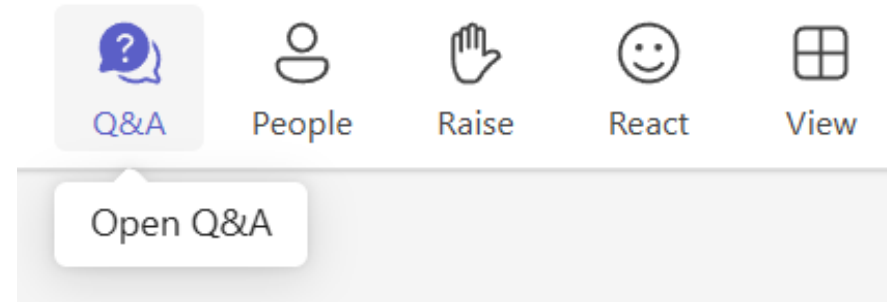


Ground Emergency Medical Transportation Average Commercial Rate Survey

Housekeeping

- » The chat function has been disabled for this meeting. Please submit your questions via the Teams Q&A feature, located in the top ribbon of this meeting.



- » Please only submit general questions regarding the GEMT Average Commercial Rate Survey. Do not include any sensitive data or information related to your specific providers. All provider-specific questions should be submitted to our email at GEMTACR@dhcs.ca.gov

Agenda

- » GEMT Supplemental Payment Overview
- » ACR Background, Purpose, and Authority
- » ACR Timeline and Submission Requirements
- » DHCS Form 25-0028A: Attestation
- » DHCS Form: 25-0028: Submission Form
- » ACR Example
- » Next Steps and Important Dates
- » Question and Answer Session

GEMT Supplemental Payment Overview

- » DHCS provides various supplemental payments to Ground Emergency Medical Transport (GEMT) providers.
 - Under [Senate Bill \(SB\) 523](#) (Chapter 773, Statutes of 2017), DHCS established the GEMT Quality Assurance Fee (QAF) program to provide supplemental Medi-Cal payments to eligible private GEMT providers.
 - In accordance with [Assembly Bill \(AB\) 1705](#) (Chapter 544, Statutes of 2019), DHCS established the Public Provider Ground Emergency Medical Transportation (PP-GEMT) Intergovernmental Transfer (IGT) Program to provide supplemental Medi-Cal payments to eligible public GEMT providers.

ACR Background

- » As part of the Centers for Medicare and Medicaid Services' (CMS's) review of pending GEMT State Plan Amendments (SPAs) [25-0002](#), [25-0003-A](#), and [25-0030](#) in 2025, CMS issued Requests for Additional Information (RAIs) requiring DHCS to demonstrate that the proposed GEMT supplemental payments comply with the efficiency and economy requirements under [Section 1902\(a\)\(30\)\(A\) of the Social Security Act \(the Act\)](#).
- » CMS specifically requested that DHCS provide an ACR based on provider-specific payment data, along with supporting documentation.

