

# Treat and Refer Program Interaction with the Ground Emergency Medical Transportation (GEMT) Program

## GEMT Program Overview

### What is the GEMT program?

On April 14, 2015, Washington State Legislature passed [house bill 2007](#) which established the Ground Emergency Medical Transportation (GEMT) program. The GEMT program is a voluntary program that offers supplemental payments in addition to Medicaid reimbursement to publicly owned or operated GEMT providers for providing ground emergency medical transportation to Medicaid clients.

### What are the eligibility requirements to participate in the GEMT program?

Providers must meet several requirements to be eligible for the GEMT program, which include:

- Enrollment as a Medicaid provider with an active core provider agreement for the period being claimed.
- Must be a publicly owned or operated organization; and
- Must provide ground emergency transportation to Washington Apple Health Medicaid clients enrolled under Title XIX of the Social Security Act.

### What financing approach is used to fund the GEMT program?

The GEMT program is a Certified Public Expenditure program (CPE). CPE is recognized in law as a Medicaid financing approach by which a government unit incurs an expenditure eligible for federal financial participation under the state's approved Medicaid state plan.

### When are GEMT provider costs reported to HCA?

At the close of the state fiscal year, the participating GEMT provider must submit an expense report.

The cost report attests to *all* medical transportation service costs (not just costs associated with Medicaid client services) incurred by the provider throughout the year.

Any revenue received for those services must be reported and deducted from total costs reported.

Per the [GEMT State Plan Amendment \(SPA 16-0005\)](#), Washington state GEMT providers are permitted to include the cost of "dry runs" in medical transportation costs.

A dry run is defined as GEMT services (basic, limited-advanced, and advanced life support services) provided by an eligible GEMT provider to an individual who is released on the scene without transportation by ambulance to a medical facility.

### How are GEMT supplemental payments calculated?

*\*Figures used are for the purpose of the example, and subject to change based upon federal guidelines.*



The GEMT provider's total costs are divided by the total number of transports performed to calculate the average cost per transport (ACPT) for all clients served (not just Medicaid clients).

In the example below, an ACPT of \$1,200 and 500 Medicaid transports performed during the year is assumed.

$$\text{\$1,200} = \text{Average Cost per Transport}$$

The average cost per transport is multiplied by the number Medicaid transports to determine the GEMT provider's total cost.

$$\begin{aligned} \text{\$1,200} &= \text{Average Cost per Transport} \\ &\times 500 \text{ Medicaid Transports} \\ &= \text{\$600,000 Total Cost} \end{aligned}$$

During the year, the GEMT provider submits a claim, and receives Medicaid reimbursement for each ambulance transport provided to Medicaid clients.

In the example below, we assume basic life support (BLS) emergency ambulance transportation was provided, and the client was transported 1 mile from the scene of the medical emergency to the destination.

\$115.34 is Medicaid's current reimbursement rate for BLS-emergency ambulance transportation.

\$5.08 per mile is Medicaid's current mileage reimbursement rate according to the fee schedule.

$$\begin{aligned} \text{\$120.42} &= \text{Base payment} \\ &(\text{Base Payment } \text{\$115.34} + \text{Mileage } \text{\$5.08}) \end{aligned}$$

At the close of the year, the sum of all base payments received calculates total Medicaid revenue.

$$\begin{aligned} \text{\$120.42} &= \text{Base payment} \\ &\times 500 \text{ Medicaid Transports} \\ \text{\$60,210} &= \text{Medicaid Revenue} \end{aligned}$$

Total cost less total Medicaid revenue determines the GEMT provider's net cost.

$$\begin{aligned} \text{\$600,000} &= \text{Total Cost} \\ - \text{\$60,210} &= \text{Medicaid Revenue} \\ \text{\$539,790} &= \text{Net Cost} \end{aligned}$$

50% of the net cost is funded by the federal government and issued to the provider as GEMT supplemental payment.

$$\begin{aligned} \text{\$539,790} &= \text{Net Cost} \\ \text{\$269,895} &= 50\% \text{ of Net Cost paid to the} \\ &\text{provider as GEMT supplemental payment} \end{aligned}$$



GEMT supplemental payments are issued to the provider during the settlement period within the GEMT program.

