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Department of Health Care Services



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GOVERNOR

DATE: **AUG 01 2016**

TO: PUBLICLY OWNED GROUND EMERGENCY MEDICAL
TRANSPORTATION SERVICE PROVIDERS

FROM: SHIELA MENDIOLA, CHIEF 
DEPARTMENT OF HEALTH CARE SERVICES
MEDI-CAL SUPPLEMENTAL PAYMENTS SECTION

SUBJECT: GROUND EMERGENCY MEDICAL TRANSPORTATION
SUPPLEMENTAL REIMBURSEMENT PROGRAM- PARTICIPATION
REQUIREMENTS FOR STATE FISCAL YEAR 2015/16

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 supplemental reimbursement program is voluntary.

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.

PROVIDER ENROLLMENT

To enroll in the GEMT supplemental reimbursement program, eligible Providers who choose to participate in the State Fiscal Year (SFY) 2015/16 claiming period must:

- Enter into a Provider Participation Agreement (PPA) with DHCS,
- Obtain a DHCS vendor number (Form STD.204),
- Complete a GEMT Point of Contact (POC) Information 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), and
- Complete annually a cost report certifying public expenditures for this program.

NEW PROVIDER ENROLLMENT- FORM DUE DATES

Provider Participation Agreement	Due 11/1/16
DHCS Payee Data Record-Form STD. 204	Due 11/1/16
GEMT Point of Contact Form	Due 11/1/16

Return new 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

PARTICIPATING PROVIDERS

Once enrolled in the GEMT supplemental reimbursement program, participating providers must:

- Complete annually a cost report certifying public expenditures for this program, and
- Maintain current provider contact information with DHCS by submitting Point of Contact forms for each approved contact to: **GEMT@dhcs.ca.gov**

REIMBURSEMENT PAYMENTS

To receive supplemental reimbursement payments, you must submit an annual GEMT cost report for each claiming period 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.

COST REPORT DUE DATE

Per SPA 09-024, cost reports are due five (5) months (November 30), following the end of each SFY (June 30).

Due date for the SFY 2015/16 claiming period is: 11/30/16.

Return completed, signed cost reports (*in PDF™ format and Excel™ format*), Medi-Cal certification, and supporting documentation if electing an Indirect Cost Factor, electronically to:

GEMTSubmissions@dhcs.ca.gov

Providers will be notified when their cost reports have been accepted. DHCS will process reimbursement payments after cost reports have been accepted and requested supporting documentation has been 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>.

If you have questions regarding the GEMT supplemental reimbursement program, please contact us at GEMT@dhcs.ca.gov.