



Department of Vermont Health Access
NOB 1 South
280 State Dr.
Waterbury, VT 05671-1010
[phone] 802-879-5900

Agency of Human Services

October 14th 2022

RE: PROVIDER ASSESSMENT FOR AMBULANCE PROVIDERS UNDER 33 V.S.A. §1959

Dear Ambulance Provider:

Vermont state law requires that each ambulance agency pay an assessment of 3.3% of the annual net patient revenues for services delivered to patients in Vermont during the most recent annual fiscal period.

Enclosed, please find the Ambulance Agency Assessment Reporting Form. This form has been designed to ascertain the net patient revenue from each ambulance provider from **July 1, 2021, to June 30, 2022**. The Department may audit the net patient revenue figure provided by ambulance agencies. The completed and signed form should be received by the Department of Vermont Health Access ("Department") no later than **Wednesday, November 30, 2022**. Completed form can be emailed (preferred) to: ahs.dvhaaccountsreceivable@vermont.gov or mailed to:

**Department of Vermont Health Access
280 State Drive, NOB 1 South
Waterbury, VT 05671-1010
Attn: Allison Nowak**

The Department will email a notice of determination with the assessment amount in **January 2023** and full payment is due by **June 1, 2023**. Payment can be made in one lump sum or by installments through **June 1, 2023**.

If you have questions about this form or other questions about the assessment, please email the Department of Vermont Health Access Accounts Receivable Department at: ahs.dvhaaccountsreceivable@vermont.gov or call me directly.

Respectfully,

Allison Nowak
Financial Director II
Department of Vermont Health Access
NOB 1 South; 280 State Dr.
Waterbury, VT 05671-1010
(802) 760-0788

Enclosure: Ambulance Agency Assessment (Reporting Form)

Ambulance Agency Assessment Reporting Form (Pursuant to 33 V.S.A. § 1959)

Reporting Period: July 1, 2021, to June 30, 2022.

This form must be received by the Department of Vermont Health Access (DVHA) by **November 30, 2022.** Email (preferred) the completed form to: ahs.dvhaaccountsreceivable@vermont.gov or mail to: DVHA 22, 280 State Drive, NOB 1 South, Waterbury, VT 05671-1010, Attn: Allison Nowak

1. Name of Organization	
2. VT Dept. Of Health-issued Service Number	
3. Contact Person's Name	
4. Contact Person's Phone Number	
5. Contact Person's Email Address	
6. Organization's Mailing Address	

This is a fillable PDF form. If using as a fillable form, please enter amounts in Lines 1, 2 and 3. Lines 4-6 will calculate automatically. If using as a printed form and handwriting information, please enter amounts in ALL Lines.

Line 1 - Total Patient Revenue for All Transports during the Report Period:	
Line 2 - Patient Revenue for All Transports Not in Vermont During the Reporting Period: (This includes all revenue for transports that do not both start and end in Vermont.)	
Line 3 - Paramedic Interception Service During the Reporting Period:	
Line 4 - Add lines 2 and 3:	
Line 5 - Net Patient Revenue (subtract line 4 from line 1):	
Line 6 - Tax due for Vermont Patient Revenue (3.3% of line 5):	

I, (printed name) , as a duly authorized agent or authorized employee or officer of the above-named organization, am authorized to submit this form on their behalf and do certify and attest to the information being reported to DVHA on this form as true and accurate to the best of my knowledge or ability. I acknowledge and agree that the State of Vermont or DVHA may audit, inspect, verify, or investigate the information that I have reported on this form. I acknowledge and agree that the State of Vermont or DVHA may request evidence, documents, forms, claims, and records from the organization to verify the information reported on this Form and the organization must make them available to the State of Vermont or DVHA. I acknowledge and understand that if any miscalculation, misrepresentation, error, omission, or fraud is found, the organization may be liable for any differences owed and any fines and/or penalties under 33 V.S.A. § 1959 or other state and federal laws.

Authorized Agent's/Employee's Signature
on Behalf of the Organization

Date

INSTRUCTIONS

All ambulance agencies must complete and submit the reporting form if applicable. Please review and fill in the information as indicated. All information provided must be based upon the indicated reporting period on page one. The completed form must be signed and submitted to *DVHA by November 30, 2022.*

QUESTIONS: If you have any questions about filling out this form, please contact the DVHA Business Office at ahs.dvhaccountsreceivable@vermont.gov.

Definitions

For purposes of the Ambulance Agency Assessment Reporting Form, the following definitions shall apply:

1. "Ambulance agency" shall mean an ambulance service licensed by the Vermont Department of Health pursuant to 18 V.S.A. Chpt. 17. This term shall not apply to any ambulance agency conducted, maintained, or operated by the U.S. government.
2. "Net Patient Revenue" shall mean Patient Revenue for transports that both began and ended in Vermont. Only revenue from transports that are picked up in Vermont, stay within Vermont's borders, and terminate in Vermont shall be revenue assessed for tax per 33 V.S.A. § 1959. If a transport is picked up in Vermont and travels over the Vermont border, or is a transport picked up outside of Vermont with a destination in Vermont, these transports do not count as in Vermont.
3. "Paramedic intercept services revenue" shall mean advanced life support (ALS) services provided by an entity that does not provide the ambulance transport and can be billed under codes like ALS code A0432 or HCPCS code S0208.
4. "Patient Revenue" shall mean the total amount of payments an ambulance agency received during the reporting period from Medicaid, Medicare, commercial insurance, and all other payers as payment for delivering services to patients excluding any revenue from:
 - a. air ambulance services;
 - b. municipal appropriations;
 - c. donations from any source; or
 - d. any other funding unrelated to the delivery of health care services.