

As a part of SB407 and the *New Hampshire Ground Ambulance Cost Study and the Development of an Illustrative, Cost-Based Reimbursement Rate Schedule for Ground Ambulance Services*, PCG is soliciting cost and transport data from New Hampshire Licensed EMS Units. Since your department indicated you have not completed the Medicare Ground Ambulance Data Collection Survey, we will be asking you to complete a **simplified data survey to be launched on September 4th**. To prepare for your data submission, we have outlined the reports that contain the necessary data. These data reports will all need to be pulled for the same fiscal year, (i.e. July 1, 2023 - June 30, 2024). Throughout our communication we will refer to this fiscal year as “your selected reporting year”.

The data outlined below will be used to determine the true and actual cost of providing services in the State of New Hampshire. This information helps PCG more accurately calculate cost-based rates by referencing actual data when putting forward reimbursement recommendations. Your data will remain confidential as only aggregated data will be used to inform stakeholders and legislation.

Billing/Transport Data

1. Paid Claims Data

Overview: Collected data relevant to your total transport count, service mix and associated paid claims within your selected reporting period.

Source(s): Paid Claims Report, Revenue/Income statement, etc.

Details: All revenue from paid claims during the selected reporting year broken out with payer, HCPCS code, and amount paid (include revenue received throughout the 12-month period no matter the bill/invoice date). Transport/response data needs to entail line level data for medical and fire/other responses that occurred during the selected reporting year.

“Ground ambulance transport” refers to the use of a fully staffed and equipped ground ambulance responding to a request for service to provide medically necessary transport (based on the rules relevant to the applicable payer). Note that your total percentage must equal 100% across the rows in Question 2 below.

Relevant Survey Questions:

1. Total number of ground ambulance transports (paid or unpaid) completed in your selected reporting year (Billing or CAD data).
2. Percentage of total ground ambulance transports fell in the following categories (should equal 100%):
 - a. Basic Life Support (BLS), Non-emergency (HCPCS code A0428)
 - b. Basic Life Support (BLS), Emergency (HCPCS code A0429)
 - c. Advanced Life Support, Level 1 (ALS1), Non-emergency (HCPCS code A0426)
 - d. Advanced Life Support, Level 2 (ALS2) (HCPCS code A0433)
Specialty Care Transport (SCT), (HCPCS code A0434)
3. Percentage of your ambulance call volume that results in a medical assessment but no transport (Billing or CAD data).
4. Percentage of total ground ambulance transports in Question 2, broken out by payer as follows (should equal 100%):
 - a. Medicaid
 - b. Medicare
 - c. Commercial Insurance
 - d. Patient Self-Pay
 - e. Tri-Care/Military Coverage
5. Aggregated amount paid for ground ambulance transports in Question 2, broken out by payer as follows (should equal 100%):
 - a. Medicaid

- b. Medicare
- c. Commercial Insurance
- d. Patient Self-Pay
- e. Tri-Care/Military Coverage

If you conduct business in multiple states please complete the following, broken out by each state.

6. Number of ground ambulance transports completed in selected reporting year within each state
7. Percentage of total ground ambulance transports in Question 2
8. Percentage of call volume that results in medical assessment but no transport
9. Percentage or Amount aggregated amount paid for ground ambulance transports

2. Transport Data

Overview: Collected data relevant to your EMS transports and responses.

Source(s): CAD/Dispatch Report, ePCR

Details: Transport/response data needs to entail line level data for medical and fire/other responses that occurred during your selected reporting year. You should consider “medical assessments and no transport” or “treat, no transport” as ground ambulance responses if your organization dispatched a fully equipped and staffed ground ambulance to the scene. Do not, however, count “treat, no transport” treatment and as ground ambulance transports, even if you use ground ambulance service codes to bill for these services.

Relevant Survey Questions:

1. Total number of transports completed in your selected reporting year (Billing or CAD data).
2. Percentage of your ambulance call volume that results in a medical assessment but no transport (Billing or CAD data).
3. If your department performs both EMS and non-EMS services (i.e. Fire, Emergency Management, clinical, etc.), please insert your best estimate of the percentage of total time spent on performing EMS services.

