

## Expect Increased Reimbursement for Public Providers of Ground Emergency Medical Transportation

### Public providers are being transitioned from the GEMT QAF program to the PP-GEMT program

The California Department of Health Care Services (DHCS) is implementing the Public Provider Ground Emergency Medical Transport (PP-GEMT) program to provide increased reimbursements, by application of an add-on increase for non-contracted emergency medical transports provided by eligible public GEMT providers. The add-on increase applies to the fee-for-service (FFS) fee schedule rate for the affected emergency medical transport procedure codes and a rating increment that will be applied to primary capitation rates for contracted Medi-Cal managed care plans.

As of January 1, 2023, public providers will no longer be assessed the Quality Assessment Fee (QAF) prospectively and will not be eligible to receive the \$220.80 per-transport add-on pursuant to the GEMT QAF program but will be eligible to receive a reimbursement add-on under the PP-GEMT program.

#### Scope of reimbursement requirement for emergency services<sup>1</sup>

For the purposes of the PP-GEMT program, in accordance with Welfare & Institutions (W&I) Code section 14105.945(a)(2), “emergency medical transport” is defined, in part, as the act of transporting an individual from any point of origin to the nearest medical facility capable of meeting the emergency medical needs of the patient by an ambulance licensed, operated, and equipped in accordance with applicable state or local statutes, ordinances, or regulations, excluding transportation by an air ambulance provider.

#### Which providers are eligible?<sup>1</sup>

The PP-GEMT add-on is applicable to public providers of ground emergency medical transportation, as defined in W&I Code section 14105.945(a)(1).

#### Reimbursement add-on amount<sup>1</sup>

Effective for dates of services on or after January 1, 2023, the Plan must pay non-contracted providers of emergency and post-stabilization services in accordance with the legal requirements of Title 42 of the United States Code (U.S.C.), section 1396u-2(b)(2)(D), Title 42 of the Code of Federal Regulations (CFR) part 438.114(c), and W&I Code section 14105.945(e). Therefore, the Plan

#### THIS UPDATE APPLIES TO:

- Ancillary Providers

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must reimburse eligible non-contracted public providers of GEMT services at the FFS reimbursement rate, including the add-on increase amount for public providers of GEMT services. Furthermore, the Plan must pay providers these amounts in accordance with contractual and federal timely claims payment requirements.

The projected value of this payment obligation is to be accounted for in the Plan’s actuarially certified, risk-based capitation rates.

**Reimbursement calculation<sup>1</sup>**

The applicable FFS reimbursement rate is the sum of the base fee schedule rate and the PP-GEMT add-on amount, which is displayed as the Resulting Payment Amount as specified in the table below:

<b>Procedure code</b>	<b>Procedure code description</b>	<b>Medi-Cal base fee schedule rate<sup>2</sup></b>	<b>Medi-Cal PP-GEMT add-on<sup>3</sup></b>	<b>Resulting payment amount</b>
<b>A0225</b>	Neonatal emergency transport	\$179.92	\$946.92	\$1,126.84
<b>A0427</b>	ALS1-emergency	\$118.20	\$946.92	\$1,065.12
<b>A0429</b>	BLS-emergency	\$118.20	\$946.92	\$1,065.12
<b>A0433</b>	ALS 2	\$118.20	\$946.92	\$1,065.12
<b>A0434</b>	Specialty care transport	\$118.20	\$946.92	\$1,065.12

**Impacts related to Medicare coverage<sup>1</sup>**

For dual eligible beneficiaries with Medicare Part B coverage, the increased Medi-Cal reimbursement level will likely result in a crossover payment obligation for the Plan because the new Medi-Cal reimbursement amount may exceed 80% of the Medicare fee schedule. The Plan is responsible for identifying and satisfying any Medicare crossover payment obligations that result from the increase in GEMT reimbursement obligations. In instances where a member is found to have other health coverage sources, such as coverage codes, the Plan must cost avoid or make a post-payment recovery in accordance with the “Cost Avoidance and Post-Payment Recovery (PPR) of Other Health Coverage (OHC)” provision of Attachment 2 to Exhibit E of the Plan Contract.

**Additional information**

Relevant sections of the provider operations manuals have been revised to reflect the information contained in this update as applicable. Provider operations manuals are available electronically in the Provider Library on the provider portal at [provider.healthnetcalifornia.com](http://provider.healthnetcalifornia.com) > *Provider Library* under Quick Links, or go directly [providerlibrary.healthnetcalifornia.com](http://providerlibrary.healthnetcalifornia.com).

Providers are encouraged to access the provider portal online at [provider.healthnetcalifornia.com](http://provider.healthnetcalifornia.com) for real-time information, including eligibility verification, claims status, prior authorization status, plan summaries, and more.

If you have questions regarding the information contained in this update, contact CalViva Health at 888-893-1569.

<sup>1</sup> Information taken or derived from DHCS Letter to Medi-Cal Managed Care Plans, Public Provider Ground Emergency Medical Transportation (PP-GEMT) Program Reimbursement Requirements.

<sup>2</sup> These amounts are subject to further adjustment pursuant to the State Plan.

<sup>3</sup> This amount was approved by CMS in SPA 22-0015 on December 21, 2022.