box will determine the number of boxes that appear below.

**Number of Total Facilities**

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. Name or function for each facility

1

2

3

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.

Report total facility square footage. For example, report total square footage for a facility used for both fire and ground ambulance vehicles and responses.

Report your best estimate of the share of the facility associated with ground ambulance services. Do not include garage, storage, and staff areas used for fire response. Include a share of office and common spaces related to both ground ambulance and other activities that is in proportion to your share of total responses that are ground ambulance responses. For example, if half of your organization's responses are ground ambulance responses, include half of the square footage for these areas.

Facility Name	Rent/ Leased	Mortgaged	Owned	Donated	Square Footage	% for Ground Ambulance
1 Garage	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input style="width: 50px;" type="text" value="2,000"/> Sq Ft	<input style="width: 50px;" type="text" value="75"/> %
2 Office	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input style="width: 50px;" type="text" value="1,000"/> Sq Ft	<input style="width: 50px;" type="text" value="50"/> %
3 Shed	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input style="width: 50px;" type="text" value="600"/> Sq Ft	<input style="width: 50px; border: 2px solid #0070c0;" type="text" value="100"/> %

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Keep the following in mind when you answer this question:

- Include all facilities that are entirely or partially related to your ground ambulance operations, including dispatch/call centers, garages, maintenance facilities, administrative buildings, and staff buildings.
- Include facilities regardless of whether they are owned by, rented by, or donated to your organization.
- Do **not** include facilities that are used by contracted entities, i.e., that your organization does not itself occupy. For example, if your organization does not operate its own call center but rather pays a monthly fee to a call center for the broader area, you do not need to include that call center's facilities in your costs.

- Do **not** include facilities used by your organization that are not related to your ground ambulance operation.
- Enter whole numbers only.

**GADCS TIP:** Organizations importing a Section 8 template will see this question is automatically answered with a count of the number of rows (i.e., facilities) in your accepted template file.

**Section 8.1, Question 2** asks for a name (or function) for each facility. Choose a unique name for each facility to help ensure you are reporting the right information for the right facility later. Otherwise, the choice of name is entirely up to you.

**GADCS TIP:** The name field will be pre-populated for organizations importing a Section 8 template.

**Section 8.1, Question 3** asks for some initial information on each facility. Select only one of the radio buttons for Rent/Leased, Mortgaged, Owned, and Donated. The category you choose will allow different types of expenses to be reported on the next screen. For example, selecting “Rent/Leased” will allow you to report a rent/lease amount on the next page. You can hover over the column headings for more information on the four categories.

**Figure 82: Section 8, Question 3**

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.

Report total facility square footage. For example, report total square footage for a facility used for both fire and ground ambulance vehicles and responses.

Report your best estimate of the share of the facility associated with ground ambulance services. Do not include garage, storage, and staff areas used for fire response. Include a share of office and common spaces related to both ground ambulance and other activities that is in proportion to your share of total responses that are ground ambulance responses. For example, if half of your organization's responses are ground ambulance responses, include half of the square footage for these areas.

Facility Name	Rent/Leased	Mortgaged	Owned	Donated	Square Footage	% for Ground Ambulance
1 Garage	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	2,000 Sq Ft	75 %
2 Office	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1,000 Sq Ft	50 %
3 Shed	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	600 Sq Ft	100 %

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Enter square footage for the facility in and enter a portion of the reported square footage related to ground ambulance services for each facility. You should generally exclude facilities with 0% of square footage related to ground ambulance services in your response.

**WARNING:** For facilities like fire stations housing ambulances and fire trucks, organizations cannot consider 100% of square footage to be related to ground ambulance operations. You must allocate a share of annual expenses related to that facility to ground ambulance versus other activities. Otherwise, your total reported facilities expenses will be too broad in scope compared to the GADCS focus on ground ambulance operations. If you enter an already-allocated amount, you may report 100% of the allocated amount as being related to ground ambulance operations.

**GADCS TIP:** All Section 8.1 fields will be pre-populated for organizations importing a Section 8 template. You may edit the entries as necessary on the Section 8.1 page directly rather than uploading a new template.

**GADCS FAQ EXCERPT:** If my organization shares facilities with another organization or if my organization also provides non-ground ambulance services (e.g., fire/rescue services), how do we calculate the percent square footage dedicated to ground ambulance services?

*Answer: For shared facilities, report your best estimate as to what percent of square footage of the facility is dedicated to ground ambulance activities. If part or all your facility is used for both ground ambulance and non-ground ambulance activities (e.g., office space that houses administrative activities for both fire and ambulance), one option is to allocate based on the proportion of responses that are for ground ambulances. For example, if your organization typically responds to 1000 fire and ambulance calls a year and a ground ambulance is deployed in 70% of those calls, you can allocate 70% of the office space to ground ambulance activities. For garage space, fire department-based ground ambulance organizations may choose to allocate based on the share of square footage occupied by ground ambulances.*

**WARNING:** Revising your answer to Section 8.1, Question 1 (on the number of facilities related to your ground ambulance operation) downward (i.e., from a larger to a smaller number) will delete some rows from Section 8.1, Questions 2 and 3. This may lead to a loss of data.

**WARNING:** Re-importing a completed template after adjusting responses in Section 8.1 **will revert your responses** to match the information in the template.

**Section 8.2, Question 1** asks whether your organization calculated annual depreciation expenses for some or all your facilities. CMS expects most organizations will depreciate facilities for accounting purposes. However, not all organizations do, and this question allows organizations to specify whether they calculate depreciation on facilities. If your organization did not capitalize one or more facilities, you can report the purchase cost **only if the acquisition occurred during your organization’s data collection period**.

Figure 83: Section 8.2, Questions 1-3

**8. Facilities Cost**
[Section 8 Instructions](#)

**8.2 Annual Lease, Mortgage, and Other Costs of Ownership for Facilities**

1. Did your organization calculate annual depreciation expenses for some or all of your facilities during your organization's data collection year?

Yes  
 No

2. Please report annual lease/rent or cost of ownership for each facility during your organization's data collection period. Include expenses for facilities that were partially related to your ground ambulance operations. Annual costs of ownership can include depreciation expenses, acquisition costs (for facilities bought outright during your organization's data collection period and for which you do not calculate depreciation expenses, annual mortgage interest, bond interest, and other costs of ownership).

Do not include insurance, maintenance, utilities, and tax expenses in your reported costs of ownership in this question. You will report on these costs in the Insurance, Maintenance, Utilities, and Taxes section.

Do not report building acquisition costs if you report an annual depreciation expense for the same building. If your organization calculates depreciation expenses 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.

Facility Name	Annual Rental Costs	Annual Depreciation Expense	Total Acquisition Cost	Other Annual Costs of Ownership	No Annual Costs
1 Garage	\$ <input type="text"/>	\$ <input type="text" value="2,000"/>	\$ <input type="text"/>	\$ <input type="text" value="8,000"/>	<input type="checkbox"/>
2 Office	\$ <input type="text" value="200,000"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="checkbox"/>
3 Shed	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input checked="" type="checkbox"/>

3. Please report the allocated portion of rent, lease, or ownership facilities costs incurred at the level of your parent organization/central office (e.g., corporate or regional buildings, garages or service facilities serving multiple NPIs) to this NPI based on your organization's approach for allocating annual costs to specific NPIs.

\$

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**GADCS TIP:** If your organization does not depreciate facilities costs and the facility was purchased prior to the data collection period, enter \$0 for total acquisition cost.

**Section 8.2, Question 2** asks you to report an annual expense for each facility from Section 8.1, Question 1 individually. Only some of the three numeric columns in the table (**Annual Rental Costs, Annual Depreciation Expense, and Total Acquisition Cost**) are available to edit for each facility. The specific editable fields are determined by which radio button you

selected for the facility in Section 8.1, Question 1. Other options are greyed out. The Annual Depreciation Expense column is always not available to edit if you answered “No” to Section 8.2, Question 1. When reporting depreciation, please report the expense used for standard auditing rather than tax purposes.

Use the **Other Annual Costs of Ownership** column includes annual mortgage interest, bond interest, and other costs of ownership not listed elsewhere in GADCS. Please note that this does not include insurance, maintenance, utilities, or taxes which will be reported later in Section 8. You may include payments against principal only if you do not depreciate costs for the facility.

If you do not have expenses for a given facility, enter \$0 in each editable field and select the **No Annual Costs** checkbox.

**Section 8.2, Question 3** asks about facility expenses incurred at the level of the parent organization. This question will only appear for organizations indicating in Section 2 that they are part of a parent organization billing under multiple NPIs.

After answering Section 8.2, Question 3, click **Next** to proceed.

**Section 8.3, Question 1** asks for information on insurance, maintenance, utilities, and taxes across all your facilities combined. As in other Section 8 questions, report an amount in dollars and a share (percentage) of the reported amount related to ground ambulance services.

Figure 84: Section 8, Questions 1 and 2

**8. Facilities Cost** [Section 8 Instructions](#)

**8.3 Insurance, Maintenance, Utilities, and Taxes**

1. Please indicate the total amount your organization paid for the following during your organization's data collection period. Total includes costs paid by another organization or entity on your behalf and includes costs for all of the facilities listed above that were partially or entirely related to your ground ambulance operations. Exclude donations or exceptions for which there was no cost. 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 costs 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**.

Expenditure	Amount	% Share
Total <b>facilities-related</b> insurance costs for your organization's data collection period. Enter dollar amount.	\$ 10,000	20 %
Total facilities maintenance and improvement costs for your organization's data collection period. Do <b>not</b> include any labor costs if included in labor section of the instrument. Enter dollar amount.	\$ 50,000	20 %
Total facilities utilities costs for your organization's data collection period. Enter dollar amount.	\$ 50,000	20 %
Total facilities taxes for your organization's data collection period. Do <b>not</b> include any taxes if included in the mortgage section of the instrument. Enter dollar amount.	\$ 50,000	40 %

2. Please report the allocated portion of insurance, maintenance, utilities, and taxes costs incurred at the level of your parent organization/central office (e.g., corporate or regional buildings, garages or service facilities serving multiple NPIs) to this NPI based on your organization's approach for allocating costs to specific NPIs.

**Other facilities costs**

\$ 75,000

- End of Section 8: Facilities Costs -

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**GADCS TIP:** Unlike Sections 8.1 and 8.2 where you reported information facility-by-facility, Section 8.3 asks for a single amount across all your facilities that are related to ground ambulance services.

**GADCS TIP:** Be sure to exclude amounts already reported in Sections 8.1 and 8.2 from the expenses you report in Section 8.3.

**GADCS TIP:** If your organization has a very large expense and only a percentage is ground ambulance-related, you may want to allocate the amount that is ground ambulance-related and enter that amount as being 100% ground ambulance-related to be more precise. For example, if a large hospital has \$10,000,000 in maintenance and improvement costs and only 2.6% of those costs are ground ambulance-related, it would be more precise to report \$260,000 that is 100% ground ambulance-related as opposed to reporting \$10,000,000 that is 3% ground ambulance-related.

**WARNING:** For facilities like fire stations housing ambulances and fire trucks, organizations **cannot** consider 100% of expenses reported in Section 8.3 to be related to ground ambulance operations. You must allocate a share of annual expenses related to that facility to ground ambulance versus other activities. Otherwise, your total reported facilities expenses will be too broad in scope compared to the GADCS focus on ground ambulance operations. If you enter an already-allocated amount, you may report 100% of the allocated amount as being related to ground ambulance operations.

**Section 8.3, Question 2** asks about facilities costs in the Section 8.3 categories incurred at the level of the parent organization. This question will only appear for organizations indicating in Section 2 that they are part of a parent organization billing under multiple NPIs.

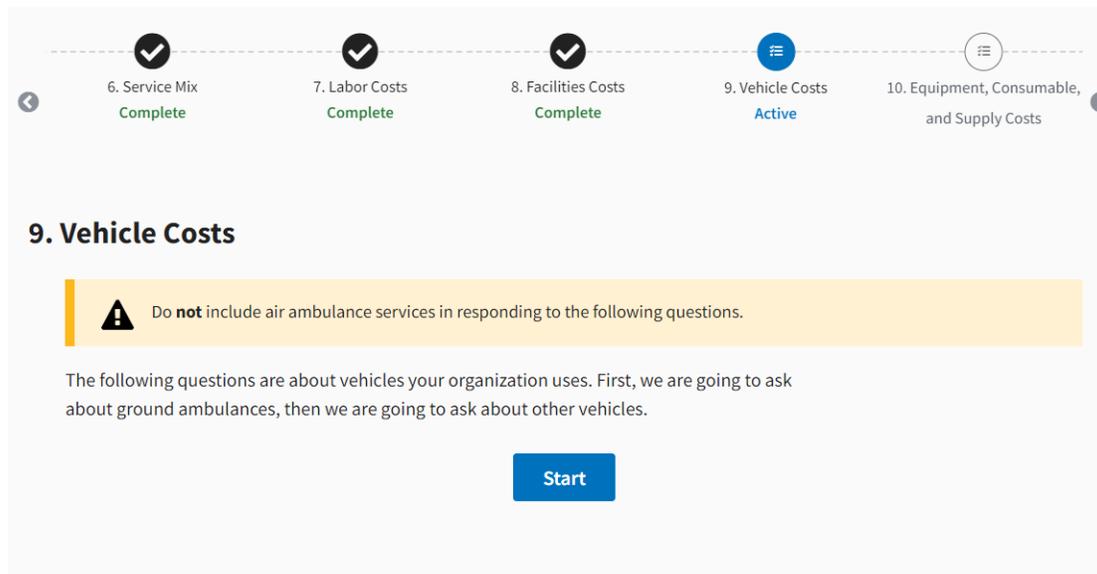
When you are finished entering facilities-related insurance, maintenance, utilities, and taxes, proceed to Section 9, Vehicle Costs, by clicking on **Next Section**. You can also click **Dashboard** to return to the dashboard where you will be able to navigate to any section in the GADCS.