Cost Data

1. Depreciation Schedule

Overview: Collected data relevant to your depreciating capital assets as it pertains to your EMS Unit’s overall expenditures in the selected reporting year.

Source: Depreciation Schedule, Financial Statement, Income Statement, etc.

Details: Total depreciation amount for all active EMS vehicles, EMS capital equipment, EMS/Shared buildings or capital improvement projects.

Relevant Survey Questions:

1. Total depreciation incurred for capital medical/EMS assets (i.e. vehicles, equipment, and buildings/CIP) in your selected reporting year.

2. Expenditure Report

Overview: Collected data relevant to your EMS Unit’s overall expenditures in the selected reporting year. The scope of the survey is limited to ground ambulance costs. Many organizations share facilities, staff, or other resources with another service, such as a fire department, hospital, or police department. Even some organizations providing only ground ambulance services, for example, local government-based organizations may have information on some expenses at a broader government level rather than for their ground ambulance organization specifically. For more detailed information and examples on how to allocate costs, please see CMS’ webinar on the topic at this [link](#).

Source(s): General Ledger, Profit and Loss Statement, Trial Balance, etc.

Details: EMS operating expenses include but are not limited to cost centers such as facility and EMS vehicle maintenance costs, utilities, general insurance, EMS vehicle fuel, medical and non-medical supplies, minor medical and non-medical equipment, contracted and billing services.

Relevant Survey Questions:

1. Total EMS operating expense (actual not budgeted) for your selected reporting year.

3. Payroll Report

Overview: Staffing and labor expenses related to your ground ambulance operations.

Source: Payroll Report, General Ledger, Labor/Staffing plan, etc.

Details: Identify staff members in a single category below (do not double report). 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 for paid staff. If one or more components of compensation costs (e.g. benefits) were paid by another entity with which you had a business relationship (e.g. a municipality that you serve), you must obtain and include these costs when you report total compensation. Do not include staff without ground ambulance responsibilities in your responses.

Volunteer hours include the time from which the volunteer received a call or a page to the time they finished with their call as well as time spent in the station house performing duties as if they were being paid. Volunteer expenses include stipends, honoraria allowances, benefits, or other “token” payments in recognition of a contribution to your organization, but not as form of direct compensation for work.

Relevant Survey Questions:

NOTE: If you conduct business in multiple states please break out the following by each state.

1. Total number of Paramedic Full Time Equivalents (FTEs) your EMS Unit employed during your selected reporting year. *A Full Time Equivalent is defined as total number of hours worked for all employees (full and part time) during the reporting year divided by 2080*
 - a. Total compensation (including salaries and benefits) paid to all Paramedics in your selected reporting year.
2. Total number of EMT FTEs your EMS Unit employed during your selected reporting year.
 - a. Total compensation (including salaries and benefits) paid to all EMTs in your selected reporting year.
3. Total Advanced-EMT FTEs your EMS Unit employed during your selected reporting year.
 - a. Total compensation (including salaries and benefits) paid to all EMTs in your selected reporting year.
4. Total EMRs your EMS Unit employed during your selected reporting year.
 - a. Total compensation (including salaries and benefits) paid to all EMTs in your selected reporting year.
5. Total number of support or administrative FTEs your EMS Unit employed during your selected reporting year?
 - a. Total compensation (including salaries and benefits) paid to all support/admin FTEs in your selected reporting year.
6. Total number of Volunteer Response Staff did your EMS Unit utilized in your selected reporting year.
 - a. Total hours your Volunteer Response staff worked collectively.
 - b. Total compensation (including stipends, benefits, etc.) paid to Volunteer staff.
7. Total number of Call Response Staff members your EMS Unit utilized in your selected reporting year.
 - a. Total number of calls your Call Response Staff responded in your selected reporting year.
 - b. Total compensation (including salaries, stipends, Benefits, etc.) paid to Call Staff.