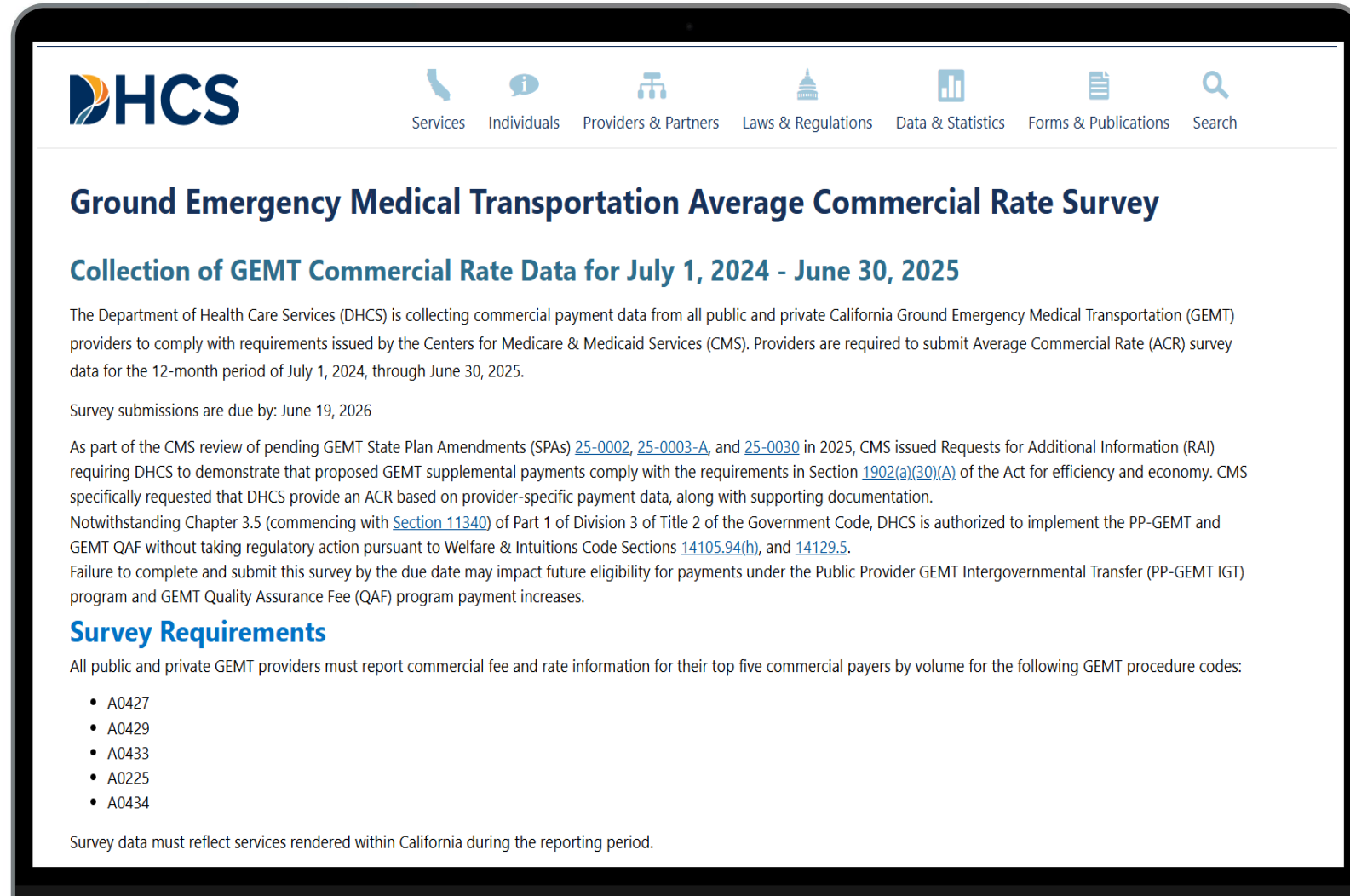
ACR Purpose and Authority

- » To comply with CMS requirements, DHCS is mandating that all GEMT providers, including public and private entities, to submit commercial fee/rate information for the top five commercial payers, based on volume for GEMT procedure codes A0427, A0429, A0433, A0225, and A0434 during the 12-month period of July 1, 2024, through June 30, 2025.
 - Notwithstanding Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code, DHCS is authorized to implement the PP-GEMT and GEMT QAF increases without taking regulatory action, pursuant to Welfare & Institutions Code Sections 14105.94(h) and 14129.5.

SFY 24-25 ACR Timeline and Submission Requirements

- » Data submission is due June 19, 2026
- » The ACR survey will be used to demonstrate to CMS that the GEMT supplemental payment programs operate efficiently and economically.
- » To meet the data submission requirements, providers are required to submit two completed files:
 - DHCS Form 25-0028A: Attestation
 - DHCS Form: 25-0028: Submission Form
- » Please submit all required files to the DHCS ACR mailbox:
GEMTACR@dhcs.ca.gov

GEMT ACR Website



DHCS Form 25-0028A: Attestation

Ground Emergency Medical Transportation Provider California Commercial Payer Fee/Rate Data Request Attestation Statement

- » A completed attestation form is required to certify the accuracy and completeness of the data submitted.
- » Data reports submitted to the department must be certified by the provider's Chief Financial Officer or an authorized individual.

The undersigned attest and certify to the accuracy and completeness of the information submitted herein.

I understand that whoever knowingly and willfully makes or causes to be made a false statement or representation on the reports may be prosecuted under the applicable state laws.

The signatory is authorized and has the legal standing to sign this Attestation Statement on behalf of the reporting entity.

This Attestation Statement can be submitted separately as a signed PDF record along with the submission of the completed template.

