

Sierra – Sacramento Valley Emergency Medical Services Agency



Regional Executive Director
John Poland, Paramedic

Medical Director
Troy M. Falck, MD, FACEP, FAAEM

JPA Board Chairperson
Sue Hoek, Nevada County Supervisor

Address & Contact Information
535 Menlo Drive, Suite A
Rocklin, CA 95765
(916) 625-1702
info@ssvems.com
www.ssvems.com

Serving Butte, Colusa, Glenn, Nevada, Placer, Shasta, Siskiyou, Sutter, Tehama, & Yuba Counties

Before the JPA Governing Board of Directors

Sierra-Sacramento Valley Emergency Medical Services (S-SV EMS) Agency

RESOLUTION NO: 08-0825-01

MOTION: CORONA/GUSTAFSON

Ground Ambulance Provider Rate Approval Pursuant to California Health and Safety Code (HSC) § 1371.56

WHEREAS, in accordance with HSC § 1797.200, S-SV EMS has been designated as the Local Emergency Medical Services Agency (LEMSA) for Butte, Colusa, Glenn, Nevada, Placer, Shasta, Siskiyou, Sutter, Tehama, & Yuba counties, and is therefore the local government organization that has regulatory jurisdiction over ground ambulance transports initiated within the ten (10) S-SV EMS JPA member counties identified in this paragraph; and

WHEREAS, HSC § 1371.56 allows S-SV EMS to establish or approve rates for ground ambulance transports initiated within the boundaries of the local government's regulatory jurisdiction, in this case: Butte, Colusa, Glenn, Nevada, Placer, Shasta, Siskiyou, Sutter, Tehama, & Yuba counties; and

WHEREAS, S-SV EMS has established a ground ambulance provider rate approval process and policy in compliance with applicable statutes/regulations to ensure adequate availability of ground ambulance resources within the S-SV EMS region to protect the public health and safety.

THEREFORE, BE IT RESOLVED that the S-SV EMS JPA Governing Board of Directors hereby approves applicable S-SV EMS authorized ground ambulance provider rates, consistent with HSC 1371.56 and S-SV EMS policies.

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BE IT FURTHER RESOLVED that the S-SV EMS JPA Governing Board of Directors hereby authorizes the S-SV EMS Regional Executive Director to perform the following additional ground ambulance rate administrative functions on behalf of the S-SV EMS Agency:

1. Approve applicable 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).
2. Approve rates for new services provided by existing S-SV EMS authorized ground ambulance providers.
3. Approve rates for new S-SV EMS authorized ground ambulance providers.

I HEREBY CERTIFY that the above order was passed and adopted by the S-SV EMS Agency JPA Governing Board on 08/08/2025 following vote of the JPA Governing Board, to wit:

AYES: 8 (Nevada, Placer, Colusa, Butte, Sutter, Tehama, Shasta and Glenn)

NOES: 0

ABSENT: 2 (Siskiyou, Yuba)



Amy J Boryczko
Clerk to the Board of Supervisors
Sierra-Sacramento Valley EMS Agency
County of Placer
State of California

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Sierra – Sacramento Valley Emergency Medical Services Agency Ground Ambulance Provider Rates – December 1, 2025

Note: Additional fees/charges may apply for specific equipment, procedures, or supplies used during transport. These may include, but are not limited to, oxygen/medication administration, procedures, specialized equipment (e.g., cardiac monitors), night charges, and/or extra personnel.

S-SV EMS Agency Approved Ground Ambulance Provider Rates

Ground Ambulance Transport Provider	Maximum Base Rates					Mileage Rate (Per Mile)
	ALS	LALS	BLS	CCT	Treat/No Transport	
Alpha One	\$4,752.00	N/A	\$3,326.40	\$16,500.00	N/A	\$70.64
America West	N/A	N/A	\$2,900.00	N/A	\$780.00	\$50.00
AMR Shasta County	\$4,910.00	N/A	\$4,910.00	N/A	N/A	\$170.00
AmWest Ambulance	\$3,722.16	N/A	\$2,860.00	\$9,100.00	\$468.00	\$65.52
Bay Medic	\$3,250.00	N/A	\$2,485.00	\$10,975.00	N/A	\$72.00
Beale Air Force Base Ambulance	N/A	N/A	N/A	N/A	N/A	N/A
Butte Valley Ambulance	\$1,500.00	N/A	\$1,250.00	N/A	\$300.00	\$25.00
County Medical Response	N/A	N/A	\$2,500.00	N/A	N/A	\$50.00
Enloe Ambulance Glenn County	\$4,665.00	N/A	\$3,759.00	N/A	\$1,253.00	\$120.00

