Medicare Ground Ambulance Data Collection Instrument

November 2, 2023

Please see the end of the document for a summary of clarifications and changes to the Medicare Ground Ambulance Data Collection Instrument from previous versions.

NOTE: **All programming notes, skip patterns and annotations to improve readability are indicated in brackets.** This text will not appear in the programmed data collection instrument but is included in this version to indicate the intended functionality of the programmed instrument. Item wording, definitions, and response options for the respondent appear in black. The programmed instrument may include additional programmed checks, confirmations, instructions, warning messages, etc., beyond the annotations in this printable version of the instrument.

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Printable Ground Ambulance Data Collection Instrument

1. General Survey 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).

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 a designated Medicare Administrative Contractor (MAC) or to CMS. The continuous 12-month data collection period for your organization runs from **[INSERT START DATE]** to **[INSERT END DATE]**.

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 and then enter the information into the online data collection instrument when all of the information is collected. A printable copy of the data collection instrument is available at: **[INSERT LINK]**.

Your organization must report the required information prior to **[INSERT DATE]**, 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 ever 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. *[Note: This instruction will be updated to reflect the capabilities of the programmed instrument.]* To learn more about completing the instrument, printing your responses, and whom to contact if you have questions, **click here for help [INSERT LINK]**.

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.

1. Is **[pre-populate number]** an NPI your organization used to bill Medicare for ground ambulance services during the data collection period? Yes (1) / No (0) **[If No (0), either exit instrument or allow respondent to correct number or contact support]**
    a. **[If No (0)]** You indicated that NPI **[pre-populate number]** was not used by your organization to bill for ground ambulance services from **[INSERT START DATE]** to **[INSERT END DATE]**. NPI **[pre-populate number]** was used to bill Medicare for ground ambulance services in **[insert sampling year]** which was the basis for CMS selecting your organization for participation in the Medicare Ground Ambulance Data Collection System. Please select the reason for your answer:
        i. The NPI is not an NPI associated with your organization Yes (1) / No (0)
            1. **[If Yes (1)]** Please contact the GADCS Help Desk to resolve this issue **[INSERT LINK]**.
        ii. The NPI was in operation during the data collection period but was not used during the data collection period to bill Medicare for ground ambulance services Yes (1) / No (0)
            1. **[If Yes (1)]** Please confirm your response. If you answer, "I

confirm," your organization's responsibility to report information to the Medicare Ground Ambulance Data Collection System is complete.

    a. I confirm. NPI **[pre-populate number]** was not used to bill Medicare for ground ambulance services from **[INSERT START DATE]** to **[INSERT END DATE]**. **[REPORTING COMPLETE]**

    b. Contact GADCS Help Desk **[INSERT LINK]**

   iii. The NPI was deactivated prior to, during, or after the data collection period Yes (1) / No (0)

     1. **[If Yes (1)]** Please confirm your response. If you answer, "I confirm," your organization's responsibility to report information to the Medicare Ground Ambulance Data Collection System is complete.

      c. I confirm. NPI **[pre-populate number]** was deactivated prior to, during, or after the data collection period from **[INSERT START DATE]** to **[INSERT END DATE]**. **[REPORTING COMPLETE]**

      d. Contact GADCS Help Desk **[INSERT LINK]**

   iv. None of the above Yes (1) / No (0)

     1. **[If Yes (1)]** Please contact the GADCS Help Desk to resolve this issue **[INSERT LINK]**.

  b. Yes, throughout the organization's continuous, 12-month data collection period (1)

  c. Yes, but for only part of the organization's continuous, 12-month data collection period (2).

   i. Please enter the date range during which the selected NPI billed Medicare for ground ambulance services. Enter your data collection period start date and/or stop date:

     1. Start date [MM/DD/YYYY]

     2. End date [MM/DD/YYYY] *[Note: Include 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 (1) / No (0)

  a. **[If Yes (1)]** 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: **[pre-populate number].** 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.

3. Is **[INSERT ORGANIZATION NAME]** 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 (1) /No (0)

4. What is the name, job title, and contact information for the primary person completing this instrument? (enter name, job title, and contact information) *[Note: Part or all of this item will not appear if the information can be partly or entirely pre-populated using information collected elsewhere in the Medicare Ground Ambulance Data Collection*

System.]

5. Which description of ownership type best fits your organization?
   a. For-profit
   b. Non-profit excluding government
   c. Government (e.g., federal, state, county, city/township/other municipal)
   d. 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 (1), No (0)
7. Which category best describes your ground ambulance operation?
   a. Fire department-based
   b. Police or other public safety department-based (including all-hazards public safety organizations)
   c. Government stand-alone emergency medical services (EMS) agency
   d. Hospital or other Medicare provider of services (such as skilled nursing facility). For the full list of Medicare provider of services categories, see https://data.cms.gov/provider-characteristics/hospitals-and-other-facilities/provider-of-services-file-hospital-non-hospital-facilities.
   e. Independent/proprietary organization primarily providing EMS services
   f. Independent/proprietary organization primarily providing non-emergency services
   g. Other (please specify)
8. **[If Question 7= a, b, or d]** You indicated that your ground ambulance operation is **[FILL "fire department-based," "police or other public safety department-based," and/or "hospital-based or other Medicare provider-based" as appropriate based on responses to Question 7.]** Please confirm that your ground ambulance operation shared operational costs, such as building space or personnel, with these other operations.
   a. Yes, we shared some or all costs (1)
   b. Costs were **not** shared (0)
9. Does your organization provide any of the following services or operations (select all that apply)?
   a. **[Do not display if Question 7 = a]** A fire department? Yes (1), No (0)
   b. **[Do not display if Question 7 = b]** A police or other public safety department? Yes (1), No (0)
   c. **[Do not display if Question 7 = d]** A hospital or other Medicare provider of services (such as a skilled nursing facility). For the full list of Medicare provider of services categories, see https://data.cms.gov/provider-characteristics/hospitals-and-other-facilities/provider-of-services-file-hospital-non-hospital-facilities) Yes (1), No (0)
   d. Other health care delivery operations such as a clinic or urgent care center (excluding hospitals, skilled nursing facilities, or other Medicare provider of services in Option c)? Yes (1), No (0)
   e. An air ambulance operation? Yes (1), No (0)
   f. Other (specify)? Enter text

[Note: For the remainder of the data collection instrument, instructions and items related to fire, police, or other public safety department-based ground ambulance organizations are shown to organizations that: (A) answer Section 2, Question 7="a" or "b" AND answering Question 8 = Yes (1); OR, (B) answer Question 9 = Yes (1) to one or both of a and b. To streamline the skip logic, the answers to these questions are referred to as "Public Safety = Yes" for the remainder of the document.]

10. Does your organization routinely provide ground ambulance responses to 911 calls? Yes (1), No (0)

11. Do you operate land-based ambulances? Yes (1), No (0)

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 (1), No (0)
[Note: This response will be used to prompt for water-specific volume and cost information]

13. Do you operate air ambulances? Yes (1), No (0) **[If Yes (1), show the following warning prior to each section:]** "Do **not** include air ambulance services in responding to the following questions."

14. Which staff deployment model best describes your organization?
    a. Static deployment (same number of fully staffed ground ambulance units available no matter the time of day or day of the week)
    b. Dynamic deployment (units vary depending on the time of day or day of the week)
    c. Combined deployment (certain times of the day have a fixed number of units, and other times are dynamic depending on need)

15. **[If Question 10=Yes]** 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 (1), No (0)

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 (1), No (0)

17. Other than what was reported in item 16, 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 (1), No (0)

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? Yes (1), No (0)
    [If Yes (1)] Respond "Yes" to the description that best describes your organization's contractual relationship:
    i. EMT labor specifically (excluding medical direction) Yes (1), No (0) **[If Yes (1), Section 7 displays instructions to report EMT/responder hours worked by contracted EMT/responder staff but not related total compensation; Section 11 displays instructions to report total contract expense in Section 11, Question 1.]**

ii. Broader ground ambulance services, for example specific response capabilities in terms of ambulance units or service hours Yes (1), No (0) **[If Yes (1), Section 7 displays instructions to report EMT/responder hours worked by contracted EMT/responder staff but not related total compensation; Section 8 displays instructions to report the main facilities used by contractor but not related annual expenses; Section 9 displays instructions to report primary ground ambulances used by contractor but not related annual expenses; Section 11 displays instructions to report total contract expense in Section 11, Question 1.]**

3. Service Area

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.

1. Please select the ZIP codes(s) in which your **primary** service area is located: **[Select ZIP codes by either (1) entering one or more specific ZIP codes, or (2) for organizations with service areas that coincide with a state or county, by selecting a state or county and allowing the system to fill in associated ZIP codes.]**
2. **[If Yes (1) to Section 2, Question 10]** Are you the primary emergency ground ambulance organization in most or all of your primary service area (either for ALS, BLS, or both)? Yes (1), No (0)
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)?
    a. Less than 30 minutes
    b. 30 minutes–60 minutes
    c. 61 minutes–90 minutes
    d. 91 minutes–120 minutes
    e. 121–150 minutes
    f. 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 judgement 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.

     a. Yes (1) **[Continue to remaining questions in this section]**
     b. No (0) **[Skip to Section 4]**

5. Please select the ZIP codes(s) in which your secondary service is located **[Select ZIP codes by either (1) entering one or more specific ZIP codes, or (2) for organizations with service areas that coincide with a state or county, by selecting a state or county and allowing the system to fill in associated ZIP codes.]**

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)?

     a. Less than 30 minutes
     b. 30 minutes–60 minutes
     c. 61 minutes–90 minutes
     d. 91 minutes–120 minutes
     e. 121–150 minutes
     f. More than 150 minutes

4. Emergency Response Time

[Ask only if Section 2, Question 10 is Yes (1)] To help CMS better understand your ground ambulance organization's response time, please answer the following questions:

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 (1) **[Skip to question 3]**
     No (0) **[Continue to question 2]**

2. You indicated in Question 1 that your organization uses a different definition of response time. Please select the definition that best fits your organization's measurement of response time:

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

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

   a. Yes (1) **[Continue to Question 3b]**, No (0) **[Skip to Question 3e]**
   b. What is the **average** response time for ground ambulance emergency responses in your **primary** service area? (Enter minutes **[If Yes (1) to Section 3, Question 4]** or select "N/A" if your organization does not respond to emergency calls in its primary service area) **[If N/A, Skip to Question 3d]**
   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. **[If Yes (1) to Section 3, Question 4],** What is the **average** response time for ground ambulance emergency responses in your **secondary** service area? (Enter minutes **[If 3b does not equal "N/A"]** or select "N/A" if your organization does not respond to emergency calls in its secondary service area) **[Skip to Question 4]**
   e. **[If No (0) to Question Section 4, Question 3a]:** What is your best estimate of the **average** response time for ground ambulance emergency responses in your **primary** service area? (Enter minutes **[If Yes (1) to Section 3, Question 4]** or select "N/A" if your organization does not respond to emergency calls in its primary service area) **[If N/A, Skip to Question 3g]**
   f. **[If No (0) to Question Section 4, Question 3a]:** 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)
   g. **[If No (0) to Question Section 4, Question 3a and Yes (1) to Section 3, Question 4],** What is your best estimate of the **average** response time for ground ambulance emergency responses in your **secondary** service area? (Enter minutes **[If 3e does not equal "N/A"]** or select "N/A" if your organization does not respond to emergency calls in its secondary service area)

4. Is your organization required or incentivized to meet response time targets? Yes (1) **[Continue to 4a]**, No (0) **[Skip to Section 5.]**

   a. Who determines the response time targets required or incentivized?
      i. Our organization sets our own target response time
      ii. Local municipality
      iii. County
      iv. 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 (1), No (0)

5. Ground Ambulance Service Volume

This section asks about your organization's service volume. For the purposes of this instrument *[Note: Definitions in the programmed instrument may appear next to individual items for clarity]*:

- **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. **[If Public Safety=Yes]** 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.

- 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.

- A **ground ambulance transport** is 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).

- 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.

1. What was your organization's **total number of responses** during your organization's data collection period. **Total responses** are defined as the total number of responses by your organization regardless of whether a ground ambulance was deployed and regardless of whether or not a patient was transported. Include 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. **[If Public Safety=Yes]** 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. (Enter number)

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. (Enter number)

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 responses to calls for service with your organization. Only consider cases where your ground ambulance does or would have transported the patient, if necessary. Yes (1) **[Continue to Question 3a]**, No (0) **[Skip to Question 4]**

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

b. What kind of labor does the non-transporting agency provide during **ground ambulance responses**? Please check all that apply:
    i. Paramedic
    ii. Other EMT
    iii. Other (specify)

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)

4. **[If Yes (1) to Section 3, Question 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). (Enter percentage)

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. (Enter number)

a. **[Display if response to Question 5 is not zero]** Of the ground ambulance responses that did **not** result in a ground ambulance transport, what percentage received medical treatment on site? (Enter percentage)

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? (Enter number)

a. **[If Yes (1) to Section 2, Question 2]** 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? (Enter number)

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? (Enter number)

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 (1), No (0)

9. **[If Section 2, Question 16 is Yes(1)]** What was the number of **responses** during your organization's data collection period for which your organization provided paramedic intercepts? A paramedic intercept is an ALS level of service that CMS defines as "a rural area transport furnished by a volunteer ambulance company which

is prohibited by state law from billing third party payers where services are provided by an entity that is under contract with the volunteer ambulance company that does not provide the transport but is paid for their paramedic intercept service (State of NY only meets these requirements)." (Enter number)

10. **[If Section 2, Question 17 is Yes(1)]** Excluding paramedic intercepts meeting Medicare's definition reported above, 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. (Enter number)

6. Service Mix

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%. **[If Section 2, Question 13 is Yes (1) show the following warning:]** "Do **not** include air ambulance services in responding to the following questions."

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

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	What percentage of your organization's *ground ambulance responses* fell into the following categories? Enter 0% if you do not provide responses in a category.
Emergency	Enter percentage
Non-emergency	Enter percentage

2. **[If Yes (1) to Section 2, Question 12]** 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	What percentage of your organization's *ground ambulance transports* fell into the following categories? Enter 0% if you do not provide transports in a category.
Land ambulance transports (excluding water)	Enter percentage
Water ambulance transports (excluding land)	Enter percentage

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.
    a. The categories for reporting are the same as CMS definitions for ground ambulance services, including:
        i. **Advanced life support, level 1 (ALS1)**: is the transportation by ground ambulance vehicle…and the provision of medically necessary supplies and services…including the provision of an ALS assessment by ALS personnel [emergency medical technician-intermediate (EMT-Intermediate) or paramedic] or at least one ALS intervention." Qualifying ALS assessments and interventions are described in detail in the CMS manual.
        ii. **Advanced life support, level 2 (ALS2)**: is the transportation by ground ambulance vehicle and the provision of medically necessary supplies and services including (1) at least three separate administrations of one or more medications by intravenous (IV) push/bolus or by continuous infusion (excluding crystalloid fluids) or (2) ground ambulance transport, medically necessary supplies and services, and the provision of at least one of the ALS2 procedures listed in the CMS manual.
        iii. **Basic Life Support (BLS)**: is transportation by ground ambulance vehicle…and the provision of medically necessary supplies and services…including BLS ambulance services as defined by the state. The ambulance vehicle must be staffed by at least two people who meet the requirements of the state and local laws where the services are being furnished, and at least one of the staff members must be certified at a minimum as an emergency medical technician-basic (EMT-Basic) by the state or local authority where the services are being furnished and be legally authorized to operate all lifesaving and life-sustaining equipment on board the vehicle. These laws may vary from state to state or within a state.
        iv. **Specialty care transport (SCT)**: is the interfacility transportation of a critically injured or ill beneficiary by a ground ambulance vehicle, including the provision of medically necessary supplies and services, at a level of service beyond the scope of the EMT-Paramedic. SCT is necessary when a beneficiary's condition requires ongoing care that must be furnished by one or more health professionals in an appropriate specialty area, for example, emergency or critical care nursing, emergency medicine, respiratory care, cardiovascular care, or an EMT-Paramedic with additional training.

v. **Interfacility transport**: 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."

Ground Ambulance Transport Type	What percentage of your organization's *ground ambulance transports* fell into the following categories? Enter 0% if you do not provide ground ambulance transports in a category.
Basic Life Support (BLS), Non-emergency (HCPCS code A0428)	Enter percentage
Basic Life Support (BLS), Emergency (HCPCS code A0429)	Enter percentage
Advanced Life Support, Level 1 (ALS1), Non- emergency (HCPCS code A0426)	Enter percentage
Advanced Life Support, Level 1 (ALS1), Emergency (HCPCS code A0427)	Enter percentage
Advanced Life Support, Level 2 (ALS2) (HCPCS code A0433)	Enter percentage
Specialty Care Transport (SCT) (HCPCS code A0434)	Enter percentage

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

7. Labor Costs

This section asks about the labor costs to operate your organization. *[Note: Instructions, definitions, and examples in the programmed instrument may appear next to individual items for clarity.]*

1. 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.
   - Please provide a response for each row in the table below.
   - Staff categories are listed under "EMT/Response Staff," "Administration/Facilities Staff," and "Medical Director" headings.
   - The "EMT/Response Staff" heading includes separate categories for EMT-Basic, EMT-Intermediate, EMT-Paramedic, and other staff types. Please use the following CMS definitions for EMT categories where possible:
     - EMT-Basic: certification depends on state or local level.
     - EMT-Intermediate: "EMT-Intermediate is an individual who is qualified, in accordance with state and local laws, as an EMT-Basic and who is also certified in accordance with state and local laws to perform essential advanced techniques and to administer a limited number of medications." "Advanced-EMT" is another term used in the industry.
     - EMT-Paramedic: "EMT-Paramedic possesses the qualifications of the EMT-

> Intermediate and, in accordance with state and local laws, has enhanced skills that include being able to administer additional interventions and medications." "Paramedic" is another term used in the industry.

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 only for NPIs where Shared Services = Yes]** 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.

- **[Include only for NPIs where Shared Services = Yes]** 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). **[Include only for air ambulance NPIs if Section 2, Question 13 is Yes (1)]** Do **not** include individuals who had **only** air ambulance responsibilities.

- Include EMT/response staff in the EMT/response category that matched their level at the start of your organization's data collection period.

- 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.

- 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.

- 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.

- 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.

- 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.

- 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.

Please indicate if your organization had paid staff (full and/or part time) **[and/or used volunteer staff (show only if Section 2, Question 6 is Yes(1)]** in each of the following categories during your organization's data collection period (check all that apply).

Staff Category	Paid Staff **[Display If Public Safety=Yes]** "without role supporting fire, police, and/or other public safety operations"	Volunteer Staff **[Display If Public Safety=Yes]** "without role supporting fire, police, and/or other public safety operations"	**[Display column If Public Safety=Yes]** "Paid Staff with role supporting fire, police, and/or other public safety operations"	**[Display column If Public Safety=Yes]** "Volunteer Staff with role supporting fire, police, and/or other public safety operations"
EMT/Response Staff	[blank cell]	[blank cell]	[blank cell]	[blank cell]
EMT – Basic	☐	☐	☐	☐
EMT – Intermediate	☐	☐	☐	☐
EMT – Paramedic	☐	☐	☐	☐
Nurse, doctor, or other medical staff	☐	☐	☐	☐
Emergency Medical Responder (EMR)	☐	☐	☐	☐
Ground ambulance Driver (non-EMT/EMR)	☐	☐	☐	☐
Medical Director	☐	☐	☐	☐
Administration/Facilities Staff	[blank cell]	[blank cell]	[blank cell]	[blank cell]
Administrative (clerical, human resources [HR], billing, IT support, etc.)	☐	☐	☐	☐
Management (executive, public information officer, etc.)	☐	☐	☐	☐
Dispatch / Call Center	☐	☐	☐	☐
Vehicle Maintenance	☐	☐	☐	☐
Facilities Maintenance (janitorial staff, laundry, repairs, etc.)	☐	☐	☐	☐
Other not reported above **[If respondent selects "other," a blank field will appear requesting the respondent to specify category]**	☐	☐	☐	☐

2. **[If Medical Director not selected above]** Does your organization contract with a medical director, rather than employing them directly? Yes (1), No (0).
   a. **[If Yes]** Please report the total compensation amount for medical direction services that your organization paid, not the value of the medical director's time. (Enter number)
3. **[For each category on the table where a respondent selected "No" in all columns, a follow-up question will be presented to assess the reasons why the respondent selected "No." Do not present Medical Director if Question 2 = Yes (1).]** In the previous question, you reported that you did **not** use any **[insert staff category]** in your ground ambulance operation during your organization's data collection period. Please select one or more reasons why [select all that apply]:
   a. This labor category is part of our ground ambulance operation but is paid for or provided at no cost by another entity (1). **[If this option is selected, present a statement that indicates the respondent will be asked to report associated annual hours and associated costs in the following sections.]**
   b. One or more staff do perform these functions, but we assigned these staff to another category per the instructions (2).
   c. 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 (3).
   d. Other (please specify): Enter text (4).

7.1 Paid EMT/Response Staff Compensation and Hours Worked

[If Section 7, Question 1, Paid Staff Column is "Yes" for one or more EMT/Response staff categories. A separate section asks about volunteers.]

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
   - **[Include if any paid EMT/response staff with fire, police, and/or other public safety role was indicated in Section 7, Question 1]** 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.
   - **[Include only for NPIs where Shared Services = Yes]** Include only paid EMT/response staff who had responsibilities that were either **partly or entirely related to your ground ambulance operation**, including frontline staff responding to ground ambulance calls. This may include, for example, firefighter/EMTs and EMTs who are not firefighters.
   - **[Include only for NPIs where Shared Services = Yes]** Do **not** include individuals with **only** non-ground ambulance responsibilities (e.g., firefighters who are not EMT or response staff). **[Include for air ambulance NPIs only if Section 2, Question 13 is**

Yes (1)] Do **not** include individuals who had **only** air ambulance responsibilities.

- Report paid staff with **any** EMT/response responsibilities in the appropriate EMT/response category and **not** in any other category. Include EMT/response staff who had supervisory or administration/facilities responsibilities in the EMT/response staff category that matched their level at the start of your organization's data collection period. Do **not** count these staff when responding to the administration/facilities staff questions below. For example, an EMT with vehicle maintenance responsibilities would contribute to the appropriate EMT category but **not** to the vehicle maintenance category in later questions. You will report on staff with only administrative responsibilities in later questions.
- **[Include only for those for whom Section 2, Question 6 is Yes (1).]** Do **not** include volunteer EMT/response staff. You will report on these staff in a later section.
- Include paid EMT/response staff in the EMT/response category that matched their level at the start of your organization's data collection period.
- 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.

For Total Annual Compensation

- Report **total annual compensation** for paid staff in each of the EMT/response staff categories in the table below.
- 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), please obtain and include these costs when you report total compensation. If only total costs in a category are available from another entity (e.g., total benefits costs across all staff), please allocate to labor categories based on salary or wages across labor categories. For example, if total benefits were $60,000, one-third of EMT/response staff salary and wages was for EMT- Basic and two-thirds of EMT/response staff salary and wages was for EMT- Paramedic, $20,000 ($60,000 multiplied by one-third) would contribute to total compensation for EMT-Basic and $40,000 ($60,000 multiplied by two-thirds) would contribute to total compensation for EMT-Paramedic.

For Total Hours Worked Annually

- Please report **total hours worked** by paid EMT/response staff (including full- and part-time staff) in each category **annually**. For example, if your organization has two paid paramedics who both work 2,000 hours annually (i.e., full time at 40 hours a week for 50 weeks), and two paid paramedics who each work 1,250 hours annually (i.e., part time at 25 hours a week for 50 weeks), the reported total would be 2,000 + 2,000 + 1,250 + 1,250 = 6,500 hours for paramedics.
- Report **total hours worked**, on ground ambulance and all other activities, by paid staff with some or entirely ground ambulance responsibilities. As an example, for a paid firefighter/EMT who worked 2,000 hours annually (i.e., full time at 40 hours a week for 50 weeks) across fire and ground ambulance operations, add 2,000 hours to your total hours for all EMT/response staff, **not** the share of hours related to ground

ambulance services.

- Do **not** include paid or unpaid time off (e.g., vacation, sick leave, etc.) or hours spent on fundraising when reporting total hours worked annually.
- Include only staff whose EMT roles are with your organization. If staff are employed as EMTs with your organization and as firefighters for another organization, include only the EMT hours for your organization.

- **[Include if any paid EMT/response staff with fire, police, and/or other public safety role was indicated in Section 7, Question 1]** For Total Hours Worked Annually by Staff with Roles Supporting Fire, Police, or Other Public Safety Operations please report **total hours worked annually** by paid EMT/response staff (full and part time) **who had fire, police, or other public safety roles** separately from EMT/response staff that did not have these roles. For example, if your organization has three paid EMT-Basic staff who each worked 2,000 hours annually (i.e., at 40 hours a week for 50 weeks), and if two are firefighter/EMTs and one is an EMT but not a firefighter, report hours for the two staff who are EMT/firefighter in the "EMT Basic with fire, police, or other public safety role" category and the third staff member in the "EMT Basic, without fire, police, or other public safety role" category.
- Include only staff whose role supporting fire, police, or other public safety operations was with **your organization**. As an example, if a staff member was employed as an EMT with your organization and as a firefighter for another organization, report compensation and hours for this staff member in a category **without** fire, police, and/or other public safety roles.

[Include if any paid EMT/response staff with fire, police, and/or other public safety role was indicated in Section 7, Question 1] For Total Hours Worked Annually Related to Fire, Police, or Other Public Safety Operations

- Please report total hours worked by paid EMT/response staff with fire, police and/or other public safety roles (including full- and part-time staff) related to fire, police, or other public safety operations in each category annually.

For Hours Worked Annually Related to All Other Responsibilities

- For the same staff that contributed to total worked hours reported in the prior question, report hours worked annually by paid EMT/response staff related to all other responsibilities.
- Other responsibilities could include:
  - Air ambulance operations
  - Healthcare delivery unrelated to ground ambulance, such as work in a clinic
  - Public health responsibilities
  - Community education and outreach
  - Community paramedicine
  - Any other responsibility unrelated to ground ambulance and fire/police/public safety activities, excluding paid or unpaid time off and fundraising
- All of the staff who contribute to this total must also contribute to reported "Total Hours Worked Annually."
- As in other items, do **not** include individuals who have no ground ambulance responsibilities. For example, staff with 100% air ambulance responsibilities do **not** contribute to your response to this item, while staff with 50% ground ambulance and 50% air ambulance responsibilities **do** contribute.

- Unlike in earlier questions where each of your staff contributed all of their hours to total hours worked annually, staff contribute **only a fraction of their total hours** worked annually to your response in this item.
  - For example, a paramedic working 2,000 hours annually who splits work time evenly between ground and air ambulance operations would contribute 1,000 hours to this item. The same paramedic contributes a full 2,000 hours times the number of weeks worked to total hours worked annually in a prior item.
  - As another example, a firefighter/EMT-Basic working 2,000 hours annually who spends half of his or her time responding to ground ambulance calls for service, a quarter of his or her time responding to fire calls for service, and a quarter of his or her time on community education and outreach would contribute:
    - 2,000 hours to "Total Hours Worked annually by Paid EMT/Response Staff with Fire, Police, and/or Other Public Safety Roles"
    - 500 hours to this item, "Hours Worked Annually Unrelated to Ground Ambulance or Fire/Police Activities." 500 hours is the quarter of this staff member's time that is related to all other responsibilities
- Total hours worked related to all other responsibilities should be less than total hours worked overall for each of the EMT/response paid staff categories.

Please report about EMT/response staff in your organization during your organization's data collection period; specifically:
- Total annual compensation for all paid EMT/response staff
- Total hours annually worked by all paid EMT/response staff
- Total hours worked annually that were **not** related to ground ambulance **[Include if any paid EMT/response staff with fire, police, and/or other public safety role was indicated in Section 7, Question 1** "or fire, police, and/or other public safety"**]** responsibilities for all paid EMT/Response staff

[Auto-populate table based on responses to Section 7, question 1]

EMT/Response Staff Category	Total annual compen-sation for paid EMT/ response staff	Total hours worked annually for paid EMT/ response staff	Total hours worked annually related to ground ambulance operations	**[Include if any paid EMT/response staff with fire, police, and/or other public safety role was indicated in Section 7, Question 1]** Total hours worked annually related to fire, police, or other public safety operations	Hours worked annually related to all other responsib-ilities
EMT – Basic, without role supporting fire, police, and/or other public safety operations	dollars	hours	hours	N/A	hours

EMT/Response Staff Category	Total annual compen-sation for paid EMT/response staff	Total hours worked annually for paid EMT/response staff	Total hours worked annually related to ground ambulance operations	[Include if any paid EMT/response staff with fire, police, and/or other public safety role was indicated in Section 7, Question 1] Total hours worked annually related to fire, police, or other public safety operations	Hours worked annually related to all other responsib-ilities
EMT – Basic, with role supporting fire, police, and/or other public safety operations	dollars	hours	hours	hours	hours
EMT – Intermediate, without role supporting fire, police, and/or other public safety operations	dollars	hours	hours	N/A	hours
EMT – Intermediate, with role supporting fire, police, and/or other public safety operations	dollars	hours	hours	hours	hours
EMT – Paramedic, without role supporting fire, police, and/or other public safety operations	dollars	hours	hours	N/A	hours
EMT – Paramedic, with role supporting fire, police, and/or other public safety operations	dollars	hours	hours	hours	hours
Nurse, doctor, or other medical staff without public safety role	dollars	hours	hours	N/A	hours
Nurse, doctor, or other medical staff with public safety role	dollars	hours	hours	hours	hours
Emergency Medical Responder (EMR) without public safety role	dollars	hours	hours	N/A	hours
Emergency Medical Responder (EMR) with public safety role	dollars	hours	hours	hours	hours
Ground ambulance Driver (non-EMT/EMR) without public safety role	dollars	hours	hours	N/A	hours

EMT/Response Staff Category	Total annual compen-sation for paid EMT/ response staff	Total hours worked annually for paid EMT/ response staff	Total hours worked annually related to ground ambulance operations	[Include if any paid EMT/response staff with fire, police, and/or other public safety role was indicated in Section 7, Question 1] Total hours worked annually related to fire, police, or other public safety operations	Hours worked annually related to all other responsib-ilities
Ground ambulance Driver (non-EMT/EMR) with public safety role	dollars	hours	hours	hours	hours

2. **[Ask Only if Section 2, Question 2 (multiple NPIs) is Yes (1).]** 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. (Enter dollar amount.)

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

[If Section 7, Question 1, Paid Staff Column is "Yes" for one or more Administration, Facilities or Medicare Director Staff. Volunteers are asked about in a separate section.]

Please review the following instructions before completing the table below.
- Include staff with the following responsibilities:
  - Administration (e.g., clerical, HR, and IT support)
  - Management (e.g., executives and public information officers)
  - Billing
  - Dispatch/call center
  - Vehicle maintenance
  - Facilities maintenance (e.g., janitorial, laundry, and repairs)
- Include only paid administration/facilities and medical director staff who had responsibilities that were either **partly or entirely related to your ground ambulance operation**. This may include, for example, fire chiefs with management responsibilities related to your ground ambulance operation.
  - Do **not** include staff with some or entirely EMT/response responsibilities. These staff are included in a prior item and are **not** reported here. For example, an EMT with vehicle maintenance responsibilities would contribute to your prior responses related to EMT/response staff and **not** to administration/facilities staff in this item. If a staff member is paid for administrative duties, but may volunteer for EMT/response roles, then this staff member is included in this section (not in the volunteer staff section).
  - **[Include only for those with volunteers, Section 2, Question 6 is Yes (1).]** Do **not** include volunteer administration/facilities or medical director staff. You

will report on these staff in a later section.

