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August 15, 2023

El Dorado County Board of Supervisors

Attn: Chair Wendy Thomas

330 Fair Lane, Building A

Placerville, CA 95667

Re: Public Provider Ground Emergency Transportation Inter-Governmental Transfer (PP-GEMT-IGT) Program

Supervisor Thomas;

The Public Provider Ground Emergency Transportation Inter-Governmental Transfer (PP-GEMT-IGT) program that was established by the legislature and Governor (AB 1705) and managed by the Department of Health Care Services will provide an add-on payment of \$946.92 to bring the total payment for ambulance transportation up to \$1,065 for those patients covered by Medi-Cal. This is a significant increase in payment because Medi-Cal has only paid a capitated base rate of \$118.20 since 1999.

For approximately 12 years, DHCS had established a Ground Emergency Medical Transportation Certified Public Expense (GEMT-CPE) program to offer public ambulance transportation providers some additional funding. This program brought in over half a million dollars of additional revenue for the County.

In 2017, SB 523 established a GEMT-Quality Assurance Fee program that provided additional funds per Medi-Cal transport. That program required that a fee be paid to DHCS for every ambulance transport, including those not enrolled in Medi-Cal. The fee per transport has risen over the years while the add-on payment has not. AB 1705 ended the GEMT-QAF program as of December 31, 2022.

Beginning in 2023, ambulance bills for patients enrolled in Medi-Cal Fee-for-Service and Managed Care will be paid a base rate plus the new add-on amount. Bills for patients enrolled in both Medi-Cal Managed Care and Medicare (also known as dual enrollment or Medi-Medi) will also be paid a base rate, the Medicare rate, plus a new add-on amount. During Fiscal Year 2021/22 the CSA-7 conducted 1,956 Medi-Cal/Medicare Transports collecting \$723,291.35. Under this new reimbursement formula, the County could collect \$2,083,140 on that same number of transports in Fiscal Year 2022/23.



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Funding for the new PP-GEMT-IGT add-on payments for Medi-Cal patient ambulance transportation by public providers is made from CMS (federal) funds matched with local funds. The State of California will not allow State general funds to be used, so the program requires that public ambulance providers voluntarily provide the State with the amount needed, which is approximately \$110 million, through an Inter-Governmental Transfer (IGT). California DHCS then uses the non-federal funds to draw down the available matching federal funds and use the combined amount to pay the add-on amount per transport. After finalizing the list of participating funding entities for a given rating period, the collection amounts for each funding entity will be based on the projected trips for each funding entity as a percentage of the projected trips across all participating funding entities. To calculate the collection amounts, the proportional percentage for each funding entity will be applied to the total estimated nonfederal share of projected expenditures associated with the PP-GEMT-IGT program, inclusive of expenditures for trips by providers electing not to voluntarily participate in the program. In addition, DHCS charges an administrative fee of 10% per calendar year. DHCS will normally invoice the County's portion of the annual non-federal share plus DHCS's 10% administration fees four times per year (quarterly). However, due to delays on the part of the state, in 2023 the annual IGT amount will be divided into thirds and the year's DHCS admin fees will be added to the second and third invoices which are likely to be due in September and December. The first PP-GEMT-IGT invoice was due by June 15, 2023. In the future, IGT invoices will be paid quarterly. The add-on payments are occurring on each patient bill. However, for the Medi-Cal patients transported since January 1, 2023, that did not include the add-on payment, catch up payments will be made, likely well before the end of 2023. DHCS has provided El Dorado County with an estimated proportional amount of the non-federal share for CY 2023.

The goal of the PP-GEMT-IGT program is for 100% participation in the "pre-payment" portion to minimize the fiscal risk to other participating public agencies. The law establishing the program will become inoperative if DHCS does not collect enough IGTs to completely fund the program. This program will not be successful without every agency's participation. Essentially what this means is that without 100% participation, all public entities will receive the add-on payment but those who submit the IGT Certification Form and submit the "pre-payment" funds to DHCS will shoulder the cost of the program at the benefit of all. The higher the participation, then the lower the PP-GEMT-IGT collection per transport will be for each funding entity.

On behalf of the member agencies of the El Dorado County Emergency Services Authority, we would like to express our support for the County of El Dorado participating in the PP-GEMT-IGT Program and submitting in the requested pre-payment amount to assist with funding of the non-federal share of this program. This program has the potential to increase EMS revenue on the



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West Slope by over a million dollars. It is imperative that the County of El Dorado show support to the other public entities across the State of California by sharing in the cost to fund the program as it receives the revenue benefits of the program.

