Data Collection: Non-Medicare GADCS Submitters
Ground Ambulance Cost Study and the Development of an Illustrative, Cost-Based Reimbursement Rate Schedule for Ground Ambulance Services

This document outlines the data elements that are requested in the **survey**. Note that the numbering of items may not match the actual survey as it is organized into pages and sections. The number of questions/data elements is included here to help with flow and readability for those Licensed EMS Units that may need to collect data from multiple sources and staff. The organization of the content DOES match the survey tool.

This survey aims to collect data from Licensed EMS Units in New Hampshire who have not yet submitted (or were not required to submit) under the Medicare Ground Ambulance Data Collection (GADCS) Instrument. **The survey completion deadline is October 1, 2024. To help you meet this timeline, Public Consulting Group's technical support team is available to walk through the data request** and answer questions. Email the help desk at: MGADC@pcgus.com.

This data request is part of the New Hampshire Ground Ambulance Cost Study established under SB407 is to analyze and understand the costs associated with providing ground ambulance services across the state of New Hampshire.
This **mandatory initiative** is critical for ensuring that all License EMS Units are adequately supported and that the quality of emergency medical care across New Hampshire remains high.

The survey asks questions based on the following reports:

- Expenditure

- Depreciation Schedule

- Billing Data

- Transport Data

Additional information about this study and helpful resources are available on the New Hampshire Health Plan (NHHP) website.

Thank you for your prompt attention to this request and for your continued participation in this important study. Your contributions are crucial to ensuring that ground ambulance services in New Hampshire are fairly and accurately reimbursed.

PART I: ORGANIZATION INFORMATION

1. Does your Licensed EMS Unit use volunteer staff?
   - Yes (if yes, the questions re volunteer labor costs will be presented)
   - No

2. Does your Licensed EMS Unit perform out-of-state transports (i.e., patient resides outside of NH)?
   - Yes (if yes, question 3 will be presented)
   - No (if no, survey will skip to Part II: Data Collection)

3. What percentage of your annual transports are completed out-of-state?
   - <text box for respondent to enter %>

PART II: DATA COLLECTION

Reporting Year

The following survey sections ask questions about your department's expenditures, depreciation schedule, billing data, and transport data. The questions throughout this survey focus on your costs to perform EMS transports. For Fire or hospital-based EMS Units, only include costs and data allocated to your EMS service line.

For your awareness, the data being collected will be presented to stakeholders and legislators in an aggregate form only. No individual EMS unit level data will be shared. For tabular data reporting, cells with a frequency (count) of <5 will be censored.

If you have questions regarding this survey or specific data elements being collected, contact PCG's help desk at MGADC@pcgus.com.

We ask that you use the same reporting time period corresponding to your fiscal year for all the data elements being requested and that you provide the most recent data available. This will be your "selected reporting year." For example: July 1 2023 – June 30, 2024; October 1, 2022 – September 30, 2023, January 1, 2022 - December 31, 2023.

ENTER YOUR SELECTED REPORTING YEAR START & END DATES IN THE FIELDS BELOW.

4. Enter your selected reporting year start and end dates (instructions were provided on how to identify the selected reporting year). These are date fields.

Reporting year start date:	Reporting year end date:

Expenditures & Depreciation

This section collects data elements about your department's expenditures and depreciation for your selected reporting year. For each data element requested, enter total numbers for your selected reporting year. If you are unsure about a specific data element or total being requested, contact PCG's help desk at MGADC@pcgus.com.

5. TOTAL EMS OPERATING EXPENSE (actual not budgeted). This number should include all costs directed or partly tied to operating your ground ambulances.
   - <text box to enter total>

6. TOTAL DEPRECIATION ACCRUED FOR EMS CAPITAL ASSETS (i.e. vehicles, equipment, and buildings/CIP).
   - <text box to enter total>

Personnel Data & Labor Costs

This section collects information about your department's staffing numbers and related personnel costs.

7. For each data element requested, enter <u>total numbers for your selected reporting year.</u> If you do not have staff in a specific labor category, enter 0 in each required field.

   PERSONNEL NUMBERS:
   This includes total number of staff employed in the following labor categories: Paramedics, Emergency Medical Technicians (EMTs), advanced EMTs, Emergency Medical Responders (EMRs), and support/administrative staff. We are interested in collecting the total number of full-time equivalent (FTE) staff in each labor category.

