



CSA-17 Fiscal Overview

Impact of Fee Schedule Changes

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Recommendations

- **Change fees to SDCFPD Structure**
 - Maximize 3rd party reimbursement
 - Will Not Impact 73.1% of residents
 - Will Not Impact 55.9% of non-residents
 - Will begin to rebuild reserves starting in FY 2025-26
 - ✓ 2-year implementation/impact timeframe
 - ✓ Prepare for future 'challenges'
- **Implement a 'no balance billing' practice for residents**
 - Accept what commercial insurance reimburses
 - Except when copayments and/or deductibles are required
 - Minimize impact to residents who subsidize system with taxes and benefit fees
- **Continue 'Hardship' practice per County Ordinance**
 - Help those who are *not able* to pay their ambulance bill
 - Refer to collections those who are able, but *unwilling* to pay their ambulance bill

Current State w/Rate Revision

			Incidents	Avg Charge
County Service Area No. 17	2025-03	In District	459	\$521.53
County Service Area No. 17	2025-03	Out of District	126	\$1,179.46
County Service Area No. 17	2025-03		5	\$2,943.20
County Service Area No. 17	2025-04	In District	387	\$534.88
County Service Area No. 17	2025-04	Out of District	130	\$1,218.55
County Service Area No. 17	2025-04		3	\$2,713.33
County Service Area No. 17	2025-05	In District	409	\$530.29
County Service Area No. 17	2025-05	Out of District	135	\$1,188.12
County Service Area No. 17	2025-05		6	\$2,960.00
County Service Area No. 17	2025-06	In District	456	\$532.63
County Service Area No. 17	2025-06	Out of District	142	\$1,216.59
County Service Area No. 17	2025-06		15	\$2,833.86
County Service Area No. 17	2025-07	In District	441	\$4,060.11
County Service Area No. 17	2025-07	Out of District	170	\$4,032.63
County Service Area No. 17	2025-07		5	\$4,409.67
County Service Area No. 17	2025-08	In District	454	\$4,066.72
County Service Area No. 17	2025-08	Out of District	139	\$4,043.46
County Service Area No. 17	2025-08		9	\$4,225.51
County Service Area No. 17	2025-09	In District	406	\$4,058.18
County Service Area No. 17	2025-09	Out of District	130	\$4,096.18
County Service Area No. 17	2025-09		4	\$4,438.20
County Service Area No. 17	2025-10	In District	408	\$4,105.92
County Service Area No. 17	2025-10	Out of District	120	\$4,094.32
County Service Area No. 17	2025-10		12	\$4,368.24

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Current State w/Rate Revision

Actual [Projected]

	FY 2024-25	[FY 2025-26]	[FY 2026-27]	[FY 2027-28]	[FY 2028-29]	[FY 2029-30]
Ambulance Transports	6,845	6,984	7,208	7,440	7,680	7,927
Average Patient Charge	\$849.20	\$3,850.20	\$4,040.60	\$4,242.63	\$4,454.76	\$4,677.50
Billed Revenue	\$5,812,774	\$26,889,797	\$29,124,645	\$31,565,167	\$34,212,557	\$37,078,543
Revenue						
FY Collected FFS Ambulance Revenue	\$3,560,298	\$5,184,711	\$6,800,238	\$7,193,987	\$7,611,628	\$8,054,690
Revenue per Transport	\$520.13	\$686.77*	\$943.37	\$966.89	\$991.11	\$1,016.07
Collection %	61.3%	19.3%	22.0%	23.3%	22.3%	21.7%
Other Revenue						
Total Other Revenue (Benefit Fees + Tax Increment)	\$4,285,873	\$4,066,000	\$4,185,074	\$4,308,436	\$4,436,260	\$4,568,724
Total Revenue	\$7,846,171	\$9,250,711	\$10,985,312	\$11,502,424	\$12,047,888	\$12,623,414
Total Expenses	\$7,951,950	\$8,546,857	\$8,927,892	\$9,325,942	\$9,736,186	\$10,160,937
Operating Retained Earnings (FFS Revenue - Expenses)	(\$4,391,652)	(\$3,362,146)	(\$2,127,654)	(\$2,131,955)	(\$2,124,558)	(\$2,106,247)
Fully Allocated Retained Earnings (Total Revenue - Expenses)	(\$105,779)	\$703,854	\$2,057,420	\$2,176,482	\$2,311,702	\$2,462,477



