



Ground Emergency Medical Transportation Program (GEMT)

January 8, 2024



Innovating
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Charter Partners

- Michigan Association of Fire Chiefs (MAFC)
- Michigan Municipal League (MML)
- Michigan Townships Association (MTA)
- City of Sterling Heights
- City of Madison Heights



michigan municipal league



MADISON HEIGHTS
MICHIGAN

Activities

- Legislative advocacy
- Develop legislation and policy
- Communicate importance of this program to local elected leaders





GEMT Overview

Voluntary enrollment program.

To participate in the GEMT program, healthcare providers must meet specific criteria.

Reimburses eligible healthcare providers for their emergency medical transportation services to Medicaid beneficiaries.

GEMT programs have helped reduce health disparities among Medicaid beneficiaries.



GEMT Overview



\$50-70 million per year for Michigan providers (estimate).

\$63 of each 100 spent of potential reimbursement.

EXAMPLE CALCULATION

Average Cost per Transport	\$1,500
Average Medicaid Reimbursement	- \$300
<hr/>	
Uncompensated Cost per Transport	\$1,200
Number of Transports (managed care and fee for service)	* 500
<hr/>	
Total Uncompensated Costs	\$600,000
GEMT Reimbursement Rate (63%)	* .63

^Medicaid Transports Only



GEMT Overview



\$50-70 million per year for Michigan providers (estimate).

\$63 of each 100 spent of potential reimbursement.

EXAMPLES*

Community	Population	Percent Medicaid	Potential Reimbursement
Southfield	76,759	14%	\$1,052,100
Wayne (City)	17,335	15%	\$188,187
Ogemaw County	20,671	18%	\$450,716
Royal Oak	59,441	8%	\$178,344
Kinross EMS	14,008	29%	\$172,688

*based on figures provided in voluntary survey



GEMT Overview

Expands access to care.

Enhances quality of care.

Improves sustainability of care.

Promotes workforce retention
and attraction.

Perceived Challenges to Implementation



MDHHS Information Technology systems and staff are not in place to administer the program.



Funding source for staff and technology to administer the program is needed.



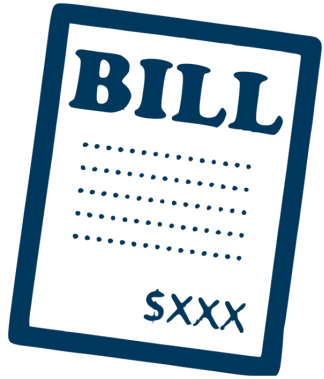
Cost-reporting capacity and proficiency

State Best Practices

- **Most states have adopted a cost reporting model developed by CMS.**
 - *Some states require participants to go through cost report training.*
 - *Training is often provided by advocacy organizations.*
- **Many states use Intergovernmental Transfer (IGT) agreements.**
 - *Establishes the transfer of the non-federal share of funds from GEMT providers to the agency responsible for administration.*
- **State agencies/stakeholder providing annual training opportunities for cost report process and program updates.**
- **States have utilized independent private consultants to aid state agencies responsible for administering GEMT programs.**
 - *These consultants also often provide cost reporting, auditing, policy development, and training for providers, as well.*
 - *In some states, a municipal entity or authority provides administration on behalf of the state*



What is Needed to Implement?



