Medicare Ground Ambulance Data Collection System
Frequently Asked Questions (FAQ)
November 1, 2019

Beginning on January 1, 2020, the Centers for Medicare and Medicare Services (CMS) requires selected ground ambulance organizations to collect and report cost, revenue, utilization, and other information through a Ground Ambulance Data Collection System. This FAQ is provided to assist ground ambulance organizations in collecting and reporting the required data. It will be updated as necessary based on feedback and questions we receive from ambulance organizations.

Additional questions may be submitted to the CMS's ambulance data collection mailbox (AmbulanceDataCollection@cms.hhs.gov). For a list of supplemental documents, webinars, and other resources, please see the Medicare Ambulance Services Center website at https://www.cms.gov/Center/Provider-Type/Ambulances-Services-Center.html.

1. General Questions

Question: Why is CMS collecting cost, revenue, and other information from Medicare ground ambulance providers and suppliers?
   Answer: 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. 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. CMS has developed a Ground Ambulance Data Collection System to meet this requirement.

Question: What is a Medicare ground ambulance organization?
   Answer: CMS uses the term "ground ambulance organizations" in this document and in the Ground Ambulance Data Collection System to refer to organizations enrolled in Medicare as providers or suppliers of services that bill Medicare for ground ambulance services. Ground ambulance services include ambulance services rendered using land and/or water ambulances, but not air ambulances.

Question: How will the collected information be used?
   Answer: The collected information will be provided to the Medicare Payment Advisory Commission (MedPAC) who 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.

Question: Why is it important for ground ambulance organizations to collect and report complete and accurate information?
   Answer: The information will help CMS understand the costs that your organization and other ground ambulance organizations face to provide ground ambulance services. The data will be analyzed to assess the adequacy of Medicare payment rates for ground ambulance services.

Question: Will the information that my organization reports be made public?

Answer: Your organization's specific responses will not be made public. CMS will periodically release summary statistics, respondent characteristics, and other relevant results from the collected information in the aggregate so that individual ground ambulance organizations are not identifiable.

Question: How can my organization prepare to collect and report information?

Answer: Ground ambulance organizations can review a printable version of the data collection instrument, review supplemental documentation, and participate in CMS webinars to ensure that they are collecting the required information. For a list of resources, please see the Medicare Ambulance Services Center website at https://www.cms.gov/Center/Provider-Type/Ambulances-Services-Center.html.

2. Sampling and Notification

Question: How does CMS determine which ground ambulance organizations must report information?

Answer: CMS is required to identify a representative sample of ground ambulance organizations each year from 2020 to 2024. Organizations are selected using their National Provider Identifiers (NPIs). We expect that each NPI will report information only once during the first four years of data collection.

Question: What is my organization's National Provider Identifier (NPI)?

Answer: Your organization's NPI is listed on your claims that are submitted when billing Medicare for ground ambulance services. You can look up your NPI number and other information associated with your NPI (e.g., addresses) using the CMS National Plan and Provider Enumeration System (NPPES) at https://npiregistry.cms.hhs.gov/. You can update or correct the information associated with your NPI via NPPES at https://nppes.cms.hhs.gov/#/.

Question: How will CMS notify the ground ambulance organizations that have been sampled each year?

Answer: Sampled organizations will receive notification by mail and/or e-mail from the Medicare Administrative Contractor (MAC) assigned to your service area. Sampled organizations will also be listed on the CMS website at https://www.cms.gov/Center/Provider-Type/Ambulances-Services-Center.html.

Question: Which contact information will CMS use to notify organizations sampled each year?

Answer: The Medicare Administrative Contractor (MAC) assigned to your service area will send notifications to authorized officials and mailing addresses from Medicare provider and supplier enrollment forms linked to the sampled National Provider Identifier (NPI). You can view and update your current enrollment record in the Medicare Provider Enrollment, Chain, and Ownership System (PECOS) at https://pecos.cms.hhs.gov/pecos/login.do. Please contact your MAC if your organization's NPI listed on the CMS website as selected to report

information to CMS and you do not receive an email or letter from your MAC with additional instructions.