Print name of person

Date

Signature

Phone number

Title within organization

Email address

DHCS Form: 25-0028: Submission Form

DHCS Form: 25-0028: Submission Form Components

- » There are three tabs in the Excel submission form:
 - Instructions
 - This tab provides comprehensive instructions on how to complete the ACR submission form and what type of data should be included.
 - Commercial Data Tab Example
 - This tab provides an example of how the ACR data should be reported.
 - Commercial Data Tab
 - This tab is the actual submission form. Procedure codes subjected to ACR have been pre-populated.
- » Please review the entire submission form before entering any data.

Definitions

» **Commercial Payer Fee/Rate**

- The full payment amount negotiated or agreed upon between the provider and the commercial payer for the specified procedure code. This fee/rate is analogous to the "allowed amount," which represents the full contracted payment fee/rate before any deductions, reductions, patient cost sharing, third-party payments, or other adjustments.

» **Commercial Payers:**

- Excludes all non-commercial payers such as Medicaid/CHIP (Managed Care or State FFS), Medicare (Traditional or Medicare Advantage), TRICARE, workers' compensation programs, or any other payer or code not subject to commercial market forces.

Submission Form Requirements

For the submission, please provide data as noted:

- » Data Period: Dates of Service for State Fiscal Year (SFY) 24-25 (July 1, 2024 through June 30, 2025).
- » Providers must complete a separate ACR survey for each individual NPI.

Submission Form Requirements

For the submission, please provide data as noted:

- » Providing commercial payer names is optional and may be included in the “Notes” section beginning on Line 60.
 - If included, commercial payers should be listed exactly as they appear on the remittance advice (RA), explanation of benefits (EOB), or similar payment documentation that reflects the allowed payment amount.
 - For example, for procedure code A0225, providers *may* list payer names in the following format:
 - A0225 - RN1: Payer Name 1, RN2: Payer Name 2, RN3: Payer Name 3, RN4: Payer Name 4, and RN5: Payer Name 5.

Submission Form Requirements

For the submission, please provide data as noted:

- » Please report commercial fee/rate information for the top five (5) commercial payers based on volume by procedure code for SFY 24-25. If your business does not have five commercial payers, please provide as many commercial payers as are available.
 - Volume ranking should be based on utilization counts for services rendered in California.

Submission From Requirements

Section 2: Commercial Fee Schedule Information for Top 5 California Commercial Payers by Trip Volume

EMS Ground Procedure Code	EMS Ground Procedure Code Description	Payer Data Information	Rate Number	Commercial Payer Units	Commercial Payer Fee/Rate
A0225	Ambulance Service, Neonatal Transport	California Commercial Fee/Rate	RN1	2,179	\$750.00
A0225	Ambulance Service, Neonatal Transport	California Commercial Fee/Rate	RN2	1,005	\$600.00
A0225	Ambulance Service, Neonatal Transport	California Commercial Fee/Rate	RN3	687	\$650.00
A0225	Ambulance Service, Neonatal Transport	California Commercial Fee/Rate	RN4	250	\$400.00
A0225	Ambulance Service, Neonatal Transport	California Commercial Fee/Rate	RN5	100	\$700.00
A0427	Ambulance, ALS, Emergency, Level 1	California Commercial Fee/Rate	RN1	2,179	\$750.00
A0427	Ambulance, ALS, Emergency, Level 1	California Commercial Fee/Rate	RN2	1,005	\$600.00
A0427	Ambulance, ALS, Emergency, Level 1	California Commercial Fee/Rate	RN3	687	\$650.00
A0427	Ambulance, ALS, Emergency, Level 1	California Commercial Fee/Rate	RN4	250	\$400.00
A0427	Ambulance, ALS, Emergency, Level 1	California Commercial Fee/Rate	RN5	100	\$700.00
A0429	Ambulance, BLS, Emergency	California Commercial Fee/Rate	RN1	2,179	\$750.00
A0429	Ambulance, BLS, Emergency	California Commercial Fee/Rate	RN2	1,005	\$600.00
A0429	Ambulance, BLS, Emergency	California Commercial Fee/Rate	RN3	687	\$650.00
A0429	Ambulance, BLS, Emergency	California Commercial Fee/Rate	RN4	250	\$400.00
A0429	Ambulance, BLS, Emergency	California Commercial Fee/Rate	RN5	100	\$700.00
A0433	Advanced Life Support, Level 2	California Commercial Fee/Rate	RN1	2,179	\$1,000.00
A0433	Advanced Life Support, Level 2	California Commercial Fee/Rate	RN2	1,005	\$800.00
A0433	Advanced Life Support, Level 2	California Commercial Fee/Rate	RN3	687	\$950.00
A0433	Advanced Life Support, Level 2	California Commercial Fee/Rate	RN4	250	\$600.00
A0433	Advanced Life Support, Level 2	California Commercial Fee/Rate	RN5	100	\$700.00
A0434	Specialty Care Transport	California Commercial Fee/Rate	RN1	2,179	\$1,000.00
A0434	Specialty Care Transport	California Commercial Fee/Rate	RN2	1,005	\$800.00
A0434	Specialty Care Transport	California Commercial Fee/Rate	RN3	687	\$950.00
A0434	Specialty Care Transport	California Commercial Fee/Rate	RN4	250	\$600.00
A0434	Specialty Care Transport	California Commercial Fee/Rate	RN5	100	\$700.00

