
Ground Emergency Medical Transportation (GEMT) Coordinated Care Organization (CCO) Supplemental Payment Program

Medicaid Programs Unit



Welcome and Introductions

OHA Staff:

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GEMT Providers

Today's Agenda

- 2023 payment processing, wrap-up
- 2024 steps, including:
 - Steps, timeline
 - Checklist
 - Agreements
 - Rates
- GEMT CCO program's quality metrics
- Discuss quality measure and tools, opportunities for collaboration, engagement, program improvements
- Discuss next steps, future topics, program resources

Reminders: annual process, etc.

An annual § 438.6(c) Preprint submission to, and approval by CMS, is required for each calendar year.

GEMT program policy staff team relies on work of many other OHA units to pull together components of the GEMT programs operations, such as:

- Office of Contracts and Procurement
- Office of Financial Services, Payment Unit
- Office of Financial Services, Receipting Unit
- MMIS Business Systems work group
- Gainwell
- Health Analytics
- Public Health

GEMT CCO Supplemental Payment Program: Preprints

- Preprint must be submitted to Centers of Medicare and Medicaid Services (CMS) **each year**. Program approved or not for the effective dates as determined by CMS.
- Preprint 2023: activity wrapping up
- Status: **Activity occurring now** for second half of the calendar year
- Preprint 2024: activity getting started
 - Status: **CMS approved**, proceeding with program next steps

Timelines, Steps in program process

Coordinated Care Organization (CCO)

Calendar Year (CY) 2024 Timeline

CY 2024 (January 1, 2024 – December 31, 2024)

Supplemental Payment (Qualified Directed, Service-Based Payments)

- **Following if CMS approval is received by OHA (must be received on annual basis):**
 - OHA sends notification to interested providers
 - OHA distributes eligibility qualification questions to interested GEMT Providers
- Responses by interested GEMT Providers Due to OHA regarding qualification eligibility Qs
- OHA Desk Review Period to verify qualifications, eligibility

Timelines, Steps in program process

Coordinated Care Organization (CCO)

Calendar Year (CY) 2024 Timeline

CY 2024 (January 1, 2024 – December 31, 2024)

Supplemental Payment (Qualified Directed, Service-Based Payments)

- OHA distributes questions to eligible GEMT Providers for initiating agreements with OHA
- Responses by eligible GEMT Providers Due to OHA regarding questions for 2024 agreements
- OHA Desk Time to send agreement Office of Contracts & Procurement, requests.
 - OHA issues 2024 finalized initial rates, amounts of non-federal portion ‘match’ and administrative fees due by GEMT Providers

Timelines, Steps in program process

- OHA issues 2024 Intergovernmental Transfer agreements (IGT/ITA) to GEMT CCO Providers, to agree to allow for funds transfer (non-federal portion ‘match’ and administrative fee); Provider deciding to participate sends back signed completed documents, Due to OHA by 30-60 days (60 maximum after date received)
- Attestation completed [form](#) (at least one) Due to OHA of [GEMT Provider agreement with CCO](#)
- Provider Funds Due to OHA Receipting by 60 days (60 maximum after date received)
- Payment processing onto financial Service-based payment (SBP) cycles, next month reporting
- OHA Desk Review, determine rate adjustments to reach Total approved for program CY, Preprint related development with input from GEMT Providers, response to OHA by Sept. 1

Reporting

Payment Reporting (Qualified Directed, Service-Based Payments)

Following if GEMT Provider non-federal and administrative fee amounts received by OHA:

Monthly Reporting

OHA issues a Payment Report in the month following non-federal funds remitted, received and receipted for getting processed with applicable federal funds, for total supplemental payment for Qualified direct payments (QDP) with CCOs to GEMT Providers.

Note: Total supplemental payment unable to process without non-federal amount remitted

Reporting

Reconciliation Reporting

September 30, 2024 – December 31, 2024

OHA Desk Review Period following §438.6(c) Preprint submission, CY 2024 program interest

January 1, 2025 – April 30, 2025

OHA issues a Final Detail Payment Report (combines all payment report info.) from CY 2025

Important items, resources, notes

- **GEMT CCO Supplemental (QDP/SBP) payments will not be able to generate unless all requirements are met; Please see Oregon administrative rule (OAR) [410-136-3371](#) and [Checklist](#) created for GEMT Providers.**
- **“Participating provider” with a CCO as defined in [410-141-3500\(57\)](#)**
- **Information for participating as a registered contributor to the Cardiac Arrest Registry to Enhance Survival (CARES) program can be found at: <https://mycares.net/>**

More information regarding program, resources, guides, attestation form etc. can all be found and more at: [GEMT Webpage](#) (scroll down page to GEMT CCO program section)

**GEMT Provider (non-federal and administrative fee) amounts are remitted to OHA:
OFS Receipting Unit**

- Daniel Spurrier, DHS/OHA OFS Receipting Unit
- Instructions from OHA Office of Financial Services Receipting Unit:

If it is a payment for this GEMT-CCO program, please indicate:

“CB Number 154 - LEVERAGE GEMT PRE-PAYMENT” with the payment when remitted specifically for the new GEMT CCO program

Agreements

- GEMT provider agreements (Intergovernmental Transfer agreements)
- GEMT agreements with CCOs, attestations of to OHA
 - GEMT Providers must be a “participating provider” as defined in OAR 410-141-3500, and must be contracted with a CCO. A contractual relationship with a CCO is needed effective during dates CMS approves and is a federal requirement for program participation. GEMT CCO Supplemental Payment Program participating providers will be required to provide attestation of the contract to OHA.
 - The minimum requirements for the contract and related information is available in the fact sheet as well:
<https://www.oregon.gov/oha/HSD/OHP/Tools/GEMT-CCO-Contracts-Fact-Sheet.pdf>

GEMT CCO Supplemental Payment Program: Rates

Rates development for program calendar year 2024:

- **The initial rates developed by procedure code for January 1, 2024 – June 30, 2024**

2024 Rate Summary (1/1/24-6/30/24)	Amount
A0427 (ALS)	\$842.00
A0429 (BLS)	\$888.00

2024 Rate second half of CY Summary (7/1/24-12/31/24)	
A0427	To be determined
A0429	To be determined

GEMT CCO Program Quality Metric

CARES registry enrollment data

CARES Registry: Cardiac Arrest *Registry* to Enhance Survival

- Provider participation in the CARES registry is being reported to CMS.
- Participation in CARES registry being tracked, however is **not** currently required to participate in the supplemental payment program.
- CCOs receive an annual report on which providers are participating. QHOC now receiving this information and staff presented to QHOC about this in November 2023, July 2024 and moving forward will continue to enhance the connection to QHOC for metric related to this program.
- Increased reporting and awareness is intended to strengthen the partnerships and coordination of care between CCOs and providers resulting in better quality care for members.

GEMT CCO Quality Metric:

CARES Registry: Cardiac Arrest *Registry* to Enhance Survival

- CY 2021-2023 Metric: CARES registry enrollment data
- Aiming to increase annually by 5%

CCO Quality metric: Quality Strategy Goals and Objectives

- CARES registry included in Oregon Quality Strategy
- Quality and Health Outcomes Committee's (QHOC)

Quality and Health Outcomes Committee's (QHOC)

- CARES registry included in Oregon Quality Strategy
- QHOC regularly convenes clinical leadership from the state's coordinated care organizations (CCOs) to coordinate and lead quality improvement efforts supporting implementation of innovative health care practices.
- The QHOC collaboratives provide peer-to-peer learning experiences, subject matter expert education, and quality improvement strategies.
 - [Charter](#)
 - [Membership roster](#) (updated April 2024)

GEMT CCO Quality Metric

GEMT Providers and CCOs, QHOC members

- Seeking to achieve in 2024
 - awareness with GEMT Providers and QHOC members, Medical Directors in particular
 - opportunities for engagement and education in benefits and uses of CARES data together for advancement of the goals and objectives. To increase opportunities for potential uses of tools and data as participate; and increase understanding of impacts

GEMT CCO Program Operations, Improvements, Ideas

- Quality Metric with GEMT Providers, increase participation and collaboration, use with CARES registry and related metric with CCOs, QHOC
- More program staff needed to increase timely processing, reporting needs, technical assistance etc. within operations
- System automation, current manual workaround
 - Glossary of program common terms
 - Onboarding, more robust, structure

Resources

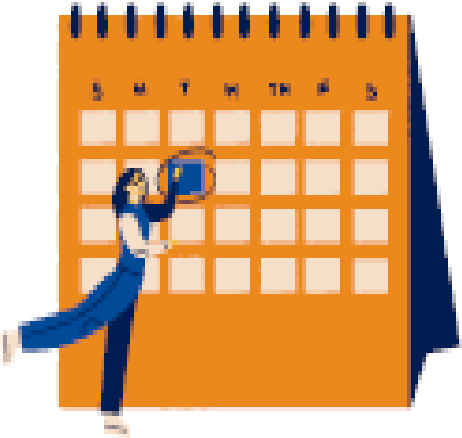
GEMT Supplemental Payment Program OHA Website:
<https://www.oregon.gov/oha/HSD/OHP/Pages/policy-ground-emergency-transportation.aspx>

- [Fact Sheet](#)
- [Contacts list for contracts](#)
- [Frequently Asked Questions \(FAQ\)](#)
- [Checklist for Provider's participating](#)

Oregon Administrative Rule (OAR) [410-136-3371](#)

GEMT Supplemental Payment Program OHA email
address: GEMT.Program@dhsoha.state.or.us

The next GEMT CCO Program meeting is
being scheduled for
September 12, 2024, from 11a.m.-12:00 noon



Topic focus will be on:

***GEMT CCO Payment program CY 2025**

*More about Quality measurement,

***GEMT CCO Payment program CY 2024 activity**

*More about 2024 program operations, ways for
engagement, *Next steps with due dates, rates and
non-federal amounts

*Intergovernmental Transfer Agreements
(participation, orientation, checklist)

Thank You!

Health
Oregon
Authority