



FAQs on GEMT
(Ground Emergency Medical Transportation)
Add-on Payments

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 non-contracted 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 transports billed when following evaluation of a patient, transport is **not** provided.
- Dual eligible beneficiaries with Medicare Part B coverage and **without** a Medicare crossover claim.
- Dual eligible beneficiaries with Medicare Part B coverage and **with** a Medicare crossover claim billing with HCPCS A0429 but pick-up zip code **is not located** in certain geographic areas.

Which service settings are eligible from this directed payment?

- Any transports billed when following evaluation of a patient when actual transport is provided.
- Dual eligible beneficiaries with Medicare Part B coverage and **with** a Medicare crossover claim billing with HCPCS A0429 but pick-up zip code **is located** in certain geographic areas.

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 1st, 2019.

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

CPT Code	Description	Current Payment	Add-on Amount	Resulting Total Payment
A0429	Basic Life Support, Emergency	\$118.20	\$220.80	\$339.00
A0427	Advanced Life Support, Level 1, Emergency	\$118.20	\$220.80	\$339.00
A0433	Advanced Life Support, Level 2	\$118.20	\$220.80	\$339.00
A0434	Specialty Care Transport	\$118.20	\$220.80	\$339.00
A0225	Neonatal Emergency Transport	\$179.92	\$220.80	\$400.72

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 is processed separately after the initial submission is adjudicated. Providers **will not find** GEMT add-on payment in the initial claim payment.

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

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

The completed Dispute form can be emailed to: Prop56Inquiry@iehp.org.

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 Prop 56 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 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.