PP-GEMT-IGT Potential Revenue **based on current FYTD Medi-Cal/Medicaid transports*

- Estimated new revenue: 1,757 transports x \$1,065= \$1,871,205
- Estimated IGT Owed: 1,757 transports x 321.95=\$565,666.15
- DHCS Admin Fee: 10% of \$629,734.20= \$56,566.62
- Net New Revenue: \$1,248,972.23.

Thank you for your time and consideration. Please let us know if we can be of any assistance as you move towards full participation in the PP-GEMT-IGT program.

Sincerely,

Cristy Jorgensen
Executive Director

Mike Blankenheim
EDC ESA Board Chairperson

Cc:

Tiffany Schmid, Interim CAO-El Dorado County
Sue Hennike, Deputy CAO-El Dorado County
Assistant Chief Dusty Martin, Cal Fire/Cameron Park Fire
Fire Chief Matt Gallagher, Diamond Springs-El Dorado Fire Protection District
Fire Chief Tim Cordero, El Dorado County Fire Protection District
Fire Chief Maurice Johnson, El Dorado Hills Fire Department
Fire Chief Wes Norman, Garden Valley Fire Protection District
Fire Chief Glenn Brown, Georgetown Fire Department
Executive Director Nicole Lamm, Marshall Medical Center
Fire Chief Jack Rosevear, Mosquito Fire Protection District
Fire Chief Dave Whitt, Pioneer Fire Protection District
Fire Chief Bryan Ransdell, Rescue Fire Protection District



State of California—Health and Human Services Agency
Department of Health Care Services



MICHELLE BAAS
DIRECTOR

GAVIN NEWSOM
GOVERNOR

DATE: June 1, 2022

Policy Letter 22-001

TO: PUBLIC PROVIDERS OF GROUND EMERGENCY MEDICAL
TRANSPORTATION (GEMT) SERVICES

SUBJECT: PUBLIC PROVIDER INTERGOVERNMENTAL TRANSFER PROGRAM
FOR GEMT SERVICES

PURPOSE:

The purpose of this Policy Letter is to provide public providers of ground emergency transport services, public funding entities, Medi-Cal Fee-For-Service (FFS) and managed care stakeholders with guidance on the Assembly Bill (AB) 1705 Public Provider Ground Emergency Medical Transportation (PP-GEMT) Intergovernmental Transfer (IGT) program.

BACKGROUND:

Subject to obtaining necessary federal approvals, public providers of ground emergency medical transport, as defined in Welfare and Institutions (W&I) Code section 14105.945, will be transitioned out of the GEMT Quality Assurance Fee (QAF) program and into the PP-GEMT IGT program beginning on January 1, 2023.

In accordance with AB 1705 (Bonta, Chapter 544, Statutes of 2019), the Department of Health Care Services (DHCS) is in the process of implementing the PP-GEMT IGT program. The PP-GEMT IGT program authorizes DHCS to provide an add-on reimbursement to the FFS fee schedule base rates for specified procedure codes when the ground emergency medical transport services are provided by an eligible public provider to a Medi-Cal beneficiary.¹

POLICY:

Subject to federal approval, eligible public providers will be paid an add-on increase to FFS fee schedule base rates for each of the following ground emergency medical transportation procedure codes:

¹ See W&I Code § 14105.945.

Procedure Code	Procedure Code Description
A0225	NEONATAL EMERGENCY TRANSPORT
A0427	ALS1-EMERGENCY
A0429	BLS-EMERGENCY
A0433	ALS 2
A0434	SPECIALTY CARE TRANSPORT

RATE DEVELOPMENT FOR THE PP-GEMT IGT PROGRAM:

Fee-For-Service

With a proposed effective date of January 1, 2023, eligible transports will be paid the add-on increase on a per-claim basis, as described above.