Current State

[Projected]	2024-25	[2025-26]	[2026-27]	[2027-28]	[2028-29]	[2029-30]
Total Revenue	\$7,846,171	\$9,250,711	\$10,985,312	\$11,502,424	\$12,047,888	\$12,623,414
Total Expenses	\$7,951,950	\$8,546,857	\$8,927,892	\$9,325,942	\$9,736,186	\$10,160,937
Net from Operations	(\$105,779)	\$703,854	\$2,057,420	\$2,176,482	\$2,311,702	\$2,462,477
% Retained Earnings	(1.3%)	7.6%	18.7%	18.9%	19.2%	19.5%
Reserve Analysis	2024-25	[2025-26]	[2026-27]	[2027-28]	[2028-29]	[2029-30]
Beginning Balance	\$7,145,803	\$7,288,542	\$7,992,396	\$10,049,816	\$12,226,298	\$14,538,000
Credit (Debit) Amount	(\$105,779)	\$703,854	\$2,057,420	\$2,176,482	\$2,311,702	\$2,462,477
New Balance	\$7,288,542	\$7,992,396	\$10,049,816	\$12,226,298	\$14,538,000	\$17,000,477
Required Reserve	\$3,975,975	\$4,273,428	\$4,463,946	\$4,662,971	\$4,868,093	\$5,080,469
Excess Reserve	\$3,312,567	\$3,718,968	\$5,585,870	\$7,563,327	\$9,669,907	\$11,920,008

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Future State

	2024-25	[2025-26]	[2026-27]	[2027-28]	[2028-29]	[2029-30]	[2030-31]
Total Expense per Transport	\$1,161.72	\$1,223.78	\$1,238.53	\$1,253.43	\$1,267.75	\$1,281.76	\$1,295.85
Ambulance Contractor	\$939.01	\$974.67	\$986.15	\$998.49	\$1,010.22	\$1,021.57	\$1,033.20
Medical First Response	\$92.99	\$88.27	\$88.95	\$89.62	\$90.27	\$90.92	\$91.58
Other	\$129.72	\$160.84	\$163.43	\$165.32	\$167.26	\$169.27	\$171.08

Cohort 2 Years 1 - 4	N	Cost
All NPIs	9,607	\$1,907
Provider vs. Supplier Status		
Suppliers	9,093	\$1,921
Providers	514	\$1,669
Medicare Transport Vol.		
Low	4,063	\$2,652
Medium	2,791	\$1,668
High	1,689	\$1,235
Very High	1,063	\$758
Ownership Category		
Non-Profit	2,612	\$1,935
For Profit/Unknown	1,869	\$1,318
Government	5,125	\$2,108
Service Area Pop. Density		
Urban	5,112	\$1,675
Rural	2,640	\$1,775
Super Rural	1,854	\$2,735
Public Safety		
Yes	4,447	\$2,251
No	5,160	\$1,611



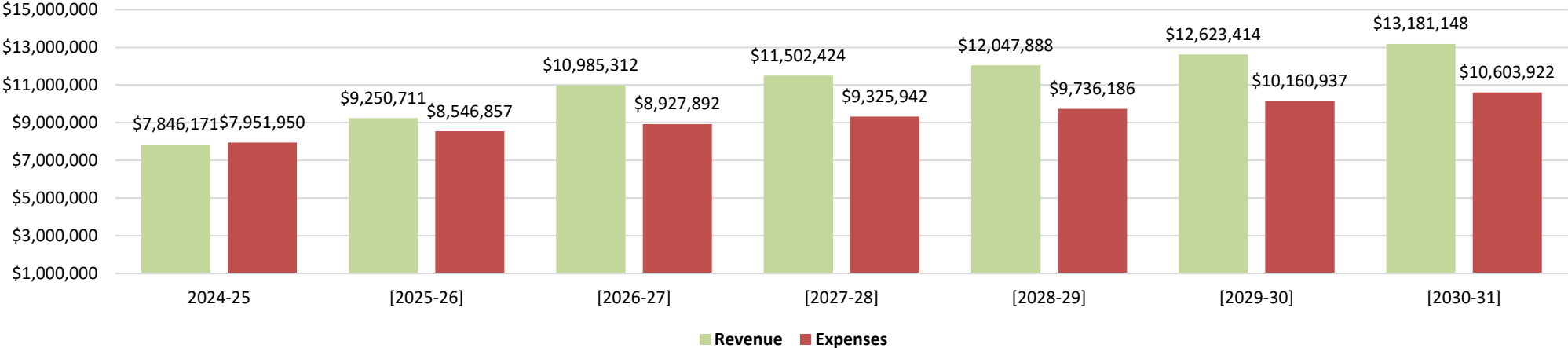
All data sourced from Medicare Ground Ambulance Data Collection System (GADCS) Report, Year 1 through Year 5 Cohort Analysis, December 2025, Centers for Medicare and Medicaid Services.