3. Data Collection and Reporting Timeline and Effort

Question: When will sampled organizations collect information?
Answer: Sampled organizations will collect the required information during a continuous 12-month collection period. Organizations may choose a collection period aligning with the calendar year or the organization's fiscal year. Sampled organizations must notify their MACs as to which continuous 12-month data collection period they will use (instructions will be provided in the notification letters sent from MACs).

Question: When will sampled organizations report information?
Answer: Sampled organizations will report information within a 5-month reporting period that starts at the end of the organization's collection period. For example, if your organization begins collecting information on January 1, 2020, your organization's collection period will run until December 31, 2020 and your organization must report information during the 5-month period between January 1, 2021 and May 31, 2021.

Question: How long will it take to collect and report data?
Answer: The time spent collecting the required information will vary depending on your organization's accounting and recordkeeping systems. Some organizations will need to adjust how they track information prior to the start of the data collection period in order to collect the required information. CMS estimates it will take 20 hours on average to collect information, including your ongoing collection of information over your organization's 12-month collection period. CMS estimates that it will take 3 hours to enter and report the requested information.

4. Requirement to Report

Question: My organization also provides fire/rescue services. Do we need to report information?
Answer: Yes. All organizations that provide ground ambulance services, including those that provide other services such as fire/rescue, must report information if selected. The Ground Ambulance Data Collection System provides instructions on how to report costs and revenue for a range of ground ambulance organization types.

Question: My organization does not currently furnish ground ambulance services. Do we need to respond to the notification from our Medicare Administrative Contractor?
Answer: Yes. Every sampled National Provider Identifier (NPI) must notify their Medicare Administrative Contractor (MAC) of the data collection period the organization will use to collect information.

Question: My organization did not furnish any ground ambulance services during the 12-month collection period. Do we need to report information?
Answer: Every sampled NPI must also sign up for and enter the Ground Ambulance Data Collection System during their organization's reporting period. One of the first questions you

will be asked upon reporting data is whether the sampled NPI provided ground ambulance services during the data collection period. Answering "no" to this question will complete your reporting.

Question: My organization was sampled but ceased all operations before or during the data collection and reporting periods. Is reporting required?
   Answer: Reporting is required if the organization provided any ground ambulance services during the collection period.

Question: What happens if my organization doesn't report the required information?
   Answer: If your organization does not report the required information by the end of the 5-month reporting period, it will be subject to a 10% reduction in Medicare payments under the Medicare Part B ambulance fee schedule for the following calendar year.

Question: Can my organization request a hardship exemption from the payment reduction?
   Answer: Yes. Organizations that did not report adequate data due to a natural disaster, bankruptcy, or other similar situations may request a hardship exemption. To request a hardship exemption, organizations should complete a request form available at https://www.cms.gov/Center/Provider-Type/Ambulances-Services-Center.html. Your organization 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. A hardship exception cannot be requested in advance and will only be granted if a hardship has occurred that prevents the organization from submitting the required data.

5. Reporting Information

Question: Who within my organization should report information?
   Answer: We recommend that the person or persons in your organization with the most knowledge of your organization's costs and revenues report information. You may find that this person needs to reach out to additional individuals to gather cost information not currently tracked by your ground ambulance organization (e.g., if your municipality pays your ambulance facility rent or provides benefits).

Question: Where and how does my organization report information?
   Answer: No information will be reported until 2021. CMS will provide separate instructions on how to access the online Ground Ambulance Data Collection System. You can view a printable version of the ground ambulance data collection instrument at https://www.cms.gov/Center/Provider-Type/Ambulances-Services-Center.html.

Question: What is the data collection instrument?
   Answer: The Ground Ambulance Data Collection System includes a data collection instrument, which is a series of questions that you will respond to in order to report information.

Question: Who can my organization contact if we are experiencing technical issues or have a question related to the Ground Ambulance Data Collection System?

> Answer: Multiple resources to help with all aspects of data collection are available at
> https://www.cms.gov/Center/Provider-Type/Ambulances-Services-Center.html.
> For other questions, please e-mail AmbulanceDataCollection@cms.hhs.gov.

6. Data Collection Scope and Principles

Question: What information will be collected?

> Answer: The data collection instrument includes questions on 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).

Question: What should my organization do when precise estimates are not available? Should we leave the answer blank or should we estimate?