- o **[Include only for NPIs where Shared Services = Yes]** Do **not** include individuals with **only** non-ground ambulance responsibilities (e.g., fire chiefs who do not have ground ambulance management responsibilities).
- o **[Include only for air ambulance NPIs if Section 2, Question 13 is Yes (1).]** Do **not** include individuals who had **only** air ambulance responsibilities.

For Total Annual Compensation

- Report **total annual compensation** for paid staff in the administration/facilities and medical director categories in the table below.
- Report total compensation including salary/wages, and when applicable, benefits (e.g., healthcare, PTO, retirement, stipends, life insurance), employer payroll taxes, overtime, training time, callback and standby pay for paid staff.
- If one or more components of compensation costs (e.g., benefits) were paid by another entity with which you had a business relationship (e.g., a municipality that you serve), please obtain and include these costs when you report total compensation. If only total costs in a category are available from another entity (e.g., total benefits costs across all staff), please allocate to labor categories based on salary or wages across labor categories. For example, if total benefits were $60,000, one-third of EMT/response staff salary and wages was for EMT- Basic and two-thirds of EMT/response staff salary and wages were for EMT- Paramedic, $20,000 ($60,000 multiplied by one-third) would contribute to total compensation for EMT-Basic and $40,000 ($60,000 multiplied by two-thirds) would contribute to total compensation for EMT-Paramedic.

For Total Hours Worked Annually

- Please report **total hours worked** by all administration/facilities and medical director staff **annually**. If your organization had two paid administration/facilities staff who both worked 2,000 hours annually, and two paid administration/facilities staff who each worked 1,250 hours annually, the reported total would be 2,000 + 2,000 + 1,250 + 1,250 = 6,500 hours.
- Report total hours worked by paid administration/facilities staff with some or entirely ground ambulance responsibilities, **not** just the hours that were related to ground ambulance services. As an example, for a paid deputy fire chief who worked 2,000 hours annually across fire and ground ambulance operations, add 2,000 hours to your total hours for administration/facilities staff, **not** the share of hours related to ground ambulance services.
- Do **not** include paid or unpaid time off or hours spent on fundraising when reporting total hours worked annually.
- Do **not** include staff with some or entirely EMT/response responsibilities. These staff are included in a prior item and are **not** reported here.

[Include if any paid Administration/Facilities or medical director staff with fire, police, and/or other public safety role were indicated in Section 7, Question 1] For Total Hours Worked Annually by Staff with Fire, Police, and/or Other Public Safety Roles

- Please report **total hours worked annually** by paid administration/facilities staff **who also had roles supporting fire, police, and/or other public safety operations** separately from paid administration/facilities staff that did not have these roles. For

example, if your organization had three paid administration/facilities staff who each worked 2,000 hours annually, and if two supported police operations and one did not, report hours for the two staff who had police responsibilities in the "Administration/Facilities Staff with Fire, Police, and/or Other Public Safety Role" category and the third staff in the "Administration/Facilities Staff without Fire, Police, and/or Other Public Safety Role" category.

- Include only staff whose roles supporting fire, police, and/or other public safety operations are with **your organization**. As an example, if a staff member is employed as administrative staff with your organization and as a firefighter for another organization, report compensation and hours for this staff member in a category **without** roles supporting fire, police, and/or other public safety operations.
- Do **not** include paid staff with some or entirely EMT/response responsibilities in your response to this question. Paid staff with some or entirely EMT/response responsibilities are reported in the prior question and are **not** reported here.

[Include if any paid Administration/Facilities or medical director staff with fire, police, and/or other public safety role were indicated in Section 7, Question 1]. **For Total Hours Worked Annually Related to Fire, Police, and/or Other Public Safety Operations**
- Please report **total hours worked** by paid administrative/facilities or medical director staff with fire, police and/or other public safety roles (including full- and part-time staff) related to fire, police, or other public safety operations in each category **annually**.

Hours Worked Annually Related to All Other Responsibilities
- Do **not** include staff with some or entirely EMT/response responsibilities. These staff are included in a prior item and are **not** reported here.
- For the same staff that contributed to total worked hours reported in the prior question, report hours worked annually by administration/facilities and medical director staff in each category that were **Related to All Other Responsibilities**.
- Other responsibilities could include:
  o Air ambulance operations
  o Healthcare delivery unrelated to ground ambulance responses and services, such as work in a clinic. This does not include persons with EMS responsibilities who arrive at the scene in a vehicle other than a ground ambulance.
  o Public health responsibilities
  o Community education and outreach
  o Community paramedicine
  o Any other responsibility unrelated to ground ambulance or fire/police/public safety activities, excluding paid or unpaid time off and fundraising
- All of the staff who contribute to this total must also contribute to reported "Total Hours Worked annually."
- As in other items, do **not** include individuals who have no ground ambulance responsibilities. For example, staff with 100% air ambulance responsibilities do **not** contribute to your response to this item, while staff with 50% ground ambulance and 50% air ambulance responsibilities **do** contribute.
  [Include Only if Section 2, Question 2 (multiple NPIs) is Yes (1).] In Questions 1-2, do not include any "central office staff" that serve multiple NPIs. You will have the

chance to report on costs of these staff in Question 3 of this section.

- Unlike in earlier questions where each of your staff contributed all of their hours to your total hours worked annually, staff contribute **only a fraction** of their total hours worked annually to your response in this item.
    - o For example, an individual with clerical responsibilities working 2,000 hours annually who splits their time evenly between ground and air ambulance operations would contribute 1,000 hours (2,000 hours multiplied by one-half) to this item. The same individual contributes a full 2,000 hours to total hours worked annually in a prior item.
    - o As another example, a deputy fire chief working 2,000 hours annually who spends half of his or her time managing ground ambulance services, a quarter of his or her time managing fire response activities, and a quarter of his or her time on community education and outreach would contribute:
        - ▪ 2,000 hours to "Total Hours Worked Annually" for "Administration/Facilities Staff, with role supporting fire, police, and/or other public safety operations"
        - ▪ 500 hours to "Hours Worked Annually Unrelated to Ground Ambulance or Fire Response Roles." 500 hours is the quarter of this staff member's time that is related to all other responsibilities.
- Total hours worked related to other responsibilities should be less than total hours worked overall for each of the paid administration/facilities staff categories.

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
- **[Include if any paid Administration/Facilities or medical director staff with fire, police, and/or other public safety role were indicated in Section 7, Question 1].** 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

[Auto-populate table based on responses to Section 7, Question 1; Present pop-up window to prevent double-reporting of medical director time and compensation.]

Administration, Facilities, and Medical Director Staff Category	Total annual compensation for paid admin./ facilities/ medical director staff	Total hours worked annually for paid admin./ facilities/ medical director staff	Total hours worked annually related to ground ambulance operations	**[Include if any paid Administration/ Facilities or medical director staff with fire, police, and/or other public safety role were indicated in Section 7, Question 1]. Total Hours Worked Annually Related to Fire, Police, and/or Other Public Safety Operations**	Total hours worked related to all other respons- ibilities
Administration/ Facilities Staff, without role supporting fire, police, and/or other public safety operations	dollars	hours	hours	N/A	hours
Administration/ Facilities Staff, with role supporting fire, police, and/or other public safety operations	dollars	hours	hours	hours	hours
Medical Director, without role supporting fire, police, and/or other public safety operations	dollars	hours	hours	N/A	hours
Medical Director, with role supporting fire, police, and/or other public safety operations	dollars	hours	hours	hours	hours

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).
    a) Billing (Yes (1), No (0))
    b) Data analysis (Yes (1), No (0))
    c) Training (Yes (1), No (0))
    d) Medical quality assurance (Yes (1), No (0))
3. **[Ask Only if Section 2, Question 2 (multiple NPIs) is Yes (1).]** 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. (Enter dollar amount.)

7.3   Volunteer Labor

1. **[Include if Section 7, Question 1, volunteer EMT/response labor is noted]** How many **individuals** were EMT/response volunteers during your organization's data collection period? (Enter number).

2. **[Include if Section 7, Question 1, volunteer EMT/response labor is noted]** 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.

   [Auto-populate table based on responses to Section 7, Question 1]

EMT/Response Staff Category	Total hours for all volunteer EMT/ response staff	Total hours worked annually related to ground ambulance operations	**[Include if any volunteer EMT/Response staff with role supporting fire, police, and/or other public safety operations were indicated in Section 7, Question 1].**Total Hours Worked Annually Related to Fire, Police, and/or Other Public Safety Operations	Total hours worked related to all other respons-ibilities
EMT – Basic, without role supporting fire, police, and/or other public safety operations	hours	hours	N/A	hours
EMT – Basic, with role supporting fire, police, and/or other public safety operations	hours	hours	hours	hours
EMT – Intermediate, without role supporting fire, police, and/or other public safety operations	hours	hours	N/A	hours
EMT – Intermediate, with role supporting fire, police, and/or other public safety operations	hours	hours	hours	hours

EMT/Response Staff Category	Total hours for all volunteer EMT/ response staff	Total hours worked annually related to ground ambulance operations	[Include if any volunteer EMT/Response staff with role supporting fire, police, and/or other public safety operations were indicated in Section 7, Question 1].Total Hours Worked Annually Related to Fire, Police, and/or Other Public Safety Operations	Total hours worked related to all other respons-ibilities
EMT – Paramedic, without role supporting fire, police, and/or other public safety operations	hours	hours	N/A	hours
EMT – Paramedic, with role supporting fire, police, and/or other public safety operations	hours	hours	hours	hours
Nurse, doctor, or other medical staff without public safety role	hours	hours	N/A	hours
Nurse, doctor, or other medical staff with public safety role	hours	hours	hours	hours
Emergency Medical Responder (EMR) without public safety role	hours	hours	N/A	hours
Emergency Medical Responder (EMR) with public safety role	hours	hours	hours	hours
Ground Ambulance Driver (non-EMT/EMR) without public safety role	hours	hours	N/A	hours
Ground Ambulance Driver (non-EMT/EMR) with public safety role	hours	hours	hours	hours

3. **[Include if Section 7, Question 1, volunteer administration/facilities labor is noted]**
   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 in item 1 above) and do not include medical directors.
Number of individuals: (Enter Number)

4. **[Include if Section 7, Question 1, volunteer administration/facilities labor is noted]** 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 in item 2 above) and do not include medical director volunteer hours.