Pass Legislation



**Work with MDDHS on
program
implementation**

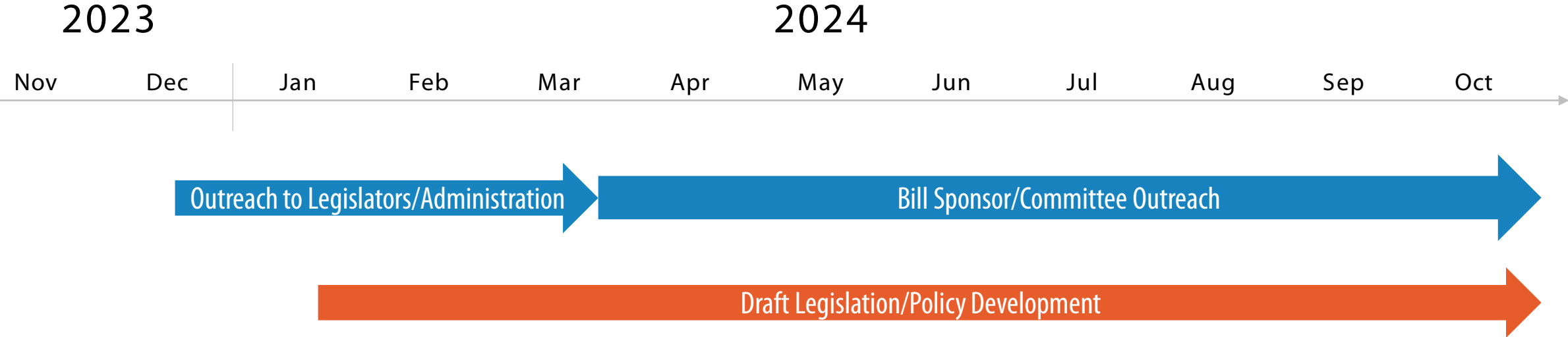


**DHHS Submits
Medicaid Annual Plan
Amendment**



**Cost-reporting
training**

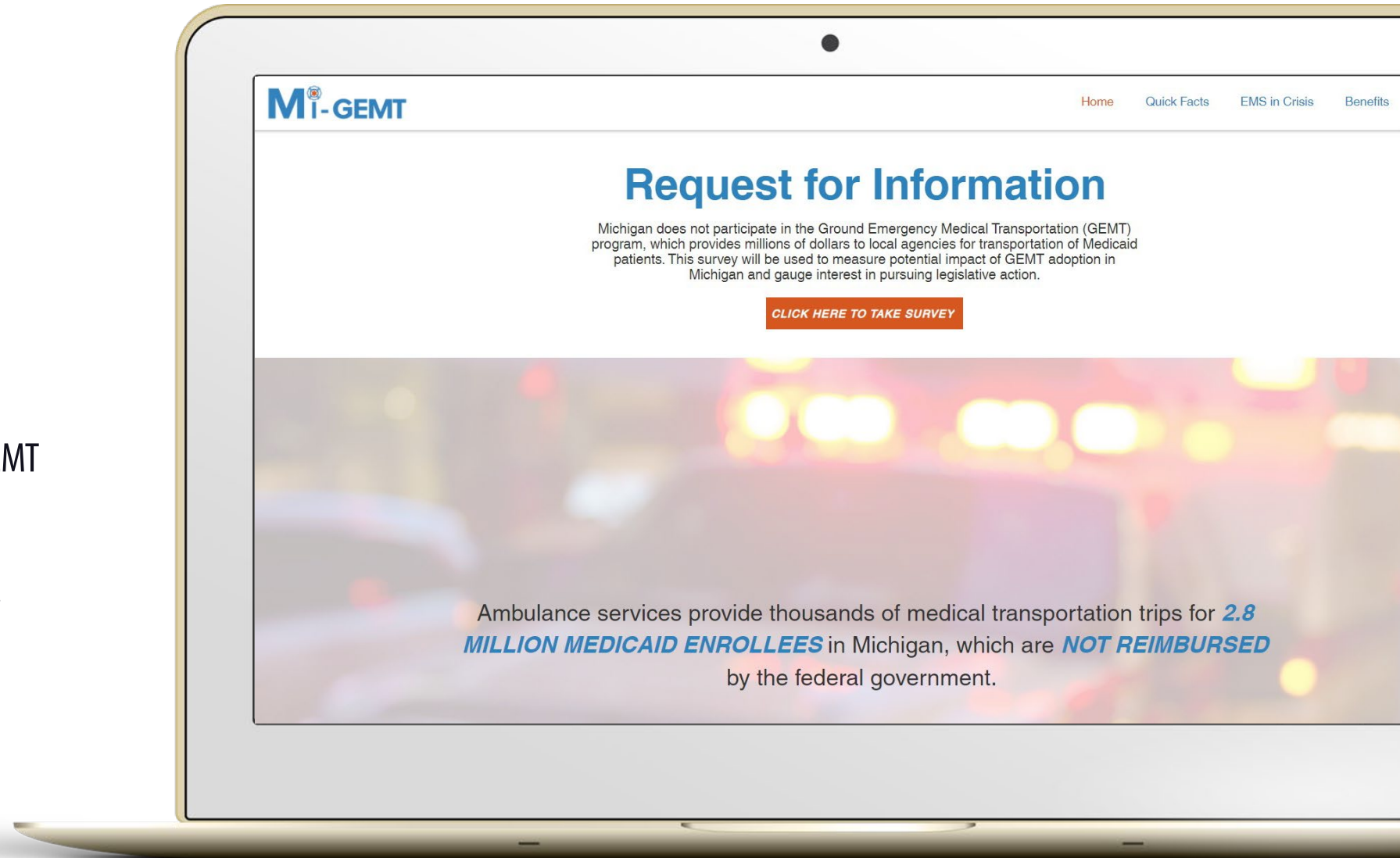