## 4.9 Section 9: Vehicle Costs

Section 9 asks for information about vehicles associated with your organization's ground ambulance operation.

Click **Start** to begin this section. As in Section 8, doing so will prompt you to choose between two approaches to entering information in this section: entering information directly in the web-based instrument as you have in prior sections or importing completed Microsoft Excel GADCS templates with information on each relevant vehicle.

Figure 85: Section 9 Introduction



**GADCS TIP:** The choice between entering information directly or importing a completed template is entirely up to you and your organization. Larger organizations (i.e., those with many vehicles) may find it easier to use the template. Smaller organizations with only a few vehicles may find it easier to enter information directly.

**GADCS TIP:** You are free to combine the two Section 9 data entry methods by first importing a completed template and then adjusting the imported data within the web-based instrument.

**WARNING:** The Section 9 template covers only the initial questions in Section 9. You will still need to answer some questions in Section 9 within the web-based instrument, even if you import a template.

Click **Enter Directly** if you choose to enter information directly. You will then start answering questions in Section 9.1 (see below). Click **Upload a File** if you want to import a completed Excel template. Doing so will present instructions on how to upload a completed template.

**GADCS TIP:** Unlike the Section 8 template, there are two tabs for data entry in the Section 9 template, one for ground ambulances and the other for all other vehicles related to your ground ambulance operation.

Please keep the following in mind if you choose to complete and import a Section 9 templates:

- You can find the template [here](#) or by clicking the **Download Template** button in the instrument.
- The template file itself is a Microsoft Excel workbook with multiple tabs (i.e., worksheets).
- The Excel file includes instructions in the **Readme** tab.
- Only enter information in the **Ground Ambulance Vehicles** tab and the **Other Vehicles** tab.
- Be sure to save the file in Excel, not in another format.

**Figure 86: Section 9 File Upload**

### 9. Vehicle Costs

The first set of Section 9 questions asks for **information on each ground ambulance vehicle** related to your ground ambulance operations, including:

- Vehicle name
- Whether each vehicle was owned, rented, or donated
- Annual depreciation
- Annual costs of ownership

The second set of Section 9 questions asks for **information on each non-ambulance vehicle** related to your ground ambulance operations, including:

- Vehicle name
- Whether each vehicle was owned, rented, or donated
- Vehicle type
- Share related to ground ambulance services
- Annual costs of ownership

**You can answer these sets of Section 9 questions in two ways:**

1. Enter information directly using on-screen tables (as you've already entered other information)
2. Fill out and upload an Excel template with the necessary information

You may choose whichever option you prefer, but **organizations with five or fewer vehicles may find it easier to enter information directly rather than use the Excel** template.

**Please select your choice below.**

- Clicking "**Enter Directly**" will take you to the next page to start entering information.
- Clicking "**Upload a File**" will provide information on how to find, use, and upload the template.

Enter Directly
Upload a File

Previous

**WARNING:** The templates will not accept decimal values. Round all values before uploading your file, otherwise you may see error messages. Simply changing the format of the column to display rounded values will still result in an error if decimals are input.

**GADCS TIP:** Each facility gets a single row in the template. The GADCS will check the logic of the information you report in each row of the template to make sure the responses match up with the instructions.

**GADCS TIP:** Each vehicle gets a single row in one of the two templates. The GADCS will check the logic of the information you report in each row of the template to make sure the responses match up with the instructions. Carefully read the instructions to determine when a value is required for a specific vehicle.

In some cases, you may need to enter 0 if the field is required but you did not incur an expense in that category for the vehicle during the data collection period. For example, **if you purchased a vehicle before the data collection period began and do not calculate depreciation expenses, input 0 for the purchase cost.** Similarly, if you calculate depreciation costs and the vehicle is fully depreciated, input 0 for the vehicle depreciation expense.

You can import a completed template by clicking **Select file** or by dragging the file into the box with a dashed outline. If the file upload has errors, you will see the list of errors as pictured below. You have the option to **Download the File Processing Report** by clicking the button in the lower right corner.

You should first correct errors in the Excel template file and then click **Fix and Re-upload** to upload the corrected file. The GADCS will check again for errors; you may need to repeat these steps multiple times until the system accepts your template.

**Figure 87: File Upload Fail**

### Upload a File

You can download the Excel template by clicking "Download Template" below. The Excel file includes instructions on how to fill out the template.

After your template is complete, click "Select file" to proceed. The GADCS will check the information in your template before accepting the file and will ask you to re-upload a corrected template file if there are any issues.

**Uploading a file imports answers for some Section 9 questions.** You will have an opportunity to review your uploaded responses prior to proceeding. After you upload and review your responses to these initial Section 9 questions, you will answer the remaining Section 9 questions on-screen as you have in other sections.

[Download Template](#)

**File Name:** Vehicles 1255348850 v4.xlsx

100%

[Fix and Re-upload](#)

**File Processing Report**

**Status:** Processing Error

**Error Details**

- Ground Ambulance Vehicles Sheet, Row 5, column J (Remount cost [\$]): Expected a value between 0 and 9,999,999 with no decimals. Found value "".
- Other Vehicles Sheet, Row 2, column J (% of Ground Ambulance Related Miles [%]): Must be a number between 1 and 100. Found value "150".

[Download File Processing Report](#)

Section 9 File Upload [Previous](#) [Next](#)

**WARNING:** Do not edit the column order or headings in the **Ground Ambulance Vehicles** and **Other Vehicles** tabs of the Excel workbook. Doing so will prevent the GADCS from accepting your imported templates.

When the file upload is successful, you will see this screen with the name of your file, a status of Upload Succeeded and a banner with the next instructions.

Click on the **Next** button to go to the next page. Organizations that imported completed Section 9 templates will proceed through Sections 9.1 and 9.2 screens to confirm the information you imported via the template is correct.

Figure 88: File Upload Successful

**9. Vehicle Costs**

**Upload a File**

You can download the Excel template by clicking "Download Template" below. The Excel file includes instructions on how to fill out the template.

After your template is complete, click "Select file" to proceed. The GADCS will check the information in your template before accepting the file and will ask you to re-upload a corrected template file if there are any issues.

**Uploading a file imports answers for some Section 9 questions.** You will have an opportunity to review your uploaded responses prior to proceeding. After you upload and review your responses to these initial Section 9 questions, you will answer the remaining Section 9 questions on-screen as you have in other sections.

[Download Template](#)

**File Name:** Vehicles 1255348850 v4.xlsx

100%

**File Processing Report**

**Status: Upload Succeeded**

✔ Your file has been processed successfully. Click next to review the uploaded data and complete the remainder of Section 9.

Section 9 File Upload [Previous](#) [Next](#)

**Section 9.1, Question 1** asks you to report the number of **ground ambulances owned by your organization** during its data collection period. Do not include rented/leased ground ambulances; you will report these in a subsequent question. Only include vehicles that met the requirements to be considered ground ambulances in your jurisdiction. In general, all ground ambulances used by your organization will be in-scope for the purposes of GADCS.

**Figure 89: Section 9, Questions 1-2**

**9. Vehicle Costs**
[Section 9 Instructions](#)

**9.1 Ground Ambulance Vehicle Costs**

For each of the following questions, consider only vehicles that constitute **ground ambulances** in your jurisdiction, under your state or local regulations. For the purposes of this data collection instrument, **ground ambulances** include both land and water ambulances. Include all ground ambulances regardless of whether the ambulance transported patients or whether you billed for transports made by this ambulance. Do **not** include fire trucks, rescue vehicles, or other vehicles not considered a ground ambulance in your jurisdiction - these will be asked about later.

Do not include any "central office vehicles" that serve multiple NPIs, except for where specifically requested (Section 9.2, Question 6 and Section 9.3, Question 6).

Please provide a name (e.g., a vehicle number, license plate, or other identifier) for each vehicle. You can choose whatever name you would like but the names must be unique. You will enter information for each vehicle by name on subsequent pages.

1. How many ground ambulances does your organization own (including vehicles that have been purchased, gifted, or donated)?

**Number of ground ambulances OWNED**

**Name or ID of Ground Ambulance OWNED**

1

2

3

1.a Did your organization calculate annual depreciation expenses for some or all of your ground ambulances during your organization's data collection period?

Yes

No

2. How many ground ambulances does your organization lease or rent?

**Number of ground ambulances LEASED/RENTED**

**Name or ID of Ground Ambulance LEASED/RENTED**

1

2

After entering a number of ground ambulances, the GADCS will display the same number of rows and ask you to enter a name or identifier for each ground ambulance. Choose a unique name for each ambulance to help ensure you are reporting the right information for the right ambulance later. Otherwise, the choice of name is entirely up to you.

**GADCS TIP:** Organizations importing Section 9 templates will see this question is automatically answered with a count of the number of rows (i.e., owned ground ambulances) and names/IDs in your accepted template file.

**GADCS FAQ EXCERPT:** Should my organization include ground ambulances that we used for only part of the data collection period in the vehicles section of the data collection instrument?

*Answer: Yes. Report all ground ambulances used at any point during the data collection period.*

**GADCS FAQ EXCERPT:** When should I report a purchase cost for a vehicle?

*Answer: You should only report a purchase price for a vehicle if you did not report depreciation expenses (i.e., if you operate on a cash basis) for the vehicle AND the vehicle was purchased during your organization's data collection period. If your organization does not depreciate vehicle costs and you purchased the vehicle prior to the data collection period, you should report \$0 for purchase price.*

**Section 9.1, Question 1a** asks whether your organization calculated annual depreciation expenses for some or all your ground ambulances. If your organization did not capitalize one or more ground ambulances, you can report the purchase cost **only if the acquisition occurred during your organization's data collection period**. If the vehicle was purchased before the start of the data collection period, input \$0.

**Section 9.1, Question 2** asks you to report the number of ground ambulances rented or leased by your organization during its data collection period. Use the same approach to answer this question and enter names/IDs for ambulances as you did for Section 9.1, Question 1.

**Section 9.1, Question 3** asks for the total number of miles traveled by **land ambulances** during your organization's data collection period. Report total mileage, including miles travelled when responding to calls and for other purposes. Most ground ambulance organizations will see this question; however, ground ambulance organizations operating only water ambulances will skip to the next question.

**Figure 90: Section 9.1, Question 3**

3. What was the total number of miles (billed and unbilled) traveled by land ambulances for any reason during your organization's data collection period?

**Number of miles**

1,000

4. What was the total number of statute miles (billed and unbilled) traveled by water ambulances for any reason during your organization's data collection period?

**Number of miles**

150

**Section 9.1, Question 4** asks for the total number of statute miles traveled by **water ambulances** during your organization’s data collection period. Report total mileage, including miles travelled when responding to calls and for other purposes. Only organizations that report operating water ambulances in Section 2, Question 11 will see this question.

When you are finished answering Section 9.1, Questions 3 and/or 4, click on the **Next** button to proceed to the next screen.

**Section 9.1, Questions 5** asks for information on each owned and leased ground ambulance using the same number of rows and ambulance names/IDs from Section 9.1, Question 1 and Section 9.1, Question 2. Question 5 is broken up into two tables, one covering owned ground ambulances and the other covering leased ground ambulances.

**Figure 91: Section 9.1, Questions 5 and 6**

[Section 9 Instructions](#)

### 9. Vehicle Costs

#### 9.1 Ground Ambulance Vehicle Costs

5. Report the following information, including annual rent/lease expenses or annual costs of ownership, for each owned and/or leased ground ambulance. Annual costs of ownership may include annual depreciation expenses and interest payments. Do not include registration, license, insurance, maintenance, and fuel expenses in your reported costs of ownership in this question. You will report on these costs later.

Do not report ground ambulance acquisition costs related to an annual depreciation expense for the same ground ambulance. If your organization calculates 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.

**Owned Ambulances**

Owned Ground Ambulance	Transport Patients	Donated	Annual Depreciation	Purchase Cost	Other Annual Costs of Ownership	Remounted?	Remount Cost
1 Amby 1	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	\$ <input type="text" value="0"/>	\$ <input type="text"/>	\$ <input type="text" value="0"/>	<input checked="" type="radio"/> Yes <input type="radio"/> No	\$ <input type="text" value="10,000"/>
2 Amby Jr	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	\$ <input type="text"/>	\$ <input type="text" value="250,000"/>	\$ <input type="text" value="2,500"/>	<input type="radio"/> Yes <input checked="" type="radio"/> No	\$ <input type="text"/>
3 Steve	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	\$ <input type="text" value="5,000"/>	\$ <input type="text"/>	\$ <input type="text" value="10,000"/>	<input type="radio"/> Yes <input checked="" type="radio"/> No	\$ <input type="text"/>

**Leased Ambulances**

Leased/Rented Ground Ambulance	Transport Patients	Lease Cost
1 Dean	<input checked="" type="radio"/> Yes <input type="radio"/> No	\$ <input type="text" value="20,000"/>
2 Sam	<input checked="" type="radio"/> Yes <input type="radio"/> No	\$ <input type="text" value="15,000"/>

6. Please report the allocated portion of ground ambulance vehicle costs incurred at the level of the parent organization/central office of this NPI based on your organization's approach for allocating costs to specific NPIs.

