

**Medicare Ground Ambulance Data Collection System (GADCS)  
Required Information for Collection and Reporting Quick Reference Guide  
Updated March 8, 2022**

**I. Overview and Resources**

This document provides a brief overview of the GADCS and lists the specific information that sampled ground ambulance organizations must collect and report through the GADCS.

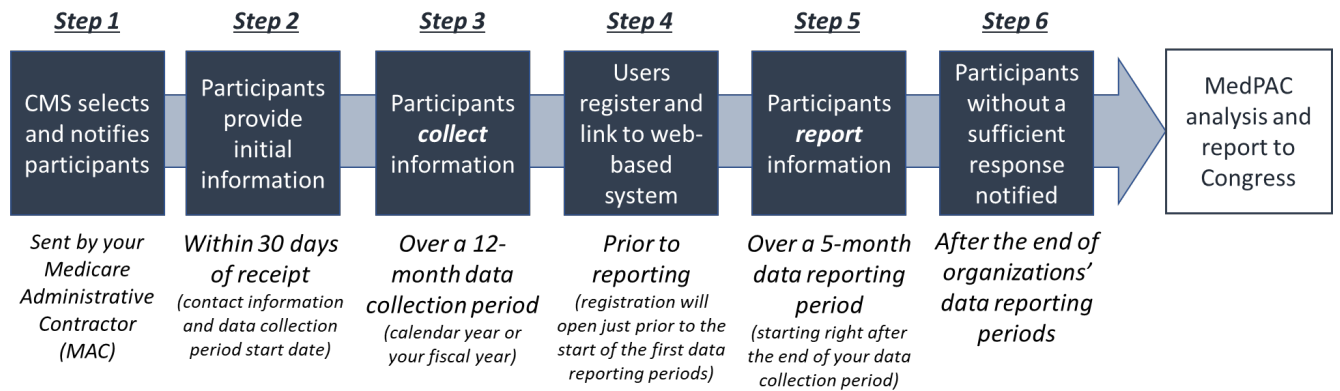
The Medicare Ground Ambulance Data Collection Instrument is the set of questions that sampled ground ambulance organizations will answer when they report information to the GADCS. The Instrument contains questions relating to your organization's characteristics, service area, emergency response time (if applicable), mix of ground ambulance services (e.g., basic life support versus advanced life support and emergency versus non-emergency transports), costs (including those related to labor, facilities, vehicle, equipment, consumables, supplies, and other), and revenues (e.g., payments from health insurers) and provides instructions on how to report this information.

A printable version of the Medicare Ground Ambulance Data Collection Instrument is available on CMS' Ambulances Services Center website at <https://www.cms.gov/Center/Provider-Type/Ambulances-Services-Center.html>. Part III of this document walks through the type of information covered by the instrument. Please see the printable instrument for details on specific questions.

The Ambulances Services Center website lists other resources, including prior presentations and a Frequently Asked Questions (FAQ) document (<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AmbulanceFeeSchedule/Downloads/Medicare-Ground-Ambulance-FAQs.pdf>), that may be helpful to ground ambulance organizations preparing to collect and report information to the GADCS. Please email [AmbulanceDataCollection@cms.hhs.gov](mailto:AmbulanceDataCollection@cms.hhs.gov) if you have questions regarding this document or the GADCS.

**II. Timeline and Process Overview**

CMS developed the GADCS to meet the requirements described in paragraph (17) of section 1834 (l) of the Social Security Act. CMS is required by law to collect information on costs, revenue, utilization and other information from representative samples of ground ambulance organizations. This information will be analyzed by the Medicare Payment Advisory Commission (MedPAC), a government body independent from CMS, to develop 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.



The figure above provides a high-level overview of the timeline for the data collection and data reporting requirements under the GADCS. In brief, CMS first selects and notifies participants in each of four representative samples of ground ambulance organizations (**Step 1**). 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**).

After reporting this initial information, organizations will *collect* data over a continuous 12-month data collection period (**Step 3**). Organizations can choose to use a calendar year as their reporting period or, if different than a calendar year, their fiscal year.