Legislation Schedule



Next Steps

Take our Survey

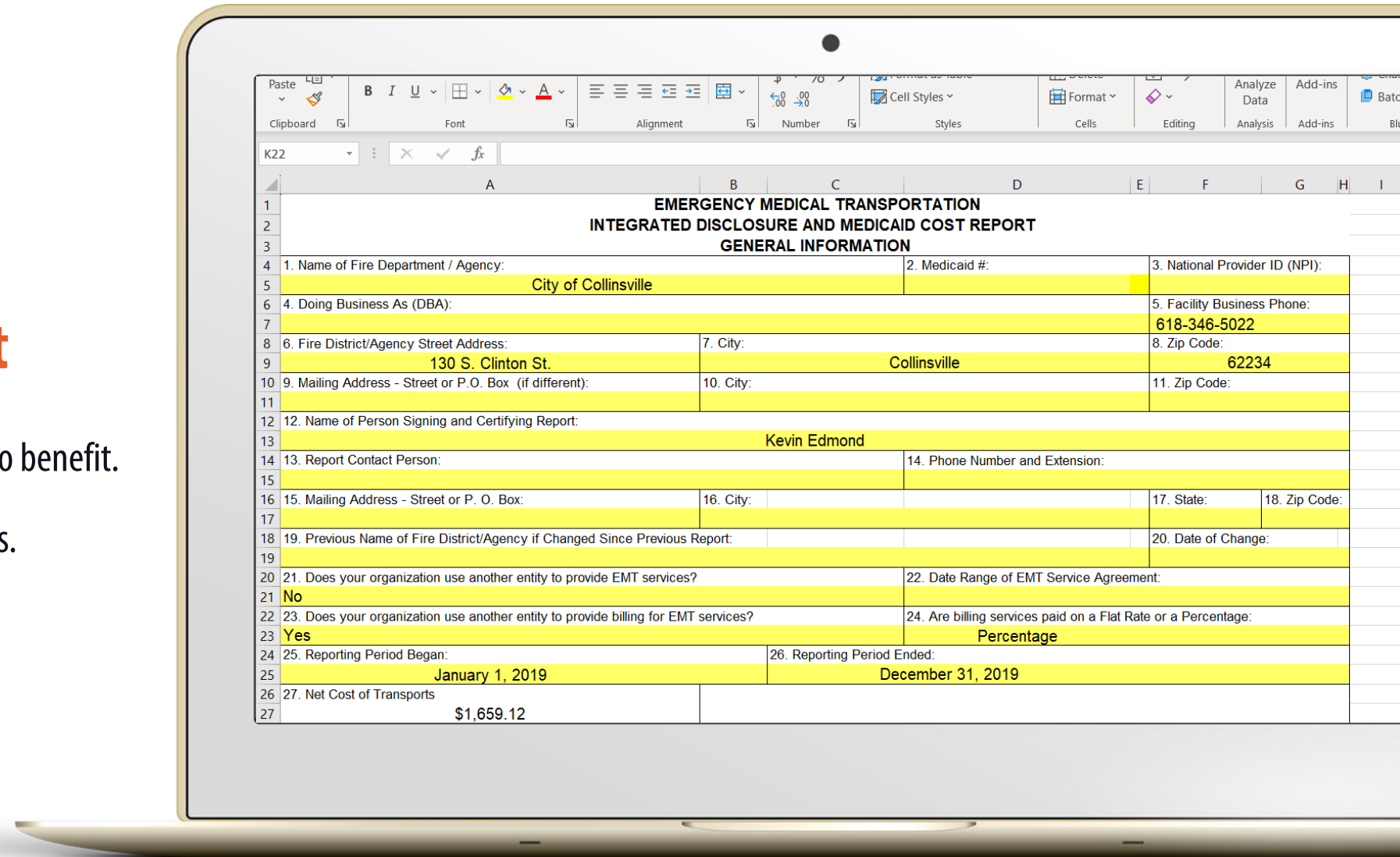
- Determine agency benefit from the GEMT program.
- Help us determine aggregate benefits.
- Enlist more advocates for GEMT.



