BACKGROUND & RELEVANT INFORMATION

On August 8, 2025, the S-SV EMS JPA Governing Board adopted resolution #08-0825-01 that:

1. Approved S-SV EMS authorized ground ambulance provider rates, effective July 1, 2025.
2. Authorized the S-SV EMS Regional Executive Director to:
   - Approve S-SV EMS authorized ground ambulance provider annual rate increases, based on changes to the San Francisco-Oakland-Hayward, CA Consumer Price Index for All Urban Consumers (CPI-U). The maximum allowable annual rate increases will be three (3) percent, or the actual increase for the applicable year (whichever is greater).
   - Approve rates for new services provided by existing S-SV EMS authorized ground ambulance providers.
   - Approve rates for new S-SV EMS authorized ground ambulance providers.

Pursuant to S-SV EMS Policy No. 412 (effective 10/1/2025): In the event changed circumstances significantly impact the costs of providing ground ambulance services within the S-SV EMS region, or there are substantial reductions in revenue caused by factors beyond the provider's control, the provider may request a special rate increase to mitigate the financial impact of such circumstances.

1. A special rate increase request shall be submitted to S-SV EMS at least thirty (30) days prior to the regularly scheduled JPA Governing Board meeting at which the item will be heard/considered.
2. The S-SV EMS JPA Governing Board shall have sole authority to approve or disapprove a ground ambulance provider special rate increase request.

IMPORTANT NOTE: An appropriate representative from the requesting ambulance provider organization is required to attend the JPA Board meeting where this item is presented to answer any questions board members may have.

GROUND AMBULANCE PROVIDER INFORMATION
(Note: This form & all entries will be included with the JPA board agenda item related to this request)

Ambulance Provider Organization:	
Types of Ambulance Services Provided:	

Ambulance Provider Payer Mix Information (most recent 12-month financial reporting period)

Medi-Cal %	Medicare %	Commercial %	Self-Pay %	Other %

Ambulance Provider Collection Rate (most recent 12-month financial reporting period)

Collection Rate %:	

S-SV EMS Authorized Non-Public Ground Ambulance Provider Special Rate Increase Request

412-A

REQUESTED RATE INCREASE DETAILS

Rate Category Note: Base Rates (ALS, LALS, BLS, CCT, Treat/No Transport) & Mileage Only	Current Rate	Proposed Rate	% Change

DESCRIPTION/DETAILS OF APPLICABLE CHANGED FINANCIAL CIRCUMSTANCES
(Attach additional documents if necessary)