

DATE: December 30, 2022

TO: Medi-Cal Managed Care Plans

FROM: Department of Health Care Services

SUBJECT: Public Provider Ground Emergency Medical Transportation (PP-GEMT) Program Reimbursement Requirements

The Department of Health Care Services (DHCS) is in the process of operationalizing the provider reimbursement requirements associated with the Public Provider Ground Emergency Medical Transportation (PP-GEMT) Program, which is effective January 1, 2023. Upon implementation, public providers of ground emergency medical transportation, as defined in Welfare and Institutions (W&I) Code section 14105.945(a)(1), will be transitioned out of the GEMT Quality Assurance Fee (QAF) Program and into the PP-GEMT Program, as required by section 14105.945(i). Managed Care Plans (MCPs) may reference Assembly Bill 1705 webpage for published guidance regarding program background and eligibility criteria. Ahead of the release of the All Plan Letter (APL) associated with the PP-GEMT Program, DHCS is providing interim information to assist affected MCPs in preparing for the transition of public providers to the PP-GEMT Program. Please note, this communication provides interim guidance while formal APL guidance is pending. In the case of any conflict between the terms of this guidance and the forthcoming formal APL guidance, the terms of the APL will prevail, and MCPs will be required to comply with all applicable APL terms.

Scope of Reimbursement Requirement for Emergency Services

For the purposes of the PP-GEMT Program, in accordance with 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.

Providers Eligible for the PP-GEMT Add-On

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

Plans must have policies and procedures in place to ensure that eligible public providers are identified and reimbursed appropriately. Further guidance on the identification of public providers will be provided in the forthcoming APL.

Payment of PP-GEMT Add-On

Effective for dates of services on or after January 1, 2023, MCPs are obligated to 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, MCPs 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. Further, MCPs must pay providers these amounts in accordance with contractual and federal timely claims payment requirements. 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:

PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	MEDI-CAL BASE FEE SCHEDULE RATE*	MEDI-CAL PP-GEMT ADD-ON**	RESULTING PAYMENT AMOUNT
A0225	NEONATAL EMERGENCY TRANSPORT	\$179.92	\$946.92	\$1,126.84
A0427	ALS1-EMERGENCY	\$118.20	\$946.92	\$1,065.12
A0429	BLS-EMERGENCY	\$118.20	\$946.92	\$1,065.12
A0433	ALS 2	\$118.20	\$946.92	\$1,065.12
A0434	SPECIALTY CARE TRANSPORT	\$118.20	\$946.92	\$1,065.12

* These amounts are subject to further adjustment pursuant to the State Plan.

** This amount was approved by CMS in SPA 22-0015 on December 21, 2022.

The projected value of this payment obligation will be accounted for in each MCP’s actuarially certified, risk-based capitation rates.

Impacts Related to Medicare Coverage

For dual eligible beneficiaries with Medicare Part B coverage, the increased Medi-Cal reimbursement level will likely result in a crossover payment obligation on the MCP, because the new Medi-Cal reimbursement amount may exceed 80 percent of the Medicare fee schedule. MCPs are responsible for identifying and satisfying any Medicare crossover payment obligations that result from the increase in GEMT reimbursement obligations described in this letter. In instances where a member is found to have other health coverage sources, such as coverage codes, MCPs 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 MCP Contract.

If you have any questions regarding the payment requirement or other information detailed above, please contact AB1705@dhcs.ca.gov.

Sincerely,

DocuSigned by:
Rafael Davtian
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Rafael Davtian
Capitated Rates Development Division
Department of Health Care Services