Next Steps

Complete a Cost Report

- Know how much your agency stands to benefit.
- Help demonstrate impact to legislators.
- Provide feedback on cost reporting.



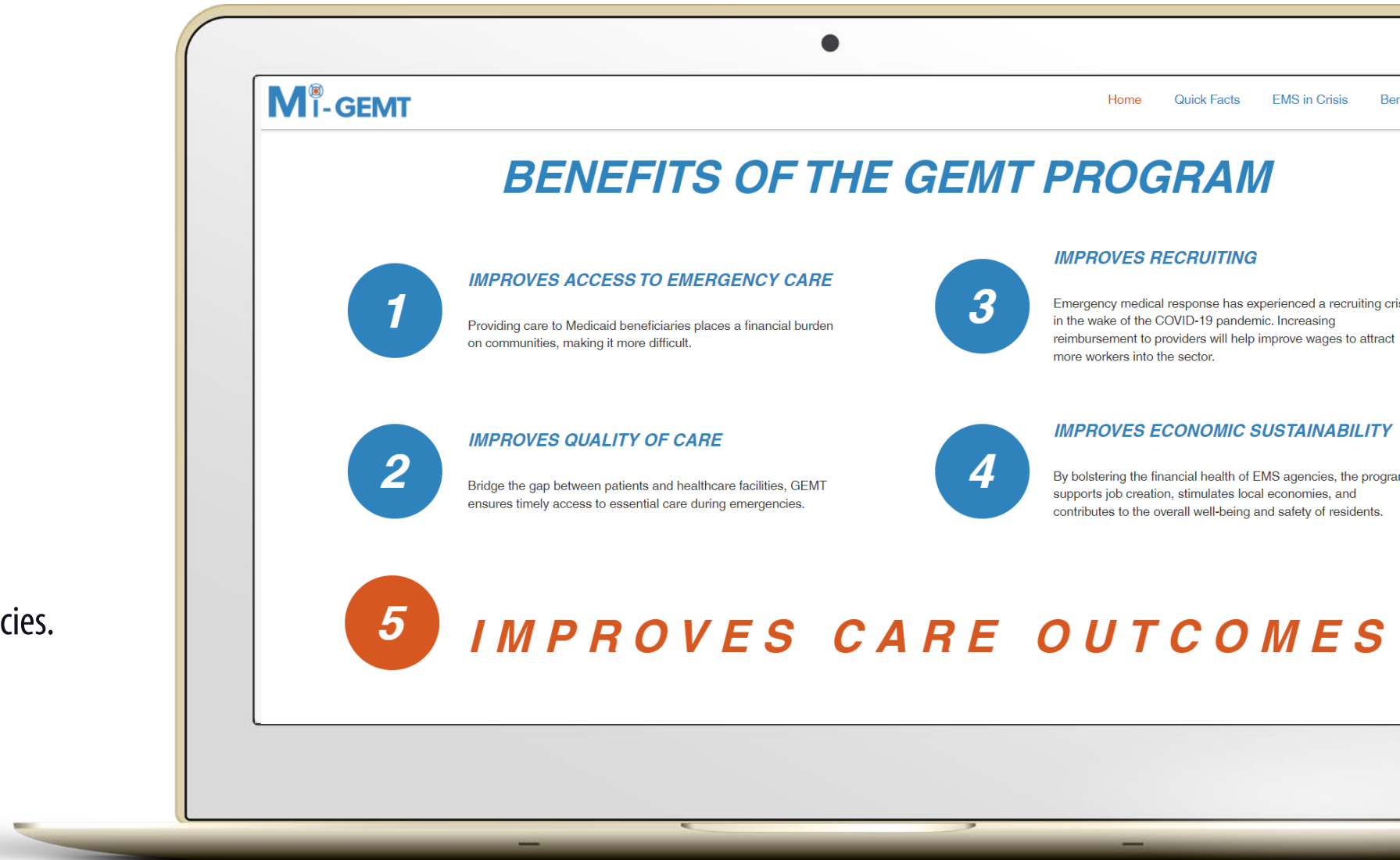
The screenshot shows an Excel spreadsheet with the following data:

