



# Medicare Ground Ambulance Data Collection System: Using Facilities and Vehicles Templates

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# Overview

- Today's session covers import functionality in the Medicare Ground Ambulance Data Collection System (GADCS).
- There are 3 Excel-based templates that may be used to upload select information in 2 sections of the GADCS:
  - Facilities Costs (Section 8, 1 template)
  - Vehicle Costs (Section 9, 2 templates, 1 for Ground Ambulance Vehicle Costs (Section 9.1) and the other for Other Vehicle Costs (Non-Ambulance; Section 9.2))
- Use of these templates is *entirely optional*.
- While everyone is welcome to listen in to this webinar and participate, this session will be most relevant to ground ambulance organizations with relatively many (e.g., more than five):
  - Facilities;
  - Ground ambulances; or
  - Non-ambulance vehicles related to ground ambulance operations.

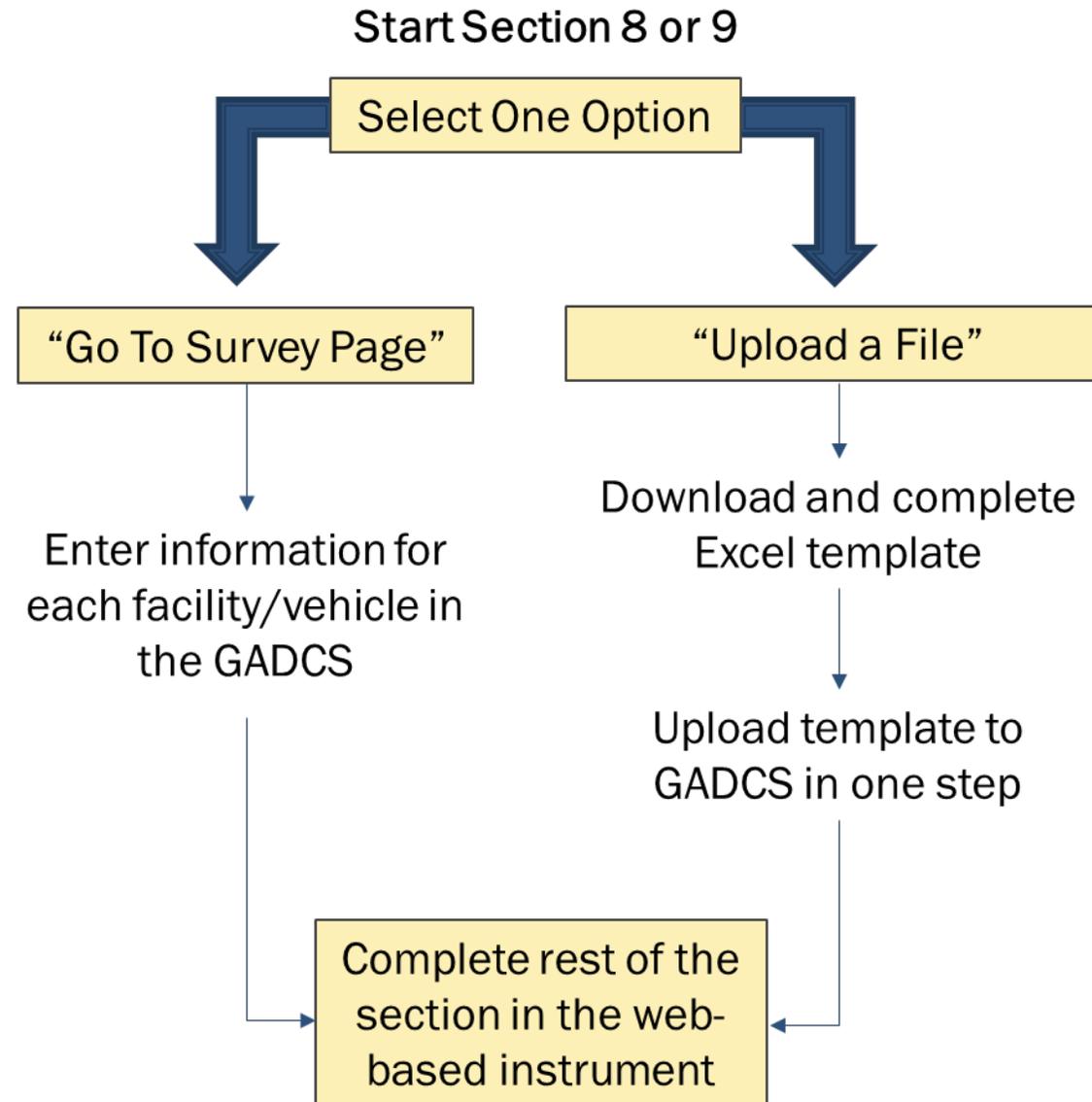
# Agenda

1. Methods in reporting facilities costs and vehicle costs
2. Facilities cost template
3. Vehicle cost templates
4. Template upload and error troubleshooting

# Methods in Reporting Facilities Costs and Vehicle Costs in the GADCS

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# Methods Overview



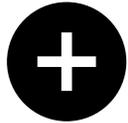
# Deciding when to use the templates

Organizations can enter information one vehicle/facility at a time, upload all vehicle and facility information in one step using the templates, or switch between the two approaches within or between sections

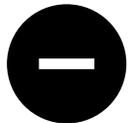
- It may make more sense for organizations to:
  - Use the facilities template when they have many facilities (e.g., greater than five)
  - Use the vehicles templates when they have many vehicles (e.g., greater than ten vehicles including both ground ambulance vehicles and non-ambulance vehicles that support ground ambulance operations (e.g., fire trucks that respond to ground ambulance calls))
- In general, the templates require a little more upfront work, but may save time if you have a lot of information to input

# Other Considerations for Choosing a Method

## Enter Information for One Facility/Vehicle at a Time



- **Fewer steps:** No need to download or upload template
- **No non-applicable fields displayed** (e.g., If you own all your ground ambulances, you won't see questions about lease/rent)