Two types of users, data submitters and certifiers, will need to create accounts and link to the sampled NPI via a web-based GADCS portal currently under development by CMS (**Step 4**). Submitters are responsible for entering information into the web-based instrument (i.e., questions organized by section). Certifiers will review complete responses and certify the information is complete and accurate before submitting the response to CMS.

Organizations must report and certify their response 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.

### III. Required Information for Collection and Reporting

The bullet lists below summarizes the information in the Medicare Ground Ambulance Data Collection Instrument across its 13 sections. Ground ambulance organizations selected to participate in the GADCS must collect and report all information below that is applicable to their organization. The grey boxes below list information applicable only to certain types of ground ambulance organizations based on organizational characteristics and the services that are provided. Unless otherwise specified, all questions ask for information collected over your organization’s continuous, 12-month data collection period.

### ***A. Organizational Characteristics and Service Area (Instrument Sections 2 & 3)***

- How you categorize your ground ambulance organization among several organization types.
- Whether your organization provides services other than ground ambulance services.
- Whether your organization operates land and/or water ambulances.
- Whether your organization provides certain types and levels of services (e.g., responses to emergency calls for service).
- Your organization's overall staffing model.
- Whether your organization uses any volunteer labor.
- The ZIP codes which you consider to comprise your service area.

### ***B. Services Volume and Mix (Instrument Sections 4, 5, & 6)***

- Your organization's approximate average trip time (in minutes).
- Number of total responses for all calls for service.
- Number of total ground ambulance responses involving a fully equipped and staffed ground ambulance, regardless of whether the response resulted in a transport.
- Whether your ground ambulance organization responds to calls with another non-transporting agency (such as a local fire department) that is not part of your organization, and the types of staff involved.
- Your organization's number of ground ambulance responses that *did not* result in a transport and, of these, the share where the patient received medical treatment on site.
- Your organization's number of ground ambulance responses that *did* result in a transport.
- Your organization's number of ground ambulance transports during the data collection period that were paid in part or in full by any health insurer or patient by the time you report data.
- Whether your organization participates in standby events (paid or unpaid).
- The number of paramedic intercepts for which your organization provided an Advanced Life Support (ALS) level of service for which another organization provides an ambulance transport.
- Excluding paramedic intercepts meeting Medicare's definition, the number of responses for which your organization provided ALS intervention as a joint response to meet a Basic Life Support (BLS) ambulance from another organization.
- The share of ground ambulance transports by level of service by billing code.
- The share of ground ambulance services that were interfacility.

#### **Box 1: Services Provided Information Applicable to Certain Organization Types**

*Organizations that use more than one NPI to bill Medicare:*

- Your parent organization's number of ground ambulance transports, including the number of transports across all ground ambulance organizations and NPIs owned or operated by the parent organization.

*Organizations Responding to Emergency Calls for Service:*

- How your organization currently tracks response times.

- Average response time.
- The share of emergency responses with response times more than twice your organization's average response time.
- Whether your organization is required or incentivized to meet response time targets.
- The share of ground ambulance responses that were emergency and non-emergency.

*Organizations Operating Water Ambulances:*

- The share of ground ambulance responses involving a water ambulance.

**C. Information on Costs (Instrument Sections 7 through 12)**

*Staffing and Labor Costs (Instrument Section 7)*

- Whether your organization uses paid and/or volunteer staff in specific categories of emergency medical technician (EMT) and other response staff categories.
- Whether your organization uses paid and/or volunteer medical director staff and staff in specific administration/facility categories.
- Total annual hours worked, hours worked related to ground ambulance responsibilities, and hours worked related to all other responsibilities by staff category.
- Total compensation for paid staff by staff category.
- Whether your organization has staff performing specific roles such as billing, data analysis, training, and medical quality assurance more than half-time.

**Box 2: Staffing and Labor Cost Information Applicable to Certain Organization Types**

*Organizations using volunteer labor:*

- The total number of EMT/response and of administrative/facilities volunteers. Total annual hours worked by volunteer staff by staff category.
- Total costs associated with volunteer staff.

*Fire, Police, and/or Public Safety-Based Organizations:*

- Hours worked related to fire, police, or other public safety activities by category for individuals with both ground ambulance and fire/police/public safety roles.