\$

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Consider the following when responding to Section 9.1, Question 5:

- In the **Transport Patients** column, answer **Yes** if your organization used the ambulance to transport patients during its data collection period or **No** if not.

- Enter **Yes** in the **Donated** column if you received the ground ambulance at no cost to your organization.
- The **Annual Depreciation Expense** column will only appear if you answered **Yes** to Section 9.1, Question 1a. When reporting depreciation, please report the expense used for standard auditing rather than tax purposes.
- Enter a dollar amount in the Purchase Cost column only if your organization did not calculate annual depreciation expenses for the vehicle **and** your organization purchased the ground ambulance **during its continuous 12-month data collection period**. If the vehicle was purchased prior to the data collection period and your organization did not depreciate costs for that vehicle, enter a purchase price of \$0.
- You are not able to enter depreciation or purchase expenses if you answered **Yes** in the Donated column.
- Use the **Other Costs of Ownership** column to report loan interest and other costs of ownership not listed elsewhere in GADCS. Please note that this does not include registration, license, insurance, maintenance, and fuel expenses which will be reported later in Section 9. You may include payments against principal only if you do not depreciate costs for the ambulance.
- A remounted ambulance is where a used/refurbished ambulance "box" (i.e., the back part) is put on a new chassis (i.e., the truck part). Answer **Yes** in the **Remounted?** column if this applies to a given ambulance during your data collection period and enter the associated cost, if applicable, in the **Remount Cost** column.

The separate table for leased/rented ground ambulances follows the same guidelines but has only Transport Patients and Lease Cost columns.

The separate table for leased/rented ground ambulances follows the same guidelines but has only Transport Patients and Lease Cost columns.

**Section 9.1, Question 6** asks about ground ambulance expenses Incurred at the level of the parent organization. This question will only appear for organizations indicating in Section 2 that they are part of a parent organization billing under multiple NPIs.

After answering Section 9.1 questions on this page, click **Next** to proceed.

**Figure 92: Section 9.1, Question 6**

6. Please report the allocated portion of ground ambulance vehicle costs incurred at the level of the parent organization/central office of this NPI based on your organization's approach for allocating costs to specific NPIs.

\$

Section 9.2 follows the same general format as Section 9.1. You may hover over the column titles for more information.

**Section 9.2, Question 1** asks whether your organization used non-ambulance vehicles to support ground ambulance operations during its data collection period. Answering **Yes** to this question will present follow-up questions related to non-ambulance vehicles. Answering **No** will skip ahead to Section 9.3.

Figure 93: Section 9.2, Questions 1-4

**9. Vehicle Costs** Section 9 Instructions

**9.2 Other Vehicle Costs (Non-Ambulance)**

**⚠ Do not include air ambulance costs in responding to the following questions.**

This section asks about vehicles that were used to respond to ground ambulance calls or support ground ambulance operations that are **not** ground ambulances. These vehicles might include SUVs, trucks, Quick Response Vehicles (QRVs), "fly-cars", lead cars, "sprint" vehicles, supervisory vehicles, or other types of vehicles. Do not include vehicles that meet the requirements for a ground ambulance in your jurisdiction—those were asked about in the previous section.

1. Did you own or lease any **non-ambulance** vehicles (including vehicles that have been purchased, gifted, or donated) that were used to respond to ground ambulance calls or support ground ambulance operations?

Yes  
 No

2. How many non-ambulance vehicles did your organization own or lease (including vehicles that have been purchased, gifted, or donated) that were used to respond to ground ambulance calls or support ground ambulance operations? These might include fire trucks, land or water rescue vehicles, vehicles that respond to emergencies but are not designed to transport patients (e.g., Quick Response Vehicles (QRVs), "fly-cars," lead cars, or "sprint" vehicles), supervisory vehicles, or other types of vehicles.

a. Number of non-ambulance vehicles **OWNED** (include donated vehicles)

b. Did your organization calculate annual depreciation expenses for some or all of your non-ambulance vehicles during your organization's data collection period?

Yes  
 No

c. Number of non-ambulance vehicles **LEASED/RENTED**

Type of Owned Non-Ambulance Vehicle	Name/Description
r1 Water rescue vehicle	Boatercycle
r2 Other response vehicle	Choppy The Helicopter

Type of Leased/Rented Non-Ambulance Vehicle	Name/Description
r1 Fire truck	Big Red

3. What was the total number of miles traveled by non-ambulance land vehicles for any reason during your organization's data collection period?

**Number of miles**

4. What was the total number of statute miles traveled by non-ambulance water vehicles for any reason during your organization's data collection period?

**Number of statute miles**

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**Section 9.2, Question 2a** asks for a count of non-ambulance vehicles owned by your organization that were related to ground ambulance operations. As in Section 9.1, the number you enter in response to this question will determine the number of rows for individual vehicles. Enter 0 if you did not have non-ambulance vehicles related to your ground ambulance operation.

In addition to entering a name/ID for each row, use the drop-down menu to select the relevant Type of Non-ambulance Vehicle.

**GADCS TIP:** You should report only fire trucks that respond to ground ambulance calls or support ground ambulance operations.

**Section 9.2, Question 2b** asks whether your organization calculated annual depreciation expenses for non-ambulance vehicles. See the instructions for Section 9.1, Question 1a for guidance.

**Section 9.2, Question 2c** asks for information on leased/rented non-ambulance vehicles using a similar format to prior questions.

**Section 9.2, Questions 3 and 4** asks for non-ambulance land and water vehicle mileage, respectively, using the same approach as Section 9.1, Questions 3 and 4.

When you are finished entering information, click on the **Next** button to proceed to the next screen.

When you are finished entering information, click on the **Next** button to proceed to the next screen.

**Section 9.2, Question 5** asks for more information on each non-ambulance vehicle using the same general format as Section 9.1, Question 5 for ground ambulances. Question 5 is broken up into two tables, one covering owned non-ambulance vehicles and the other covering leased non-ambulance vehicles.

Figure 94: Section 9.2

**9. Vehicle Costs** [Section 9 Instructions](#)

**9.2 Other Vehicle Costs (Non-Ambulance)(continued)**

5. Report the following information, including annual rent/lease expenses or annual costs of ownership, for each owned and/or leased non-ambulance vehicle. Annual costs of ownership may include annual depreciation expenses and interest payments. Do not include registration, license, insurance, maintenance, and fuel expenses in your reported costs of ownership in this question. You will report on these costs in Section 9.3.

Do not report non-ambulance vehicle acquisition costs related to an annual depreciation expense for the same non-ambulance vehicle. If your organization calculates 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.

**Owned Non-Ambulance Vehicle(s)**

Type of Owned Non-Ambulance Vehicle	Supported Ground Ambulance Operations?	Donated	Annual Depreciation Expense	Purchase Cost	Other Annual Costs of Ownership	% of Ground Ambulance Related Miles
#1 Water rescue vehicle Speed Boat 1	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	\$ 20,000	\$	\$ 1,500	10 %
#2 Fire truck Fire Rescue	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	\$	\$	\$	20 %

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Consider the following when responding to Section 9.2, Question 5:

- Select **Yes** in the **Supported Ground Ambulance Operations?** column if the vehicle supported ground ambulance operations.
- Enter **Yes** in the **Donated** column if you received the non-ambulance vehicle at no cost to your organization.
- The **Annual Depreciation Expense** column will only appear if you answered **Yes** to Section 9.2, Question 2b. When reporting depreciation, please report the expense used for standard auditing rather than tax purposes.
- Enter a dollar amount in the Purchase Cost column only if your organization did not calculate annual depreciation expenses for the vehicle **and** your organization purchased the vehicle **during its 12-month data collection period**.
- You are not able to enter depreciation or purchase expenses if you answered **Yes** in the Donated column.

- Use the **Other Costs of Ownership** column to report loan interest and other costs of ownership not listed elsewhere in GADCS. Please note that this does not include registration, license, insurance, maintenance, and fuel expenses which will be reported later in Section 9. You may include payments against principal only if you do not depreciate costs for the vehicle.
- For the **% of Ground Ambulance-Related Miles** column, report a percentage of the vehicle's traveled miles during the data collection period that were related to ground ambulance operations. This percentage can range from 0% to 100% and decimals are not accepted.

**GADCS TIP:** In general, you should not report vehicles that did not support ground ambulance services. Practically, there is no difference between omitting a vehicle entirely and reporting that 0% of the vehicle's traveled miles were related to ground ambulance operations.

**WARNING:** Vehicles like fire trucks **cannot** be considered 100% related to ground ambulance operations. You must allocate a share of annual expenses related to that vehicle to ground ambulance versus other activities. Otherwise, your total reported vehicles expenses will be too broad in scope compared to the GADCS focus on ground ambulance operations. If you enter an already-allocated amount, you may report 100% of the allocated amount as being related to ground ambulance operations.

**GADCS TIP:** The share of miles related to ground ambulance operations can be calculated in a variety of ways. Please see CMS' [July 21, 2022 webinar](#) on allocation methods if you have further questions.

After entering information on owned non-ambulance vehicles, click **Next** to enter information on leased non-ambulance vehicles on the next page.

**Section 9.2, Question 6** asks about non-ambulance vehicle expenses incurred at the level of the parent organization. This question will only appear for organizations indicating in Section 2 that they are part of a parent organization billing under multiple NPIs.

Figure 95: Section 9.2, Questions 5 and 6

## 9. Vehicle Costs

[Section 9 Instructions](#)

### 9.2 Other Vehicle Costs (Non-Ambulance)(continued)

5. Report the following information, including annual rent/lease expenses or annual costs of ownership, for each owned and/or leased non-ambulance vehicle. Annual costs of ownership may include annual depreciation expenses and interest payments. Do not include registration, license, insurance, maintenance, and fuel expenses in your reported costs of ownership in this question. You will report on these costs in Section 9.3.

#### Leased Non-Ambulance Vehicle(s)

Type of Leased/Rented Non-Ambulance Vehicle	Supported Ground Ambulance Operations?	Annual Lease Expense	% of Ground Ambulance Related Miles
#1 Fire truck Big Red	<input checked="" type="radio"/> Yes <input type="radio"/> No	\$ <input type="text" value="25,000"/>	<input type="text" value="7"/> %

6. Please report the allocated portion of non-ambulance vehicle costs incurred at the level of the parent organization/central office of this NPI based on your organization's approach for allocating costs to specific NPIs.

\$

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Click **Next** to proceed after completing this page.

**Section 9.3, Question 1** asks for total expenses related to registration across all your vehicles **combined**. As in other Section 8 questions, report an amount in dollars and a share (percentage) of the reported amount related to ground ambulance services.

**GADCS TIP:** Unlike Sections 9.1 and 9.2 where you reported information vehicle-by-vehicle, Section 9.3 asks for a single amount across **all** your vehicles related to ground ambulance services, including both ground ambulances and other vehicles.

**GADCS TIP:** Be sure to exclude amounts already reported in Sections 9.1 and 9.2 from the expenses you report in Section 9.3.

**WARNING:** Vehicles, like fire trucks, **cannot** be considered 100% related to ground ambulance operations. You must allocate a share of annual expenses related to that vehicle to ground ambulance versus other activities.

**Section 9.3, Question 2** asks for total license costs across all vehicles combined.

**Section 9.3, Question 3** asks for total insurance costs across all vehicles combined. Be sure not to report vehicle-related insurance costs elsewhere in the GADCS, for example as an expense related to broad liability insurance.

Figure 96: Section 9.3, Questions 1-3

## 9. Vehicle Costs

[Section 9 Instructions](#)

### 9.3 Other Costs Associated with Vehicles

Do not include air ambulance services in responding to the following questions.

1. What was the total **registration** cost of all vehicles (ground ambulance and non-ambulance) used to respond to ground ambulance calls or support ground ambulance operations during your organization's data collection period?

\$
2. What was the total **license** cost of all vehicles (ground ambulance and non-ambulance) used to respond to ground ambulance calls or support ground ambulance operations during your organization's data collection period?

\$
3. What was the total **insurance** cost of all vehicles (ground ambulance and non-ambulance) used to respond to ground ambulance calls or support ground ambulance operations during your organization's data collection period?

i If another entity pays the insurance cost for vehicles used in ground ambulance response, please record the cost for the vehicles used by your organization.

\$

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**GADCS FAQ EXCERPT:** What should be reported as insurance costs in Section 9.3, Question 3 if our organization self-insures its vehicles?

*Answer: Do not report bonds or other deposits to qualify for self-insurance in Section 9.3, Question 3. You can report an expense in this question only if you realized a loss during your organization's data reporting period. Only report this expense once in the GADCS Instrument (i.e., if you report the expense in Section 9.3, Question 3, do not also report the amount in Section 9.3, Question 4 (maintenance expenses) or in Section 11 (Other Costs).*

**Section 9.3, Question 4** asks for total maintenance expenses across all vehicles combined. Do not include vehicle maintenance expenses reported elsewhere in the GADCS, for example in Section 7 (Labor Costs) or Section 11 (Other Costs, where you can report contracted vehicle maintenance services). Entering an amount greater than \$0 for this question will prompt you to report a breakdown of this vehicle maintenance expense across different categories of vehicles.

**Figure 97: Section 9.3, Question 4**

**9. Vehicle Costs** [Section 9 Instructions](#)

**9.3 Other Costs Associated with Vehicles (continued)**

4. What was the total **maintenance** cost of all vehicles (ground ambulance and non-ambulance) used to respond to ground ambulance calls or support ground ambulance operations ground ambulances during your organization's data collection period? Do **not** include any in-house labor costs already included in the labor section or any outside service or contract (you will be asked to report these later).

\$

a. Please report the share of maintenance costs attributable to:

Vehicle	% Maintenance Cost
Owned Ground Ambulances	<input type="text" value="50"/> %
Leased Ground Ambulances	<input type="text" value="15"/> %
Owned Water Rescue Vehicles	<input type="text" value="15"/> %
Owned Other Vehicles that respond to emergencies (but not designed to transport patients)	<input type="text" value="15"/> %
Leased Fire Trucks	<input type="text" value="5"/> %
<b>Total</b>	<b>100%</b>

**GADCS TIP:** This question asks you to break down maintenance costs across vehicle categories because some types of vehicles may entail higher maintenance costs than others. Use your best estimate of the breakdown of total maintenance costs across vehicle categories. The total across rows in Section 9.3, Question 4a must be 100%.

**Section 9.3, Question 5** asks for total fuel expenses across all vehicles **combined**. As in Section 9.3, Question 4, entering an amount greater than \$0 for this question will prompt you to report a breakdown of fuel expenses across different categories of vehicles.

**Figure 98: Section 9.2 Questions 5-6**

5. What was the total **fuel** cost for all vehicles used to respond to ground ambulance calls or support ground ambulance operations during your organization's data collection period?

\$

**i** If another entity pays the fuel cost for vehicles used in ground ambulance response, please record the cost for the vehicles used by your organization.

a. Please report the share of fuel costs attributable to:

Vehicle	% Fuel Cost
Owned Ground Ambulances	<input type="text" value="85"/> %
Leased Ground Ambulances	<input type="text" value="5"/> %
Owned Water Rescue Vehicles	<input type="text" value="5"/> %
Owned Other Vehicles that respond to emergencies (but not designed to transport patients)	<input type="text" value="3"/> %
Leased Fire Trucks	<input type="text" value="2"/> %
<b>Total</b>	<b>100%</b>

6. Please report the allocated portion of registration, license, insurance, maintenance, and fuel costs incurred at the level of the parent organization/central office of this NPI based on your organization's approach for allocating to specific NPIs.

\$

- End of Section 9: Vehicle Cost -

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**Section 9.2, Question 6** asks about vehicle registration, license, insurance, maintenance, and fuel expenses accrued at the parent organization level. This question will only appear for organizations indicating in Section 2 that they are part of a parent organization billing under multiple NPIs.

Once you have completed entering in the information, click **Next Section** to move to Section 10, Equipment, Consumable, and Supply Costs. You can also click **Dashboard** to move back to the dashboard screen where you will be able to navigate to any section in the GADCS.

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

Section 10 asks for information about expenses related to equipment, consumables, and supplies associated with your organization's ground ambulance operation.

The bullets on the first page of Section 10 list general instructions related to categorizing capital versus other equipment; calculating annual depreciation expenses; reporting an allocated ground ambulance expense for equipment, consumables, and supplies used for ground ambulance and other purposes, and other points. Please read the instructions before clicking **Start** to begin.

**Section 10.1, Question 1a** asks whether you calculated annual depreciation expenses for some or all capital medical equipment. Answering **Yes** prompts you to enter a total annual depreciation expense across all capital medical equipment in **Section 10.1, Question 1ai**.

Figure 99: Section 10 Introduction

6. Service Mix Complete

7. Labor Costs Complete

8. Facilities Costs Complete

9. Vehicle Costs Complete

10. Equipment, Consumable, and Supply Costs Active

### 10. Equipment, Consumable, and Supply Costs

**⚠** Do not include air ambulance services in responding to the following questions.

**⚠** Do not include any "central office equipment" that serves multiple NPIs, except for where specifically requested.

This section asks about equipment, consumables, and supply costs.

- Please use your organization's guidelines to categorize goods as capital expenses versus operating expenses and to report annual depreciation expenses if applicable.
- For leased capital goods and medical and non-medical equipment, the annual cost is the annual lease expenditures for the piece of equipment.
- For all of the cost categories in this section: If you have an ongoing relationship with an organization that pays this cost for your organization, report the cost here. Otherwise, do not include costs for donated items.
- 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 costs 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**.

**Start**

**GADCS FAQ EXCERPT:** How should we distinguish between capital and non-capital equipment? What are examples of capital equipment?

*Answer: Organizations use different approaches to determine whether equipment is capital or non-capital. You may use your organization's guidelines to determine which medical or non-medical equipment could be reported as capital equipment. Generally, equipment will be considered a capital expense if it can endure repeated use and is high cost (e.g., over \$5,000). Examples include, but are not limited to, ventilators, monitors, or power lifts.*

**Section 10.1, Question 1aii** asks for the total expense for purchasing capital medical equipment. The question asks organizations answering **Yes** to Section 10.1, Question 1a to exclude purchase costs for medical equipment for which you calculated and reported an annual

depreciation expense that contributed to your Section 10.1, Question 1ai response. For medical equipment purchased on a cash basis, the acquisition cost should contribute to the amount you report in Section 10.1, Question 1.a.ii. Only include equipment that your organization purchased during its 12-month data collection period.

Figure 100: Section 10, Question 1

## 10. Equipment, Consumable, and Supply Costs

[Section 10 Instruction!](#)

### 10.1 Medical Equipment/Supplies

1. Please report the following for all **capital medical equipment** your organization used entirely or in part for ground ambulance services during your organization's data collection period. Capital medical equipment refers to equipment that can endure repeated use; it includes, but is not limited to, defibrillators, ventilators, monitors, and power lifts.

a. Did your organization calculate annual depreciation expenses for some or all capital medical equipment during your organization's data collection period?

Yes

No

i. What were your total annual depreciation expenses for medical equipment? If your organization calculates 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. Most organizations will amortize costs over the life of the good.

**Total annual depreciation expenses**

\$

**GADCS FAQ EXCERPT:** My organization uses a cash basis for accounting and does not depreciate equipment or supplies. Do we need to start calculating annual depreciation?

*Answer: No. If your department is a cash basis entity and doesn't calculate depreciation, you do not have to report depreciation. Please report the entire purchase costs for equipment and supplies purchased during the data collection period in the relevant sections.*

**Section 10.1, Question 1.a.iii** asks you to report other expenses related to capital medical equipment including rental and/or interest payments.

**Section 10.1, Question 1b** asks for maintenance, certification, or service expenses related to capital medical equipment.

**Figure 101: Section 10, Question 1**

ii. How much did you spend to purchase capital medical equipment during your organization's data collection period? Only report purchase costs for equipment that you purchased during your organization's data collection period and for which you did not report a depreciation expense in the previous question.

**Amount spent to purchase capital medical equipment**

\$

iii. If applicable, what were your expenses related to renting and/or interest payments related to capital medical equipment?

**Expenses related to renting and/or interest payments**

\$

b. Maintenance, certification, or service costs (do not include any costs that you include elsewhere in the instrument):

**Maintenance, certification, or service costs**

\$

c. What was the percentage of capital medical equipment expenses attributable to ground ambulance services during your organization's data collection period? Report 100 percent if all capital medical equipment expenses were related to ground ambulance services. Report less than 100 percent if some capital medical equipment expenses were related to both ground ambulance and other purposes (e.g., air ambulance or hospital uses).

%

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**GADCS TIP:** Broader maintenance contract expenses (i.e., those that do not only include equipment) can also be reported in Section 11 (Other Costs), Question 1.

**Section 10.1, Question 1c** asks for the share of the expense you report in Section 10.1, Question 1a and 1b that was related to ground ambulance operations.

Click on the **Next** button to proceed after answering these questions.

**GADCS TIP:** There is an entire webinar devoted to allocating expenses and revenue between ground ambulance and other operations. Please [see this webinar](#) if you have further questions related to allocating capital medical equipment expenses.

**GADCS FAQ EXCERPT:** My organization is a Medicare provider. Do we need to report on annual capital medical and non-medical equipment expenses for the entire provider (e.g., hospital)?

*Answer: No. You can report an amount that is specific to your ground ambulance operations. In this case, report 100% when asked for the percentage of capital medical equipment expenses attributable to ground ambulance services during the data collection period. An exception may be if there is a piece of medical equipment (e.g., power lift) that is shared between ground ambulance and non-ground ambulance-related operations at the hospital. In this case, you can estimate the percentage of use that is ground ambulance-related.*

**Section 10.1 Question 2** asks whether your organization had any medication expenses during its data collection period. Answering Yes prompts follow-up questions:

- **Section 10.1, Question 2a** asks whether you are able to separately report medication expenses from other medical supplies and consumables.
- If you answer **Yes**, report the amount in **Section 10.1, Question 2.a.i.**
- If you answer **No**, the GADCS will ask you to include medication expenses in your estimate of total expenses for other medical equipment, supplies, and consumables.

Figure 102: Section 10, Question 2

**10. Equipment, Consumable, and Supply Costs**
[Section 10 Instructions](#)

**10.1 Medical Equipment/Supplies (continued)**

2. Did your organization have any costs associated with **medications** purchased for ground ambulance services during your organization's data collection period?

Yes  
 No

a. Can you report these costs separately from other medical supplies and consumables?

Yes  
 No

i. What was the total cost of medications your organization purchased during your organization's data collection period for ground ambulance services? Do not include in-kind donations.

**Total cost of medications**

\$

Question b is not applicable for this NPI based on previous answers.

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Answering **No** to Section 10.1, Question 2 will prompt you to indicate why your organization did not incur costs for medications.

Click **Next** to proceed.

**GADCS TIP:** If you can separately report expenses for some medications (e.g., epinephrine injections or naloxone) but not others, still answer **Yes** to Section 10.1, Question 1a, report the available drug expenses separately, and include remaining expenses in Section 10.1, Question 3.

**GADCS FAQ EXCERPT:** How are donated medications and/or supplies reported?

*Answer: You do not need to report the costs or market value of donated medications or supplies. You can indicate that your organization did not have any costs associated with medicines because medicines were provided by another entity (e.g., a hospital that does not own or operate your ground ambulance organization). You must report medication and supply costs if medications and/or supplies are provided by another entity (e.g., a hospital) that does own and/or operate your ground ambulance organization.*

**Section 10.1, Question 3** asks for the total expense for all other medical equipment, supplies, and consumables.

**Figure 103: Section 10.1, Questions 3 and 4**

[Section 10 Instructions](#)

### 10. Equipment, Consumable, and Supply Costs

#### 10.1 Medical Equipment/Supplies (continued)

3. What was the total cost of all other **medical equipment, supplies, and consumables** (e.g., bandages, gauze, gloves, basins, oxygen, sterile water, stethoscopes, blood pressure cuffs, IV supplies) your organization purchased during your organization's data collection period? Include all medical equipment, supplies, and consumables that were **not** reported in the medical equipment/supplies capital expenditures and medications sections above.

**Cost of all other medical equipment, supplies, and consumables**

\$

a. What was the percentage of medical supply and consumable expenses attributable to ground ambulance services during your organization's data collection period? Report 100 percent if all equipment, supply, and consumable expenses were related only to ground ambulance services. Report less than 100 percent if some equipment, supply, and consumable expenses were related to both ground ambulance and other purposes (e.g., air ambulance or hospital uses).

%

4. Please report the allocated portion of **medical equipment and supply costs** incurred at the level of the parent organization/central office of this NPI based on your organization's approach for allocating costs to specific NPIs.

\$

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**GADCS TIP:** Section 10.1, Question 3 lists many examples of medical equipment, supplies, and consumables. Use your best judgement to categorize items that are not explicitly listed in the question text. It is more important to ensure you report all expenses between Section 10.1, Question 3, and Section 10.2, Question 3 combined, than to categorize an expense in one section or the other.

**Section 10.1, Question 3a** asks for the share of the expense you report in Section 10.1, Question 3 that was related to ground ambulance operations. Organizations that incur medical supply and consumable expenses used as an input in other operations (e.g., naloxone used by police officers) can report a percentage less than 100% in this field.

**Section 10.1, Question 4** asks for an allocated medical equipment expense for organizations under a broader parent organization.

**GADCS TIP:** Regardless of your earlier responses, most questions in the GADCS allow you to report the share of a particular response that was related to ground ambulance operations. There is an entire webinar devoted to 'allocating' expenses and revenue between ground ambulance and other operations. Please [see this webinar](#) if you have further questions related to allocation.

When you are finished, click **Next**.

**Section 10.2, Question 1** asks for information on capital non-medical equipment. The structure of this question is the same as Section 10.1, Question 1; please see the instructions above.