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Ground Ambulance Transport Provider	Maximum Base Rates					Mileage Rate (Per Mile)
	ALS	LALS	BLS	CCT	Treat/No Transport	
Eagle Ambulance	N/A	N/A	\$2,800.00	N/A	N/A	\$25.00
Falcon CCT	N/A	N/A	\$3,791.76	\$14,500.00	\$450.00	\$73.78
Happy Camp Ambulance	\$3,675.00	\$3,675.00	\$2,380.00	N/A	\$2,200.00	\$60.00
Journey Ambulance	N/A	N/A	\$1,774.98	N/A	N/A	39.05
Medic Ambulance	\$3,006.42	N/A	\$3,006.42	\$7.535.00	\$3,006.42	\$60.95
Mercy Redding Ambulance	\$6,584.00	N/A	\$2,759.00	N/A	N/A	\$170.00
Mountain Medics	\$1,890.00	N/A	\$1,295.00	\$2,660.00	\$300.00	\$27.00
Mt. Shasta Ambulance	\$4,000.00	\$4,000.00	\$2,250.00	\$4,500.00	\$3,500.00	\$60.00
NorCal Ambulance	\$3,425.00	N/A	\$3,050.00	\$14,500.00	N/A	\$75.00
Orchard Hospital Ambulance	N/A	N/A	\$550.00	N/A	\$150.00	\$12.00
ProTransport-1	\$5,050.00	N/A	\$3,050.00	\$14,500.00	N/A	\$78.00
Remote Area Medicine	\$2,952.00	N/A	\$2,250.00	N/A	N/A	\$50.00
Side Trax EMS	\$1,800.00	N/A	\$1,000.00	N/A	N/A	\$75.00
St. Elizabeth Ambulance	\$6,584.00	N/A	\$2,759.00	N/A	N/A	\$170.00
TLC Transportation	N/A	N/A	\$450.00	\$1,500.00	N/A	\$9.25
Westside Ambulance	\$4,656.00	N/A	\$2,875.00	N/A	\$444.00	\$120.00

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Ground Ambulance Provider Rates Established by S-SV EMS Agency Exclusive Operating Area (EOA) Agreements

Ground Ambulance Transport Provider	Maximum Base Rates					Mileage Rate (Per Mile)
	ALS	LALS	BLS	CCT	Treat/No Transport	
AMR Colusa County	\$3,038.50	N/A	\$3,038.50	\$12,380.82	N/A	\$97.85
AMR Placer County	\$2,368.72	N/A	\$3,018.97	N/A	\$125.40	\$64.43
Bi-County Ambulance Sutter County	\$3,296.00	\$3,296.00	\$3,296.00	N/A	N/A	\$72.10
Bi-County Ambulance Yuba County	\$3,296.00	\$3,296.00	\$3,296.00	N/A	N/A	\$72.10
Butte County EMS	\$3,152.10	N/A	\$3,152.10	N/A	N/A	\$71.81
Sierra Nevada Ambulance	\$6,075.00	N/A	\$2,759.00	N/A	N/A	\$170.00

Local Government Board/Council Established Ground Ambulance Provider Rates (Informational Purposes Only)

Ground Ambulance Transport Provider	Maximum Base Rates					Mileage Rate (Per Mile)
	ALS	LALS	BLS	CCT	Treat/No Transport	
Burney Fire Protection District	\$2,021.00	\$2,021.00	\$1,470.00	N/A	\$787.00	\$28.65
City of Etna Ambulance	\$3,009.60	N/A	\$2,260.80	N/A	\$288.00	\$42.00
Foresthill Fire Protection District	\$2,368.72	N/A	\$2,368.72	N/A	N/A	\$64.43
Mayers Memorial Healthcare District	\$1,802.00	N/A	\$1,319.00	N/A	\$253.00	\$44.00
McCloud Fire Department	\$2,021.00	N/A	\$1,470.00	\$2,205.00	\$125.00	\$28.65
North Tahoe Fire Protection District	\$2,358.00	N/A	\$2,358.00	N/A	\$349.00	\$51.00
Penn Valley Fire Protection District	\$4,024.00	N/A	\$3,264.00	N/A	N/A	\$75.00
South Placer Fire Protection District	\$2,655.00	N/A	\$2,655.00	N/A	\$435.00	\$48.00
Truckee Fire Protection District	\$2,739.77	N/A	\$2,739.77	\$1,834.30	N/A	\$51.51

