

September 22, 2025

Michael E. Chernew, Ph.D.
Chairman
Medicare Payment Advisory Commission
425 I Street NW, Suite 701
Washington, DC 20001

Re: Report on Ground Ambulance Data Collection

Dear Chairman Chernew:

On behalf of Global Medical Response (GMR), the largest ground and air ambulance provider in the United States with over 34,000 employees, I want to thank the Commission for its continued focus on ensuring access to high-quality emergency medical services for Medicare beneficiaries. We appreciate MedPAC's efforts to evaluate the effectiveness of the ground ambulance data collection system established under the Bipartisan Budget Act of 2018.

As the nation's leading provider of ground ambulance services, GMR supports the continuation of data collection on a recurring basis. We believe that a three-year collection cycle strikes the right balance between reducing reporting burden on providers and maintaining timely, accurate insights into the costs of delivering emergency medical services across diverse geographic and community settings.

Reporting Challenges in the Ground Ambulance Data Collection System (GADCS)

We would also like to share how GMR believes the Centers for Medicare and Medicaid Services (CMS) could improve and streamline the data submission process to ensure that the data collected is sufficient to provide an accurate reflection of costs and does not create a burden on providers who must submit data. There are several instances where it is unclear how or if the data we provided impacted the costs and revenue estimated in the report.

- In terms of capturing costs, there are areas where the process could be improved.
 - For example, GMR devoted a considerable amount of work to report each GMR vehicle with depreciation expense and split up mileage and fuel by, type of vehicle when alternatively, we could have submitted the total number of ambulances and administrative vehicles.

- For facilities, we had to report on each individual facility and rental cost by location. We had to review monthly general ledger detail for the entire year by lease for each facility. This could be less time-consuming for entities with only a few National Provider Identifiers (NPIs) but due to the amount of NPI's we reported, this took time to analyze the details and summarize.
- It was also unclear why the cost of medications was separated from other medical supply costs. GMR has a specific general ledger account for drugs which we categorized as medication expense, but it would not be comparable across NPI reporting as not all entities are likely to report in this level of detail.
- There were also items listed with little expense (i.e., biohazard waste & medication removal fees) and larger expenses such as telephone (including local & long distance, cell phone & data networking) which was grouped with miscellaneous administrative fees. CMS should review the individual expense line items included in the other costs section and modify the input by limiting to more material expense line items.
- While we spent considerable time collecting costs, it would have been helpful for the GADCS to summarize total amounts input by section so we could compare totals in the system to amounts per our own input sheet to ensure there were not any errors when inputting. Similarly, for revenue it would have been helpful for the system to summarize total amounts input by section (fee-for-service revenue and other revenue) so we could compare them to amounts on our own input sheet to ensure there were not any errors.
- Aside from cost collection there are other areas that could be improved. For service mix it is unclear if the interfacility percentage was used to analyze Medicare reimbursement. GMR pulled transfers by drop off location and then created a lookup table to categorize each site as interfacility or not which took time reaching out to our field operations and billing personnel. Comparing this across NPIs is likely to be inconsistent.
- We were also asked about secondary service areas. GMR did not report any data for these questions as we focused on our contract/911 areas or the areas we served interfacility transport responses. It is unclear how this data was used in the determination of adequacy of Medicare reimbursement.
- For reporting about emergency response times each specific EMS/County contract will define the emergency response questions and these responses will vary with geography (urban, rural, and super-rural). Each contract will vary and we believe it would be hard to use this data to compare NPI's to each other.

Proposed Recommendations to Congress

While continued data collection is important, we strongly urge MedPAC to go further in its recommendations: the data must be used to update Medicare payment rates. Current reimbursement levels do not reflect the actual costs of providing high-quality emergency medical services, particularly in rural and underserved areas where resources are stretched and fixed costs are high. Without aligning payment with actual cost data, Medicare beneficiaries face growing risks of diminished access to life-saving emergency medical services.

By leveraging the data being collected under GADCS, CMS and Congress will have a sound, evidence-based foundation for modernizing reimbursement rates. This approach ensures both fiscal responsibility and the sustainability of ambulance providers who serve as a vital part of the health care safety net.

We respectfully request that MedPAC recommend:

1. **Continuation of ground ambulance data collection every three years**, to ensure consistent and reliable cost data.
2. **Use of collected data to update Medicare reimbursement rates**, so that payments accurately reflect the costs of delivering care.

Thank you for your consideration of these critical issues. GMR looks forward to working with MedPAC and policymakers to strengthen the emergency medical system for the patients and communities we serve. If you have questions about our letter please contact Andrés Dhokai, Vice President, Federal Government Affairs at andres.dhokai@gmr.net.

Sincerely,



Stephen Northrup

Senior Vice President of Government Affairs and Public Policy

Global Medical Response