EMERGENCY MEDICAL TRANSPORTATION INTEGRATED DISCLOSURE AND MEDICAID COST REPORT GENERAL INFORMATION			
1. Name of Fire Department / Agency:		2. Medicaid #:	3. National Provider ID (NPI):
City of Collinsville			
4. Doing Business As (DBA):			5. Facility Business Phone:
			618-346-5022
6. Fire District/Agency Street Address:	7. City:	8. Zip Code:	
130 S. Clinton St.	Collinsville	62234	
9. Mailing Address - Street or P.O. Box (if different):	10. City:	11. Zip Code:	
12. Name of Person Signing and Certifying Report:			
Kevin Edmond			
13. Report Contact Person:		14. Phone Number and Extension:	
15. Mailing Address - Street or P. O. Box:	16. City:	17. State:	18. Zip Code:
19. Previous Name of Fire District/Agency if Changed Since Previous Report:		20. Date of Change:	
21. Does your organization use another entity to provide EMT services?		22. Date Range of EMT Service Agreement:	
No			
23. Does your organization use another entity to provide billing for EMT services?		24. Are billing services paid on a Flat Rate or a Percentage:	
Yes		Percentage	
25. Reporting Period Began:		26. Reporting Period Ended:	
January 1, 2019		December 31, 2019	
27. Net Cost of Transports			
\$1,659.12			

Next Steps

Be an Advocate


- Talk to your legislator!
- Pass a resolution of support
- Help us spread the word to other agencies.
- Participate in one of our committees.



How Will We Help?

Advocacy Resources


- Messaging and Information Support
- Case Support
- Draft Legislation



City Administration
40555 Ulva Road
Sterling Heights, MI 48313
sterling-heights.net

Ground Emergency Medical Transportation Program Engagement Strategy

Assistance Provided By:



500 Griswold, Suite 2500
Detroit, MI 48226
www.wadetrtrim.com

While challenges exist, MICHIGAN HAS EXISTING STRUCTURES and funding mechanisms that can support the implementation of the GEMT program. Addressing the challenges would pave the way for improved emergency healthcare access and outcomes for Medicaid beneficiaries in the state.

ELIGIBILITY CRITERIA

Eligible providers must be Medicaid-enrolled and comply with federal and state regulations related to emergency medical transportation. Providers must demonstrate their capacity to serve Medicaid beneficiaries and show a commitment to maintaining a reliable and accessible transportation system.

PRIVATE PROVIDER IMPACT

None of the money that is paid out to public ambulance providers comes from or is "pulled" from the local ambulance system. There will be no financial impact to the private providers. They will continue to be paid that same amount for the same services.

COLLABORATION PARTNERSHIP

State agencies are implementing the program at the local level, including establishing new health care providers, hospitals and ambulance actively participate in emergency medical services and seeking for their services.

GEMT CHALLENGES

- Enabling legislation appropriations.
- Information Technology systems are not in place to administer the program. Funds would be needed.
- Lack of medical provider capacity/expertise in developing cost reports adequate for program administration.

WHO ELSE IS DOING THIS

Every state includes participating in emergency medical programs with other states. The state of Michigan has been in use since 1965. There are no current plans in place to repeal or withdraw funds from providing this benefit.