## Treat and Refer Program

### What is the Treat and Refer program?

On April 17, 2017, Washington State Legislature passed [house bill 1358](#) which authorized the establishment of the Treat and Refer program.

The Treat and Refer program is a voluntary program that allows publicly owned and operated providers of emergency medical services to receive Medicaid reimbursement for services provided under the community assistance referral and educational services program ([RCW 35.21.930](#)).

### What is the Community Assistance Referral and Educational Services program?

The CARES program was established to reduce the number of avoidable emergency department transports through community needs assessment and outreach.

Through the CARES program, providers work to identify high utilizers of 9-1-1, and connect those individuals with the appropriate healthcare, low-cost medication programs or other social services.

Under [RCW 35.21.930](#), any fire department may develop a community assistance referral and education services (CARES) program.

With direct supervision of an approved medical program director, individual CARES programs may hire, or contract certified emergency medical technicians, advanced emergency technicians, registered nurses, social workers, mental health counselors, and peer counselors to provide services within their scope of practice, depending on community need.

Under [RCW 35.21.930](#), CARES program components and activities:

- Identify community members who are high utilizers of 9-1-1 and emergency transportation and connect these individuals with the appropriate resources for their condition such as licensed healthcare providers, low- cost medication programs or other social services.
- Provide community outreach and assistance to improve population health.
- Advance injury and illness prevention within the community.
- Partner with hospitals to reduce hospital readmissions.

### How do CARES components and activities relate to the Treat and Refer program?

The Treat and Refer program was enacted to furnish publicly owned or operated emergency medical service providers with Medicaid reimbursement for services provided under the CARES program.

CARES activities that qualify for Medicaid reimbursement are referred to as Treat and Refer activities.

### What are the eligibility requirements to participate in the Treat and Refer program?

Contrary to the eligibility requirement which allows any fire department to develop a CARES program, providers must meet the following criteria to receive Medicaid reimbursement for Treat and Refer activities provided to Medicaid clients:

- Be a publicly owned and operated city/town fire department, fire protection district organized under [Title 52 RCW](#), regional fire protection service authority organized under chapter [52.26 RCW](#), provider of emergency medical services that levy a tax under [RCW 84.52.069](#), or a federally recognized Indian Tribe.
- Be an enrolled Medicaid provider with an active Core Provider Agreement (CPA) for the service period specified in the claim.
- Have an established community assistance referral and education service program under [RCW 35.21.930](#).
- Complete and submit the Health Care Authority Treat and Refer Program Participation Attestation ([HCA 60-0024](#)) to [providerenrollment@hca.wa.gov](mailto:providerenrollment@hca.wa.gov).

## What codes are used to bill for Treat and Refer services?

Treat and Refer providers must bill Treat and Refer services to Medicaid as fee for service. To bill for services:

- Submit electronic claims through the ProviderOne billing system.
- Bill one line item using procedure code A0998.
- Include one of the following CMS-approved modifiers depending on the outcome of the call:

Modifier U1	•Treat on scene, refer to licensed health care provider
Modifier U2	•Treat on scene, refer to crisis response (i.e. Designated Crisis Responder (DCR) called to scene)
Modifier U3	•Treat on scene, refer to behavioral health (BH) provider
Modifier U4	•Treat on scene, refer to chemical dependency
Modifier U5	•Treat on scene, refer to urgent care
Modifier U6	•Treat on scene, refer to community assistance referral and educational services team

## What is the reimbursement rate per Treat and Refer service provided?

The established reimbursement rate is \$115.34 for procedure code A0998 and applicable modifier.

## When did the Treat and Refer program go into effect?

The authority began reimbursement for Treat and Refer services on July 1, 2019.

