

FAQ

Supplemental Medicaid Payment for Eligible Ground Emergency Medical Transportation Service Providers



What is the Supplemental Medicaid Payment for Ground Emergency Medical Transportation Services?

Supplemental Medicaid payments are provided to eligible emergency medical services (EMS) organizations to help offset the uncompensated costs of providing ground ambulance services to individuals who are eligible for fee-for-service (FFS) Medicaid. This payment program is authorized under Section 5164.96 of the Ohio Revised Code and regulated by rule 5160-15-30 of the Ohio Administrative Code (OAC).

What are the eligibility requirements for EMS organizations to receive supplemental payments?

To qualify for supplemental payments, EMS organizations must meet two criteria:

1. Be enrolled as a Medicaid provider of ground ambulance services.
2. Be owned or operated by a government entity such as a state, city, county, fire protection district, community services district, or health care district.

How does an EMS organization apply for participation in the supplemental payment program?

Interested governmental EMS organizations can apply by completing and submitting form ODM 10378. The application deadline is one year before the start of the state budget biennium, which is June 30 of even-numbered years. For the biennium starting July 1, 2025, the application deadline is May 8, 2025.

Which ground ambulance services are eligible for supplemental payments?

Supplemental payments may be made for the following eight ground ambulance services:

- Extra ambulance attendant (A0424)
- Ground mileage (A0425)
- Advanced life support, level 1, provided in a non-emergency (A0426)
- Advanced life support, level 1, provided in an emergency (A0427)
- Basic life support, provided in a non-emergency (A0428)
- Basic life support, provided in an emergency (A0429)
- Advanced life support, level 2 (A0433)
- Specialty care transport (A0434)

How are supplemental payments calculated?

QAPs will not be required to submit any additional utilization or payment information to the Department. ODM will compare the Medicare Allowed Amount for a transportation service to the fee-for-service (FFS) Medicaid Maximum Payment Amount. The difference is the "payment gap." The EMS organization's FFS utilization (the number of units paid for by FFS Medicaid) for each service is multiplied by the payment gap. The total of these amounts represents the cost eligible for federal matching funds. ODM then calculates both the state share and the federal share of the matchable cost.

When will the supplemental payments be disbursed?

ODM aims to disburse annual supplemental payments to qualified ambulance providers (QAPs) in November, following the end of each state fiscal year. For example, for the period from July 1, 2025, to June 30, 2026, payments are anticipated to be disbursed in November 2026. Payment in each case is made by intergovernmental transfer (IGT). The State Share of the Total Payment in each case is made by intergovernmental transfer (IGT). The total payment is then made to each EMS Organization and is inclusive of the IGT.

How is the "Extra ambulance attendant (A0424)" service payment calculated if no Medicare Allowed Amount is established?

Since no Medicare Allowed Amount exists for the "Extra ambulance attendant (A0424)" service, ODM uses 175% of the Medicaid Maximum Amount to calculate the payment. This reflects the general ratio of Medicare to Medicaid payment.

Contact Information

Completed [ODM 10378 forms](#) as well as questions and comments may be sent by e-mail to EMSSupplementalPaymentProgram@medicaid.ohio.gov.





Department of
Medicaid

Supplemental Medicaid Payment for Eligible Ground Emergency Medical Transportation Service Providers

Section 5164.96 of the Ohio Revised Code enables the Ohio Department of Medicaid (ODM) to make supplemental Medicaid payments to eligible emergency medical services (EMS) organizations for providing ground ambulance services to individuals who are eligible for fee-for-service (FFS) Medicaid. The payment program is established in rule 5160-15-30 of the Ohio Administrative Code (OAC). Approval of a Medicaid State Plan amendment is needed from the Centers for Medicare and Medicaid Services (CMS) before supplemental funds may be disbursed to qualifying organizations.

These supplemental payments are intended to help defray the uncompensated costs of providing ground ambulance services to FFS-Medicaid-eligible individuals.

Application For Participation

An EMS organization may apply to become a "qualified ambulance provider (QAP)" and receive supplemental payments if it meets two criteria:

1. It is enrolled as a Medicaid provider of ground ambulance services and
2. It is owned or operated by a government entity (state, city, county, fire protection district, community services district, health care district, or any unit of government as defined in 42 CFR 433.50).

Interested governmental EMS organizations must complete and submit form [ODM 10378](#). The deadline to apply for participation is one year before the start of a state budget biennium (in other words, June 30 of even-numbered years). Please note that for the budget biennium beginning on July 1, 2025, the deadline is May 8, 2025, as specified in OAC rule 5160-10-30.