- **Immediate feedback** on not accepted answers/formats

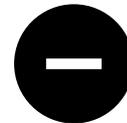


- **Must enter answers individually**—can't copy and paste lists of data or answers that are the same for each vehicle
- **Errors appear on separate pages** of programmed instrument

## Upload Completed Templates



- **Copy and paste lists of information** (e.g., a list of vehicle ID numbers)
- **Easily repeat duplicate values** over multiple facilities or vehicles (e.g., all facilities 100% related to ground vehicles services)
- **Errors displayed in single place**, easier to correct systematic errors
- Can use the completed template to **conduct further calculations**



- **More steps:** Need to download and upload templates
- **All possible fields displayed**—not just ones applicable to your organization
- **Specific errors not immediately shown** until file is uploaded and checked

# Facilities Costs Template

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# Facilities: Overview and General Instructions

- Section 8 asks about the facilities costs for your ground ambulance organization.
- Include any facilities that house activities to support your organization's ground ambulance services (e.g., dispatch/call centers, vehicle storage, staff rooms)
- Do **not** include facilities that were used by contracted entities and that your organization does not occupy itself (e.g., call center to which you pay a monthly fee for call services).
- Do **not** include insurance, maintenance, utilities, and tax expenses in your reported costs of ownership in this template. All organizations will report on these costs under the Insurance, Maintenance, Utilities, and Taxes section (Section 8.3) of the GADCS.
- Determine whether your organization calculated depreciation expenses for some or all of its facilities during the data collection period—this will help determine in which columns you will need to enter information

# Facilities Columns (Part 1)

Column Name	Facility Name	Rent/Leased	Mortgaged	Owned	Donated
Description	Name or function for the facility	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)
Answer Type	Free-text	Yes/No	Yes/No	Yes/No	Yes/No
Who Must Answer	All organizations, all facilities	All organizations, all facilities	All organizations, all facilities	All organizations, all facilities	All organizations, all facilities
Example Answer	Garage 1	Yes	No	No	No

# Facilities Columns (Part 2)

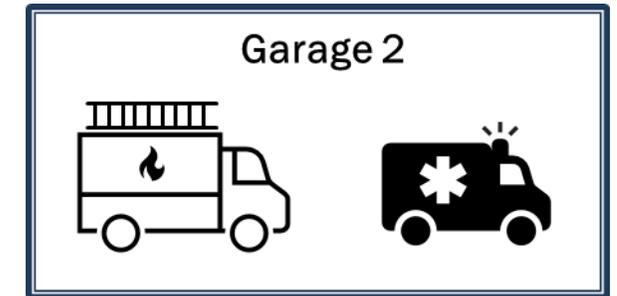
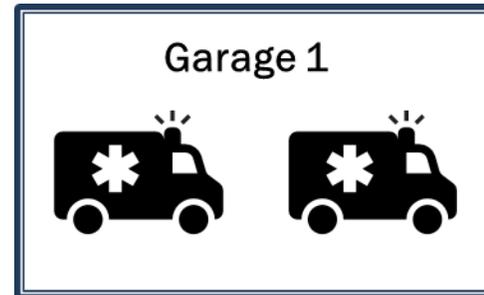
Column Name	Square footage	% for Ground Ambulance	Annual Rental Costs	Annual Depreciation Expense
Description	Facility square footage	Percentage of your facility square footage related to ground ambulance services	Annual lease or rental costs for the facility	Annual depreciation expense
Answer Type	Positive integer (i.e., a number greater than zero without fractions or decimals)	Integer (i.e., a number without fractions or decimals) 1-100	Positive integer	Positive integer
Who Must Answer	All organizations, all facilities	All organizations, all facilities	Rented/leased facilities only	Organizations that calculate annual depreciation expenses for facilities, mortgaged or owned facilities only
Example Answer	7200	65	40000	25677

# Facilities Columns (Part 3)

Column Name	Total Acquisition Cost	Other Annual Costs of Ownership	No Annual Costs
Description	Total acquisition cost if purchased outright during your organization's data collection period	Annual mortgage interest, bond interest, or other costs of ownership (including payments against principal if annual depreciation expense not reported)	No annual costs of ownership (excluding maintenance, utilities, insurance, and taxes) for fully owned or donated facilities
Answer Type	Positive integer	Positive integer	Yes/No
Who Must Answer	Organizations who do not depreciate costs, facilities that were purchased outright during the data collection period	Mortgaged or owned facilities only	Rented/leased facilities only
Example Answer	130000	0	Yes

# Facilities Example

This hypothetical fire-based organization has four facilities: three owned and one rented. The organization calculates depreciation costs for its facilities.



Facility name [text]	Rent/ Leased [Yes/No]	Mortgaged [Yes/No]	Owned [Yes/No]	Donated [Yes/No]	Square footage [integer]	% for Ground Ambulance [%]	Annual Rental Costs [\$]	Annual Depreciation Expense [\$]	Total Acquisition Cost [\$]	Other Annual Costs of Ownership [\$]	No Annual Costs [Yes/No]
Fire station	No	No	No	Yes	5000	50					Yes
Administrative building	No	No	Yes	No	4000	10		5000		0	No
Garage 1	No	Yes	No	No	3750	100		3000		2000	
Garage 2	Yes	No	No	No	4500	50	30000				

# Vehicle Costs Templates

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# Vehicles: Overview and General Instructions

- Section 9 asks about vehicle costs for your ground ambulance organization.
- There are 2 vehicle templates:
  - Ground Ambulance Vehicles (i.e., land and water vehicles considered ground ambulances in your jurisdiction)
  - Other (Non-Ambulance) Vehicles that support ground ambulance operations (e.g., fire trucks, quick response vehicles, supervisory vehicles)
- Include all ground ambulances regardless of whether the ambulance transported patients or whether you billed for transports made by this ambulance
- Do **not** include any vehicles on both tabs
- Do **not** include air ambulances in either tab
- Determine whether your organization calculated depreciation expenses for some or all of its vehicles during the data collection period—this will help determine in which columns you will need to enter information

# Ground Ambulance Columns (Part 1)

Column Name	Name or ID of Ground Ambulance	Owned	Leased/Rented	Transport Patients
Description	Provide a name (e.g., a vehicle number, license plate, or other identifier) for each vehicle. You can choose whatever name you would like but the names must be unique.	Did your organization own (including vehicles that have been purchased, gifted, or donated) this ground ambulance?	Did your organization lease or rent this ground ambulance?	Was this ground ambulance used to transport patients during the data collection period?
Answer Type	Free-text	Yes/No	Yes/No	Yes/No
Who Must Answer	All organizations, all ground ambulances	All organizations, ground ambulances	All organizations, ground ambulances	All organizations, ground ambulances
Example Answer	ABC 1234	Yes	No	Yes

# Ground Ambulance Columns (Part 2)

Column Name	Donated	Annual Depreciation	Purchase Cost	Other Annual Costs of Ownership
Description	Was this ground ambulance donated?	What was the annual depreciation expense?	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.
Answer Type	Yes/No	Positive Integer	Positive Integer	Positive Integer
Who Must Answer	Owned ground ambulances only	Organizations that calculate annual depreciation expenses for ground ambulances, owned ground ambulances only	Organizations that calculate annual depreciation expenses for ground ambulances, ground ambulances that are not donated only	Owned ground ambulances only
Example Answer	ABC 1234	Yes	No	Yes

# Ground Ambulance Columns (Part 3)

Column Name	% of Ground Ambulance Related Miles	Annual Lease Expense
Description	What share of the vehicle's traveled miles were related to ground ambulance services?	What was the annual depreciation expense?
Answer Type	Integer 1-100	Positive Integer
Who Must Answer	All organizations, all ground ambulances	Leased/Rented ground ambulances only
Example Answer	58	20000

# Ground Ambulance Example

This hypothetical government ground ambulance organization has four ground ambulance vehicles: three owned and one rented. The organization calculates depreciation costs for its ground ambulances.

Land Ambulance 1



Land Ambulance 2



Land Ambulance 3



Water Ambulance 1



Ground Ambulance Name or ID [text]	Owned [Yes/No]	Leased/Rented [Yes/No]	Transport Patients [Yes/No]	Donated [Yes/No]	Annual depreciation on [\$]	Purchase cost [\$]	Other Annual Costs of Ownership [\$]	Remounted [Yes/No]	Remount cost [\$]	Lease/rent cost [\$]
Land Ambulance 1	Yes	No	No	No	30000		0	Yes	100000	
Land Ambulance 2	Yes	No	Yes	Yes			0	No		
Land Ambulance 3	Yes	No	Yes	No	35000		0	No		
Water Ambulance 1	No	Yes	Yes							40000

# Other Vehicle Columns (Part 1)

Column Name	Type of Non-Ambulance Vehicle	Name/Description	Owned
Description	Select from a list of types of non-ambulance vehicles	Provide a name (e.g., a vehicle number, license plate, or other identifier) for each vehicle. You can choose whatever name you would like but the names must be unique.	Did your organization own (including vehicles that have been purchased, gifted, or donated) this non-ambulance vehicle?
Answer Type	Fire truck/Land rescue vehicle/Water rescue vehicle/Other response vehicle/Other vehicle	Free-text	Yes/No
Who Must Answer	All organizations, all non-ambulance vehicles	All organizations, all non-ambulance vehicles	All organizations, all non-ambulance vehicles
Example Answer	Land rescue vehicle	Fire truck 1	No

# Other Vehicle Columns (Part 2)

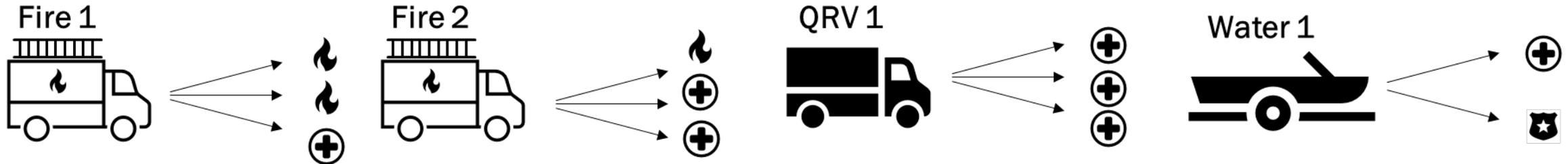
Column Name	Leased/Rented	Supported Ground Ambulance Operations	Purchase Cost
Description	Did your organization lease/rent this non-ambulance vehicle?	Was this vehicle used to respond to ambulance calls or support ground ambulance operations during your organization's data collection period?	What was the purchase cost if purchased during your organization's data collection period? If the vehicle was not purchased during the data collection period, input 0.
Answer Type	Yes/No	Yes/No	Positive integer
Who Must Answer	All organizations, all non-ambulance vehicles	All organizations, all non-ambulance vehicles	Organizations that calculate annual depreciation expenses for other vehicles, owned other vehicles that are not donated only
Example Answer	Yes	Yes	50000

# Other Vehicle Columns (Part 3)

Column Name	Other Annual Costs of Ownership	% of Ground Ambulance Related Miles	Annual Lease Expense
Description	Annual loan interest or other costs of ownership not reported previously.	What share of the vehicle's traveled miles were related to ground ambulance services?	What was the annual lease expense for this vehicle?
Answer Type	Positive integer	Integer 1-100	Positive integer
Who Must Answer	Owned non-ambulance vehicles only	All organizations, all non-ambulance vehicles	Leased/rented non-ambulance vehicles only
Example Answer	4000	10	18000

# Other Vehicles Example

This hypothetical public safety organization has four non-ambulance vehicles that support ground ambulance operations: three owned and one rented. The organization does not calculate depreciation costs for its ground ambulances.