**Figure 104: Section 10.2, Question 1**

**10.2 Non-Medical Equipment/Supplies**

1. Please report the following for **capital non-medical equipment** your organization purchased and used for ground ambulance services during your organization's data collection period. Capital non-medical equipment refers to equipment that can endure repeated use; it includes, but is not limited to, computers, dispatch equipment, and furniture.

a. Did your organization calculate annual depreciation expenses for some or all capital non-medical equipment during your organization's data collection period?

- Yes  
 No

i. What were your total annual depreciation expenses for non-medical equipment? If your organization calculates 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. Most organizations will amortize costs over the life of the good.

**Total Annual depreciation expenses for non-medical equipment**

\$ 2,000

ii. How much did you spend to purchase capital non-medical equipment during your organization's data collection period? Only report purchase costs for equipment that your organization purchased during your organization's data collection period and for which you did not report a depreciation expense in the previous question.

**Amount spent to purchase capital non-medical equipment**

\$ 5,000

iii. If applicable, what were your expenses related to renting and/or interest payments related to capital non-medical equipment?

**Expenses related to renting and/or interest payments**

\$ 3,000

b. Maintenance, certification, or service costs (do not include any costs that you include elsewhere in the instrument):

\$ 8,000

c. What was the percentage of non-medical equipment expenses attributable to ground ambulance services during your organization's data collection period? Report 100 percent if all **non-medical capital equipment expenses** were related to only ground ambulance services. Report less than 100 percent if some non-medical capital equipment expenses were related to both ground ambulance and other purposes (e.g., air ambulance or hospital uses).

67 %

**GADCS TIP:** If your organization has a very large expense and only a percentage is ground ambulance-related, you may want to allocate the amount that is ground ambulance-related and enter that amount as being 100% ground ambulance-related to be more precise. For example, if a large medical system spent \$1,000,000 on new computers and only 1.4% of those costs are ground ambulance-related, it would be more precise to report \$14,000 that is 100% ground ambulance-related as opposed to reporting \$1,000,000 that is 1% ground ambulance-related.

**Section 10.2, Question 2** asks for expenses related to uniforms during your organization's 12-month data collection period.

**GADCS TIP:** Report uniform allowances for volunteers in Section 7.3, not in Section 10.2. Uniform expenses should include purchase, repair, and other closely related services. You can report expenses for laundry and other miscellaneous services in Section 11 (Other Costs).

**Figure 105: Section 10.2, Question 2**

**10.2 Non-Medical Equipment/Supplies (continued)**

2. What was the total annual cost of uniforms by your organization purchased during your organization's data collection period for ground ambulance services?

**Total annual cost of uniforms**

\$

a. What was the percentage of **uniform expenses** attributable to ground ambulance services during your organization's data collection period? (Enter percentage)

%

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**Section 10.2, Question 2a** asks for the percentage of the expense you report in Section 10.2, Question 2 that was related to ground ambulance operations. Organizations with uniform expenses for firefighter/EMTs, police officers, or staff with other responsibilities can report a percentage less than 100% in this field. Click **Next** to proceed.

**Section 10.2, Question 3** asks for the total expense for all other non-medical equipment, supplies, and consumables.

**Figure 106: Section 10.2, Question 3**

**10.2 Non-Medical Equipment/Supplies (continued)**

3. What was the total cost of other non-medical supplies (e.g., paper, office supplies, postage) your organization purchased during your organization's data collection period?

**Total cost of all other non-medical supplies**

\$

a. What was the percentage of non-medical supply expenses attributable to ground ambulance services during your organization's data collection period? Report 100 percent if all non-medical supply expenses were related to only ground ambulance services. Report less than 100 percent if some non-medical supply expenses were related to both ground ambulance and other purposes (e.g., air ambulance or hospital uses).

%

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**Section 10.2, Question 3a** asks for the share of the expense you report in Section 10.2, Question 3 that was related to ground ambulance operations. Organizations that incur non-medical supply and consumable expenses used as an input in other operations (e.g., office supplies used by a municipality) can report a percentage less than 100% in this field.

**GADCS TIP:** Section 10.2, Question 3 lists many examples of non-medical equipment, supplies, and consumables. Use your best judgement to categorize items that are not explicitly listed in the question text. It is more important to ensure you report all expenses between Section 10.1, Question 3, and Section 10.2, Question 3 combined, than to categorize an expense in one section or the other.

Click **Next** to proceed.

**Section 10.2, Question 4** asks for allocated non-medical equipment expenses accrued at the parent organization level. This question will only appear for organizations indicating in Section 2 that they are part of a parent organization billing under multiple NPIs.

After answering this question (if applicable) or completing the prior page, click **Next Section** to proceed to Section 11 (Other Costs). To return to the dashboard where you will be able to navigate to any section in the GADCS, click **Dashboard**.

Figure 107: Section 10.2, Question 4

## 10.2 Non-Medical Equipment/Supplies (continued)

4. Please report the allocated portion of non-medical equipment and supply expenses incurred at the level of the parent organization/central office of this NPI based on your organization's approach for allocating costs to specific NPIs.

**Allocated portion of non-medical equipment and supply expenses**

\$ 9,000

- End of Section 10: Equipment, Consumable, and Supply Costs -

## 4.11 Section 11: Other Costs

This section asks you about additional costs that are not covered in the previous Sections 7 through 10. Read the instructions on the screen and then click **Start** to begin.

**GADCS TIP:** Your organization should use Section 11 to report any expenses related to your ground ambulance organization that have not been reported in earlier sections. Please follow the guidance throughout the User Guide and in the GADCS instructions to determine whether a specific expense should be reported in an earlier section or in Section 11. In general, it is more important to ensure that each relevant expense is reported somewhere in the GADCS and not double counted than to categorize an expense in one section or another.

Figure 108: Section 11 Introduction

### 11. Other Costs

 Do **not** include air ambulance services in responding to the following questions.

 Do **not** include any other "central office" costs that apply to multiple NPIs, except for where specifically requested (Questions 2 and 5).

This section asks about **additional costs** during your organization's data collection period not covered in previous sections, directly related to supporting your organization's ground ambulance services. Include only costs that were not covered earlier in this instrument.

In general, 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 costs 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**.

Start

**Section 11, Question 1** asks about expenses for outside **contracted** services not reported in a prior section. These could include accounting, vehicle and facilities maintenance, dispatch, IT support, and in some cases EMT/response staffing. The key difference between expenses reported in Section 11 and not in an earlier section is that the contracted services in Section 11 reflect a predetermined payment based on contract terms in exchange for another company providing a specific service.

You can check the boxes for all that apply, and then will you be able to fill in the dollar amount and percentages of the total amount attributable to ground ambulance services. If you select **Other**, you must write in a description.

Figure 109: Section 11 Questions 1 and 2

**11. Other Costs** [Section 11 Instructions](#)

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 your organization's data collection period?

Please select all that apply and indicate total cost for each outside contracted service, and, if applicable, percentage of the cost attributable to ground ambulance services. **Do not include any costs already reported elsewhere in this instrument.**

Type	Contracted service during your organization's data collection period	Total cost for the service	Percentage of this cost attributable to ground ambulance services
Billing service	<input checked="" type="checkbox"/>	\$ 100,000	100 %
Accounting service	<input checked="" type="checkbox"/>	\$ 20,000	75 %
Vehicle maintenance/repair service	<input checked="" type="checkbox"/>	\$ 5,000	25 %
Dispatch/call center service	<input type="checkbox"/>	\$	%
Facilities maintenance services	<input type="checkbox"/>	\$	%
IT support service	<input type="checkbox"/>	\$	%
EMT/response labor	<input type="checkbox"/>	\$	%

2. Please report the allocated portion of these services incurred at the level of the parent organization/central office of this NPI based on your organization's approach for allocating costs to specific NPIs

\$ 175,000

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**GADCS TIP:** You can only add a total of one "Other" row. If you need to report on two or more specific contracted services not listed above, select **Other (specify)**, combine your description for the multiple other services in the text field, and report amounts that reflect the multiple expenses and share related to ground ambulance combined. It may be easier and more precise to allocate costs before combining them and reporting the combined cost to be 100% ground ambulance-related. For example, if you have a \$10,000 cost that is 20% ground ambulance-related and a \$50,000 cost that is 10% ground ambulance-related, you can report a \$7,000 cost that is 100% ground ambulance-related.

**Section 11, Question 2** asks for allocated contracted service expenses incurred at the parent organization level. This question will only appear for organizations indicating in Section 2 that they are part of a parent organization billing under multiple NPIs.

**GADCS FAQ EXCERPT:** My organization contracts with another company to run many aspects of our ground ambulance service, including providing and maintaining ambulance, staffing ambulances, administrative functions, etc. How should we report in this scenario?

*Answer: You can report your organization's expense related to this broad contractual arrangement in Section 11, Question 1. Please decompose the total expense across the categories in Section 11, Question 1, as much as possible[...] Please report the total contract expense in Section 11; report staff hours, the number of facilities, and the number of ground ambulances and other vehicles used by your contractor in Sections 7, 8, and 9, respectively; but do not report total compensation, facility expenses, or vehicle expenses in Sections 7, 8, and 9 because you already reported the total contract expense in Section 11. The "[Reporting Expenses for Contracted Services](#)" tip sheet on CMS' GADCS website provides additional details and examples on reporting costs under these broad contracted services scenarios.*

*[\[see complete FAQ entry here.\]](#)*

When you are finished entering your data, click on the **Next** button to proceed to the next screen.

**Section 11, Question 3** allows organizations to report all other costs not previously reported in the instrument. The rows in this question list a variety of common expense categories organized under four headings:

- 1) Medical or ambulance-related expenses
- 2) Administrative and general expenses
- 3) Fees, fines, and taxes
- 4) Insurance

**Figure 110: Section 11, Question 3**

**11. Other Costs** [Section 11 Instructions](#)

3. Please indicate if your organization incurred any of the following expenses during your organization's data collection period? These expenses should be partly or entirely related to supporting your organization's ground ambulance services. **Do not include any costs already reported elsewhere in this instrument.** Select all categories that apply, including "other" if applicable. The next question will ask you to report a cost for each category that you select on this page.

**Medical or Ground Ambulance-Related Expenses**

- Biohazard waste and medication removal fees
- Fee to physician(s) to oversee the paramedics and provide quality assurance (excluding labor for medical director which must be included in Question 1 above or in the labor section)
- Laundry

**Administrative and General Expenses**

- Travel other than for training (including lodging, transportation, per diem, and other travel related costs)
- Organization dues, subscriptions
- Subsidies paid to other organizations (e.g., fire department, dispatch center)
- Funds paid to other ground ambulance organizations for services (e.g., paramedic staff for BLS ground ambulance transports) Do not include any in-house labor costs already included in the labor section or any outside service or contracted services already reported.
- Funds paid to other non-transporting organizations for services (e.g., medical staff for ground ambulance transports, responding to calls)
- Board of Directors / Trustees expenses
- Advertising, including any type of advertising (even for recruiting purposes) in any medium (print, radio, internet, etc.)
- Event / meeting costs (including meals)
- IT software, licensing fees (excluding costs accounted for in IT service fee in earlier section)
- Training and continuing education costs (e.g., costs for materials, travel, training fees, and labor). Do not include any labor costs associated with training that was already covered by standard labor costs.
- Interest paid
- Physicals and medical assessments
- Recruiting expenses (Do not include any advertising expenses reported in previous items)
- Audit fees, legal fees, and other professional fees
- Miscellaneous administrative fees/costs not already reported in Section 10.2 or Section 3 (telephone, trash and shredding services, printing and copying costs)

**Fees, Fines, and Taxes**

- 911 service fees
- Fees for toll roads
- Fees paid to local jurisdictions required as condition of providing ground ambulance service (e.g. franchise fees)
- Fees for regulatory compliance or accreditation (annual cost per year)
- Business registration and related fees
- Licenses (include professional or any other license fees not reported elsewhere in the instrument. Do not include any vehicle license fees previously reported in the Vehicles Section.)
- Fines, forfeitures, and citations
- Taxes

**Insurance**

- Liability / malpractice insurance
- Workers' compensation insurance (only if not reported in Labor Section above)
- General insurance (excluding insurance for facilities or insurance reported in other sections)

Any other expenses not reported elsewhere in the instrument

Be sure to specify:

480 characters remaining.

None of the above

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In addition, there is an “Any other expenses not reported elsewhere in the instrument” response at the bottom of the page.

**GADCS TIP:** You can only add a total of one “Any other expenses” row. If you need to report on two or more specific other expenses not listed in this question, select **Any other expenses** at the bottom of the page, combine your description for the multiple other services in the text field, and report amounts that reflect the multiple expenses and share related to ground ambulance combined. It may be easier and more precise to allocate costs before combining them and reporting the combined cost to be 100% ground ambulance-related. For example, if you have a \$10,000 cost that is 20% ground ambulance-related and a \$50,000 cost that is 10% ground ambulance-related, you can report a \$7,000 cost that is 100% ground ambulance-related.

Click the check boxes next to as many rows as are applicable to your organization. Selecting a row on this page will prompt you to enter an expense and share attributable to ground ambulance services on the next page.

Click on the **Next** button to proceed to the next screen.

**Section 11, Question 4** asks about expenses for the other expenses selected on the last page. You will see one row for each of the selected categories. Please enter both a total annual expense and a share attributable to ground ambulance services in the two columns.

**Figure 111: Section 11, Question 4**

**11. Other Costs** [Section 11 Instructions](#)

4. Please report total expenses by source during your organization's data collection period.

Source	Total Expense	What % of Expense is Attributable to Ground Ambulance Services?
Biohazard waste and medication removal fees	\$ 10,000	75 %
Laundry	\$ 10,000	75 %
IT software, licensing fees (excluding costs accounted for in IT service fee in earlier section)	\$ 5,000	75 %
Training and continuing education costs (e.g., costs for materials, travel, training fees, and labor). Do not include any labor costs associated with training that was already covered by standard labor costs.	\$ 15,000	75 %
Physicals and medical assessments	\$ 3,000	75 %
Recruiting expenses (Do not include any advertising expenses reported in previous items)	\$ 6,000	100 %
Audit fees, legal fees, and other professional fees	\$ 1,000	100 %
Miscellaneous administrative fees/costs not already reported in Section 10.2 or Section 3 (telephone, trash and shredding services, printing and copying costs)	\$ 100	100 %
Fees for toll roads	\$ 100	100 %
Fees paid to local jurisdictions required as condition of providing ground ambulance service (e.g. franchise fees)	\$ 100	100 %
Fees for regulatory compliance or accreditation (annual cost per year)	\$ 500	50 %
Licenses (include professional or any other license fees not reported elsewhere in the instrument. Do not include any vehicle license fees previously reported in the Vehicles Section.)	\$ 500	75 %
Taxes	\$ 2,000	100 %
Liability / malpractice insurance	\$ 50,000	100 %
Workers' compensation insurance (only if not reported in Labor Section above)	\$ 10,000	90 %
General insurance (excluding insurance for facilities or insurance reported in other sections)	\$ 25,000	50 %
Any other expenses not reported elsewhere in the instrument - Be sure to specify.	\$ 2,000	75 %

5. Please report the allocated portion of these miscellaneous costs incurred at the level of the parent organization/central office of this NPI based on your organization's approach for allocating costs to specific NPIs.

\$ 30,000

- End of Section 11: Other Costs -

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**Section 11, Question 5** asks for allocated other expenses incurred at the parent organization level. This question will only appear for organizations indicating in Section 2 that they are part of a parent organization billing under multiple NPIs.

Once complete, click **Next Section** to move to Chapter 12, Total Costs. You can also click on **Dashboard** if you need to return to the dashboard where you will be able to navigate to any section in the GADCS.

## 4.12 Section 12: Total Costs

Section 12, Total Costs, begins by clicking on the **Start** button.

**Section 12, Question 1** asks for your organization's total expenses during its continuous, 12-month data collection period.

This is one of two places in the GADCS where organizations with ground ambulance and other operations (e.g., fire, police, or other public safety operations and Medicare providers of services including hospitals) should report an amount across their **entire organization**, not just their ground ambulance operation.

When you are finished answering the question, click **Next Section** to proceed to the final section in the GADCS, Chapter 13, Revenues.

Figure 112: Section 12 Introduction

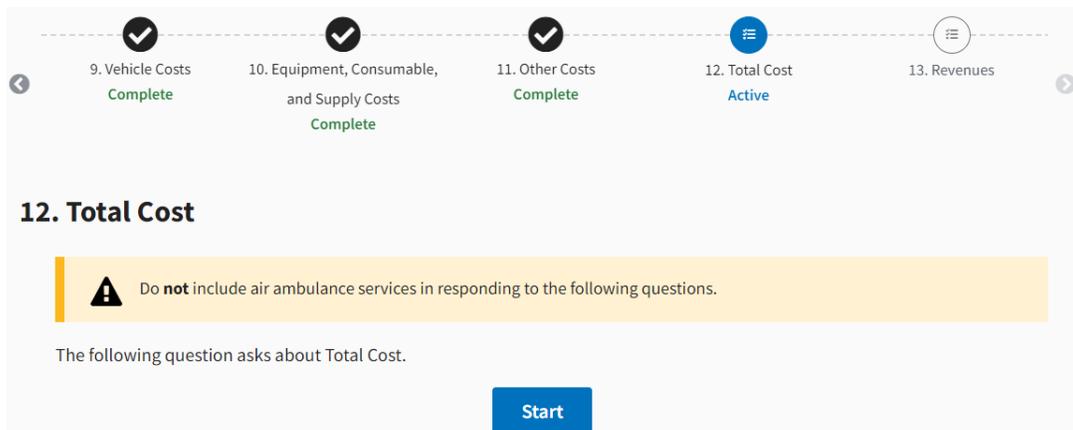


Figure 113: Section 12, Question 1

**12. Total Cost** [Section 12 Instructions](#)

1. Please provide the total expenses of your NPI during your organization's 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). If applicable, include an allocated portion of your parent organization (or "central office") costs when reporting total costs in this question.

\$

- End of Section 12: Total Cost -

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## 4.13 Section 13: Revenues

This section asks about your organization's sources of ground ambulance revenue. Read the information on the screen and then click **Start** to begin.

Figure 114: Section 13 Introduction

**13. Revenues**

**⚠** With the exception of Question 1 where the entire revenue of your organization from all sources should be reported, you must exclude revenue from air ambulance operations when responding to questions in Section 13.

This section asks about your organization's sources of ground ambulance revenue. You may need to collect information from a billing company or your municipality in order to report this information. Do **not** include billed but uncollected amounts.  
Please report revenue only for the sampled NPI, not for your entire parent organization.

**Start**

**Section 13, Question 1** asks you to report gross/total revenue received from all sources **received during the data collection period**. You may need to collect information from a billing company or your municipality in order to report this information. Do not report charges, billed amounts, or bad debt. Depending on your organization's accounting practices, CMS understands that the revenue received during the data collection period may not perfectly align with the services provided during the data collection period.

Figure 115: Section 13, Questions 1 and 2

**13. Revenues** [Section 13 Instructions](#)

1. Please report total revenue from all sources your organization received during your organization's data collection period. Include revenues from services not related to ground ambulance services.

**Total Revenue**

2. Can you report revenue for ground ambulance transports from individual healthcare payer categories (e.g., Medicare, Medicaid, commercial insurance)?

Yes

No

a. Yes, Skip to Question 3; No, Continue to Question 2.b

**⚠** Page 2 is not applicable when your organization does not receive revenue from individual healthcare payer categories.

b. Please report the revenue from ground ambulance transports for all payers combined.

**Approximate Revenue**

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**Section 13, Question 2** asks whether you can report ground ambulance transport revenues by specific payers. If you select **No** for Question 2, you will be asked to report revenue across all payers combined.

**GADCS FAQ EXCERPT:** My organization shares revenue from billed service with another organization. Should we report the revenue we receive from payers or the share we retain?

*Answer: Report the revenue that you initially receive from payers. Do not subtract the amount that you share with another organization. Report the amount you do share in Section 11 (“Other Costs”) as a cost.*

**GADCS FAQ EXCERPT:** Throughout the instrument, the term “organization” refers to the selected NPI. Please only report revenue associated with your ground ambulance organization’s NPI.

**GADCS TIP:** Here are examples of how to determine the scope for ground ambulance revenue for different types of ground ambulance organizations:

Municipal government-based ground ambulance organizations: An organization that is part of a municipal government would not report the revenue for the entire municipal government. This amount should include revenue from billing for ground ambulance services and amounts paid by your municipal government to cover expenses (e.g., your organization’s budgeted expenses).

Hospital: If the ground ambulance organization bills under the same NPI as the hospital, then report the total cost (in Section 12) and total revenue (in Section 13) for the entire hospital. However, if your ground ambulance organization uses a different NPI than the hospital that owns and operates your organization, then you can report total costs and revenues specific to your ground ambulance organization. Please note that you will still need to fully report expenses related to your ground ambulance organization, some of which are likely covered by the hospital.

Air Ambulance Services: If your ground ambulance and air ambulance operations bill under the same NPI, then please report the total cost (in Section 12) and total revenue (in Section 13) for the entire NPI. If your ground ambulance organization uses a different NPI than the air ambulance operations, then you can report total costs and revenues specific to your ground ambulance organization.

**Section 13, Question 3** asks whether your organization received any revenue from each payer type and the amount of revenue, if so.

**Figure 116: Section 13, Question 3**

**13. Revenues** [Section 13 Instructions](#)

3. Please indicate if your organization received any revenue from paid ground ambulance transports from the following payers during your organization's data collection period. Please report revenue from services other than ground ambulance transports (e.g., payments for treatment at the scene when no ground ambulance transport was furnished) in Section 13, Question 5 if possible. You will be asked to report this revenue later. If you are not able to separate ground ambulance transport and other service revenue from a given payer, you may report the total revenue from all health care services in this item.

Source of Revenue from Paid Ground Ambulance Transports	Received revenue during your organization's data collection period?	Total revenues	Indicate if cost sharing (i.e., the amount for a ground ambulance transport that is billed to a patient with this insurance) was included
Traditional (fee-for-service)	<input checked="" type="checkbox"/>	\$1,500,000	<input checked="" type="radio"/> Yes <input type="radio"/> No
Medicare Advantage (also known as Medicare Managed Care)	<input type="checkbox"/>		<input type="radio"/> Yes <input type="radio"/> No
Traditional (fee-for-service) Medicaid	<input type="checkbox"/>		<input type="radio"/> Yes <input type="radio"/> No
Medicaid managed care	<input type="checkbox"/>		<input type="radio"/> Yes <input type="radio"/> No
TRICARE	<input type="checkbox"/>		<input type="radio"/> Yes <input type="radio"/> No
Veterans Health Administration	<input type="checkbox"/>		<input type="radio"/> Yes <input type="radio"/> No
Commercial insurance	<input checked="" type="checkbox"/>	\$1,000,000	<input type="radio"/> Yes <input checked="" type="radio"/> No
Worker's compensation	<input type="checkbox"/>		<input type="radio"/> Yes <input type="radio"/> No
Patient self-pay (cash payment and the amount patients paid for deductibles, coinsurance, and other cost-sharing only if not reported in a row above.)	<input type="checkbox"/>		

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Check the box in Column 2 if you received any revenue from that payer category during your data collection period.

In Column 3, report the amount of revenue you received from that payer during the data collection period.

The last column asks whether patient cost sharing (i.e., deductibles, copays, coinsurance) is included in the total reported for that row. CMS understands some organizations include all cash payments received, including copayments for services covered by insurers and services paid entirely out-of-pocket by those without coverage or not using their coverage (e.g., for transports that are not medically necessary). Other organizations account for cost sharing as revenue billed or received to the primary payer. If possible, include patient cost sharing in the relevant

primary payer category (i.e., the 20% patient liability under fee-for-service Medicare would be reported under Traditional Medicare).

If you report cost sharing as part of revenue from each payer, please check **Yes** to the question “Indicate if cost sharing (i.e., the amount for a ground ambulance transport that is billed to a patient with this insurance) was included” in the last column. If you cannot report revenue in this way, patient cost sharing can be included in the “Patient self-pay” category. Make sure that you do not report patient cost sharing in both categories.

**GADCS FAQ EXCERPT:** Where should I report transport revenue from third-party liability insurers, such as auto insurers?

*Answer: There is no separate category for reporting revenue from liability insurers in Section 13, Questions 3 and 4. Please include this amount in the “Commercial” category.*

**GADCS FAQ EXCERPT:** How should revenue from Medigap plans or other secondary sources of coverage be reported?

*Answer: If possible, the total revenue related to a transport should contribute to the primary payer for the transport. Amounts received from Medigap plans should ideally be reported under the Traditional (fee-for-service) Medicare and the “Yes” option under “Indicate if cost sharing...” should be selected. If this is not possible, include this revenue in the patient paid category. As with all types of revenue, make sure that revenue from Medigap plans is reported in the instrument and in only one place.*

**GADCS FAQ EXCERPT:** Should we include revenue from the Emergency Triage, Treat, and Transport (ET3) model, Medicare, and other revenue from treatment in place and transports to alternate destinations, and revenue for providing other health care services?

*Answer: You may include revenue from the ET3 model and revenue related to responding to ground ambulance calls for service (including payments for treatment in place and “treat no transport” (TNT)). You may also include revenue from certain mass immunization efforts (flu and pneumococcal vaccines only) regardless of payer. All other services must not contribute to the revenue amounts you report in Section 13 (with the exception of Section 13, Question 1 on “Total Revenue.”).*

**Section 13, Question 4** asks whether your organization always, usually, sometimes, or never bills patients with specific sources of coverage for ground ambulance services. Select the response that best describes how you bill patients with each type of coverage.

**Figure 117: Section 13, Question 4**

**13. Revenues**
[Section 13 Instructions](#)

4. How often did your organization bill the following types of payers for the amount owed for a ground ambulance transport during your organization's data collection period?

**Traditional (fee-for-service) Medicare**

Always  Usually  Sometimes  Never  N/A - no patients transported

---

**Medicare Advantage (also known as Medicare Managed Care)**

Always  Usually  Sometimes  Never  N/A - no patients transported

---

**Traditional (fee-for-service) Medicaid**

Always  Usually  Sometimes  Never  N/A - no patients transported

---

**Medicaid managed care**

Always  Usually  Sometimes  Never  N/A - no patients transported

---

**TRICARE**

Always  Usually  Sometimes  Never  N/A - no patients transported

---

**Veterans Health Administration**

Always  Usually  Sometimes  Never  N/A - no patients transported

---

**Commercial insurance**

Always  Usually  Sometimes  Never  N/A - no patients transported

---

**Worker's compensation**

Always  Usually  Sometimes  Never  N/A - no patients transported

---

**Patient self-pay (cash payment and the amount patients paid for deductibles, coinsurance, and other cost-sharing only if not reported in a row above.)**

Always  Usually  Sometimes  Never  N/A - no patients transported

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Proceed to the next question by clicking **Next**.

**Section 13, Question 5** asks organizations to report revenue from sources other than transporting patients.

**Figure 118: Section 13, Question 5**

**13. Revenues** [Section 13 Instructions](#)

5. Please indicate if your organization received any revenues from any of the following sources during your organization's data collection period. Include only revenue fully or partially related to ground ambulance services. If you report an amount that is specific to your ground ambulance operations, report 100% in the last 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.

Source of Revenue	Received revenue from category during your organization's data collection period?	Total revenues	What % of revenue was attributable to ground ambulance services?
Contracts from facilities (e.g., hospitals, nursing homes, prisons, businesses)	<input checked="" type="checkbox"/>	\$100,000	50 %
Revenue from payers for EMS/medical services, other than transports and excluding contracts from facilities reported above	<input checked="" type="checkbox"/>	\$50,000	75 %
Revenues for subcontracted ground ambulance services	<input type="checkbox"/>		%
Fees for standby events	<input type="checkbox"/>		%
Membership fees for an association that collects fees from participants in return for ambulance services	<input type="checkbox"/>		%
Charitable donations (e.g., foundations and individual donors) excluding vehicles or any cost offsets reported elsewhere in the instrument	<input checked="" type="checkbox"/>	\$500	100 %
Executive loan programs (e.g., chief executive officer, business development, etc.)	<input type="checkbox"/>		%
Program related investments (e.g., public-private investment)	<input type="checkbox"/>		%
Local taxes earmarked for EMS services	<input type="checkbox"/>		%
Contract revenue from local governments in return for services	<input type="checkbox"/>		%
Enterprise funds and utility rates	<input type="checkbox"/>		%
Sale of assets and services	<input type="checkbox"/>		%
Bond or debt financing	<input type="checkbox"/>		%
State or local donation of surplus vehicles and durable equipment	<input type="checkbox"/>		%
Other donations excluding labor, facilities, vehicles, equipment, supplies, medication, and other items reported elsewhere in the instrument	<input type="checkbox"/>		%
Special purpose grants (generally state)	<input type="checkbox"/>		%
Matching grants (generally state)	<input type="checkbox"/>		%
Technical assistance (e.g., subsidized training)	<input type="checkbox"/>		%
Demonstration grants (federal)	<input type="checkbox"/>		%
Congressional earmarks	<input type="checkbox"/>		%
Other (specify)	<input checked="" type="checkbox"/>	\$10,000	100 %

Other Explanation  
 Be sure to specify here.  
 175 characters remaining.

- End of Section 13: Revenues -

Page 4 of 4 [Previous](#) [Finish](#)

For this question, you will check the boxes for all the sources of revenue that your organization received during your data collection period. You will only be allowed to enter data for the sources where you check the box.

If you do not see a revenue category applicable to your organization, please select 'Other' and enter the information.

For all sources of revenue in this question, organizations that share services will be able to present the percent of the category that is attributable to the ground ambulance operations, following any allocation method.

**GADCS FAQ EXCERPT:** Where should I report revenue from grants and programs related to the COVID-19 public health emergency received during the data collection period?

*Answer: Please report this revenue in 'Special Purpose' grants in Question 5, Section 13.*

#### Figure 119: End of Section 13

- End of Section 13: Revenues -

Page 4 of 4

Previous

Finish →

**GADCS FAQ EXCERPT:** My organization receives general tax support for the operations of our ground ambulance service that is not earmarked. Where should this tax revenue be reported?

*Answer: Please include any tax support from local governments under the "Local taxes earmarked for EMS services" source of revenue. If your organization is a public safety organization and has its expenses covered by general tax revenue, report the actual ground ambulance-related outlays from general tax revenue here, even if they were not initially earmarked for ground ambulance purposes.*

**GADCS FAQ EXCERPT:** How are donated medications and/or supplies reported?

*Answer: You do not need to report the costs or market value of donated medications or supplies. You can indicate that your organization did not have any costs associated with medicines because medicines were provided by another entity (e.g., a hospital that does not own or operate your ground ambulance organization). You must report medication and supply costs if medications and/or supplies are provided by another entity (e.g., a hospital) that does own and/or operate your ground ambulance organization.*

Click **Finish** to go to the review and submission page, or, if necessary, return to the **Dashboard** to complete other sections.

## 4.14 Submit Your Data

The GADCS will notify you after all 13 Sections are complete. From this page, you can review the data you have entered prior to submitting it to the Certifier. Click **Review Responses** to review and download a pdf version of your responses.

Figure 120: Ready to Submit

### Dashboard

**Welcome Jennifer!**

100000000  
TEST ORG

Ready to Submit

100000300  
TEST ORG300

Not Started

100000301  
TEST ORG301

Not Started

100000305  
TEST ORG305

Not Started

100000310  
TEST ORG310

Not Started

**NPI:** 1000000000

**Org Name:** TEST ORG

**State:** Maryland

**Role:** GADCS Submitter

**Data Collection Period:** January 1, 2022 to December 31, 2022

**Data Reporting Period:** January 1, 2023 to May 31, 2023

**Status:** Ready to Submit

100%

COMPLETED

Data Collection Instrument Section	Status	Action
1. General Instructions	Complete	<a href="#">Review</a>
2. Organizational Characteristics	Complete	<a href="#">Review</a>
3. Service Area	Complete	<a href="#">Review</a>
4. Emergency Response Time	Complete	<a href="#">Review</a>
5. Ground Ambulance Service Volume	Complete	<a href="#">Review</a>
6. Service Mix	Complete	<a href="#">Review</a>
7. Labor Costs	Complete	<a href="#">Review</a>
8. Facilities Costs	Complete	<a href="#">Review</a>
9. Vehicle Costs	Complete	<a href="#">Review</a>
10. Equipment, Consumable, and Supply Costs	Complete	<a href="#">Review</a>
11. Other Costs	Complete	<a href="#">Review</a>
12. Total Cost	Complete	<a href="#">Review</a>
13. Revenues	Complete	<a href="#">Review</a>

Congratulations!

You've now completed all sections. Would you like to review all or submit?

Review Responses

Submit

After reviewing your responses, click **Submit** and enter the email address for the GADCS Certifier for this organization. The GADCS will generate an email to the GADCS Certifier with preset from, subject, and message fields. Click **Submit** again to send the email. The GADCS Certifier will receive an email (see Figure 122) linking to your submission and instructions on how to review, approve, or reject the submission.

**Figure 121: Sample Generated Email From GADCS Submitter to GADCS Certifier**

**Submit**
[✕ Close](#)

**Email Notification to Certifier**

**To:**

**From:** [redacted]@.com

**Subject:** Update on the CMS Medicare Ground Ambulance Data Collection Submission

**Message:**

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Centers for Medicare and Medicaid Services  
7500 Security Boulevard  
Baltimore, MD 21244



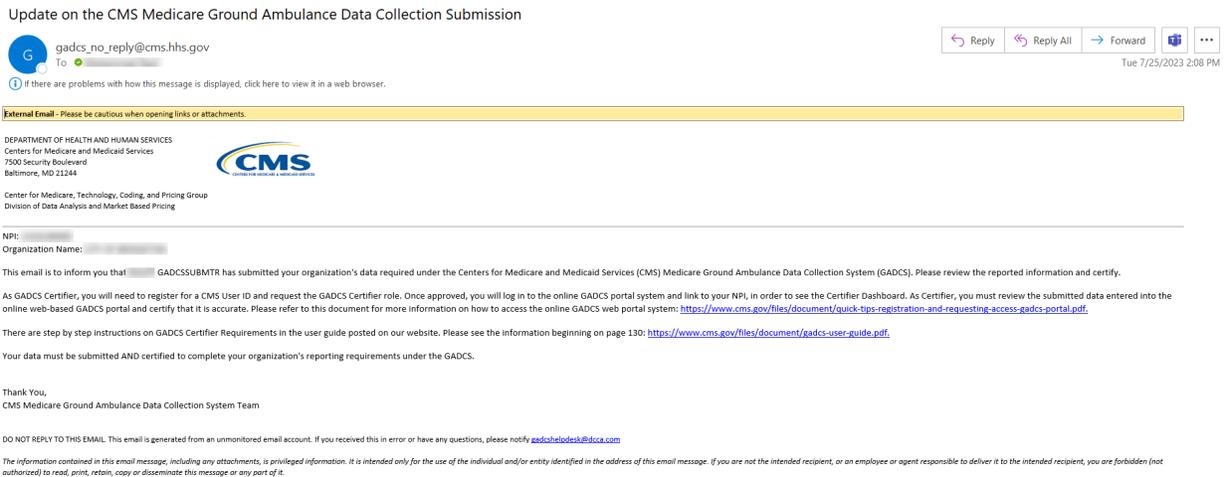
Center for Medicare, Technology, Coding, and Pricing Group  
Division of Data Analysis and Market Based Pricing

---

NPI: 1000000000  
Organization Name: TEST ORG

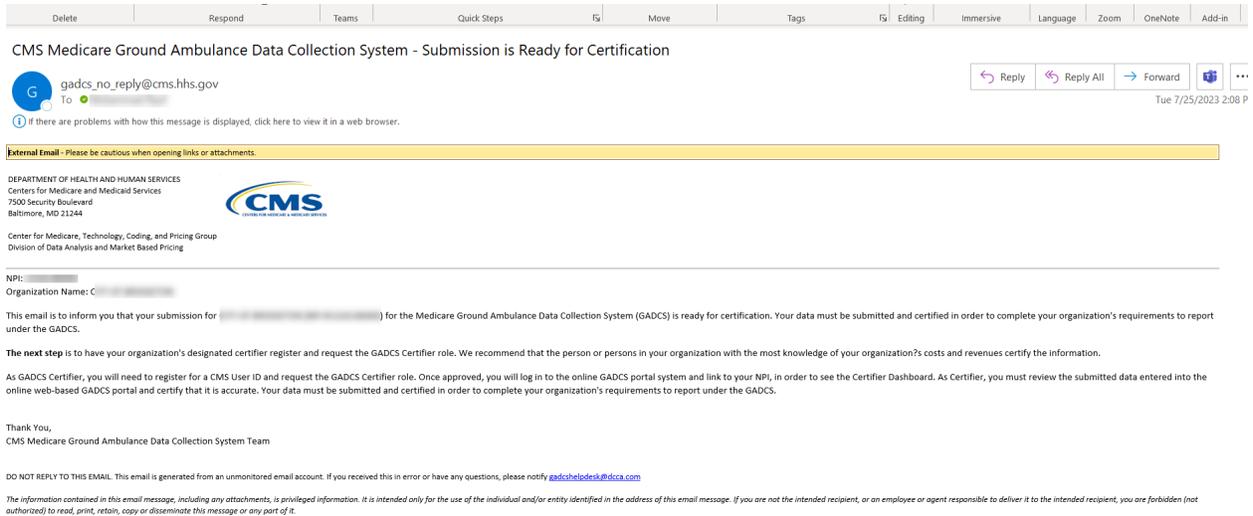
Are you sure you want to submit these responses?

**Figure 122: Sample Email Certifier Will Receive**



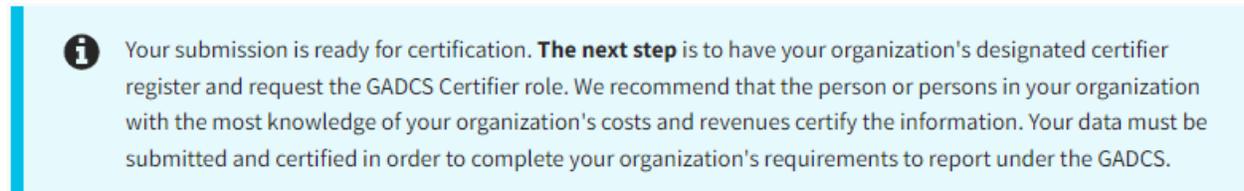
Once you have submitted the generated email to the Certifier, you will receive a confirmation email from the GADCS.

**Figure 123: Sample Confirmation Email From the GADCS Submitter Receives**



After you have sent the notification to the Certifier, a new banner will appear on your GADCS Dashboard.

