

**Centers for Medicare & Medicaid Services (CMS)**  
**Medicare Ground Ambulance Data Collection System (GADCS)**  
**Hardship Exemption Request Form**

Ground ambulance organizations that did not report sufficient data due to a significant hardship, such as a natural disaster, bankruptcy, or other similar situations may request a hardship exemption. To request a hardship exemption after the ground ambulance organization receives notification that it will be subject to the 10 percent payment reduction as a result of not sufficiently submitting information under the GADCS, organizations should complete a request form through the GADCS portal. This is a copy of the hardship exemption form.

Organizations can request a hardship exemption within 90 calendar days of the date that CMS notified the organization that it would receive a 10 percent payment reduction as a result of not submitting sufficient information under the GADCS. Organizations will be asked to supply information such as reason for requesting a hardship exemption, evidence of the hardship (e.g., photographs, newspaper, other media articles, financial data, bankruptcy filing, etc.), and date when your organization would be able to begin reporting information. All hardship exemption requests will be evaluated based on the information submitted that clearly shows that they are unable to submit the required data.

**Asterisk (\*) indicates required fields. All sections must be complete and specific in order for the CMS to consider the request.**

**\*Dates**

\*Date of Request \_\_\_\_\_ \*Hardship Occurrence Date \_\_\_\_\_

**\*Ground Ambulance Organization Contact Information**

\*Ground Ambulance Organization Name \_\_\_\_\_

\*National Provider Identifier (NPI) Number \_\_\_\_\_

(Place additional NPIs in Additional Comments section.)

<b>*CEO/Designee Contact Information</b>	
* Name _____	*Title _____
*Address (must include physical street address) _____	
*City _____	*State _____ *ZIP Code _____
*Telephone Number _____	Ext. _____ *Email Address _____

<b>Additional Contact Information</b>	
Name _____	Title _____
Address (must include physical street address) _____	
City _____	State _____ ZIP Code _____
Telephone Number _____	Extension _____ Email Address _____

\*Date when the ground ambulance organization will be able to begin collecting data: \_\_\_\_\_

**\*Enter specific reasons for requesting a hardship exemption. Please indicate how the significant hardship negatively impacted reporting of cost data. Attach supporting documentation.**

**\*Provide evidence of the impact of the hardship exemption including (but not limited to) photographs, web links, newspaper, other media articles, financial data and filing for bankruptcy. Attach supporting documentation.**

**Additional Comments (Attach additional documentation/comments if necessary):**

\*CEO/Designee Signature: \_\_\_\_\_ \*Date: \_\_\_\_\_

## **Hardship Exemption Request Form Submission Instructions**

Complete the form that will available in the GADCS portal.

Following receipt of the request form, CMS will provide: (1) A written acknowledgement that the request has been received and (2) a written response to the CEO and any additional designated personnel using the contact information provided in the request within 30 days of the date that we received the request.