DHCS will calculate an initial statewide add-on increase amount based on the difference between: (a) the weighted average reimbursement paid pursuant to the applicable base Medi-Cal FFS payment fee schedule for an emergency medical transport, and (b) the weighted average cost directly associated with providing a Medi-Cal emergency medical transport under the Medi-Cal program by an eligible provider. The average cost data will be drawn from the most recently audited cost reports of eligible providers available at the time the add-on amount is developed, which is the 2017-18 audited reports. The initial add-on amount may be adjusted to account for inflation, trend, and other material changes as appropriate.² For subsequent calendar years, DHCS, in consultation with participating eligible providers, may adjust the statewide add-on increase amount to account for inflation, trend adjustments, or other material changes, in accordance with federal law and actuarial standards.³

Managed Care

Medi-Cal Managed Care Plans (MCPs) are obligated to pay non-contracted providers of emergency and post-stabilization services in accordance with 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 specified GEMT services.

For each qualifying emergency ambulance transport billed with the specified procedure codes, total FFS reimbursement will be provided according to the following table:

² See W&I Code §§ 14105.945(d)(1)-(2).

³ See W&I Code § 14105.945(d)(3).

Procedure Code	Procedure Code Description	Current Fee Schedule Rate*	Estimated Medi-Cal PP-GEMT IGT 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 are the base rates associated with these codes, but are subject to further adjustments pursuant to the State Plan

Accordingly, MCPs are required to match the FFS reimbursement (“Rogers”) rate for non-contracted GEMT public providers for each qualifying emergency ambulance transport provided and billed with the specified procedure codes. MCPs must pay applicable providers in accordance with timely claim payment requirements in the MCP’s contract with DHCS. Further guidance to MCPs will be provided in a future All Plan Letter (APL).

DHCS will develop actuarially sound managed care rates that take into account the projected costs of these reimbursement obligations.

PARTICIPATION IN PUBLIC PROVIDER IGT PROGRAM

Voluntary Participation by Public Funding Entities

Pursuant to W&I Code section 14105.945(h), the nonfederal share of expenditures for the PP-GEMT IGT program will consist of voluntary IGT of funds provided by funding entities, including eligible providers and their affiliated governmental entities, and other public funding entities pursuant to W&I Code section 14164. After finalizing the list of participating funding entities for a given rating period, the collection amounts for each funding entity will be based on the projected trips for each funding entity as a percentage of the projected trips across all participating funding entities. FFS trips will be projected based on the most recent available paid claims data. Managed Care trips will be based on an actuarial analysis which will include historical trips and information that may inform future trips. To calculate the collection amounts, the proportional percentage for each funding entity will be applied to the total estimated nonfederal share of projected expenditures associated with the PP-GEMT IGT program, inclusive of expenditures for trips by providers electing not to voluntarily participate in the

program. A ten-percent administrative fee will be assessed and included in the collection amount for each entity. This fee will be retained by DHCS for administrative costs associated with the PP-GEMT IGT Program.

Certification by each Public Funding Entity

DHCS will require public funding entities participating in the PP-GEMT IGT program that submit an IGT Certification Form to certify that the funds are eligible to be used as the nonfederal share in support of this program in accordance with all applicable state and federal laws. The IGT Certification Form, shall be sent to each participating entity no later than 45 days prior to the certification and accompanying IGT collection due date.

Invoicing Schedule

IGT invoices will be sent 45 days prior to the collection due date by DHCS to each funding entity along with the IGT Certification Form. Participating funding entities will have 45 calendar days to provide funds from the date the Certification Form and invoice are received.

Table 1: Schedule of IGT Funds Collection and Managed Care Payment

INVOICE/CERTIFICATION FORM SENT TO FUNDING ENTITY	MC & FFS COLLECTION QUARTER	MC & FFS COLLECTION DATE	MC CAPITATION MONTH	MC PAYMENT (CASH) MONTH
November/December 2022	Jan-March 2023	1/15/2023	Jan 2023	Feb 2023
			Feb 2023	March 2023
			March 2023	April 2023
February/March 2023	April-June 2023	4/15/2023	April 2023	May 2023
			May 2023	June 2023
			June 2023	July 2023
May/June 2023	July-Sept 2023	7/15/2023	July 2023	Aug 2023
			Aug 2023	Sept 2023
			Sept 2023	Oct 2023
August/September 2023	Oct-Dec 2023	10/15/2023	Oct 2023	Nov 2023
			Nov 2023	Dec 2023
			Dec 2023	Jan 2024

GEMT Certified Public Expenditure Program

If the PP-GEMT IGT program is implemented effective January 1, 2023, DHCS will notify providers via e-mail regarding the due date for the final cost report submission under the GEMT Certified Public Expenditure (CPE) program. Close-out activities for the GEMT CPE program, such as interim and final reconciliations, will continue after the effective date of the PP-GEMT IGT program (proposed effective January 1, 2023). In accordance with the State Plan, Supplement 18 to Attachment 4.19-B, interim reconciliations will occur within two years of receipt of the as-filed cost report. Within three years of the postmark date of the cost report, the cost report will be audited and final reconciliations performed. For questions regarding the GEMT CPE program, please reach out to DHCS Safety Net Financing Division (SNFD) at GEMT@dhcs.ca.gov.