Supplemental Payment Calculation

Supplemental payments may be made for eight ground ambulance services:

- Extra ambulance attendant (A0424)
- Ground mileage (A0425)
- Advanced life support, level 1, provided in a non-emergency (A0426)
- Advanced life support, level 1, provided in an emergency (A0427)
- Basic life support, provided in a non-emergency (A0428)
- Basic life support, provided in an emergency (A0429)
- Advanced life support, level 2 (A0433)
- Specialty care transport (A0434)

ODM uses the Medicare Allowed Amount for a transportation service as a point of comparison (the "payment ceiling"). The "payment gap" is the difference between the Medicare Allowed Amount and the fee-for-service (FFS) Medicaid Maximum Payment Amount.

For each QAP, ODM determines the "FFS utilization" of each transportation service—i.e., the number of units (trips, miles, or attendant services) paid for by FFS Medicaid—during the given time period.

QAPs will not be required to submit any additional utilization or payment information to the Department. The "FFS utilization" figures determined by ODM are multiplied by the respective payment gap. The sum of these amounts is the total QAP cost that can be used to draw down federal match.

ODM calculates both the state share and the federal share of the matchable cost. The QAP sends the state share to ODM; ODM draws down the federal match and then remits both the state

and federal shares to the QAP. Payment in each case is made by intergovernmental transfer (IGT). IGTs are public funds transferred to ODM in accordance with 42 CFR 433.51.

ODM's goal is to make annual supplemental payments to QAPs in November following the end of a state fiscal year. For example, for the time period July 1, 2025, through June 30, 2026, ODM anticipates that disbursements will be made in November 2026.

A couple of points should be noted. Utilization figures are compiled in six-month increments to account for the different time bases used by Medicare (calendar year) and Medicaid (state fiscal year). And because no Medicare Allowed Amount has been established for the service 'Extra ambulance attendant (A0424)', 175% of the Medicaid Maximum Amount is used, which reflects the general ratio of Medicare to Medicaid payment.

Example

County Ambulance Service		07/01/2024		to		12/31/2024		
		A	B	C	D	E	F	G
Service Code	Description	FFS Units	Medicare Allowed Amount	Medicaid Maximum Amount	Payment Amount Difference B – C	Difference in Expenditure = Payment Gap A x D	Assistance Percentage (FMAP)	Federal Financial Participation (FFP)
A0424*	Extra attendant, ambulance	1	\$31.50	\$18.00	\$13.50	\$13.50	64.30%	\$8.68
A0425	Mileage, ground ambulance	6,663	\$8.94	\$5.05	\$3.89	\$25,919.07	64.30%	\$16,665.96
A0426	Advanced life support, level 1, non-emergency	16	\$312.69	\$244.50	\$68.19	\$1,091.04	64.30%	\$701.54
A0427	Advanced life support, level 1, emergency	429	\$495.10	\$289.75	\$205.35	\$88,095.15	64.30%	\$56,645.18
A0428	Basic life support, non-emergency	8	\$260.58	\$203.75	\$56.83	\$454.64	64.30%	\$292.33
A0429	Basic life support, emergency	382	\$416.92	\$244.00	\$172.92	\$66,055.44	64.30%	\$42,473.65
A0433	Advanced life support, level 2	13	\$716.58	\$349.50	\$367.08	\$4,772.04	64.30%	\$3,068.42
A0434	Specialty care transport	1	\$846.87	\$413.00	\$433.87	\$433.87	64.30%	\$278.98

		01/01/2025		to		06/30/2025		
		H	I	J	K	L	M	N
Service Code	Description	FFS Units	Medicare Allowed Amount	Medicaid Maximum Amount	Payment Amount Difference I – J	Difference in Expenditure = Payment Gap H x K	Assistance Percentage (FMAP)	Federal Financial Participation (FFP)
A0424*	Extra attendant, ambulance	2	\$31.50	\$18.00	\$13.50	\$27.00	64.60%	\$17.44
A0425	Mileage, ground ambulance	6,426	\$9.15	\$5.05	\$4.10	\$26,346.60	64.60%	\$17,019.90
A0426	Advanced life support, level 1, non-emergency	19	\$320.20	\$244.50	\$75.70	\$1,438.30	64.60%	\$929.14
A0427	Advanced life support, level 1, emergency	346	\$506.98	\$289.75	\$217.23	\$75,161.58	64.60%	\$48,554.38
A0428	Basic life support, non-emergency	12	\$266.83	\$203.75	\$63.08	\$756.96	64.60%	\$489.00
A0429	Basic life support, emergency	442	\$426.93	\$244.00	\$182.93	\$80,855.06	64.60%	\$52,232.37
A0433	Advanced life support, level 2	8	\$733.79	\$349.50	\$384.29	\$3,074.32	64.60%	\$1,986.01
A0434	Specialty care transport	1	\$867.20	\$413.00	\$454.20	\$454.20	64.60%	\$293.41

*Medicare Allowed Amount set at 175% of Medicaid Maximum Amount		Payment Gap	Federal Share
		E + L	G + N
		\$374,948.77	\$241,656.39
State Share			
Payment Gap – Federal Share			\$133,292.38

Contact Information

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