   COMPENSATION COSTS:
   The survey also asks about total compensation (salaries and benefits) for each labor category. Enter the total compensation numbers per labor category for Full Time Equivalent (FTE) staff ONLY.

NUMBER OF PARAMEDIC FTE STAFF:	TOTAL COMPENSATION paid to PARAMEDICS:
NUMBER OF EMTs FTE STAFF:	TOTAL COMPENSATION paid to EMTs:
NUMBER OF ADVANCED EMTs FTE STAFF:	TOTAL COMP paid to ADVANCED EMTs:
NUMBER OF EMRs:	TOTAL COMPENSATION paid to EMRs:
NUMBER OF SUPPORT/ADMINISTRATIVE FTEs:	TOTAL COMP paid to SUPPORT/ADMIN:

Volunteer Staff Hours and Labor Costs

Complete this section if your Licensed EMS Unit utilized volunteer response staff during your selected reporting year. For each data element requested, enter total numbers for your selected reporting year. (Only presented if answer to question #1 is "yes")

8. NUMBER OF VOLUNTEER RESPONSE STAFF your EMS Unit utilized in your selected reporting year.
    - <text box to enter total>

9. TOTAL HOURS VOLUNTEER STAFF worked collectively.
    - <text box to enter total>

10. TOTAL COMPENSATION (including stipends, benefits, etc.) paid to volunteer staff
    - <text box to enter total>

Response Data

This section collects information about call response data and volume of calls (EMS, Fire/Other) your department responded to. For each data element requested, enter total numbers for your selected reporting year.

11. TOTAL NUMBER OF CALLS staff responded to (activations/dispatches) in your selected reporting year.
    - <text box to enter total>

12. NUMBER OF EMS CALLS staff responded to in your selected reporting year.
    - <text box to enter total>

13. NUMBER OF FIRE/OTHER CALLS staff responded to in your selected reporting year. If your department responds to EMS only, enter 0.
    - <text box to enter total>

14. NUMBER OF TRANSPORTS COMPLETED
    - <text box to enter total>

15. TOTAL NUMBER OF CALLS staff responded to where medical assessment was performed but NO TRANSPORT OCCURRED.
    - <text box to enter total>

16. **PERCENT OF GROUND AMBULANCE TRANSPORTS BY TYPE/CODE.**
In the data fields below, enter the percent of your EMS Unit's total ground ambulance transports for the category/code listed. If there were no transports for that particular code, enter 0.

Basic Life Support (BLS), Non-emergency (HCPCS code A0428:
Basic Life Support (BLS), Emergency (HCPCS code A0429):
Advanced Life Support, Level 1 (ALS1), Non-emergency (HCPCS code A0426):
Advanced Life Support, Level 1 (ALS1), Emergency (HCPCS code A0427):
Advanced Life Support, Level 2 (ALS2) (HCPCS code A0433):
Specialty Care Transport (SCT), (HCPCS code A0434):

Billing Data: Total Revenues & Percent of Transports by Payer

This section collects information about your payer mix, including total EMS transports by payer and amounts paid for transports in each category. You will find this information in your billing data. For each data element requested, enter total numbers for your selected reporting year. If there is no data for a specific payer, enter 0 in both data fields.

17. For each of the payer categories listed below, indicate:

    1) Total Revenues: If your organization received any revenue from paid ground ambulance transports from the following payers during your organization's selected reporting period, enter total revenue for each category. If your organization did not receive revenue for a particular category, enter 0.

    2) % of Ground Ambulance Transports: Based on the total number of transports completed during your selected reporting period, enter the % of transports that fall into each of the payer categories. If you did not have any transports in the specific category listed, enter 0. The sum of the percentage of ambulance transports should equal 100%.

Traditional (FFS) Medicare Revenues:	Traditional Medicare: % of Transports:
Medicare Advantage (Medicare Managed Care):	Medicare Advantage: % of Transports:
Traditional (FSS) Medicaid Revenues:	Traditional Medicaid: % of Transports:
Medicaid Managed Care Revenues:	Medicaid Managed Care: % of Transports:
TRICARE Revenues:	TRICARE: % of Transports:
Veteran's Health Administration Revenues:	Veteran's Health Admin: % of Transports:
Commercial insurance Revenues:	Commercial insurance: % of Transports:
Worker's Compensation Revenues:	Worker's Compensation: % of Transports:
Patient Self-Pay Revenues:	Patient Self-Pay: % of Transports: