

## Attachment A - Ambulance Revenue Report

### Attachment A

#### Provider Name and Contact Information

Please fill in

Provider Name	
Federal Employee ID	
PIDSL	
Address1	
Address2	
State	
City	
Zip	
Main Phone Number	
Contact's Extension or Phone	
Fax	
Email	
Contact's Name	
Fiscal Year Ending	2019

Non-Emergency Ground Ambulance Revenue		Please fill in (in dollars) for non-emergency ground ambulance or ambulance service that will be excluded from assessment. If not possible to break down by the category listed, please fill in at least line 8.		
Line	Category	Advanced Life Support (Ground Non-Emergency) (e.g., A0426)	Basic Life Support (Ground Non-Emergency) (e.g., A0428)	Total
1	Self-Pay/Private Pay )			\$0
2	Medicare			\$0
3	Medicaid			\$0
4	Commercial (Blue Cross, HMO, Other Third Party)			\$0

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5	Contracts (PPS, DRG or Other)			\$0
6	Municipal Subsidy			\$0
7	All Other Payers			\$0
8	TOTAL OPERATING REVENUE Non-Emergency Ground Ambulance (Sum Line 1 to Line 7)	\$0		\$0

<b>Non-Massachusetts Emergency Ground Ambulance Revenue</b>		Please fill in (in dollars) for emergency ground ambulance or ambulance service that will be excluded from assessment because it occurred outside of Massachusetts. If not possible to break down by the category listed, please fill in at least line 8.		
Line	Category	Advanced Life Support (Ground Emergency)	Basic Life Support (Ground Emergency)	Total
1	Self-Pay/Private Pay )			\$0
2	Medicare			\$0
3	Medicaid			\$0
4	Commercial (Blue Cross, HMO, Other Third Party)			\$0
5	Contracts (PPS, DRG or Other)			\$0
6	Municipal Subsidy			\$0
7	All Other Payers			\$0
8	TOTAL OPERATING REVENUE Non-Emergency Ground Ambulance (Sum Line 1 to Line 7)	\$0		\$0

## Attachment A - Ambulance Revenue Report

<b>Massachusetts Emergency Ground Ambulance Revenue</b>		Please fill in Bad Debt, Charity Care, and Payer Discounts allocated to Massachusetts emergency ground ambulance, solely to the extent that the related revenue for the trip was reported as operating revenue.
Line	Expense Category	Total
A	<b>Bad Debt</b> (allocated to Massachusetts emergency ground ambulance)	
B	<b>Charity Care</b> (allocated to Massachusetts emergency ground ambulance)	
C	<b>Payer Discounts</b> (allocated to Massachusetts emergency ground ambulance )	
D	Total Bad Debt, Charity Care, Payer Discounts (Sum Line A-Line C)	\$0

### Definitions/Instructions

**Total** is the sum of revenue from Advance Life Support and Basic Life Support (Ground Emergency)

**Advanced Life Support (ALS) Services** as defined by the Commonwealth of Massachusetts, Department of Public Health, in 105 CMR 170.020.

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**Basic Life Support (BLS) Services** as defined by the Commonwealth of Massachusetts, Department of Public Health, in 105 CMR 170.020.

**Emergency**, as defined by the Commonwealth of Massachusetts, Department of Public Health, in 105 CMR 170.020.

Massachusetts revenue or expenses should be broken out consistent with how the provider determines it for other purposes, including, but not limited to, tax purposes.

**Line 1:** Self-Pay/Private Pay Report revenue earned from patients for services rendered that are not sponsored by any governmental or third-party entity.

**Line 2:** Medicare Report revenue earned from patients insured by Medicare, Railroad Medicare, or Champus/TRICARE.

**Line 3:** Medicaid Report revenue earned from patients insured by MassHealth.

**Line 4:** Commercial Insurance Report revenue earned from patients insured by any commercial insurance, HMO plan, and other third-party payers.

**Line 5:** Contracts (PPS, DRG, other) Report revenue earned from facilities (e.g., hospitals or nursing homes) for transport of their patients or residents.

**Line 6: Municipal Subsidy** Report revenue earned by an ambulance service provider from a city or town for the purpose of ensuring that said ambulance service shall provide services to that city or town.

**Line 7: All Other Payers** Report revenue earned from any sources not listed above. Include any amounts received from another

**Line A: Bad Debt Expense** Report expenses recognized for accounts receivable that are regarded as uncollectible following reasonable collection efforts (this should be reported only if the revenue including bad debt was included in the revenue report).

**Line B: Charity Care** Report expenses for charitable care for Massachusetts emergency ground ambulance service (this should be reported only if revenue including charity care was included in the reported revenue).

**Line C: Payer Discounts** Report payer discounts for Massachusetts emergency ground ambulance services (this should be reported only if revenue including payer discounts was included in the reported revenue).