**Figure 124: Dashboard Banner After Submitter Sends Notification Email to Certifier**

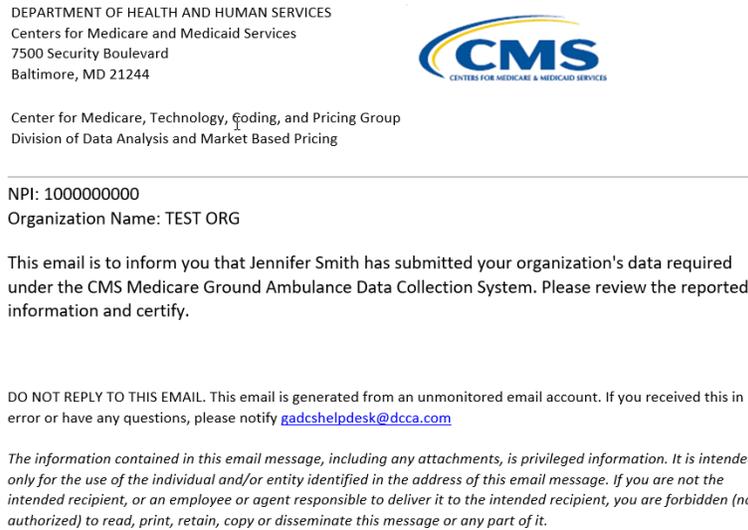


## 5. Part 5: Certifiers and Revisions

### 5.1 GADCS Certifier Requirements

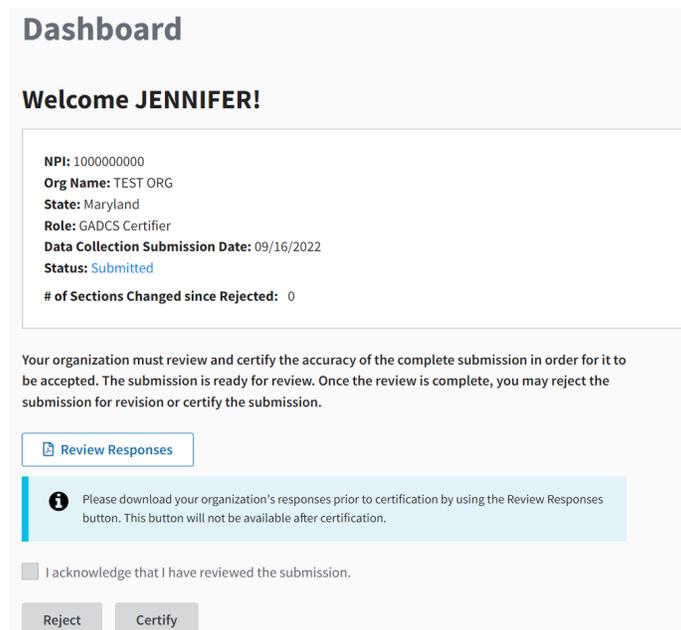
Once the GADCS Certifier receives the automatic system generated email notification that the data is ready to be reviewed, the GADCS Certifier will log in to the online GADCS portal system, link to an NPI, and then will see the Dashboard.

Figure 125: Sample Email to Certifier



The GADCS Certifier will need to verify the NPI they are reviewing and then click on **Review Responses** to generate a pdf of the data entered by the submitter. You will use the pdf version to review the responses for accuracy.

Figure 126: GADCS Certifier Dashboard



The GADCS Certifier must then go page by page to review the questions and answers in the downloaded pdf. After reviewing the data, the GADCS Certifier must determine whether the data is sufficient and ready to certify, or if it needs corrections. CMS interprets “sufficient” to mean the data reported by the ground ambulance organization is accurate and includes all required data requested on the data collection instrument. The GADCS Certifier has an option to reject the data by selecting **Reject** at the bottom on the screen.

Figure 127: GADCS Certifier Dashboard (Cont.)

## Dashboard

### Welcome JENNIFER!

**NPI:** 1000000000  
**Org Name:** TEST ORG  
**State:** Maryland  
**Role:** GADCS Certifier  
**Data Collection Submission Date:** 09/16/2022  
**Status:** Submitted

**# of Sections Changed since Rejected:** 1 [View Changes](#)

Your organization must review and certify the accuracy of the complete submission in order for it to be accepted. The submission is ready for review. Once the review is complete, you may reject the submission for revision or certify the submission.



 Please download your organization's responses prior to certification by using the Review Responses button. This button will not be available after certification.

I acknowledge that I have reviewed the submission.

Reject
Certify

Once the GADCS Certifier reviews the data, the GADCS Certifier will then check the box to acknowledge review of the submission. The GADCS Certifier will then **Reject** or **Certify** the submission.

Figure 128: Reject or Certify Buttons



 Please download your organization's responses prior to certification by using the Review Responses button. This button will not be available after certification.

I acknowledge that I have reviewed the submission.

Reject
Certify

## 5.2 GADCS Submitter Requirements if Data is Rejected

If a certifier must reject the submission for any reason, they will have to specify which areas need to be corrected. This information will be sent back to the GADCS Submitter.

The Certifier will check the box next to the sections that need correcting, and then specify in the provided field the section number, section title, question number, and the reason for rejection.

Figure 129: Certifier Dashboard With Feedback

**Welcome JENNIFER!**

NPI: 1000000000  
 Org Name: TEST ORG  
 State: Maryland  
 Role: GADCS Certifier  
 Data Collection Submission Date: 09/16/2022  
 Status: Submitted  
 # of Sections Changed since Rejected: 0

Your organization must review and certify the accuracy of the complete submission in order for be accepted. The submission is ready for review. Once the review is complete, you may reject the submission for revision or certify the submission.

[Review Responses](#)

**!** Please download your organization's responses prior to certification by using the Review Response button. This button will not be available after certification.

I acknowledge that I have reviewed the submission.

[Reject](#) [Certify](#)

**Comments** Close

6. Service Mix  
 7. Labor Costs  
 8. Facilities Costs  
 9. Vehicle Costs  
 10. Equipment, Consumable, and Supply Costs  
 11. Other Costs  
 12. Total Cost  
 13. Revenues

**Reasons for rejection**  
 Please include the Section #, Section Title, question # and the reason the question was rejected

Section 1, Question 2 is inaccurate information.

9,951 characters remaining.

[Send back to the submitter](#)

After submitting the corrections to the GADCS Submitter, the GADCS Certifier will see the message below.

Figure 130: GADCS Certifier Dashboard When Data is Rejected

**Dashboard**

Add/Remove NPI

GADCS Resources

[Overview](#)

**Dashboard**

**Welcome JENNIFER!**

**✓** The submission has been set to rejected and the submitter will be notified.

NPI: 1000000000  
 Org Name: TEST ORG  
 State: Maryland  
 Role: GADCS Certifier  
 Data Collection Submission Date: 09/16/2022  
 Status: Rejected [Comments from Certifier](#)  
 # of Sections Changed since Rejected: 0

[Review Responses](#)

The GADCS Submitter will receive an email notification of rejection from the GADCS Certifier. The email will contain information on which sections were rejected and the reasons for rejection.

The GADCS Submitter will then log in to the system to make the necessary changes.

### Figure 131: GADCS Submitter Rejection Email

**Subject:** Your CMS Medicare Ground Ambulance Data Collection Submission has been rejected

**External Email** - Please be cautious when opening links or attachments.

This is an automated reply generated by the CMS Medicare Ground Ambulance Data Collection System. The Certifier, JENNIFER PLAMERDATAENTRYPLUS, has rejected your submission of NPI 1000000000 data required under the Medicare Ground Ambulance Data Collection System. Please review the rejection comments and revise as appropriate.

#### **Selected Sections Rejected**

- 11. Other Costs

#### **Reason(s) for Rejection**

Section 1, Question 2 is inaccurate information.

After logging in, the GADCS Submitter will see the status on the Dashboard as Rejected and the individual sections that were rejected will have a red icon next to the status.

Figure 132: GADCS Submitter Dashboard With Rejections

**Dashboard**

Welcome Jennifer!

1000000000  
TEST ORG  
Rejected

1000000300  
TEST ORG300  
Not Started

1000000301  
TEST ORG301  
Not Started

1000000305  
TEST ORG305  
Not Started

1000000310  
TEST ORG310  
Not Started

**NPI:** 1000000000  
**Org Name:** TEST ORG  
**State:** Maryland  
**Role:** GADCS Submitter  
**Data Collection Period:** January 1, 2022 to December 31, 2022  
**Data Reporting Period:** January 1, 2023 to May 31, 2023  
**Status:** Rejected [Comments from Certifier](#)  
**# of Sections Changed since Rejected:** 0

100%  
COMPLETED

Data Collection Instrument Section	Status	Action
1. General Instructions	Complete	<a href="#">Review</a>
2. Organizational Characteristics	Complete	<a href="#">Review</a>
3. Service Area	Complete	<a href="#">Review</a>
4. Emergency Response Time	Complete	<a href="#">Review</a>
5. Ground Ambulance Service Volume	Complete	<a href="#">Review</a>
6. Service Mix	Complete	<a href="#">Review</a>
7. Labor Costs	Complete <span style="color: red; font-weight: bold;">!</span>	<a href="#">Review</a>
8. Facilities Costs	Complete	<a href="#">Review</a>
9. Vehicle Costs	Complete	<a href="#">Review</a>
10. Equipment, Consumable, and Supply Costs	Complete	<a href="#">Review</a>
11. Other Costs	Complete	<a href="#">Review</a>
12. Total Cost	Complete	<a href="#">Review</a>
13. Revenues	Complete	<a href="#">Review</a>

[Review Responses](#)
Resubmit

The **GADCS Submitter** will take the following steps:

- 1) Click **Review** to return to that section
- 2) Make the necessary updates
- 3) Click **Resubmit**

Once the data has been updated, the GADCS Submitter will follow the same steps as before to send the email notification to the GADCS Certifier.

## 5.3 Certification

The GADCS Certifier must review the submission again after it is corrected by the GADCS Submitter(s).

If applicable, the certifier will see the following screen:

Figure 133: Certification Screen

The screenshot shows a web interface for a certifier named JENNIFER. On the left, there is a sidebar with 'Add/Remove NPI' and 'GADCS Resources' sections, including an 'Overview' button. The main content area is titled 'Welcome JENNIFER!' and displays the following information:

- NPI: 1000000000
- Org Name: TEST ORG
- State: Maryland
- Role: GADCS Certifier
- Data Collection Submission Date: 09/16/2022
- Status: Submitted
- # of Sections Changed since Rejected: 1 (with a 'View Changes' link)

Below this information, a message states: 'Your organization must review and certify the accuracy of the complete submission in order for be accepted. The submission is ready for review. Once the review is complete, you may reject the submission for revision or certify the submission.' A 'Review Responses' button is visible. A light blue informational box contains the text: 'Please download your organization's responses prior to certification by using the Review Response button. This button will not be available after certification.' At the bottom, there is a checkbox for 'I acknowledge that I have reviewed the submission.' and two buttons: 'Reject' and 'Certify'.

On the right side of the screen, a 'Questions Changed' section is visible, showing 'Changes Since Rejection' with a list item '11. Other Costs' and a sub-item 'Question(s): 1'. It also indicates 'Total # of Questions Changed: 1'.

If the data are correct, the GADCS Certifier will then click the box to acknowledge they have reviewed the data and will then click **Certify**, read the acknowledgement, and click **Certify** again.

Figure 134: Certification Notification

The screenshot shows a modal dialog box titled 'Certification Notification' overlaid on the certification screen. The dialog contains the following text:

I certify that the reported cost, revenue, utilization and other information is accurate and that all information and statements made in the submission are true, complete, and current to the best of my knowledge and are made in good faith. I understand that information contained in this submission will be analyzed to assess the adequacy of Medicare payments rates for ground ambulance services.

At the bottom of the dialog, there are two buttons: 'Cancel' and 'Certify'. A 'Close' button is located in the top right corner of the dialog.

After clicking **Certify**, the GADCS Certifier will see the following message:

Figure 135: Dashboard With Certified Data

A confirmation email will be sent to the Certifier, as shown below.

Figure 136: Sample Generated Email From GADCS Submitter to GADCS Certifier

## **6. Congratulations!**

---

On behalf of CMS, we appreciate your organization's time, patience, and efforts with the GADCS online portal and throughout all phases of data collection and data reporting.

## Appendix A: Record of Changes

Table 3: Record of Changes

Version Number	Date	Owner	Description of Change
1.0	11/07/2022	DCCA	Creation of this document
2.0	12/06/2022	DCCA/Jennifer Palmer	Updated User Registration url in section 2.2 Addition of information for newly added Section 2 Question 18 and updated the corresponding figure in section 4.2.
3.0	01/01/2024	RAND	Replaced screenshots of updated instrument sections, updated FAQ excerpts to match the November 2, 2023, FAQ, added text highlighting common issues, and made edits throughout for consistency in terminology and style.
3.0	01/01/2024	DCCA/Jennifer Palmer	Updated Section 2 question 1 text and two images. Added 2 new images of emails. Copy edit, updating screenshots, 508 Compliance edit

## Appendix B: Acronyms and Definitions

Table 4: Acronyms and Definitions

Acronym	Definition
ALS1	Advanced Life Support, Level 1
ALS2	Advanced Life Support, Level 2
BBA	Bipartisan Budget Act
BLS	Basic Life Support
CMS	Centers for Medicare & Medicaid Services
EMT	Emergency Medical Technician
GADCS	Ground Ambulance Data Collection System
HCPCS	Healthcare Common Procedure Coding System
HHS	Department of Health and Human Services
IDM	Identity Management
MFA	Multi-Factor Authentication
NPI	National Provider Identifier
PI	Paramedic Intercept
QRV	Quick Response Vehicle
PDF	Portable Document Format
SCT	Specialty Care Transport
SUV	Sport-Utility Vehicle