Reconciliations

For both Managed Care and FFS, reconciliations will be done for each rate year. Reconciliations leading to payments or future offsets would also include the 10% administrative fee.

Consequences of Delinquent Payment or Nonpayment

If a public funding entity fails to transfer its collection amount by the designated collection deadline, DHCS will send a notice of delinquency to the public funding entity.

DHCS reserves the right to terminate the public funding entity from the PP-GEMT IGT program if DHCS and the public funding entity are unable to resolve delinquent payments within 45 days after the date of the notice of delinquency.

In the event that DHCS does not receive sufficient voluntary IGT contributions for purposes of funding the nonfederal share of expenditures for the PP-GEMT IGT program, DHCS shall determine that the program is no longer financially and programmatically supportive of the Medi-Cal program. In this event, the PP-GEMT IGT program will cease to be operative on the first day of the Medi-Cal managed care rating period beginning on or after the date of such determination.⁴ Participating eligible providers will be consulted before DHCS makes a determination regarding the viability and continuation of the PP-GEMT IGT program.

⁴ W&I Code § 14105.945(j).

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May 26, 2022

If you have any questions regarding this Policy Letter, please contact
AB1705@dhcs.ca.gov.

Sincerely,

Rafael Davtian
Division Chief

Public Provider Ground Emergency Medical Transportation Intergovernmental Transfer Program FAQ

GEMT QAF Program

Q: By Qualify Assurance Fee (QAF) payment, does that mean collection of QAF fees?

A: Yes, this is the collection of the QAF fees.

Q: If a provider opts to not participate in Public Provider-Ground Emergency Medical Transportation Intergovernmental Transfer (PP-GEMT IGT) Program, will they be required to participate in the QAF Program?

A: No. Once the PP-GEMT IGT Program implements, public providers will no longer be eligible to participate in the GEMT QAF Program.

Q: How are the PP-GEMT IGT fee-for-service (FFS) collection amounts different from what we currently pay for GEMT QAF?

A: The PP-GEMT IGT collection amount is the non-federal share of expenditures for the PP-GEMT IGT Program based on the projected trips. Using data available at this time to analyze service A0429 Basic Life Support, the PP-GEMT IGT collection amount is anticipated to be approximately \$321.95 per transport in comparison to the current GEMT QAF rate for SFY 2021-22 of \$33.42 per transport. The estimated PP-GEMT IGT collection amount includes the 10 percent administration fee. Please note that the figures are estimates offered for illustrative purposes only and the PP-GEMT IGT collection amount is subject to change depending on provider participation. The higher the participation, then the lower the PP-GEMT IGT collection per transport will be for each funding entity.

Q: What are providers supposed to do if a Medi-Cal Managed Care Organization pays the QAF on transports with 2023 dates of service?

A: If you continue to receive historical Add-On Supplemental Payment amounts for 2023 service, contact your Managed Care Plan (MCP) and notify them or point them to that error and discrepancy and hopefully this will be sufficient to resolve. MCPs should be informed of the PP-GEMT IGT Program.

Eligibility

Q: Who is eligible for the PP-GEMT IGT Program?

A: Following implementation, a public provider is eligible for the PP-GEMT IGT Program if they continually meet all of the following requirements during the entirety of any Medi-Cal managed care rating period:

- Provides emergency medical transports to Medi-Cal beneficiaries,
- Is enrolled as a Medi-Cal provider for the period being claimed, and
- Is owned or operated by 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.

Additional details regarding eligibility are explained in [Assembly Bill 1705 section 14105.945](#).

Q: Would you please elaborate further about reviewing non-contracted services contracts to be eligible for the PP-GEMT IGT Program.