IMPACTS & BENEFITS

- Reduce health disparities among Medicaid beneficiaries
- Access to timely and appropriate healthcare during emergencies
- Increased chance of positive health outcomes
- Bridge gaps between rural and remote communities and healthcare facilities

WHO PAYS THE STATE & WHERE DOES IT COME FROM?

For CPE's the state cannot incur a cost for running the program. The state cost are divided between the providers and CMS on a 50/50 basis. There is no cost to the taxpayer for CPE programs. These programs are Medicaid programs and are part of the federal Medicaid system and operate as part of the Social Security act title XIX.

FUNDING MECHANISMS

Rates are determined by provided transportation factors such as mileage, personnel salaries, and other operational costs. Rates are typically set through negotiation between Medicaid agencies and providers to ensure compensation with program sustainability.

GEMT Quick Facts







- **Unit of Government Eligibility**
Any governmental entity that is recognized as a "Unit of Government" can participate in these programs. The definition is located in 42 CFR 433.50.
- **Private Provider's Cannot Participation**
Private ambulance providers voluntarily enter a business model that fits their needs and is not supported by tax dollars. All money comes from the federal Medicaid program. They will continue to be paid that same amount for the same services.
- **Operation Under Social Security Act Title XIX**
GEMT programs are entitlement programs are part of the federal Medicaid system. They operate as part of the Social Security Act Title XIX. They have been in use since 1965. There are no current plans in place to repeal or withdraw funds from providing this benefit.
- **Annual Surveying of Participating Providers**
Each year the state does a survey of the participating providers to determine the amount of money needed to fund the program. They typically will add 10-20% to that number in order to insure there will be enough money for that years participants. Money that is not used is returned back to CMS. Each year the participants and amount of funds can change.
- **Leftover Funding is Returned to the General Fund**
Returned funds represent money that has already been expended. IGT funds must be used to provide the service for which the IGT was generated. The total amount of revenue that is collected cannot exceed the cost of providing the service.
- **State Costs are Divided Between the Providers and the CMS on a 50/50 Basis**
For CPE's the state cannot incur a cost for running the program. There is no cost to the taxpayer for CPE programs. When it comes to IGT's the state is allowed to charge a fee for their part of the services provided as long as it either included in statute or part of the state plan. Each fee is determined by the state, and some are minimal while others are fairly large.

Table 2 Comparison of State Legislation/Rules Governing GEMT									
State	Defines Eligible Providers	Establishes Reimbursement Calculation	Prohibits Expenditure from State General Fund	Requires Local Cost Share Agreement with Administering Agency	Provider Fee	QAF/ CPE	IGT	Non-State Administrator	Excludes Private Providers
California	X	X	X	X			X	X	X
Washington	X	X	X	X			X		X
Iowa	X*	X*			X*				X*
Idaho	X	X	X						+
Oregon	X		X	X			X		+
Nebraska	X	X	X	X			X		X
Missouri	X			X			X	X	+
Oklahoma	X	X	X						+

*Not addressed in legislation but defined by administrative rule.
+Private providers that are contracted by public providers are eligible for reimbursement.

Medicaid Reimbursement Enhancement for Emergency Medical Transportation

REQUEST FOR INFORMATION

Michigan does not participate in the Ground Emergency Medical Transportation (GEMT) program, which provides millions of dollars to local agencies for transportation of Medicaid patients. This survey will be used to measure potential impact of GEMT adoption in Michigan and gauge interest in pursuing legislative action.

1. Agency Name

Enter your answer

2. What is your agency's annual budget?

The value must be a number

Mi-GEMT

Questions?



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Comparison of State Legislation/Rules Governing GEMT

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California	X	X	X	X		X	X	X
Washington	X	X	X	X		X		X
Iowa	X*	X*			X*			X*
Idaho	X	X	X					+
Oregon	X		X	X		X		+
Nebraska	X	X	X	X		X		X
Missouri	X			X		X	X	+
Oklahoma	X	X	X					+

****Not addressed in legislation but defined by administrative rule.***

+Private providers that are contracted by public providers are eligible for reimbursement.