Washington State Health Care Authority

Ground Emergency Medical Transportation (GEMT) Program Training

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Training Overview

- Who's who at the Healthcare Authority (HCA)
- How GEMT benefits the provider
- Provider Eligibility
- Annual Enrollment/Application
- Cost Reports
- Interim rates
- Claims Process
- Settlements
- Administrative Fee
- Further Resources

Who's Who at the HCA

Hospital Finance and Professional Rates Section

- Shauna Penn – GEMT Program Manager
  - HCAGEMTAdmin@hca.wa.gov
  - 360-725-1952

- Abigail (Abby) Cole – Hospital Finance Unit Manager
  - HCAGEMTAdmin@hca.wa.gov
  - 360-725-1835

- Jean Bui – Hospital Finance and Drug Rebate Section Manager
  - HCAGEMTAdmin@hca.wa.gov
  - 360-725-1973

How will GEMT benefit my department?

- The Washington State Legislature passed HB2007 during the 2015 session, this authorized the Ground Emergency Medical Transportation (GEMT) payment Program.
- This is a **voluntary** Certified Public Expenditure (CPE) based program that provides supplemental cost based payments to eligible providers that render GEMT services to Medicaid enrollees.
- The State Plan Amendment was approved by the Centers of Medicare and Medicaid Services (CMS) in July of this year.
- Your department will receive federal funds to bring your payment per transport up to your cost.

GEMT Program Eligibility

In order to be considered for GEMT eligibility a provider must meet the following:

- Be a entity that is publically owned or operated by the state, a city, county, fire protection district, community services district, or federally recognized Indian tribe or any unit of government as defined in 42 CFR Sec. 433.50.
- Be a current Medicaid provider with an active core provider agreement (CPA) for the period being claimed
- Provide GEMT services to Medicaid enrollees

Annual Provider Enrollment

To enroll into the GEMT Program, providers must:

- Complete and submit the HCA Provider Participation Agreement (application)
- Complete annually, a cost report certifying public expenditures for program participation by November 30th.
  - For the first year – Participation Agreements are due by 1/31/2018
  - For the first year - cost reports for FY16 & FY17 are due by 3/31/18
- Agree to reimburse HCA's administrative costs associated with overseeing the program

Cost Reporting Process

Step #1

- Enrolled GEMT provider goes to the HCA GEMT Program webpage to download the current version of the cost report.
- Cost reports are state fiscal year (SFY) specific.
- 'as filed' cost reports are used for interim rate setting; final cost reports are used for settlements (2 years after end of fiscal year)

Step #2

- Provider prints and signs the annual participation agreement and certification page and emails PDF
- Provider completes the cost report.
- Submit all documents to HCAGEMTAdmin@hca.wa.gov by November 30th.

Step #3

- HCA reviews the cost report for completeness and notifies the provider of status (acceptance, rejection or request for additional information) within 90 days of receipt.
- If cost report is rejected, the provider must make the necessary corrections and resubmit the information within 30 days of the rejection notification. Failure to provide the requested information will result in termination from the program.

Cost Reports and Dates Example

- Cost Reports and Purpose
- Interim Cost reports
  - Used to set interim rates for the upcoming SFY
- Final Cost reports
  - Used to determine final settlements
  - Allows for more complete cost reporting information to compare against final paid GEMT services

Frequent Cost Report Errors

- Page 1 (certification page) is not signed or dated when submitted to HCA.
- Incorrect claiming period (page 1, box 25 and 26). SFY is July 1st through June 30th.
- Core Provider Agreement on file has been terminated and does not cover claiming period.
- Cost report is not complete, missing pages and/or supporting documentation when submitted.
- All submitted cost report must have 13 pages (front and back).

Check Figure & Provider Certification

Provider must report and certify the total computable allowable costs annually on the cost report. Providers may be required to provide supporting documentation to substantiate information conveyed on the cost report and will be required to comply with the allowable cost requirements found in Part 413 of the Title 42 of the Code of Federal Regulations (CFR), OMB Circular A-87, and Medicaid non-institutional reimbursement policy.

CHECK FIGURE	
Total Reported Expenses (Before Allocation of Expenses - From Sch 1)	$-
Total Reported Expenses (After Allocation of Expenses - From Sch 2 thru 5)	-
Variance	$-

Material variances may result in a rejection of this Cost Report submission.

Certification by Officer or Administrator of the Fire Department / Agency

I, _____ certify under penalty of perjury as follows:

Public funds for services provided have been expended as necessary for Federal Financial Participation (FFP), pursuant to the requirements of Section 1903(w) of the Social Security Act and 42 C.F.R. § 433.50 *et seq.* for allowable costs.