   Total number of hours worked annually for administration/facilities staff **[Include if any volunteer Administration/Facilities staff with fire, police, and/or other public safety role were indicated in Section 7, Question 1]** "without fire/police/other public safety roles"**]**: (Enter Number)

   [Include if any volunteer Administration/Facilities staff with fire, police, and/or other public safety role were indicated in Section 7, Question 1] Total number of hours worked annually for administration/facilities staff with fire/police/other public safety roles: (Enter Number)

   [Include if any volunteer Administration/Facilities staff with fire, police, and/or other public safety role were indicated in Section 7, Question 1] Number of hours related to fire/police/other public safety activities for administration/facilities staff with fire/police/other public safety roles: (Enter Number)

   Number of hours related to all other responsibilities for administration/facilities staff **[Include if any volunteer Administration/Facilities staff with fire, police, and/or other public safety role were indicated in Section 7, Question 1** "without fire/police/other public safety roles"**]**: (Enter Number)

   [Include if any volunteer Administration/Facilities staff with fire, police, and/or other public safety role were indicated in Section 7, Question 1] Number of hours related to all other responsibilities for administration/facilities staff with fire/police/other public safety roles: (Enter Number)

5. **[Include if Section 7, Question 1, volunteer medical director labor is noted]** What was the total number of **medical director** volunteer labor hours during your organization's data collection period?
   Number of hours: (Enter Number)
   Number of hours unrelated to ground ambulance activities: (Enter Number)

6. Did your organization provide stipends, honoraria, benefits, and/or other compensation for ground ambulance volunteer labor? Yes (1), No (0)
   i. **[If Yes (1)]** What was the total cost for all volunteer compensation (e.g. stipends and/or benefits) during your organization's data collection period? (Enter dollar amount)

7. **[Ask Only if Section 2, Question 2 (multiple NPIs) is Yes (1).]** 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. (Enter dollar amount.)

8. Facilities Costs

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. **[If Section 2, Question 13 is Yes (1), show the following warning:** "Do **not** include air ambulance services in responding to the following questions."**] [Include Only if Section 2, Question 2 (multiple NPIs) is Yes (1).]** Do **not** include any "central office facilities" that serve multiple NPIs, except for where specifically requested (Section 8.2, Question 2 and Section 8.3, Question 2).

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). (Enter number)

2. Please provide a name or function for the facilities that were used to support your organization's ground ambulance services (e.g., dispatch/call center, garage, administrative building, EMT staff building). If you had one building for dispatch/call centers, garages, and administrative and EMT staff, list only that one building.
   - Facility 1: (Enter name)
   - Facility 2: (Enter name)
   - Facility 3, etc.: (Enter name)

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. **[The following matrix will be prepopulated from responses to Section 8.1, Question 2.]**
   - 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 [Enter name]	Your organization or another entity made rent or lease payments for the facility	Your organization or another entity owned the facility and made mortgage, interest, or other payments towards ownership	Your organization or another entity owns the facility outright	Facility was donated – no costs (excluding maintenance, utilities, insurance, and taxes)	Facility square footage	Percentage of your facility square footage related to ground ambulance services
Facility 1 name	☐	☐	☐	☐	Enter Number	Enter percentage
Facility 2 name	☐	☐	☐	☐	Enter Number	Enter percentage
Facility [x] name	☐	☐	☐	☐	Enter Number	Enter percentage

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

1. **[If Section 8.1, Question 3 is "your organization or another entity owned the facility and made mortgage…" or "Your organization or another entity owns the facility outright" for at least one facility]** Did your organization calculate annual depreciation expenses for some or all of your facilities during your organization's data collection period? Yes (1), No (0).

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 Section 8.3 below.

   [Section 8.2, Question 1 = "No"] You indicated above that your organization did not calculate annual depreciation expenses for facilities during your organization's data collection period. Do not include depreciation expenses in your response to this question. Only report facility acquisition costs if you purchased the facility during your organization's data collection period**.**

   [If >0 owned facilities in Section 8.1 and Section 8.2, Question 1 = "Yes"] 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.

   [Present options below based on responses to Section 8.1, Question 3.]

Facility Name [populate using names entered in prior item]	[IF RENTED/ LEASED] Annual lease or rental costs for each facility	[If OWNED and Section 8.2, Question 1=Yes] Annual depreciation expense	Total acquisition cost if purchased outright during your organization's data collection period	[IF OWNED, payments] Annual mortgage interest, bond interest, or other costs of ownership (including payments against principal if annual depreciation expense not reported)	[If OWNED and no costs reported] No annual costs of ownership (excluding maintenance, utilities, insurance, and taxes) for fully-owned or donated facilities.
Facility 1 name	Enter Amount	Enter Amount	Enter Amount	Enter Amount	☐
Facility 2 name	Enter Amount	Enter Amount	Enter Amount	Enter Amount	☐
Facility [x] name	Enter Amount	Enter Amount	Enter Amount	Enter Amount	☐

3. **[Ask Only if Section 2, Question 2 (multiple NPIs) is Yes (1)]** 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. (Enter dollar amount)

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 Associated with Your Ground Ambulance Operations
Total **facilities-related** insurance costs for your organization's data collection period. Enter dollar amount.	Enter Amount	Enter Percentage

Expenditure	Amount	Share Associated with Your Ground Ambulance Operations
Total facilities maintenance and improvement costs for your organization's data collection period. Do **not** include any labor costs if included in labor section of the instrument. Enter dollar amount.	Enter Amount	Enter Percentage
Total facilities utilities costs for your organization's data collection period. Enter dollar amount.	Enter Amount	Enter Percentage
Total facilities taxes for your organization's data collection period. Do **not** include any taxes if included in the mortgage section of the instrument. Enter dollar amount.	Enter Amount	Enter Percentage

2. **[Ask Only if Section 2, Question 2 (multiple NPIs) is Yes (1).]** 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. (Enter dollar amount)

9. Vehicle Costs

The following questions are about vehicles your organization uses.

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. **[Include Only if Section 2, Question 2 (multiple NPIs) is Yes (1).]** 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).

1. How many ground ambulances does your organization own (including vehicles that have been purchased, gifted, or donated)? (Enter number)
    a. **[If Section 9.1, Question 1 is >0]** Did your organization calculate annual depreciation expenses for some or all of your ground ambulances during your organization's data collection period? Yes (1), No (0).
2. How many ground ambulances does your organization lease? (Enter number)
3. **[If Section 2, Question 11 is Yes (1)]** What was the total number of miles (billed and unbilled) traveled by land ambulances for any reason for your organization's data collection period? (Enter number of miles)

4. **[If Section 2, Question 12 is Yes (1)]** What was the total number of statute miles (billed and unbilled) traveled by water ambulances for any reason for your organization's data collection period? (Enter number of miles)
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 in Section 9.3 below. **[If 9.1, Question 1a="No"]** You indicated above that your organization did not calculate annual depreciation expenses for ground ambulances during your organization's data collection period. Do not include depreciation expenses in your response to this question. Only report ground ambulance acquisition costs if you purchased the vehicle outright during your organization's data collection period. **[If Section 9.1, Question 1 >0 and Section 9.1, Question 1a="Yes"]** Do not report an acquisition cost and 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.

[Option 1: If OWNED. Number of rows determined based on answer to Section 9.1, Question 1. Respondents will be able to name each vehicle.]

Owned Ground Ambulance	Was this ambulance used to transport patients during your organization's data collection period? Yes (1), No (0) [If No (0), show the following warning: "You should not include any vehicles in this instrument that were not used to respond to ground ambulance calls or support ground ambulance operations."]	Was this ambulance donated? Yes, (1) No (0)	[If No (0) in the prior column and Section 9.1, Question 1a="Yes"] What was the annual depreciation expense [If Section 9.1, Question 1a="No"] What was the purchase cost if purchased during your organization's data collection period?	Annual loan interest or other costs of ownership not reported previously	Was this ambulance remounted during your organization's data collection period? Yes (1), No (0)	[If Yes(1) in the prior column] What was the cost to your organization for the remount?
Ambulance #1	□	□	Enter Amount	Enter Amount	□	Enter Amount
Ambulance #2	□	□	Enter Amount	Enter Amount	□	Enter Amount
Ambulance #3	□	□	Enter Amount	Enter Amount	□	Enter Amount
Ambulance [x]	□	□	Enter Amount	Enter Amount	□	Enter Amount

[Option 2: If Leased. Number of rows determined based on answer to Section 9.1, Question 2. Respondents will be able to name each vehicle.]

Leased Ground Ambulance	Was this ambulance used to transport patients during your organization's data collection period? Yes (1), No (0)	Total lease cost to your organization for this ambulance for your organization's data collection period?
Ambulance #1	□	Enter Amount
Ambulance #2	□	Enter Amount
Ambulance #3	□	Enter Amount
Ambulance [x]	□	Enter Amount

6. **[Ask only if Section 2, Question 2 (multiple NPIs) is Yes (1).]** 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. (Enter dollar amount)

9.2 Other Vehicle Costs (Non-Ambulance)

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, 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. **[If Section 2, Question 13 is Yes (1), show the following warning:]** "Do **not** include air ambulance services in responding to the following questions."**]**

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 (1), No (0)
    a. **[Yes (1), proceed with questions in this section.**
    b. **No (0), skip to Section 9.3.]**
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., 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): (Enter Number)
    b. **[If Section 9.2, Question 2a is >0]** Did your organization calculate annual depreciation expenses for some or all of your non-ambulance vehicles during your organization's data collection period? Yes (1), No (0).
    c. Number of non-ambulance vehicles LEASED: (Enter Number)
3. What was the total number of miles traveled by non-ambulance land vehicles for any reason during your organization's data collection period? (Enter 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? (Enter number of miles)
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 below. **[If Section 9.1, Question 1a="No"]** You indicated above that your organization did not calculate annual depreciation expenses for non-ambulance vehicles during your organization's data collection period. Do not include depreciation expenses in your response to this question. Only report non-ambulance vehicle acquisition costs if you purchased the vehicle outright during your organization's data collection period. **[If Section 9.1, Question 1a="Yes"]** Do not report an acquisition cost and an annual depreciation expense for the same ground 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.

[Option 1: If OWNED. Number of columns determined based on answer to Section 9.2, Question 2a. Respondents will be able to name each vehicle.]