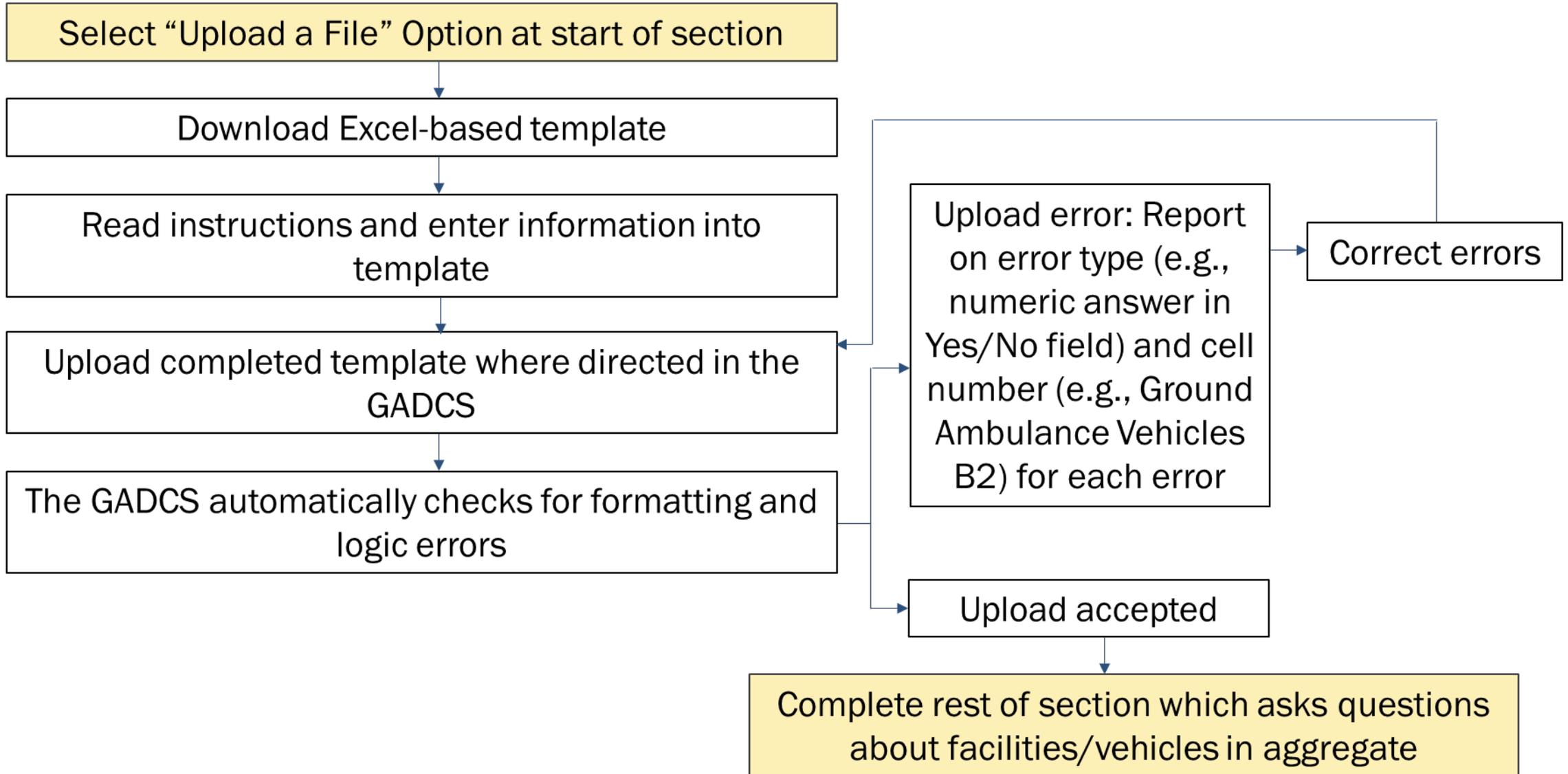


Name/Description [text]	Type of Non-Ambulance Vehicle	Owned [Yes/No]	Leased/Rented [Yes/No]	Supported Ground Ambulance Operations? [Yes/No]	Donated [Yes/No]	Annual Depreciation Expense [\$]	Purchase cost [\$]	Other Annual Costs of Ownership [\$]	% of Ground Ambulance Related Miles [%]	Annual lease expense [\$]
Fire 1	Fire truck	Yes	No	Yes	No		0	30000	33	
Fire 2	Fire truck	Yes	No	Yes	Yes			0	67	
QRV 1	Other response vehicle	Yes	No	Yes	No		40000	0	100	
Water 1	Water rescue vehicle	No	Yes	Yes	No				50	20000

# Template Upload and Troubleshooting

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# Upload Process Detail



# Template Tips

- Read instructions carefully and make sure that you input answers in the correct format—not doing so will result in upload errors. Examples include:
  - Entering “Yes” or “No” when the question asks for a dollar amount
  - Entering a percentage greater than 100
- Entering conflicting information in some columns will result in upload errors. For example:
  - For each facility, enter “Yes” in **only one** of these four columns: (1) Rent/leased [Yes/No]; (2) Mortgaged [Yes/No]; (3) Owned [Yes/No]; (4) Donated [Yes/No]
  - For each facility, answer only one of these three columns: (1) Annual Rental Cost; (2) Annual Depreciation Expense; (3) Total Acquisition Costs
- Only answer questions that are required for your organization and for the given facility. For example:
  - Do not enter purchase costs for rented facilities
  - Do not enter lease costs for vehicles you own

# Correcting Different Types of Errors

## Required field left blank



Name/Description [text]	Type of Non-Ambulance Vehicle
Fire 1	Fire truck
	Fire truck

Name/Description [text]	Type of Non-Ambulance Vehicle
Fire 1	Fire truck
Fire 2	Fire truck

## Wrong answer type



Purchase cost [\$]	Other Annual Costs of Ownership [\$]
No	3000.50
400000	-100

Purchase cost [\$]	Other Annual Costs of Ownership [\$]
0	3001
400000	0

## Answer in field that should be blank



Facility name [text]	Rent/Leased [Yes/No]	Annual Rental Costs [\$]
Garage 1	No	50000
Garage 2	Yes	30000

Facility name [text]	Rent/Leased [Yes/No]	Annual Rental Costs [\$]
Garage 1	No	
Garage 2	Yes	30000

## Conflicting Answers



Owned [Yes/No]	Leased/Rented [Yes/No]
Yes	Yes
Yes	No

Owned [Yes/No]	Leased/Rented [Yes/No]
No	Yes
Yes	No

# Question and Answer Session

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