A: As part of the managed care (MC) delivery system, MCPs must reimburse eligible **non-contracted** public providers of GEMT services at the FFS rate, including any applicable FFS add-on amount (“Rogers Rate”) for specified GEMT services. Thus, only non-contracted providers are eligible to receive the PP-GEMT IGT add-on through the Rogers Rate. Qualifying emergency ambulance transports must be billed using specific Current Procedural Terminology (CPT) codes. MCPs may negotiate reimbursement rates with ambulance providers; however, as noted above, MCPs are required to pay non-contracted GEMT providers enhanced reimbursement for specific CPT codes.

Participation

Q: Is the PP-GEMT IGT Program and the associated reimbursement methodology voluntary?

A: The PP-GEMT IGT Program is mandatory for public providers, though enrolling as a funding entity is voluntary. The PP-GEMT IGT Program is a new program authorized by the Legislature, and is mandated as the only supplemental payment program for public providers of GEMT services. This reimbursement methodology applies to all public GEMT providers effective January 1, 2023, pending federal approval. For periods during which the new PP-GEMT IGT Program is in effect, public GEMT providers will be excluded from all other GEMT supplemental payment programs currently available, including the GEMT QAF Program and the GEMT Certified Public Expenditure (CPE) Supplemental Reimbursement Program.

Q: Why would a public provider want to participate as a funding entity and want this PP-GEMT IGT Program to succeed? What benefit does the Program have compared to the existing QAF and CPE Programs?

A: In enacting AB 1705, the Legislature sought to ensure that all public GEMT providers serving Medi-Cal beneficiaries receive sufficient reimbursement. Per transport, the total reimbursement under the new PP-GEMT IGT Program is expected to be higher than what was received historically under existing GEMT supplemental reimbursement programs, but the provider contribution through the IGTs is also expected to be higher than QAF payments when compared on a per transport basis. Moreover, the new Program will apply to both FFS and managed care providers. For reference, the GEMT CPE Supplemental Reimbursement Program only applies to trips covered under the Medi-Cal fee-for-service (FFS) delivery system. The vast majority of GEMT trips currently fall within the managed care (MC) delivery system. The current proportion of managed care trips to fee-for-service trips is expected to continue to increase as additional populations shift into managed care under CalAIM. However, public GEMT providers that contract with MCPs for a lower level of reimbursement will be paid at their negotiated rate.

The non-federal share of the PP-GEMT IGT Program is intended to be funded through voluntary contributions by eligible public providers and their affiliated governmental entities or other public entities, as permitted by federal law for federal fund matching. Contributions from funding entities (i.e. participation in the collection portion of the program as a funding entity) are voluntary; however, if DHCS determines that the projected amount of voluntary contributions is not sufficient to support implementation of the Program, the Program would not be continued in future rating periods.

If the Program ends, public GEMT providers would revert to reimbursement under existing programs, including the GEMT CPE Supplemental Payment Program and GEMT-QAF.

Q: How do I let DHCS know that I want to participate in this program?

A: Eligible providers are able to express interest in participating as a funding entity by emailing the PP-GEMT IGT Program at AB1705@DHCS.ca.gov. DHCS has extended the deadline for expressing interest in the CY 2023 year to October 1, 2022. When reaching out, interested providers will need to outline the following information:

- Legal name of participating funding entity
- All applicable email contacts (including titles)
- Any National Provider Identifiers (NPI) associated with your Funding Entity

DHCS will use this information to calculate your estimated contribution amount (i.e. the non-federal share of projected costs plus administrative fee).

Q: If we miss the participation deadline, will providers have the opportunity to opt in as a funding entity at a later time?

A: Yes. You can submit your required information after the deadline. However, DHCS strongly recommends meeting the extended deadline of October 1, 2022 in order to ensure the program will successfully fund the non-federal share of expenditures and remain functioning into CY 2024.

Q: Can you explain how the Letter of Intent works? Do public providers need to fill in the estimated collection dollars?

A: After providers submit the requested participation information to the Department, DHCS will use the information to calculate an estimated contribution amount (i.e. non-federal share of projected costs), which will be included on a Letter of Intent (LOI) and sent back to the funding entity for completion. The amount included in the LOI is not inclusive of the 10 percent administrative fee. Please note, the Department will not have an estimated non-federal share calculation until we receive a final list of participating providers. To see a sample LOI, please visit our webpage [here](#).

Note: This amount is estimated to the best of the Department's ability and may change at the time of invoicing.

Q: Will public providers need to provide data such as cost reports or transports to DHCS to determine the amount included on the collection invoice? How is that amount calculated?