The expenditures claimed have not previously been, nor will be, claimed at any other time to receive Federal Funds under Medicaid or any other program and were certified in accordance with OMB Circular A-87 and Medicare Provider Reimbursement Manual Pub.15-1.

The provider acknowledges that the information is to be used for claiming Federal funds and understands that misrepresentation of information constitutes a violation of Federal and State law.

The provider acknowledges that all funds expended pursuant to chapter 182-546 WAC are subject to review and audit by the Washington State Health Care Authority (HCA).

The provider acknowledges understands that HCA must deny payments for any claim submitted under chapter 182-546 WAC, if it determines that the certification is not adequately supported for purposes of FFP.

That I am the responsible person of the subject Fire Department / Agency and am duly authorized to sign this certification and that, to the best of my knowledge and information, each statement and amount in the accompanying schedules are to be true, correct, and in compliance with chapter 182-546 WAC.

_____ _____

Date of Signature *Name of Fire District/Agency*

Interim Rate Setting

The GEMT Program is conducted in such a way that it doesn't result in any additional expenditures from the state general fund:

- Payments are not considered to be an individual increase to current fee-for-service (FFS) rates.
- Payments are based on the actual costs to perform these transports.
- HCA uses the base year cost report to determine an average cost per transport.
- The cost per transport will vary between qualifying providers.

FORMULA:

Sum total of the actual allowable direct & indirect costs ÷ Total number of medical transports provided during the service period

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Calculating Average Cost Per Transport

	Average Cost per GEMT Service						
1.	**Cost of MTS Services (from Sch 2)**						$ 3,500,000
2.	Indirect Cost Factor Based on MTS Services? (please use drop-down box to select Yes or No)				Yes	$ 3,500,000	
3.	If no, please enter the total cost to be used for calculating the Indirect Cost				$ -		
4.	Indirect Cost Factor Percentage (please see notes below)				0.00%	-	
5.	Administration & General Allocation from Sch 5 (A)					$ -	
6.	Administration & General to be included						-
7.	Grand Total of MTS Expense (Sum Lines 1 thru 4)						$ 3,500,000
8.	Number of MTS Transports		WA Medicaid			Other	
			Managed Care	Medicare/Medicaid	Fee for Service		
	Qtr 1	**July 1 through September 30**	496	210	179	3,924	
	Qtr 2	**October 1 through December 31**					
	Qtr 3	**January 1 through March 31**					
	Qtr 4	**April 1 through June 30**					
	Total Number of MTS Transports		496	210	179	3,924	
							4,809
9.	Average Cost per MTS Transports (Line 7 / Line 8)						$ 728

Billing and Claims

- Providers will submit claims as they currently do. The only difference will be an additional line entry for procedure code A0999. This code is set to pay the federal share of the difference between the Medicaid allowable amount paid (for both the trip and mileage) and the established average cost per transport (interim rate).
- Supplemental payments will be disbursed during the normal payment process and will be listed on the remittance advice sent to each provider.
- Managed Care Billing – emergency transportation services will be exempt (carved out) from managed care billing effective 1/1/2018. Providers will submit all claims through ProviderOne.

Claim Submission & Payment Example

Providers will key three (3) line items, during the claim submission process, as follows:

- A0425 – Mileage
- *A0429* – Transport (use appropriate code ex: ALS, BLS)
- A0999 – Procedure code for the provider specific variance – billed amount should be established average cost per transport

Formula: Average cost per transport (ACPT) - Medicaid allowable amount for both the base rate and mileage = (Variance determined by HCA * FMAP) + Medicaid allowable payment for base rate and mileage = Total amount paid to the provider

Payment Examples

**Subject to change based upon federal guidelines*

Non-ACA Example

$1500.00 (**Average Cost Per Transport**) - $50.80 (**A0425 mileage**) - $115.34 (**A0429 trip rate**) = $1,333.86 **(Variance)**

$1,333.86 **(Variance)** * 50% FMAP = $666.93 + $50.80 (mileage) + $115.34 **(trip rate)** = **$833.07 Total Paid to the Provider**

ACA Example

$1500.00 (**Average Cost Per Transport**) - $50.80 (**A0425 mileage**) - $115.34 (**A0429 trip rate**) = $1,333.86 **(Variance)**

$1,333.86 **(Variance)** * 95% FMAP = $1,267.17 + $50.80 (mileage) + $115.34 **(trip rate)** = **$1,433.31 Total Paid to the Provider**

Cost Settlements

Approximately two years after the close of each SFY HCA will conduct cost settlements:

- For providers who were paid more than their cost per transport; the excess amount will be paid back to HCA (to be sent to CMS)
- For providers who were paid less than their actual costs; HCA will issue an additional payment to bring the provider to their cost per transport.