- » For each rate, enter the units billed in order from most utilized to least utilized for each procedure code.

"Billed" vs "Allowed" Rates

- » Providers should report the "allowed amount" which represents the full contracted payment fee/rate before any deductions, reductions, patient cost sharing, third party payments, or other adjustments are applied.
 - Do not report collected amounts unless they are equal to the gross allowed amount for the service (prior to any payment reduction).
- » A provider's billed amount does not need to be submitted.

Example: Scenario 1

- » Provider A (NPI 123456789) has seven (7) commercial payer rates for procedure code A0225. Provider A should report the top five (5) rates, sorted in order from most units billed to least units billed.

	EMS Ground Procedure Code	EMS Ground Procedure Code Description	Payer Data Information	Rate Number	Commercial Payer Units	Commercial Payer Fee/Rate
Report>>	A0225	Ambulance Service, Neonatal Transport	California Commercial Fee/Rate	RN1	2,179	\$750.00
	A0225	Ambulance Service, Neonatal Transport	California Commercial Fee/Rate	RN2	1,005	\$600.00
	A0225	Ambulance Service, Neonatal Transport	California Commercial Fee/Rate	RN3	687	\$650.00
	A0225	Ambulance Service, Neonatal Transport	California Commercial Fee/Rate	RN4	250	\$400.00
	A0225	Ambulance Service, Neonatal Transport	California Commercial Fee/Rate	RN5	100	\$700.00
DO NOT Report>>	A0225	Ambulance Service, Neonatal Transport	California Commercial Fee/Rate	RN6	50	\$800.00
	A0225	Ambulance Service, Neonatal Transport	California Commercial Fee/Rate	RN7	25	\$350.00

Example: Scenario 2

- » Provider B (NPI 123456798) has three (3) commercial payer rates for procedure code A0427. All of Provider B's unit counts and rates for A0427 should be reported.

	EMS Ground Procedure Code	EMS Ground Procedure Code Description	Payer Data Information	Rate Number	Commercial Payer Units	Commercial Payer Fee/Rate
Report>>	A0427	Ambulance, ALS, Emergency, Level 1	California Commercial Fee/Rate	RN1	2,179	\$750.00
	A0427	Ambulance, ALS, Emergency, Level 1	California Commercial Fee/Rate	RN2	1,005	\$600.00
	A0427	Ambulance, ALS, Emergency, Level 1	California Commercial Fee/Rate	RN3	687	\$650.00
DO NOT Report>>	A0427	Ambulance, ALS, Emergency, Level 1	California Commercial Fee/Rate	RN4	NA	NA
	A0427	Ambulance, ALS, Emergency, Level 1	California Commercial Fee/Rate	RN5	NA	NA

Example: Scenario 3

- » Provider C (NPI 123456987) has four (4) commercial payer rates for procedure code A0433 and six (6) commercial payer rates for procedure code A0434. Provider C should report all four unit counts and rates for procedure code A0433 and the top five (5) unit counts and rates for A0434, sorted from most billed to least billed.

