



TOBY DOUGLAS  
DIRECTOR

State of California—Health and Human Services Agency  
Department of Health Care Services



EDMUND G. BROWN JR.  
GOVERNOR

DATE: SEPTEMBER 13, 2013

TO: PUBLICLY OWNED GROUND EMERGENCY MEDICAL  
TRANSPORTATION SERVICE PROVIDERS

FROM: STACY FOX, CHIEF   
DEPARTMENT OF HEALTH CARE SERVICES  
MEDI-CAL SUPPLEMENTAL PAYMENTS SECTION

SUBJECT: GROUND EMERGENCY MEDICAL TRANSPORTATION  
SUPPLEMENTAL REIMBURSEMENT PROGRAM- FEDERAL  
APPROVAL AND ENROLLMENT REQUIREMENTS

The purpose of this letter is to inform you that the Ground Emergency Medical Transportation (GEMT) State Plan Amendment (SPA) 09-024 was approved by the Centers for Medicare and Medicaid Services (CMS) on September 4, 2013. The Department of Health Care Services (DHCS) is the single state agency responsible for serving as the intermediary between CMS and GEMT service providers (Providers) by administering the program. This voluntary supplemental reimbursement program is retroactive to January 30, 2010.

**PROGRAM ELIGIBILITY**

Per California Welfare and Institutions (W&I) Code, section 14105.94, to be eligible for the GEMT supplemental reimbursement program, the following requirements must be met:

- Provide GEMT services to Medi-Cal beneficiaries (further defined in SPA 09-024),
- Be enrolled as a Medi-Cal provider for the period being claimed, and
- Are owned or operated by an eligible governmental entity, to include the state, a city, county, city and county, fire protection district, special district, community services district, health care district, or a federally recognized Indian tribe as these laws are in effect on January 30, 2010.

## **PROGRAM ENROLLMENT**

Participation in the GEMT program is voluntary. To enroll in the GEMT supplemental reimbursement program, eligible Providers who choose to participate must:

- Enter into a Provider Participation Agreement (PPA) with DHCS,
- Obtain a DHCS vendor number (Form STD.204),
- Complete a GEMT Contact Information Form,
- Complete a Cost Report Signature Authority Form,
- Agree to reimburse DHCS administrative costs associated with overseeing the program (the provider's allocated administrative share will be collected by Sacramento Metropolitan Fire District on behalf of DHCS),
- Complete an Annual Participation Survey for each State Fiscal Year (SFY), and
- Complete annually a cost report certifying public expenditures for this program.

## **ENROLLMENT FORM DUE DATES**

Provider Participation Agreement	Due 10/1/13
Payee Data Record- Form STD. 204	Due 10/1/13
GEMT Program Coordinator Contact Form	Due 10/1/13
GEMT Cost Report Signature Auth. Form	Due 10/1/13
Annual Participation Survey SFY 09/10	Due 10/1/13
Annual Participation Survey SFY 10/11	Due 10/1/13
Annual Participation Survey SFY 11/12	Due 10/1/13
Annual Participation Survey SFY 12/13	Due 10/1/13
Annual Participation Survey SFY 13/14	Due 7/1/14

All future Annual Participation Surveys are due July 1st of each year.

### **Return program enrollment forms to:**

Regular U.S. Postal Service Mail:  
Department of Health Care Services  
Safety Net Financing, GEMT Program  
P.O. Box 997436, MS 4504  
Sacramento, CA 95899-7436

Overnight or Express Mail:  
Department of Health Care Services  
Safety Net Financing, GEMT Program  
1501 Capitol Ave, MS 4504  
Sacramento, CA 95814

## **REIMBURSEMENT PAYMENTS**

To receive supplemental reimbursement payments, you must submit an annual GEMT Cost Report for each SFY in which you are seeking reimbursement. Reimbursement payments will be based on allowable uncompensated costs incurred by the Provider, as specified in W&I Code 14105.94 and the Code of Federal Regulations, Chapter 42, Section 433.51, and SPA 09-024.

The GEMT program is retroactive to January 30, 2010, therefore several cost reports are due during SFY 13/14. The due dates for the cost report are:

**COST REPORT DUE DATES**

Cost Report SFY 09/10	Due 12/2/13
Cost Report SFY 10/11	Due 12/2/13
Cost Report SFY 11/12	Due 2/1/14
Cost Report SFY 12/13	Due 2/1/14
Cost Report SFY 13/14	Due 11/30/14

All future annual cost reports are due five (5) months, (November 30), following the end of each SFY (June 30).

**Return signed Cost Reports and Medi-Cal certifications electronically in PDF format to:**

[GEMTSubmissions@dhcs.ca.gov](mailto:GEMTSubmissions@dhcs.ca.gov)

Providers will be notified when their cost reports have been accepted. Once accepted, DHCS will require an Excel version of the cost report and supporting documentation. DHCS will process reimbursement payments after cost reports have been accepted and requested supporting documentation received.

**GEMT WEBSITE**

Electronic versions of the GEMT cost report, cost report instructions, and other program related documents can be found at:

<http://www.dhcs.ca.gov/provgovpart/Pages/GEMT.aspx>.

Included on the GEMT website is a ListServ registration option to receive notices via email anytime the GEMT website is updated, including program guidance in the form of Policy and Procedure Letters.

If you have questions regarding the GEMT supplemental reimbursement program, please contact us at [GEMT@dhcs.ca.gov](mailto:GEMT@dhcs.ca.gov).