Sierra – Sacramento Valley EMS Agency Program Policy

Ground Ambulance Provider Rate Approval Process

	Effective: 10/01/2025	Next Review: 04/2028	412
Approval: Troy M. Falck, MD – Medical Director			SIGNATURE ON FILE
Approval: John Poland – Executive Director			SIGNATURE ON FILE

PURPOSE:

To establish a ground ambulance provider rate approval process to comply with applicable statutes/regulations and ensure adequate availability of ground ambulance resources within the S-SV EMS region to protect the public health and safety.

AUTHORITY:

- A. HSC § 1371.56, § 1707.124, 1797.232.
- B. CIC § 10126.66.
- C. CCR, Title 22, Div. 9.

POLICY:

- A. A health care service plan shall require an enrollee who receives covered services from a noncontracting ground ambulance provider to pay no more than the same cost-sharing amount that an enrollee would pay for the same covered services received from a contracting ground ambulance provider (“in-network cost-sharing amount”). An enrollee shall not owe the noncontracting ground ambulance provider more than the in-network cost sharing amount for covered services. A noncontracting ground ambulance provider shall only advance to collections the in-network cost-sharing amount that an enrollee individual failed to pay.
- B. Unless otherwise agreed to by the noncontracting ground ambulance provider and the health care service plan, the plan shall directly reimburse a noncontracting ground ambulance provider for ground ambulance services the difference between the in-network cost-sharing amount and the amount described, as follows:
 1. If there is a rate established or approved by a local government, at the rate established or approved by the governing body of the local government having jurisdiction for that area or subarea, including an exclusive operating area pursuant to Section 1797.85 of the Health and Safety Code (HSC).

2. If the local government having jurisdiction where the service was provided does not have an established or approved rate for that service, the reasonable and customary value for the services rendered, based upon statistically credible information that is updated at least annually and takes into consideration all the following:
 - The ambulance provider's training, qualifications, and length of time in practice.
 - The nature of the services provided.
 - The fees usually charged by the ground ambulance provider.
 - Prevailing ground ambulance provider rates charged in the general geographic area in which the services were rendered.
 - Other aspects of the economics of the ambulance provider's practice that are relevant.
 - Any unusual circumstances in the case.
3. A local government has jurisdiction over the ground ambulance transport if either of the following applies:
 - The ground ambulance transport is initiated within the boundaries of the local government's regulatory jurisdiction.
 - In the case of ground ambulance transports provided on a mutual or automatic aid basis into another jurisdiction, the local government where the noncontracting ground ambulance provider is based.
4. A payment made by the health care service plan to the noncontracting ground ambulance provider, plus the applicable cost sharing owed by the enrollee, shall constitute payment in full for services rendered.
5. Notwithstanding any other law, the amounts paid by a health care service plan for ground ambulance services shall not constitute the prevailing or customary charges, the usual fees to the public, or other charges for other payers for an individual ground ambulance provider.

C. Ground ambulance service providers remain subject to the balance billing protections for Medi-Cal beneficiaries under Section 14019.4 of the Welfare and Institutions Code.

D. A ground ambulance provider shall not require an uninsured patient or self-pay patient to pay an amount more than the established payment by Medi-Cal or Medicare fee-for-service amount, whichever is greater. A ground ambulance provider shall only advance to collections the Medicare or Medi-Cal payment amount, that an uninsured or self-pay patient failed to pay.

PROCEDURE:

- A. 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.
- B. 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.
- C. The processes described in this policy do not apply to the following circumstances:
 1. Ground ambulance providers who have an exclusive operating area (EOA) agreement with S-SV EMS that contains specific rate setting provisions.
 2. Public (local government) ground ambulance providers who's governing body is responsible for publicly establishing/approving ground ambulance rates. Public ground ambulance providers shall notify S-SV EMS of any changes to their ground ambulance rates within 30 days of such change, so that S-SV EMS can comply with the reporting requirements established by applicable statutes/regulations.
- D. S-SV EMS will post all currently approved ground ambulance provider rates on its internet website and provide such information to the California EMS Authority (EMSA) as required by applicable statutes/regulations.