A: No. The collection amounts will be based on the projected number of FFS and managed care transports for each funding entity as a percentage of the projected transports across all participating funding entities. FFS trips will be projected based on the most recent available paid claims data. Managed care trips will be based on an actuarial analysis, which will include historical trips and information that may inform future trips. The proportional percentage for each funding entity will be applied to the total estimate non-federal share of projected expenditures, inclusive of expenditures for transports by providers electing not to voluntarily participate in the PP-GEMT IGT Program. A 10 percent administrative fee will also be assessed on each IGT fund transfer.

IGT Funding, Collection and Invoicing

Q: What does it mean that the PP-GEMT IGT Program will end when it “is no longer financially and programmatically supportive of the Medi-Cal program”?

A: The non-federal share of the PP-GEMT IGT Program is intended to be funded through voluntary contributions by eligible public providers and their affiliated governmental entities or other public entities, as permitted by federal law for federal fund matching. Contributions from funding entities (i.e. participation in the collection portion of the program as a funding entity) are voluntary; however, if DHCS determines that the projected amount of voluntary contributions is not sufficient to support implementation of the Program, the Program would end, and not be continued in future rating periods.

If the Program ends, public GEMT providers would revert to reimbursement under existing programs, including the GEMT CPE Supplemental Payment Program and GEMT QAF Program.

Q: Who is eligible to sign the IGT Certification?

A: An authorized representative on behalf of the funding entity may sign the IGT Certification.

Q: Will there be a reconciliation process for collection amounts? If so, how will it work?

A: For both managed care and FFS, reconciliations will be conducted for each rating period. In the event of under/over contributions, future collections will be evaluated for potential adjustments. Please note that reconciliations are retrospective and therefore the first reconciliation for CY 2023 collections will occur no earlier than CY 2024.

Add-on Calculation

Q: What is the add-on amount for eligible providers?

A: The PP-GEMT IGT Program proposed add-on for CY 2023 is \$946.92 per transport, pending federal approval. The managed care delivery system includes this add-on amount in MCP capitation rates.

Q: How is the add-on calculation amount determined?

A: DHCS calculated an initial statewide add-on increase amount for calendar year 2023 pursuant to Welfare and Institutions Code section 14105.945(d), based on the difference between:

- (a) the weighted average reimbursement paid pursuant to the applicable base Medi-Cal FFS payment fee schedule for an emergency medical transport, and
- (b) the weighted average cost directly associated with providing a Medi-Cal emergency medical transport under the Medi-Cal program by an eligible provider.

The average cost data was drawn from the most recently audited cost reports of eligible providers available at the time the add-on amount was developed, which are the 2017-18 audited reports. The proposed add-on amount was adjusted to account for inflation and trend. For subsequent calendar years, DHCS, in consultation with participating eligible providers, may adjust the statewide add-on increase amount to account for inflation, trend adjustments, or other material changes, in accordance with federal law and actuarial standards.

The managed care delivery system includes the add-on amount in managed care plans' capitation rates. Actuarially sound rates are based on projected number of applicable trips for a given rating period.

Reimbursement

Q: What is the Rogers rate?

A: The Rogers rate is the threshold for which MCPs must reimburse non-contracted eligible providers of GEMT services. The Rogers rate is equal to the FFS rate including any applicable FFS Add-On amounts.

Q: If we submit for the GEMT Cost Reporting program through DHCS and with this, we receive some reimbursements, will our reimbursements affect how much we would receive in PP-GEMT amount?

A: Public providers will no longer be able to participate in the GEMT CPE Supplemental Reimbursement Program once the PP-GEMT IGT Program implements. Therefore, reimbursements from the GEMT CPE Supplemental Reimbursement Program would not affect the new PP-GEMT Program, as they are separate and distinct and any payments received will be for different time periods.

Rate Range

Q: How is the Voluntary Rate Range Program (VRRP) related to the PP-GEMT IGT Program? Is this a separate program from the PP-GEMT IGT?

A: The PP-GEMT IGT Program may reduce undercompensated costs available to be reported on the VRRP declaration documents and therefore may impact available participation room at the provider level; however, this impact and other programmatic considerations are still being evaluated by DHCS. Regardless, VRRP will continue as a separate program from the PP-GEMT IGT Program. Please note that the VRRP is implemented on an annual basis **at the discretion of the State and is voluntary** whereas the PP-GEMT IGT Program is a mandatory program that is statutorily required. Additional information regarding VRRP timing is forthcoming.