<https://www.cms.gov/files/document/medicare-ground-ambulance-data-collection-system-gadcs-report-appendix-year-1-year-4-cohort-analysis.pdf>

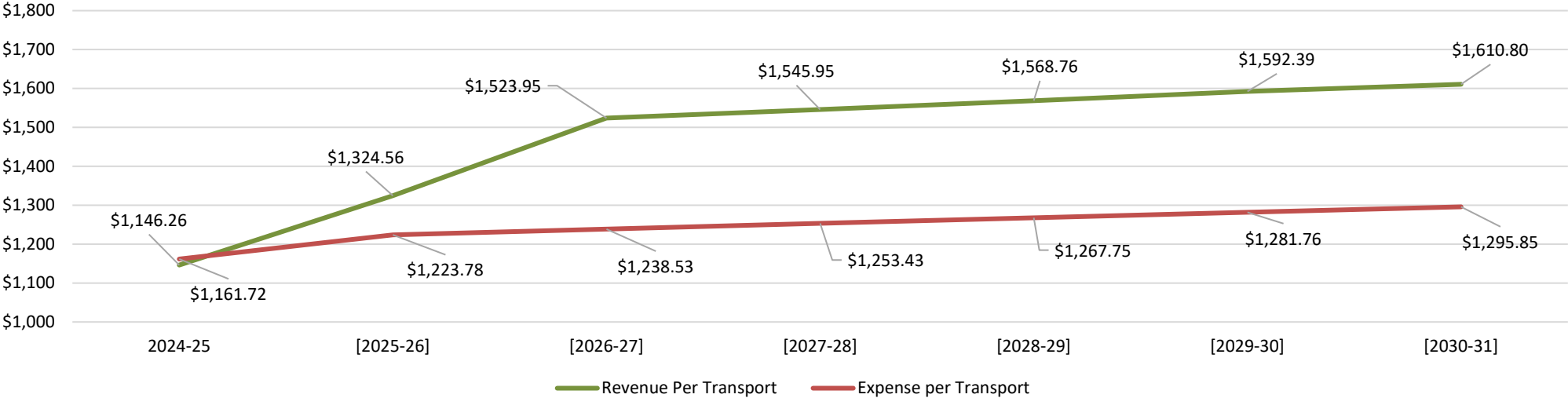


Future State

Overall Revenue & Expenses



Revenue & Expense Per Transport





Future Considerations

- Fiscal sustainability based on low average cost per transport
- Several uncertainties looming
 - Impact of PP-GEMT changes
 - CMS approval of State Plan Amendment
 - Provider Taxes
 - State Directed Payment programs
 - Impact of OBBBA changes
 - Medicaid eligibility
 - ACA enrollment
 - Increased uninsured payer mix
 - Future ambulance contractor
 - Cost per transport



DATE: [Date]

TO: ALL GROUND EMERGENCY MEDICAL TRANSPORTATION PROVIDERS

SUBJECT: CALIFORNIA GEMT AVERAGE COMMERCIAL RATE PROVIDER SURVEY

PURPOSE:

The Department of Health Care Services (DHCS) is mandating all public and private California Ground Emergency Medical Transportation (GEMT) providers to complete an Average Commercial Rate (ACR) Survey for the 12-month period of July 1, 2024, through June 30, 2025, in order to comply with new federal requirements set forth by the Centers for Medicare & Medicaid Services (CMS). Provider responses are due no later than [insert due date]. Failure to complete and submit this survey by the due date may impact future eligibility for payments under the Public Provider GEMT Intergovernmental Transfer (PP-GEMT IGT) program and GEMT Quality Assurance Fee (QAF) program payment increases.

BACKGROUND:

In accordance with [Assembly Bill \(AB\) 1705](#) (Chapter 544, Statutes of 2019), DHCS established the PP-GEMT IGT Program to provide supplemental Medi-Cal payments to eligible public GEMT providers. Similarly, under [Senate Bill \(SB\) 523](#) (Chapter 773, Statutes of 2017), DHCS established the GEMT QAF program to provide supplemental Medi-Cal payments to eligible private GEMT providers. Proposition 35 (November 5, 2024, General Election) allocated funding to DHCS to implement additional GEMT payment increase.

[Section 1902\(a\)\(30\)\(A\) of the Social Security Act \(the Act\)](#) requires Medicaid payments to be "consistent with efficiency, economy, and quality of care and are sufficient to enlist enough providers so that care and services are available under the plan at least to the extent that such care and services are available to the general population in the geographic area."

As part of the CMS review of pending GEMT State Plan Amendments (SPAs) [25-0002](#), [25-0003-A](#) and [25-0030](#) in 2025, CMS issued Requests for Additional Information (RAI) requiring DHCS to demonstrate that proposed GEMT supplemental payments comply with the requirements in Section 1902(a)(30)(A) of the Act for efficiency and economy.





Questions?