	EMS Ground Procedure Code	EMS Ground Procedure Code Description	Payer Data Information	Rate Number	Commercial Payer Units	Commercial Payer Fee/Rate
Report>>	A0433	Advanced Life Support, Level 2	California Commercial Fee/Rate	RN1	2,179	\$1,000.00
	A0433	Advanced Life Support, Level 2	California Commercial Fee/Rate	RN2	1,005	\$800.00
	A0433	Advanced Life Support, Level 2	California Commercial Fee/Rate	RN3	687	\$950.00
	A0433	Advanced Life Support, Level 2	California Commercial Fee/Rate	RN4	250	\$600.00
DO NOT Report>>	A0433	Advanced Life Support, Level 2	California Commercial Fee/Rate	RN5	NA	NA
Report>>	A0434	Specialty Care Transport	California Commercial Fee/Rate	RN1	2,179	\$1,000.00
	A0434	Specialty Care Transport	California Commercial Fee/Rate	RN2	1,005	\$800.00
	A0434	Specialty Care Transport	California Commercial Fee/Rate	RN3	687	\$950.00
	A0434	Specialty Care Transport	California Commercial Fee/Rate	RN4	250	\$600.00
	A0434	Specialty Care Transport	California Commercial Fee/Rate	RN5	100	\$700.00
DO NOT Report>>	A0434	Specialty Care Transport	California Commercial Fee/Rate	RN6	25	\$900.00

DO NOT

- » **DO NOT** include non-commercial payers such as Medicaid/CHIP (Managed Care or State FFS), Medicare (Traditional or Medicare Advantage), TRICARE, workers' compensation, or any other payer or code not subject to commercial market forces.
- » **DO NOT** include Commercial capitated and sub-capitated payment arrangements.
- » **DO NOT** submit data for ancillary services. If a provider receives bundled payment and the ancillary service (including mileage) cannot be separated from the transport code, the provider must report the total bundled amount and indicate that the ACR represents a bundled payment in the "Notes" section beginning on Line 60.

DO NOT

- » **DO NOT** submit any protected health information.
- » **DO NOT** submit the required data in any format other than the official submission form, as alternative format will not be accepted.
 - ONLY use the form provided by DHCS on the GEMT ACR website.
- » **DO NOT** alter the required Attestation Form or Submission Form in any way.

IMPORTANT: You will be asked to resubmit the required documents if the file format is found to be altered or changed in any way.

Submission via Email

- » Please submit completed attestation and submission forms, questions, or comments to GEMTACR@dhcs.ca.gov with the subject line "GEMT ACR <NPI>".
 - Data submissions that do not meet all requirements will need to be updated and resubmitted.
- » To receive notifications and updates regarding GEMT ACR, please email us to sign up for our email distribution list. In your request, please include your NPI number.

Next Steps and Important Dates

» **Next Steps:**

- DHCS will collect and respond to follow-up questions.
- An FAQ document will be posted on the GEMT ACR website in the coming weeks.
- DHCS will follow-up with stakeholder associations in July to share preliminary survey results and outline next steps with CMS.

» **Important Dates:**

- June 19, 2026 – Completed survey and attestation forms are due to DHCS via GEMTACR@dhcs.ca.gov
- July 2026: Stakeholder meetings to share preliminary results.

Question and Answer Session



Questions Received

- » Will a provider's eligibility be impacted if they do not submit the ACR survey information?

Questions Received

- » Is supporting documentation required to be submitted with the ACR provider survey?

Questions Received

- » If our service is not contracted with any commercial payers, should we report the standard rate used for all commercial payers?

Questions Received

» Payor Fee/Rate - Do you want exact dollar amounts or rounded amounts?

Questions Received

- » Is the 12-month period of July 1, 2024 through June 30, 2025 based on service date or reimbursement date?

Questions Received

- » Is the volume per Healthcare Common Procedure Coding System (HCPC) to be limited only to those for which reimbursement applies thereby excluding unpaid base rates?

Questions Received

- » Most Emergency Medical Services (EMS) agency software captures only billed amount and payment amount – the allowed amount is viewable only on individual remit files and not readily reportable. How does the Department advise providers to complete the survey in that case?

Questions Received

- » Is the survey response requirement applicable only to providers who received GEMT payments during the reporting period?

Questions Received

- » Do recently approved providers currently participating in the Medi-Cal program that were not approved Medi-Cal providers for the period of July 1, 2024 through June 30, 2025 need to respond to this survey?

Questions Received

- » Will providers approved for the Medi-Cal program after the survey's deadline who would potentially not have responded to the survey be subject to having future eligibility for payment under the GEMT program impacted?

Questions Received

» Is this something we have done previously? Or is this new?

Questions Received

- » For the Commercial Payer Fee/Rate - What if the fee/rate changed over the period from July 2024 and June 2025 what fee/rate should be recorded?

Unanswered submitted questions will be reviewed, and responses will be provided in the next few weeks.

Please submit any additional questions to
GEMTACR@dhcs.ca.gov