> Answer: Information reported should be as complete and accurate as possible. For certain questions, the data collection instrument instructions indicate that your organization may report an estimate or the best response that is relevant to your organization. You will be asked at the end of reporting information in the Ground Ambulance Data Collection System to certify the accuracy of your responses. If the reported information is not complete or reported within the reporting period, a 10% reduction in payment will be applied on Medicare ambulance fee schedule payments for the following calendar year.

Question: Should my organization report certain costs or revenues more than once on the data collection instrument?

> Answer: No. Staff time, costs, and revenues should be reported only once and should not be double-counted. Please see the detailed instructions in each section.

Question: My ground ambulance organization is owned and/or operated by our local municipality. The municipality pays directly for some costs associated with our ground ambulance operations (e.g., facilities costs, utilities, ambulance fuel, benefits, etc.). Do we need to report on these costs?

> Answer: Yes. You must work with your municipality to report the costs that are relevant to your ground ambulance service. Otherwise, the costs that you report will be incomplete and not reflect your organization's total costs. This would also apply if your ground ambulance organization is part of a broader organization that pays directly for some of your organization's costs (e.g., a hospital Medicare provider that also owns and provides ground ambulance services).

Question: My organization received donations during the data collection period (e.g., an ambulance donated by the community, medicines or medical consumables provided by hospitals, or cash donations). How should these donations be reported?

>Answer: Cash donations are reported in the revenue section of the data collection instrument. You will be able to report whether vehicles, facilities, and supplies are donated to your organization. You do not need to provide a fair market value for these donations. Note that for the purposes of reporting, donations are defined as coming from organizations with which you do not have business relationships. Facilities, utilities, benefits, etc. provided by your municipality are not considered donations if your organization is run by the same municipality (see question above).

Question: My organization is part of a larger parent organization (such as a broader company) that bills for ground ambulance services under multiple National Provider Identifiers. Should my organization's costs and revenues associated with the larger parent organization be reported?

>Answer: Yes. One of the initial data collection instrument questions will ask whether this scenario applies to your ground ambulance organization. If so, the data collection instrument will ask you to report an allocated share of your parent organization's (also known as "central office") costs in different data collection instrument sections.

7. Reporting Information on Staffing and Labor Costs

Question: My organization uses volunteer staff. How should volunteer labor be reported?

>Answer: When completing the data collection instrument, you will be asked to indicate the various categories you have for paid and volunteer staff. You will be directed to a section specifically for reporting staffing and costs associated with volunteer labor if applicable. In this section, you should report on the total hours worked annually by volunteer staff in different categories, as well as the total costs associated with stipends, honoraria, benefits, and/or other compensation for ground ambulance volunteer labor.

Question: 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. You will categorize EMT/response staff in the category that matched their level at the start of the reporting period. You will 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.

Question: What if some of my organization's staff have non-ground ambulance responsibilities (e.g., air ambulance operations, public health responsibilities, or fire/police activities)?

Answer: If staff contributes only a fraction of their time to ground ambulance operations, you will have the opportunity to report the total hours annually for (1) paid EMT/response staff with unrelated fire/police response duties and (2) hours worked annually unrelated to ground ambulance or fire/police response duties.

Question: How should staffing and labor costs be reported if some staff changed roles during the reporting period?

Answer: You should include staff, and associated labor costs, in the labor category that best matched their level at the start of the reporting period. Because the data collection instrument asks you to report total annual compensation, a change in staff members' compensation rates should be captured in the data collection instrument.

8. Reporting Other Information

Question: Which facilities must be reported?

Answer: Include all facilities that are related to your ground ambulance operations. These include 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.

Question: 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 of 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) a suggested approach 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.

Question: 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 during the data collection period.

Question: Our organization uses combination fire truck/ambulances. Are these considered ground ambulances?

Answer: If these vehicles are considered ground ambulances in your jurisdiction, report them as ambulances. If not, include them in the "other vehicles" section.

Question: Our organization also has fire/rescue services. Should we include fire trucks in the "other vehicle costs" section?

Answer: You should report only fire trucks that are included in ground ambulance calls or support ground ambulance operations.

Question: 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.

Question: 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.