Who does what for Settlements?

What HCA does:

- At settlement time, we will send claims data to the provider to assist in completing the cost report.
- The report from HCA, will list the amount of payments and the number of transports provided
- Receive the settled cost reports and communicate with the provider if we have everything we need to settle to actual costs.
- Review the settled cost reports and compare actual costs to amounts already paid through interim payments
- Compile settlement information into a summarized format
- Send providers the settlement data and a letter notifying them of the amount to reconcile to costs.
- If the provider was paid less than cost, they will receive a payment at the end of 60 days from the letter
- If the provider was paid more than their costs, we will ask for repayment within 30 days from the letter.

What the GEMT provider does:

- Completes the cost report with their own data and the data from HCA
- Submits their final cost report to HCA by the required date
- Pays back the federal share of any funds above actual costs identified during settlement (within 60 days of the letter)

Interim Rate Approximate Timing

- 6/30 – Fiscal Year Ends
- 9/30 – data sent from HCA to Provider
- 11/30 – Cost reports due to HCA
- 2/28 – Interim rate calculations complete
- 6/15 – preliminary interim rate letters sent to providers
- 7/1 – final interim rate letters sent to providers
- 7/1 – new interim rate effective for the next year

Cost Reports and Dates – March 2018

- Cost reporting process to begin the program
  - 3/31/2018- FY2016 & FY2017 cost reports will be due to HCA
  - The FY2016 cost report will be used to settle to costs for 6/2/16-6/30/16 & set an interim rate for the last few months of FY18 (July 1, 2017 through June 30, 2018)
  - The 2017 cost report will be used to set an interim rate for FY19 (7/1/18-6/30/19)

Federal Medical Assistance Percentage (FMAP)*

Pursuant to federal law, the increased federal financial participation rate will equal:

- 100% for calendar years 2014 through 2016;
- 95% for calendar year 2017;
- 94% for calendar year 2018;
- 93% for calendar year 2019; and
- 90% for calendar year 2020 and all subsequent calendar years.

Non-ACA clients FMAP

- 50% for calendar year 2018

*Subject to change based upon federal guidelines

Non-ACA Payment Calculation Box

		Qtr 1	Qtr 2	Qtr 3	Qtr 4	Totals
		July 1 through September 30	October 1 through December 31	January 1 through March 31	April 1 through June 30	
10.	Total No. of WA Medicaid Fee for Service GEMT Transports	179	-	-	-	179.00
11.	Total Cost of WA Medicaid GEMT Transports (Line 9 x Line 10)	$ 130,276	$ -	$ -	$ -	130,276.00
12.	Less Total WA Medicaid Revenue from Transports (Fr Sch 8)	-	-	-	-	-
13.	Net Cost of Transports	130,276	-	-	-	130,276.00
14.	Non Federal Share Reduction	65,138	-	-	-	65,138.00
15.	Net Federal Participation Amount	$ 65,138	$ -	$ -	$ -	65,138.00

(A) In most cases, when an Indirect Cost Factor is being applied, there should be no Administration & General cost allocated.

ACA Payment Calculation Box

		Qtr 1	Qtr 2	Qtr 3	Qtr 4	Totals
		July 1 through September 30	October 1 through December 31	January 1 through March 31	April 1 through June 30	
10.	Total No. of WA Medicaid Fee for Service GEMT Transports	179	-	-	-	179.00
11.	Total Cost of WA Medicaid GEMT Transports (Line 9 x Line 10)	$ 130,276	$ -	$ -	$ -	130,276.00
12.	Less Total WA Medicaid Revenue from Transports (Fr Sch 8)	-	-	-	-	-
13.	Net Cost of Transports	130,276	-	-	-	130,276.00

HCA Administrative Cost Determination

- Participating providers agree to reimburse HCA for state share of administrative costs associated with GEMT Program.
- Based on the number of transports provided during the service period (July 1 through June 30)
- Collected during cost settlement
- Cannot be included as an expense in the cost report.
- Exact amount yet to be determined

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Administrative Fee Examples

Admin Costs	Total Number of Medicaid Transports	Cost per transport	Provider A # of Transports	Fee for Provider A
A	B	A / B = C	D	C x D
$100,000	8000	$12.50	500	$6,250

Admin Costs	Total Number of Medicaid Transports	Cost per transport	Provider B # of Transports	Fee for Provider B
$100,000	8000	$12.50	50	$625

Additional GEMT Information & Resources

- Please visit our website: tinyurl.com/hcagemt
- Join our email distribution list: tinyurl.com/hcaalert
- Email questions to HCAGEMTAdmin@hca.wa.gov