

**Ground Emergency Medical Transportation Quality Assurance Fee -  
Gross Receipt Data Submission Form**

**INSTRUCTIONS**

Please read all instructions included on this form carefully and complete each item requested. Please review the Example Instruction page that includes definitions and the Example Form page for an example of how data should be filled out.

Additional information can be found at the department website:

<https://www.dhcs.ca.gov/provgovpart/Pages/GEMTQAF.aspx>

**General Instructions:**

1. Information submitted shall be for emergency medical transport receipts for payments received between July 1, 2020 through June 30, 2021.
2. DO NOT modify or alter the data submission form in any way.
3. DO NOT submit the required data in any other format, as it will not be accepted.
4. The provider shall maintain documentation necessary to verify the payer data submitted. The Department of Health Care Services reserves the right to audit provider documentation.

**Form Instructions:**

1. Insert the name and National Provider Identifier (NPI) of the provider.
2. Insert the total gross receipts for any emergency medical transport that is billed with CPT code A0225 Neonatal Emergency, A0427 ALS Emergency, A0429 BLS Emergency, A0433 ALS2 and A0434 Specialty Care Transport. "Gross receipts" are the combined gross payments received as patient care revenue for emergency medical transports paid by any payer type. Gross receipts shall not include any supplemental amount received pursuant to Welfare and Institutions Code Section 14104.94.
3. Once the form is completed, save the PDF to your computer and email the completed form as an attachment to: [GEMTQAF@dhcs.ca.gov](mailto:GEMTQAF@dhcs.ca.gov)

**Certification:** By submitting this form, the provider is in agreement that the information provided on the form is true, accurate and complete, and is certified by an authorized individual.

Questions or comments may be sent to [GEMTQAF@dhcs.ca.gov](mailto:GEMTQAF@dhcs.ca.gov)

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**EXAMPLE**

Provider Data Submission Form Definitions:

Date of Service: The quarter of the CALENDAR YEAR the transports occurred.

Provider Name: The name of the billing provider.

NPI: The National Provider Identifier number of the billing provider.

CPT Code: Current Procedural Terminology billing code.

Medi-Cal FFS EM Gross Receipts: Total gross payments received as patient care revenue for Medi-Cal emergency medical transports paid by payment type Fee For Service.

Medi-Cal MC EM Gross Receipts: Total gross payments received as patient care revenue for Medi-Cal emergency medical transports paid by payment type Managed Care.

Medicare EM Gross Receipts: Total gross payments received as patient care revenue for emergency medical transports paid by payment type Medicare.

Medi-Medi EM Gross Receipts: Total gross payments received as patient care revenue for emergency medical transports paid by both Medicare and Medi-Cal claim types.

Other EM Gross Receipts: Total gross payments received as patient care revenue for emergency medical transports that were paid by any payment type other than Fee-for-Service, Managed Care, or Medicare.

Optional Notes: May include descriptions of any adjustments and/or additional clarifications.

# Example Form

Date of Service	Provider Name	NPI	CPT Code	Medi-Cal FFS EM Gross Receipts	Medi-Cal MC EM Gross Receipts	Medicare EM Gross Receipts	Medi-Medi EM Gross Receipts	Other EM Gross Receipts	Optional Notes
Q3 2020	A1 Ambulance	123456789	A0225	\$22,000	\$13,000	\$15,000	\$2,400	\$10,000	
Q3 2020	A1 Ambulance	123456789	A0427	\$225,000	\$375,000	\$115,500	\$5,700	\$75,000	
Q3 2020	A1 Ambulance	123456789	A0429	\$39,000	\$63,000	\$69,000	\$6,800	\$28,500	
Q3 2020	A1 Ambulance	123456789	A0433	\$132,000	\$141,000	\$121,500	\$11,100	\$81,000	
Q3 2020	A1 Ambulance	123456789	A0434	\$25,000	\$31,000	\$16,000	\$28,900	\$29,000	
Q4 2020	A1 Ambulance	123456789	A0225	\$30,000	\$17,000	\$30,000	\$30,000	\$11,000	
Q4 2020	A1 Ambulance	123456789	A0427	\$85,500	\$73,500	\$154,500	\$85,500	\$114,000	
Q4 2020	A1 Ambulance	123456789	A0429	\$39,000	\$36,000	\$82,500	\$39,000	\$42,000	
Q4 2020	A1 Ambulance	123456789	A0433	\$150,000	\$448,500	\$231,000	\$150,000	\$190,500	
Q4 2020	A1 Ambulance	123456789	A0434	\$23,000	\$29,000	\$8,000	\$23,000	\$27,000	
Q1 2021	A1 Ambulance	123456789	A0225	\$8,000	\$12,000	\$5,000	\$8,000	\$18,000	
Q1 2021	A1 Ambulance	123456789	A0427	\$199,500	\$235,500	\$328,500	\$199,500	\$288,000	
Q1 2021	A1 Ambulance	123456789	A0429	\$130,500	\$729,000	\$576,000	\$130,500	\$535,500	
Q1 2021	A1 Ambulance	123456789	A0433	\$130,500	\$106,500	\$129,000	\$130,500	\$88,500	
Q1 2021	A1 Ambulance	123456789	A0434	\$5,000	\$9,000	\$10,000	\$5,000	\$25,000	
Q2 2021	A1 Ambulance	123456789	A0225	\$19,000	\$7,400	\$9,600	\$19,000	\$15,800	
Q2 2021	A1 Ambulance	123456789	A0427	\$145,000	\$124,300	\$451,300	\$145,000	\$80,100	
Q2 2021	A1 Ambulance	123456789	A0429	\$107,200	\$26,000	\$35,600	\$107,200	\$71,000	
Q2 2021	A1 Ambulance	123456789	A0433	\$30,800	\$76,400	\$348,000	\$30,800	\$42,000	
Q2 2021	A1 Ambulance	123456789	A0434	\$11,200	\$10,700	\$22,300	\$11,200	\$27,900	

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<b>Date of Service</b>	<b>Provider Name</b>	<b>NPI</b>	<b>CPT Code</b>	<b>Medi-Cal FFS EM Gross Receipts</b>	<b>Medi-Cal MC EM Gross Receipts</b>	<b>Medicare EM Gross Receipts</b>	<b>Medi-Medi EM Gross Receipts</b>	<b>Other EM Gross Receipts</b>	<b>Optional Notes</b>
Q3 2020			A0225						
Q3 2020			A0427						
Q3 2020			A0429						
Q3 2020			A0433						
Q3 2020			A0434						
Q4 2020			A0225						
Q4 2020			A0427						
Q4 2020			A0429						
Q4 2020			A0433						
Q4 2020			A0434						
Q1 2021			A0225						
Q1 2021			A0427						
Q1 2021			A0429						
Q1 2021			A0433						
Q1 2021			A0434						
Q2 2021			A0225						
Q2 2021			A0427						
Q2 2021			A0429						
Q2 2021			A0433						
Q2 2021			A0434						