



July 25, 2025

Provider Name

Address

City, State ZIP

Subject: Georgia Medicaid Fee-for-Service Ground Ambulance Upper Payment Limit Supplemental Payment Program for Private Providers – Financial Data Collection for July 2024 through June 2025.

Provider Name:

Medicaid Provider Number:

Via E-mail:

Dear Provider,

The Georgia Department of Community Health (DCH) is collecting provider data for the continuation of the Ground Emergency Ambulance Transportation supplemental payment program for private providers. The data will be used to calculate program payments and the provider fees used to fund the non-federal share of payments. The purpose of the program is to provide additional Medicaid reimbursement to ensure access to ground emergency ambulance transportation services to Medicaid beneficiaries.

Myers and Stauffer LC, a contractor for DCH, is collecting provider data on behalf of DCH in the form of a survey. The survey is required from all eligible providers and must be returned to the Myers and Stauffer FTP site by Monday, August 25, 2025.

Background

Beginning with state fiscal year (SFY) 2023, DCH instituted a Medicaid supplemental payment program for privately owned ground ambulance 911 assigned providers. Supplemental payments made through the program are made in addition to the claim payment a provider receives when submitting fee-for-service (FFS) claims for ambulance services.

The supplemental payment will not exceed an established upper payment limit (UPL). The UPL will be based on commercial payer information through the calculation of an average commercial rate (ACR) for each applicable ambulance service. The supplemental payment applies to the following ambulance services:

- A0425 - Mileage
- A0427 - Advanced Life Support (ALS, Level 1, Emergency)

- A0429 - Basic Life Support (BLS, Emergency)
- A0433 - Advanced Life Support, Level 2 (ALS Level 2, Emergency)
- A0434 - Specialty Care Transport

Please note that if for any procedure code, a provider has no Medicaid utilization or paid claims, either due to denial or zero payment, the code will not be included in the UPL calculation.

Participation and Documentation Requirements

Participation in the private ambulance UPL program is required for all eligible providers. A survey is used to collect transport unit and related collections data and commercial rate information.

Surveys are required from all participants, for reporting data applicable to July 2024 through June 2025. Providers must submit the required information as listed below.

- A completed financial survey. The survey tool is needed from all eligible ambulance providers. The ACR survey is in Microsoft Excel format and is available on the DCH website at <https://dch.georgia.gov/ground-ambulance-upl> or by submitting a request for the survey tool to the email address below. The form is titled "GA Ambulance Financial Survey".
- Schedule 1 contains an attestation regarding the accuracy of the submitted commercial rate information. This form must be signed by an officer of the service. An electronic signature is acceptable.
- Schedule 2 requires the reporting of emergency transport units and related revenue collections.
- Schedule 3 requires the listing of commercial payment rates for selected payers. Documentation is required in support of the commercial payment rates reported in the survey. Further information is available in the survey instructions.

Surveys are due to Myers and Stauffer by August 25, 2025. All documentation must be submitted through the Myers and Stauffer secure FTP site. Requests for FTP accounts should be sent to GeorgiaAmbulance@mslc.com. We encourage the redaction of protected health information (PHI) from documentation, though redaction is not required for submission.

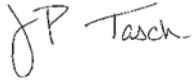
Program Funding

For this program, the non-federal share of funds will be collected by the State of Georgia through a provider fee. The fee will be allocated across eligible providers using a uniform and broad-based allocation. The percentage of funds to be collected for the non-federal share of payments will be a percentage of the total payments, based on the Medicaid federal match rate. DCH will notify each qualifying provider of the required fees and the corresponding due dates. Following the transfer of funds to the State of Georgia, DCH will draw federal matching funds and make Medicaid supplemental payments to the ambulance service.

If you have any questions about the program or if you believe you have received this letter in error, please contact Myers and Stauffer at GeorgiaAmbulance@mslc.com or by telephone at (800) 877-

6927 or you may contact Kim Morris, Director of Reimbursement, via email at Kim.Morris@dch.ga.gov or Angelica Clark Hester, Senior Manager, via email at AClark@dch.ga.gov.

Sincerely,

A handwritten signature in black ink that reads "JP Tasch". The initials "JP" are written in a stylized, cursive font, followed by the name "Tasch" in a similar cursive style.

Justin Tasch, CPA, CFE
Senior Manager
Myers and Stauffer LC