

# FAQs on GEMT Add-on Payments

(Ground Emergency Medical Transportation)

# What is the GEMT?

 The Department of Health Care Services (DHCS) has established a Ground Emergency Medical Transport (GEMT) Quality Assurance Fee (QAF) program. In accordance with 42 USC Section 1396u-2(b)(2)(D), Title 42 of the Code of Federal Regulations part 438.114(c), and WIC Sections 14129-14129.7, Medi-Cal Managed Care Health Plans must provide increased reimbursement rates for specified GEMT services to noncontracted GEMT providers. SPA 19-0020 continues the GEMT QAF program reimbursement add-on amount for GEMT services provided by emergency medical transportation providers to IEHP members beginning on July 1, 2019.

# What Provider types are eligible for this supplemental payment?

- Non-contracted GEMT providers that provide services to IEHP members are eligible for add-on payment.

# Which service settings are excluded from this directed payment?

- Any transport billed when following evaluation of a patient, transport was not provided.
- Dual eligible beneficiaries with Medicare Part B coverage and <u>without</u> a Medicare crossover claim.

#### Who are the eligible Members?

• The provider must have rendered qualified professional services to eligible Medicaid Members.

#### What is the effective period for this directed payment?

Services rendered on or after July 1<sup>st</sup>, 2019.

# What are the eligible (qualified) procedure codes, directed payment amount, and provider responsibilities to earn this GEMT add-on payment?

- Providers will receive a fixed add-on amount for the eligible procedure codes stated below.

CPT Code	Description	Current Payment	Add-on Amount
A0429	Basic Life Support, Emergency	\$118.20	\$220.80
A0427	Advanced Life Support, Level 1, Emergency	\$118.20	\$220.80
A0433	Advanced Life Support, Level 2	\$118.20	\$220.80
A0434	Specialty Care Transport	\$118.20	\$220.80
A0225	Neonatal Emergency Transport	\$179.92	\$220.80

# How do we determine the payee for these payments?

- IEHP will pay the GEMT add-on to the billing Provider and billing tax ID associated with the eligible claim.

# How often will payments be disbursed?

- IEHP will pay GEMT add-on payments on a monthly basis. For each payment cycle, we will pay GEMT add-on payments for claims adjudicated by the cutoff date for the corresponding service months. The most current payment schedule can be found at:
  www.iehp.org > For Providers > Plan Updates > Correspondence
- GEMT add-on payments are processed separately after the initial submission is adjudicated. Providers <u>will not find</u> GEMT add-on payment in the initial claim payment.
- GEMT add-on payments will be made within 90 calendar days of initial claim receipt per DHCS guidance.

# What is the Provider Dispute process related to GEMT add-on payments?

 If a Provider has a dispute regarding GEMT add-on payments for a claim that *has passed the Supplemental Payment date found on the Payment Schedule*, then the Provider may complete the Prop 56/GEMT Payment Dispute form found on the Provider portal at: <u>www.iehp.org > For Providers > Plan Updates > Correspondence</u>.

# The completed Dispute form should be emailed to: <u>Prop56Inquiry@iehp.org</u>.

- Please only include claims without GEMT add-on in the dispute form.
- If there are more than 20 disputed claims, please submit them in a spreadsheet to expediate the review process.
- Please always include a valid email address with the dispute. The primary method of communication for GEMT disputes is by email.

#### What is the turnaround time for a resolution for Provider disputes?

- IEHP will provide written notification of the Provider dispute results (via mail or email) within 30 working days from date of receipt.

#### How long does a Provider have to file a dispute regarding GEMT payments?

- A Provider has 365 calendar days from the add-on payment date to file a dispute regarding add-on payments.
- DHCS allows 90 calendar days from the date of receipt of a clean claim to issue GEMT add-on payment. Disputes submitted prior to this 90-day window will lead to denial or rejection of the dispute.