Owned Non-Ambulance Vehicle	Was this vehicle used to respond to ground ambulance calls or support ground ambulance operations during your organization's data collection period? Yes (1), No (0) **[If No (0), show the following warning:** "You should not include any vehicles in this instrument that were not used to respond to ground ambulance calls or support ground ambulance operations."**]**	What type of vehicle is this? **(Pull-down menu: Fire truck; Land rescue vehicle, Water rescue vehicle, Vehicle that responds to emergencies but is not designed to transport patients (e.g., QRVs, "fly-cars," lead cars, or "sprint" vehicles), Other vehicle)**	Was this vehicle donated? Yes (1), No (0)	**[If No (0) in the prior column and Section 9.2, Question 1b="Yes"]** What was the annual depreciation expense **[If Section 9.2, Question 1b="No"]** What was the purchase cost if purchased during your organization's data collection period?	Annual loan interest or other costs of ownership not reported previously (including payments against principal if annual depreciate-ion expense not reported)	What share of the vehicle's traveled miles were related to ground ambulance services?
Vehicle #1	□	Enter Type	□	Enter Amount	Enter Amount	Enter %
Vehicle #2	□	Enter Type	□	Enter Amount	Enter Amount	Enter %
Vehicle #3	□	Enter Type	□	Enter Amount	Enter Amount	Enter %
Vehicle [x]	□	Enter Type	□	Enter Amount	Enter Amount	Enter %

[Option 2: If LEASED. Number of columns determined based on answer to Section 9.2, Question 2b. Respondents will be able to name each vehicle.]

Leased Non-Ambulance Vehicle	Was this vehicle used to respond to ground ambulance calls or support ground ambulance operations during your organization's data collection period? Yes (1), No (0)	What type of vehicle is this? (Pull-down menu: Fire truck; Land rescue vehicle, Water rescue vehicle, Vehicle that responds to emergencies but is not designed to transport patients (e.g., QRVs, "fly-cars," lead cars, or "sprint" vehicles), Other vehicle)	[If No (0) to prior question] What was the annual lease expense for this vehicle?	What share of the vehicle's traveled miles were related to ground ambulance services?
Vehicle #1	☐	Enter Type	Enter Amount	Enter %
Vehicle #2	☐	Enter Type	Enter Amount	Enter %
Vehicle #3	☐	Enter Type	Enter Amount	Enter %
Vehicle [x]	☐	Enter Type	Enter Amount	Enter %

6. **[Ask only if Section 2, Question 2 (multiple NPIs) is Yes (1).]** 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. (Enter dollar amount)

9.3 Other Costs Associated with Vehicles

[If Section 2, Question 13 is Yes (1), show the following warning: "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 for your organization's data collection period? (Enter dollar amount)
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 for your organization's data collection period? (Enter dollar amount)
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 for your organization's data collection period? **[Additional instruction if Shared Services = Yes: 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.]** (Enter dollar amount)
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 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). (Enter dollar amount)
   a. Please report the share of maintenance costs attributable to: **[Ask only if Section 9.2, Question 1=Yes; Auto-populate based on responses to Section 9.2, question 5]**
      i. Ground Ambulances: (Enter Percent)
      ii. Fire Trucks: (Enter Percent)
      iii. Land Rescue Vehicles: (Enter Percent)
      iv. Water Rescue Vehicles: (Enter Percent)

      v. Other Vehicles that respond to emergencies (but not designed to transport patients): (Enter Percent)

      vi. Other Vehicles: (Enter Percent)

5. What was the total **fuel** cost for all vehicles used to respond to ground ambulance calls or support ground ambulance operations ground ambulances for your organization's data collection period? **[Additional instruction if Shared Services = Yes:** "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."**]** (Enter dollar amount)

      a. Please report the share of fuel costs attributable to: **[Ask only if Section 9.2, Question 1=Yes; Auto-populate based on responses to Section 9.2, question 5]**

            i. Ground Ambulances: (Enter Percent)

            ii. Fire Trucks: (Enter Percent)

            iii. Land Rescue Vehicles: (Enter Percent)

            iv. Water Rescue Vehicles: (Enter Percent)

            v. Other Vehicles responding to emergencies (but not designed to transport patients): (Enter Percent)

            vi. Other Vehicles: (Enter Percent)

6. **[Ask Only if Section 2, Question 2 (multiple NPIs) is Yes (1).]** 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. (Enter dollar amount)

10. Equipment, Consumable, and Supply Costs

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**.
- **[If Section 2, Question 13 is Yes (1), show the following warning:** "Do **not** include air ambulance services in responding to the following questions."**]**
- **[Include Only if Section 2, Question 2 (multiple NPIs) is Yes (1).]** Do **not** include any "central office equipment" that serves multiple NPIs, except for where specifically requested (Section 10.2, Question 4).

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 (1), No (0)

      i. **[If Yes (1) to Question 1a]** 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 (Enter Amount)

      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 your purchased during your organization's data collection period **[If Yes (1) to Question 1a]** and for which you did not report a depreciation expense in Question 1.a.i.

      iii. If applicable, what were your expenses related to renting and/or interest payments related to capital medical equipment?

   b. Maintenance, certification, or service costs (do not include any costs that you include elsewhere in the instrument): (Enter Amount)

   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). (Enter percentage)

2. Did your organization have any costs associated with **medications** purchased for ground ambulance services during your organization's data collection period? Yes (1), No (0)
   [If Yes (1) answer Question 2a]
   [If No (0) skip to Question 2b]

   a. **[If Yes(1):]** Can you report these costs separately from other medical supplies and consumables? Yes (1), No (0)
   [If Yes (1), answer Question 2.a.i]
   [If No (0):] Show warning: "Include the cost of medications with other medical equipment, supplies, and consumables costs." **Then Skip to Question 3.]**

      i. **[If Yes(1):]** 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. (Enter dollar amount)

b. **[If Section 10.1, Question 2 Answer is No(0)]:** Please select all reasons for no associated costs for medications during your organization's data collection period:
   i. **[Do not display if Section 2, Question 7 = d]** The medications are supplied by a hospital or hospitals. Yes (1), No (0)
   ii. The costs are paid for by another entity (e.g., local municipality). Yes (1), No (0)
   iii. The medications were donated or provided in-kind. Yes (1), No (0)
   iv. We do not stock medications on our ground ambulances. Yes (1), No (0)
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. (Enter dollar amount)
   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). (Enter percentage)
4. **[Ask Only if Section 2, Question 2 (multiple NPIs) is Yes (1).]** 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. (Enter dollar amount.)

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 (1), No (0)
      i. **[If Yes (1) answer Question 1a]** 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 (Enter Amount)

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 purchased during your organization's data collection period **[If Yes (1) answer Question 1a]** and for which you did not report a depreciation expense in Question 1.a.i.

iii. If applicable, what were your expenses related to renting and/or interest payments related to capital medical equipment?

b. Maintenance, certification, or service costs (do **not** include any costs that you include elsewhere in the instrument): (Enter Amount)

c. 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-medial 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). (Enter percentage)

2. What was the total annual cost of **uniforms** by your organization purchased during your organization's data collection period for ground ambulance services? (Enter dollar amount)

a. **[If Shared Services = Yes:]** What was the percentage of **uniform expenses** attributable to ground ambulance services during your organization's data collection period? (Enter percentage)

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? (Enter dollar amount)

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). (Enter percentage)

4. **[Ask only if Section 2, Question 2 is Yes (1):]** 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. (Enter dollar amount)

11. Other Costs

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**. **[If Section 2, Question 13 is Yes (1), show following warning: "Do not** include air ambulance services in responding to the following questions."**] [Include Only if Section 2, Question 2 (multiple NPIs) is Yes (1).]** Do **not** include any other "central

office" costs that apply to multiple NPIs, except for where specifically requested (Questions 2 and 5).

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	[If selected] Total cost for the service	Percentage of this cost attributable to ground ambulance services
Billing service	☐	Enter dollar amount	Enter percentage
Accounting service	☐	Enter dollar amount	Enter percentage
Vehicle maintenance/ repair service	☐	Enter dollar amount	Enter percentage
Dispatch/call center service	☐	Enter dollar amount	Enter percentage
Facilities maintenance services	☐	Enter dollar amount	Enter percentage
IT support service	☐	Enter dollar amount	Enter percentage
EMT/response labor	☐	Enter dollar amount	Enter percentage
Other (specify)	☐	Enter dollar amount	Enter percentage

2. **[Ask only if Section 2, Question 2 (multiple NPIs) is Yes (1):]** 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. (Enter dollar amount)
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.**

[Note: All respondents will be presented with the following.]

Category	Response
Medical or Ground Ambulance-Related Expenses	[blank cell]
Biohazard waste and medication removal fees	Yes (1), No (0)
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)	Yes (1), No (0)
Laundry	Yes (1), No (0)
Administrative and General Expenses	[blank cell]

Category	Response
Travel other than for training (including lodging, transportation, per diem, and other travel related costs)	Yes (1), No (0)
Organization dues, subscriptions	Yes (1), No (0)
Subsidies paid to other organizations (e.g., fire department, dispatch center)	Yes (1), No (0)
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.	Yes (1), No (0)
Funds paid to other non-transporting organizations for services (e.g., medical staff for ground ambulance transports, responding to calls)	Yes (1), No (0)
Board of Directors / Trustees expenses	Yes (1), No (0)
Advertising, including any type of advertising (even for recruiting purposes) in any medium (print, radio, internet, etc.)	Yes (1), No (0)
Event / meeting costs (including meals)	Yes (1), No (0)
IT software, licensing fees (excluding costs accounted for in IT service fee in earlier section)	Yes (1), No (0)
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.	Yes (1), No (0)
Interest paid	Yes (1), No (0)
Physicals and medical assessments	Yes (1), No (0)
Recruiting expenses (Do not include any advertising expenses reported in previous items)	Yes (1), No (0)
Audit fees, legal fees, and other professional fees	Yes (1), No (0)
Miscellaneous administrative fees/costs not already reported in Section 10.2 or Section 3 (telephone, trash and shredding services, printing and copying costs)	Yes (1), No (0)
Fees, Fines, and Taxes	[blank cell]
911 service fees	Yes (1), No (0)
Fees for toll roads	Yes (1), No (0)
Fees paid to local jurisdictions required as condition of providing ground ambulance service (e.g. franchise fees)	Yes (1), No (0)
Fees for regulatory compliance or accreditation (annual cost per year)	Yes (1), No (0)
Business registration and related fees	Yes (1), No (0)
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.)	Yes (1), No (0)
Fines, forfeitures, and citations	Yes (1), No (0)
Taxes	Yes (1), No (0)
Insurance	
Liability / malpractice insurance	Yes (1), No (0)
Workers' compensation insurance (**only** if **not** reported in Labor Section above)	Yes (1), No (0)

Category	Response
General insurance (excluding insurance for facilities or insurance reported in other sections)	Yes (1), No (0)
Any other expenses not reported elsewhere in the instrument	Yes (1), No (0)

[Populate other expenses by source table based on "Yes (1)" responses to the previous question.]