## The connection between the GEMT program and the Treat and Refer program

### What are the benefits of the GEMT program and Treat and Refer program?

*\*Figures used in examples 1 and 2 are for the purpose of the examples and subject to federal guidelines.*

The GEMT provider who participates in the Treat and Refer program receives more revenue than the GEMT provider who does not participate.

While the GEMT settlement payment amount may be less, overall provider revenue will increase by billing for Treat and Refer services.

In example 1 below, the GEMT provider that does not participate in the Treat and Refer program receives financial benefits through:

- 1) Medicaid revenue paid for GEMT services provided, **\$60,210** shown in line 12.
- 2) GEMT settlement payment, **\$269,895** determined in line 16.
  - a. Total amount paid **\$330,105**.

In contrast, in example 2 below, the same GEMT provider is considered, to include participation in the Treat and Refer program. The GEMT/Treat and Refer participant is financially benefitted by:

- 1) Medicaid revenue paid for GEMT services provided, **\$60,210** shown on line 12.
- 2) Treat and Refer revenue paid, **\$15,433** shown on line 13.
- 3) The GEMT settlement payment, **\$262,178** determined in line 16.
  - a. Total amount paid **\$337,821**.

Example 1

Example 2

Calculation of GEMT Settlement (Treat and Refer Revenue not included)		Totals
10. Total Number of Medicaid GEMT Transports		500
11. Total Cost	\$600,000	
12. Less Total WA Medicaid Revenue from Billed Services	<u>\$60,210</u>	
13.		
14. Net Cost	539,790	
15. Non Federal Share of Net Cost at 50%	<u>269,895</u>	
16. GEMT Settlement Payment	<u>\$269,895</u>	

Calculation of GEMT Settlement (Treat and Refer Revenue included)		Totals
10. Total Number of Medicaid GEMT Transports		500
11. Total Cost	\$600,000	
12. Less Total WA Medicaid Revenue from Billed Services	<u>\$60,210</u>	
13. <b>Less Treat and Refer Revenue</b>	<b><u>\$15,433</u></b>	
14. Net Cost	524,357	
15. Non Federal Share of Net Cost at 50%	<u>262,179</u>	
16. GEMT Settlement Payment	<u>\$262,178</u>	

### How do Treat and Refer payments affect GEMT settlements?

*\*Figures used are for the purpose of the example, and subject to change based upon federal guidelines.*

Expenses that are not decreased by Treat and Refer revenue, move to the net expense “bucket,” and are funded by the federal government at a rate of 50%, and issued to the provider as GEMT payment.

At a basic high level, consider one GEMT provider, to compare how Treat and Refer revenue interacts with GEMT settlements.

GEMT payment is determined for the Treat and Refer provider using the following equation:

<b>1) Expenses</b>	<b>2) Less Medicaid Revenue (including Treat and Refer revenue)</b>	<b>3) = Net Expense × 50%</b>	<b>4) = GEMT Payment</b>
\$600,000	-\$75,643	= \$524,357 (50%)	= \$262,178

To compare, Treat and Refer revenue is removed from the equation for the non-participating Treat and Refer provider:

<b>5) Expenses</b>	<b>6) Less Medicaid Revenue</b>	<b>7) = Net Expense × 50%</b>	<b>8) = GEMT Payment</b>
\$600,000	-\$60,210	= \$539,790 (50%)	= \$269,895

Expenses in the amount of \$600,000 in column 5, are not decreased by Treat and Refer revenue, therefore, those expenses move to the net expense “bucket” in column 7, are funded by the federal government at 50% and issued to the GEMT provider as GEMT payment shown in column 8.

## Additional Information and Resources

### Ground Emergency Medical Transportation Program

Please link to the [GEMT webpage](#) for additional information concerning the GEMT program.

### Treat and Refer Program

For additional information concerning the Treat and Refer program, please visit the [Ambulance Billing Guide](#).