*Facility Costs (Instrument Section 8)*

- Information on each facility used by your organization related to ground ambulance services such as whether your organization pays mortgage or lease payments for each facility, whether the facility is owned outright or donated, the square footage of the facility, and the share of the facility related to ground ambulance services.
- Annual costs associated with each facility due to mortgage interest, lease payments, and depreciation (if applicable).
- Combined, facilities-related insurance costs, maintenance and improvements costs, utility costs, and facility taxes.

*Vehicle Costs (Instrument Section 9)*

- Information on each ambulance used by your organization related to ground ambulance services such as whether the ambulance was used to transport patients, whether the

ambulance was donated, the annual depreciated value of the ambulance if owned (if applicable), payment amount if leased, and whether the ambulance was remounted and at what cost if owned.

- Information on each non-ambulance vehicle used by your organization related to ground ambulance services such as the vehicle type, whether the vehicle was donated, annual depreciation expense if owned (if applicable), and the payment amount if leased.
- The total miles traveled by ambulance and non-ambulance vehicles.
- Combined vehicle-related registration, license, insurance, maintenance, and fuel costs as well as estimates of the breakdown of maintenance and fuel costs across different types of vehicles.

#### *Equipment, Consumable, and Supply Costs (Instrument Section 10)*

- Total annual depreciation expense (if applicable), acquisition costs (if applicable), and total annual maintenance, certification, and service costs for capital medical equipment.
- Total annual costs associated with medications. If your organization does not have any costs related to medications, you will be asked to indicate a reason why.
- Total annual costs for medical supplies and consumables. This amount excludes costs related to capital medical equipment and medication reported elsewhere.
- Total annual depreciation expense (if applicable), acquisition cost (if applicable), and total annual maintenance, certification, and service costs for capital non-medical equipment.
- Total annual costs associated with uniforms.
- Total annual costs for non-medical supplies. This amount excludes costs associated with medical supplies, all capital equipment, and uniforms, all of which are reported elsewhere.

#### *Other Costs (Instrument Section 11)*

- Whether your organization contracts for billing, accounting, vehicle maintenance/repair, dispatch and call center, facilities maintenance, or information technology services and, if so, the annual cost for the service and the share of the costs associated with ground ambulance services. You will report a single cost for contracted services in each category.
- Whether your organization has any other costs related to ground ambulance services not reported elsewhere. While the instrument lists many categories, you may also enter your own categories if necessary to ensure all costs are reported.

#### *Total Costs (Instrument Section 12)*

- Your organization's total costs, including costs unrelated to ground ambulance services. Note: We are asking for your organization's total costs in one separate question at the end of the cost section in the Medicare Ground Ambulance Data Collection Instrument. You are being asked a series of more detailed cost questions to help CMS understand the components of your total costs.

#### ***D. Information on Revenue (Instrument Section 13)***

- Your organization's total revenue, including revenue unrelated to ground ambulance services.
- Transport revenue from different types of health care payers. Specific categories include fee-for-service (FFS) Medicare, Medicare Advantage (i.e., Medicare managed care), FFS

Medicaid, Medicaid managed care, TRICARE, Veteran's Health Administration, commercial insurance, workers' compensation, and patient self-pay. You will be asked whether patient cost sharing is included in the amount you report for each payer category or in the patient self-pay category.

- Whether you routinely bill for transports of patients with different sources of coverage. The specific categories are the same as those listed above.
- Whether your organization realized revenue from any other sources (e.g., from contracts, earmarked taxes, donations, grants, etc.)
- Percent of revenue attributable to ground ambulance services across different categories.

#### **IV. General Data Collection and Reporting Principles**

*Collecting information over a continuous, 12-month data collection period.* Selected organizations will collect information over a continuous, 12-month data collection period. 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.

*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 Instrument are counted *only once*. As an example, following the instructions in the instrument, 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 instrument includes instructions on how to assign staff, costs, and revenue to only one category for the purposes of reporting.

*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.

### **Getting Help**

If you have additional questions, please email the CMS' ambulance data collection mailbox ([AmbulanceDataCollection@cms.hhs.gov](mailto:AmbulanceDataCollection@cms.hhs.gov)). For a list of supplemental documents, webinars, and other resources, please see CMS' Ambulances Services Center website at <https://www.cms.gov/Center/Provider-Type/Ambulances-Services-Center.html>.