4. Please report total expenses by source for your organization's data collection period.

Source	Total Expense	What % of Expense is Attributable to Ground Ambulance Services?
Source 1	Enter dollar amount	Enter percentage
Source 2	Enter dollar amount	Enter percentage
Source 3	Enter dollar amount	Enter percentage
Source [x]	Enter dollar amount	Enter percentage

5. **[Ask only if Section 2, Question 2 (multiple NPIs) is Yes (1):]** Please report the allocated portion of these miscellaneous costs incurred at the level the parent organization/central office of this NPI based on your organization's approach for allocating costs to specific NPIs. (Enter dollar amount)

12. Total Cost

1. Please provide the total expenses of your NPI for 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). **[Include only if Section 2, Question 2 (multiple NPIs) is Yes (1):]** If applicable, include an allocated portion of your parent organization (or "central office") costs when reporting total costs in this question. (Enter Amount)

13. Revenues

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. **[Ask only if Section 2, Question 2 (multiple NPIs) is Yes (1):]** Please report revenue only for the sampled NPI, not for your entire parent organization. **[If Section 2, Question 13 is Yes (1), show following warning:** "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."**]**

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. (Enter dollar amount)

2. Can you report revenue for ground ambulance transports from individual healthcare payer categories (e.g., Medicare, Medicaid, commercial insurance)? Yes (1), No (0)
   a. **[If Yes (1), proceed to question 3.]**
   b. **[If No (0):]** Please report the revenue from ground ambulance transports for all payers combined. (Enter dollar amount)
3. **[If Section 13, Question 2 is yes (1)]** 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. 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?	[If Yes (1) for received revenue from category] Total revenues	[If Yes (1) for received revenue from category] 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) Medicare	Yes (1), No (0)	Enter dollar amount	Yes (1), No (0)
Medicare Advantage (also known as Medicare Managed Care)	Yes (1), No (0)	Enter dollar amount	Yes (1), No (0)
Traditional (fee-for-service) Medicaid	Yes (1), No (0)	Enter dollar amount	Yes (1), No (0)
Medicaid managed care	Yes (1), No (0)	Enter dollar amount	Yes (1), No (0)
TRICARE	Yes (1), No (0)	Enter dollar amount	Yes (1), No (0)
Veterans Health Administration	Yes (1), No (0)	Enter dollar amount	Yes (1), No (0)
Commercial insurance	Yes (1), No (0)	Enter dollar amount	Yes (1), No (0)
Workers' compensation	Yes (1), No (0)	Enter dollar amount	Yes (1), No (0)
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.)	Yes (1), No (0)	Enter dollar amount	-

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?

Insurance type	Frequency of billing
Traditional (fee-for-service) Medicare	Never (0), Sometimes (1), Usually (2), Always (3), N/A – no patients transported (4)
Medicare Advantage (also known as Medicare Managed Care)	Never (0), Sometimes (1), Usually (2), Always (3), N/A – no patients transported (4)
Traditional (fee-for-service) Medicaid	Never (0), Sometimes (1), Usually (2), Always (3), N/A – no patients transported (4)
Medicaid managed care	Never (0), Sometimes (1), Usually (2), Always (3), N/A – no patients transported (4)
TRICARE	Never (0), Sometimes (1), Usually (2), Always (3), N/A – no patients transported (4)
Veterans Health Administration	Never (0), Sometimes (1), Usually (2), Always (3), N/A – no patients transported (4)
Commercial insurance	Never (0), Sometimes (1), Usually (2), Always (3), N/A – no patients transported (4)
Workers' compensation	Never (0), Sometimes (1), Usually (2), Always (3), N/A – no patients transported (4)
Patient self-pay (amount patients pay for deductibles, coinsurance, etc.)	Never (0), Sometimes (1), Usually (2), Always (3), N/A – no patients transported (4)

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 second column. If you report an amount reflecting revenue for your ground ambulance and other operations – for example fire, police, or Medicare provider operations, then report the share of the reported total associated with **your organization's ground ambulance operations**.

Source of Revenue	Received revenue from category during your organization's data collection period?	[If Yes (1) for received revenue from category] Total revenues	[If Yes (1) for received revenue from category] What % of revenue was attributable to ground ambulance services?
Contracts from facilities (e.g., hospitals, nursing homes, prisons, businesses)	Yes (1) / No (0)	Enter dollar amount	Enter percentage
Revenue from payers for EMS/medical services other than transports and excluding contracts from facilities reported above.	Yes (1) / No (0)	Enter dollar amount	Enter percentage

Source of Revenue	Received revenue from category during your organization's data collection period?	[If Yes (1) for received revenue from category] Total revenues	[If Yes (1) for received revenue from category] What % of revenue was attributable to ground ambulance services?
Revenues for subcontracted ground ambulance services	Yes (1) / No (0)	Enter dollar amount	Enter percentage
[If Section 5, Question 8 is Yes (1):] Fees for standby events	Yes (1) / No (0)	Enter dollar amount	Enter percentage
Membership fees for an association that collects fees from participants in return for ambulance services	Yes (1) / No (0)	Enter dollar amount	Enter percentage
Charitable donations (e.g., foundations and individual donors) **excluding vehicles or any cost offsets reported elsewhere in the instrument**	Yes (1) / No (0)	Enter dollar amount	Enter percentage
Executive loan programs (e.g., chief executive officer, business development, etc.)	Yes (1) / No (0)	Enter dollar amount	Enter percentage
Program-related investments (e.g., public-private investment)	Yes (1) / No (0)	Enter dollar amount	Enter percentage
Local taxes earmarked for EMS services	Yes (1) / No (0)	Enter dollar amount	Enter percentage
Contract revenue from local governments in return for services	Yes (1) / No (0)	Enter dollar amount	Enter percentage
Enterprise funds and utility rates	Yes (1) / No (0)	Enter dollar amount	Enter percentage
Sale of assets and services	Yes (1) / No (0)	Enter dollar amount	Enter percentage
Bond or debt financing	Yes (1) / No (0)	Enter dollar amount	Enter percentage
State or local donation of surplus vehicles and durable equipment	Yes (1) / No (0)	Enter dollar amount	Enter percentage
Other donations **excluding labor, facilities, vehicles, equipment, supplies, medication, and other items reported elsewhere in the instrument**	Yes (1) / No (0)	Enter dollar amount	Enter percentage

Source of Revenue	Received revenue from category during your organization's data collection period?	[If Yes (1) for received revenue from category] Total revenues	[If Yes (1) for received revenue from category] What % of revenue was attributable to ground ambulance services?
Special-purpose grants (generally state)	Yes (1) / No (0)	Enter dollar amount	Enter percentage
Matching grants (generally state)	Yes (1) / No (0)	Enter dollar amount	Enter percentage
Technical assistance (e.g., subsidized training)	Yes (1) / No (0)	Enter dollar amount	Enter percentage
Demonstration grants (federal)	Yes (1) / No (0)	Enter dollar amount	Enter percentage
Congressional earmarks	Yes (1) / No (0)	Enter dollar amount	Enter percentage
Other (specify)	Yes (1) / No (0)	Enter dollar amount	Enter percentage

[Note: Respondents will be allowed to 1) Review a copy of final responses before a final "Click to Submit," and 2) print out a completed copy of their responses at the end.]

Version Notes

November 2, 2023: This version includes changes and clarifications as finalized in the Calendar Year (CY) 2024 Physician Fee Schedule Final Rule (CMS1784-F). These changes and clarifications include:

- Added response options for Section 2 (Organizational Characteristics), Question 1, which asks whether the selected NPI linked to the organization was used to bill Medicare for ground ambulance services during its data collection period, to address partial-year responses. The previous response options only offered "Yes (1)" and "No (0)." The added response options split the "Yes (1)" response into two separate responses, one reading "Yes, throughout the organization's continuous, 12-month data collection period (1)" and "Yes, but for only part of the organization's continuous, 12-month data collection period (2)." The "No (0)" response remains unchanged.

- Corrected a typo in Section 2, Question 1a.ii which previously omitted the word "period" after "data collection" in the text "The NPI was in operation during the data collection period but was not used during the data collection to bill Medicare for ground ambulance services."

- Updated Section 2, Question 3 in the printable instrument which previously asked "What is the name of your organization? For the remainder of the instrument, the term "organization" refers to the NPI for which CMS is requesting data. (enter name)" while the web-based GADCS asked "Is [ORGANIZATION NAME] 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 (1) /No (0)." The web-based GADCS asked the question in this way because organization name is pre-populated in the system and not entered directly. The language in the printable instrument is now updated to match the text in the web-based GADCS for consistency.

- Updated programming logic at the end of Section 2, Question 9 such that only NPIs that report "yes" to the fire, police or other public safety options in Section 2 will see questions in Section 7 (Labor Costs) about fire, police or public safety labor costs.

- Updated text in Section 9.1 (Ground Ambulance Vehicle Costs), Question 5 which previously read "Do not report ground ambulance acquisition costs related to an annual depreciation expense." This is now corrected to read "Do not report an acquisition cost and an annual depreciation expense for the same ground ambulance.

- Updated text in Section 9.2 (Other Vehicle Costs [Non-Ambulance]), Question 5 which previously read "Do not report non-ambulance vehicle acquisition costs related to an annual depreciation expense for the same ground ambulance." This has been corrected to read "Do not report an acquisition cost and an annual depreciation expense for the same ground non-ambulance vehicle."

November 7, 2022: This version includes changes finalized by CMS in the CY 2023 Physician Fee Schedule (PFS) final rule (87 FR 70015-70020).. CMS finalized three additional changes in addition to changes listed under the July 7, 2022 heading below:

- Added a new Section 2 (Organizational Characteristics), Question 18 asking

whether the organization broadly contracts out EMT/response labor or broader EMS services to another organization. In this case, instructions in later sections (Section 7 (Labor Costs), Section 8 (Facilities Costs), Section 9 (Vehicle Costs), and Section 11 (Other Costs) direct respondents to report EMT/responder labor hours, facilities, and ground ambulances used by the contractor, but not the related expenses for these inputs. Instead, the total contract costs is reported in Section 11, Question 1.

- Clarified Section 5 (Ground Ambulance Service Volume), Question 3, which previously read "Does your organization respond to calls with another non-transporting agency such as a local fire department that is **not** part of your organization?" by adding "This includes joint responses with other ground ambulance organizations as well as cases where a fire, police, or other public safety department responses to calls for service with your organization. Only consider cases where your ground ambulance does or would have transported the patient, if necessary."
- Corrected a typo in a programming note under Section 13, Question 5 (revenue from standby events). The programming note now correctly refers back to Section 2, Question 8, rather than Question 7.

