



**STATEMENT OF WORK FOR CMS Data Collection Services**

This Statement of Work for Armor LLC. is being executed by and between **Armor LLC.** (“Company”) and the **City of Greenfield Fire Department .** (“Client”)

STATEMENT OF WORK #	Armor # 1
NATURE OF SERVICES	CMS Ground Ambulance Cost Reporting
SERVICES START DATE	January 1, 2023
EFFECTIVE DURATION OF STATEMENT OF WORK	Collection of data will take place January 1, 2023 through December 31, 2023. Completion of data collection and reporting to CMS will take place no later than May 2024.
FEE	Company will invoice \$2900 no later than 30 days after the executed agreement of this SOW. Payment plans can be created upon request.
TURN AROUND TIME	Review period and reporting to CMS will take place no later than May of 2023.
FORMAL PROCESS DOCUMENTS	Formal process documents will be created by the Company and reviewed and approved by the Client. These include: Medicare Ground Ambulance Data Collection System (GADCS) Initial Data Submission Requirement to Report Data Collection Period Information Cost Data Collections Spreadsheet. These documents will be updated periodically



**Purpose:**

Client was selected by CMS to participate in the Medicare Ground Ambulance Data Collection System in the year 2023. Armor will assist Client in reporting required data necessary to not get penalized by a 10% reduction in revenue.

**Medicare Ground Ambulance Data Collection System**

Effective January 1, 2020 and continuing through 2024, ground ambulance providers and suppliers that have been selected to participate in the Medicare Ground Ambulance Data Collection System must collect information on cost, utilization, revenue, and other service characteristics in accordance with the Medicare Ground Ambulance Data Collection Instrument for a continuous 12-month period. The information collected will be used to evaluate the extent to which reported costs relate to payment rates under the Medicare Part B Ambulance Fee Schedule (AFS), as well as to collect information on the utilization of capital equipment and ambulance capacity, and the different types of ground ambulance services furnished in different geographic locations, including rural areas and low population density areas (super rural areas). Failure to sufficiently submit the required information will result in a 10 percent reduction to payments under the AFS for one year, unless a hardship exemption has been granted or an informal review has determined that your organization is not subject to the 10 percent reduction to payments.

**<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AmbulanceFeeSchedule/Ground-Ambulance-Services-Data-Collection-System>**

**Client Responsibilities**

Complete the assigned spreadsheet in order to account for the following data element categories. (Located in exhibit A)

- Ambulance Utilization Information
- Revenue (not related to the revenue you receive from Med-Bill)
- All costs associated with your organization

**Armor Responsibilities**

Complete the assigned spreadsheet in order to account for the following data element categories. (Located in exhibit B)

- Organization Information and Characteristics
- Ambulance Response Information



- Response Times
- Mileage Breakdown
- Service Area Information
- Service Mix
- Billable Transport Breakdown by Quantity and Revenue
- Total Revenue by Transport Breakdown

IN WITNESS WHEREOF, the Parties have entered into this Statement of Work effective as of the Effective Date.

**Authorization of Agreement.** Each party represents and warrants, each to the other with respect to itself, that the execution and delivery of this Statement of Work has been duly authorized and the individuals executing this Statement of Work on behalf of each party respectively has the full power and authority to do so.

<b>City of Greenfield Fire Department</b>	<b>Armor LLC.</b>
Signature:	Signature: <i>Derrica Borden</i>
Name:	Name: Derrica Borden
Title:	Title: CEO
Date:	Date: 1/17/2022



**EXHIBIT A**

**STATEMENT OF WORK FOR Armor LLC**

**Cost Reporting Services**

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
1	<b>Facility Costs</b>															
2																
3		<b>JAN</b>	<b>FEB</b>	<b>MAR</b>	<b>APR</b>	<b>MAY</b>	<b>JUN</b>	<b>JUL</b>	<b>AUG</b>	<b>SEP</b>	<b>OCT</b>	<b>NOV</b>	<b>DEC</b>	<b>Total Cost</b>	<b>% Attributed to Ground Ambulance</b>	
4	Facility Insurance													\$0.00		
5	Facility Maintenance/Improvement													\$0.00		
6	Facility Utilities													\$0.00		
7	Facility Taxes													\$0.00		
8																
9	<b>Facility Information</b>				<b>Utilization Information</b>		<b>Total</b>									
10																
11	<b>Facility Name</b>	<b>Ownership Type</b>	<b>Square Feet</b>	<b>Annual Lease/Rent/Mortgage</b>	<b>Annual Depreciation Expense</b>											
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**EXHIBIT B**

**STATEMENT OF WORK FOR Armor LLC**

**Cost Reporting Services**

# Med Bill

## Medicare Ground Ambulance Data Collection System



**ARMOR INC.**  
SHIELD YOUR REVENUE