July 7, 2022: This version adds proposed changes by CMS in the CY 2023 PFS Proposed Rule (87 FR 46242). The proposed changes and clarifications include:
- Implemented several editorial changes throughout the instrument, including more consistently using the past tense to refer to organizations' data collection periods; standardizing how the instrument refers to the continuous, 12-month data collection period; and specifying "ground ambulance" and "ground ambulance transports" rather than the more general "ambulance" and "transports", respectively.
- Corrected several grammar and formatting typos, for example removing unnecessary commas and editing to use the active rather than passive voice.
- Added guidance related to GADCS scope for government-owned ground ambulance organizations in Section 1 (General Instructions).
- Updated the Section 1 description of the functionality of the programmed instrument to better reflect its current capabilities.
- Added follow-up questions to Section 2 (Organizational Characteristics), Question 1 when respondents report the sampled NPI was not used to bill for ground ambulance services during the data collection period.
- Edited Section 2, Question 9 responses to better align with the question text.
- Added programming notes in Section 4 (Emergency Response Time) to allow organizations responding to emergency calls for service in their primary but not secondary service areas and vice versa to report data.
- Removed the text "in your primary service area" from Section 4, Question 1, which applies to the organization as a whole, not just services provided in its primary service area.
- Corrected a typo in Section 4, Question 3, Item f which referred to a now-replaced 90th percentile response time question.
- Clarified that Section 4, Question 4b refers to monetary penalties.
- Edited the Section 5 (Ground Ambulance Service Volume), Question 1 instructions to refer to "emergency" rather than "EMS" services.

- Clarified that organizations can report estimated percentages in their response to Section 5, Question 3.
- Clarified Section 7 (Labor Cost) instructions regarding labor categories that do not precisely match those used by CMS and listed in the instructions.
- Edited Section 7 instructions and tables to specify hours must be reported separately for all staff supporting ground ambulance operations, not just actively responding to calls for service.
- Removed "respiratory therapist" as an example of "other medical staff" in the first Section 7 table for consistency with other Section 7 tables.
- Corrected Section 7.2 instructions to refer to "total hours worked by paid administrative/facilities or medical director staff" and "administrative/facilities labor costs" as appropriate in this section.
- Added a note not to include medical directors in responses to Section 7.3, Question 3.
- Corrected a Section 8.1 (Facilities), Question 3 typo to read "For each of the following facilities…"
- Clarified Section 8.1, Question 3 to read "Please report the allocated portion of rent, lease, or ownership facilities costs…"
- Removed programming logic for Section 9.2 (Other Vehicle Costs (Non-Ambulance), Question 4 so that all organizations can report mileage traveled for non-ambulance water vehicles.
- Corrected a typo in Section 9.3 (Other Costs Associated with Vehicles), Question 4 by removing the repeated phrase "ground ambulances."
- Removed programming notes for Section 10.2 (Non-Medical Equipment/Supplies), Questions 1c and 3 to allow all organizations to report a share of reported expenses attributable to ground ambulance services.
- Corrected a typo in the Section 11 (Other Costs) instructions which referred to "Question 2" instead of "Questions 2 and 5."
- Clarified several response options for Section 11, Question 3.
- Edited Section 13 (Revenue) instructions to note that air ambulance revenue should be considered for Question 1 but not in the remainder of the section.
- Removed the word "approximate" from Section 13, Question 2b which was not intentionally included and does not align with any of the other questions in this section.
- Updated and clarified programming notes for fire, police, and other public safety-based organizations throughout the instrument.

January 6, 2022: This version adds changes and clarifications as finalized in the Calendar Year (CY) 2022 Physician Fee Schedule Final Rule (86 FR 65306-65317, 65561, 65631,and 65669). The changes and clarifications include:
- Removed first person framing (e.g., "we") throughout the instrument to clarify that this data collection effort is required by CMS.
- Clarified language in Section 2, Question 2 to more clearly differentiate between a "parent organization" that operates multiple NPIs and a sampled "organization" representing a single NPI.
- Clarified in Section 2, Question 9 that CMS is interested in whether ground ambulance organizations provide other types of services or operations that had not previously been noted.

- Fixed typo in Section 2, Question 17 that incorrectly referenced "item 17" instead of "item 16."
- Clarified in Section 3, Question 2 that CMS is asking about all ground ambulance organizations, not just Medicare defined ambulance providers.
- Clarified definition of "trip time" as beginning when an organization "begins its response" as opposed to "leaves the station" as ambulances may be at locations other than the station when beginning a response to a call in both Section 3, Question 3 and Question 6.
- Provided additional guidance as to how organizations may define their secondary service areas in Section 3, Question 4.
- Clarified the definition of response time in Section 4, Question 1 as beginning "when the call comes into dispatch," as opposed to simply "when the call comes in" as the latter is ambiguous. Relatedly, Section 4, Question 2 provides potential alternate definitions of response time, to which "from the time the call gets routed from dispatch to our organization to the time the ground ambulance or other EMS vehicle is at the scene" has been added.
- Changed Section 4, Question 3c from "What is the response time below which 90 percent of your emergency responses fall (i.e., your organization's 90th percentile emergency response time) in your primary service area? (Enter minutes)" to "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)" as several organizations indicated that they were having trouble interpreting the question.
- Provided additional guidance to the definition of a "Paid ground ambulance transport" in the Section 5 instructions and in Question 7 to note that the transport should occur during the data collection period and be paid either in part or in full by the time the data is reported to CMS.
- Clarified in Section 5, Question 3a that organizations may report estimates of the percentage of total ground ambulance responses that include a non-transporting agency and the percentage of transports in which the non-transporting agency continues to provide medical care in the ambulance during the transport, as some organizations indicated they would not be able to provide precise percentages for these questions.
- Modified Section 7 labor reporting to separately ask for hours related to "ground ambulance responsibilities," "fire, police, and/or other public safety operations," and "all other responsibilities."
- Added several questions to allow multi-NPI organizations to report an allocated portion of costs incurred at the level of the parent organizations (Section 7.1 Question 2, Section 7.3 Question 7, Section 9.2 Question 6, Section 10.1 Question 4)
- Clarified in Section 7 instructions that volunteer EMT/response staff will be reported on in a "later" section instead of a "different" section.
- In the Section 7 instructions, added "employer payroll taxes" as an allowable cost that may be reported in "Total Annual Compensation."
- Clarified in Section 7.2, Question 3 that expenses associated with staff that were reported in prior questions should not be included here.
- Specified in Section 7.3, Question 4 that medical director volunteer hours should not be included here.
- Updated instructions and question text in Sections 8, 9, and 10 to clarify when and how

organizations should report annual expenses for facilities, vehicles, and supplies and equipment in cases where organizations do and do not calculate annual depreciation expenses.

- Fixed typo in Section 10 instructions changing "operation" to "operating."
- Added clarification in Section 12 that multi-NPI organizations should include an allocated portion of parent organization costs when reporting total costs.
- Specified in Section 13, Question 3 that patient self-pay should include cash payment and the amount patients paid for deductibles, coinsurance, and other cost-sharing only if not reported elsewhere.

July 31, 2020: This version adds additional clarifying instructions in several sections, adds technical and editorial clarification to item text, and updates several programming notes. The updates and clarifications include:

- The printable instrument now reflects that information on organizations' 12-month data collection periods will be pre-populated rather than entered by respondents.
- Added clarification to the question that Medicare is billed if an NPI is used to bill for ground ambulance services during the data collection period.
- Given the start of each organization's 12-month data collection period will be pre-populated in the programmed instrument, the programmed instrument will not ask respondents to report this date. Programming notes are updated throughout the instrument to reflect this change.
- Clarified that organizations can generally use their current accounting practices when collecting and reporting information.
- Several additional notes were added to describe the intended functionality of the programmed instrument.
- The definition of emergency responses was expanded and clarified in Section 6.
- The instructions related to paid and unpaid time off were clarified in Section 7.
- An unintentionally omitted row for ambulance drivers (non-EMT/EMR) with public safety roles was added in Section 7.2 and 7.3 tables.
- Questions related to administration/facilities volunteers now allow reporting by public safety and non-public safety staff as intended and indicated in the instructions.
- Added clarifying instructions indicating that organizations using a cash basis for accounting purposes or that do not capitalize buildings should not report depreciation.
- Section 9 tables were transposed for consistency with tables throughout the rest of the instrument.
- An unintentionally omitted row confirming that leased non-ambulance vehicles were used to respond to ambulance calls or support ground ambulance operations was added in Section 9.2.
- Section 11, Question 1 now includes dedicated row for reporting contracted EMT/response and other labor (which previously would have been reported in Section 11, Question 3).
- Several items in Section 11, Question 3 were reorganized for clarity.
- The instructions for Section 13 were clarified.
- Section 13, Question 3 was clarified to ask respondents to report revenue related to non-transport medical services in Section 13, Question 5 if possible, and in Section 13, Question 3 if not.

- Section 13, Question 4 includes a "not applicable" response option for ground ambulance organizations that do not transport patients with specific types of coverage.

December 4, 2019: This version adds clarifying instructions in several sections, adds technical and editorial clarification to item text, and updates several programming notes. The updates and clarifications include:

- Standardizing terminology. For example, the instrument now uses "annual depreciation expenses" consistently where several terms were used previously to refer to the same cost.
- Added depreciation expense guidance in several places:

"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."

- Clarified instructions for reporting allocated facility costs, other costs, and revenue. Previously, it was unclear whether Medicare providers, for example, would need to report on *all* capital medical equipment or whether a ground ambulance-specific amount could be reported. The instruction was clarified to read:

"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."

- Clarified instruction on how paid staff who also volunteered time should be reported.
- Clarified how labor hours should be reported for staff with fire, police, and other public safety responsibilities by reporting this information in rows in Section 7 tables, not in columns. Section 7, Question 1 includes columns for staff with fire, police, and other public safety roles in order to determine whether these rows should be presented to the respondent.
- Clarified that staff should only be included in fire, police, and other public safety categories if their fire, police, or other public safety role is at the respondent's organization.
- Clarified several definitions and instructions, for example, added HCPCS codes in Section 6.
- Corrected "nautical miles" to read "statute miles" in questions related to water ambulances.
- Corrected an omitted table column asking for a ground ambulance allocation factor for certain facilities costs.
- Corrected an omitted table row asking for the share of vehicle miles related to ground ambulance services.
- Clarified and updated programming notes throughout.