



Ground Emergency Medical Transportation (GEMT) Programs Updates and Training – Questions and Answers

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GEMT.Program@odhsoha.oregon.gov

GEMT Coordinated Care Organization (CCO) program

Brian Carrara:

Can anyone help with Trillium? I cannot get them to respond to emails.

Jenna Kurzyniec:

Our agency is having the same issue with Trillium. We have also tried to call several times as well. No luck.

Michelle Meuwissen:

Trillium participation is voluntary in accordance with HB4030 passed in 2016. However, I can help though to see if I'm able to gather and provide an alternative contact at Trillium. Also, important to note that the agreement with CCO is also a matter between GEMT provider and CCO, again the program is voluntary for both.

I will follow-up to everyone on the CY2023 GEMT CCO program, for any additional contacts at Trillium I can help with to gather and share.

Follow-up:

Please note the CCO's Innovator agent for Trillium if could be a good resource:

Senna.L.Towner@oha.oregon.gov.

General CCO Contact info.

mervices@trilliumchp.com

Provider Contact

Provider Network Management

NewProviderRequestBox@centene.com

Southwest region

Customer Service

1-877-600-5472
CAC Contact
Kayla Watford
Kayla.WATFORD@lanecountyor.gov

Tri-county region
Customer Service
541-485-2155
CAC Contact
Kendra Pennington
Kendra.Pennington@TrilliumCHP.com

Sharing some additional contacts at Trillium Coordinated Care Organization above; however, I will keep trying to find out any additional better contacts for GEMT as well.

Cam Marlowe:

Our emergency services department is owned by a district hospital. How can I find out if we have applied for and received all available GEMT funding (i.e., federal vs non-federal funds, regular Medicaid vs. CCO's, all applicable CPT codes, etc...) in the past five years and if we are positioned to apply for and receive all available funding this year?

Additionally, if we find out that we could have but did not prepare the necessary information for GEMT funding in past years, is there a way to retroactively apply for the funding?

Michelle Meuwissen:

Confirming cannot retroactively apply for any past program year. Only applicable for the current program year, if verification is completed and approved with our program staff by deadline we have within program operations. So, if you weren't already participating in that prior calendar year then cannot go back in order to obtain any of the program's funds for a prior year.

GEMT Fee For Service (FFS) program

Kristin K. Chaffee:

On Treatment in Place - is that going to be for BASE payments, but not supplemental payments?

Michelle Meuwissen:

Not the supplemental payments.

Carmen Armendariz:

The treat in place is not part of the GEMT supplemental payment program.

It will only be the Medicaid payment for your claim that you submit to MMIS, and no other payments will be made for that procedure code A0998.

Nicole (Guest):

What is the FFS Program timeline for contracting? How do we verify if we have applied for FFS?

Carmen Armendariz:

If your agency hasn't received reports for state fiscal year 2022, which was back in July, that means you're not participating in state fiscal year 2022. But tomorrow is the deadline to submit your intent to participate for SFY 2023.

Send me an email from your organization to let me know that you intend to participate in state fiscal year 2023 for the GEMT fee for service program. And I'll go ahead and send you the questionnaire that you need to fill out.

Blake Jamison:

Just something to be very cautious of: the elimination of the FFS cost report prevents the program from reimbursing GEMT Providers up to their actual individual cost, which was a significant factor behind the passing of HB4030. It's important to ensure that Providers are being reimbursed up to their specific actual cost of providing GEMT services.

Carmen Armendariz:

HB4030 (2016) states the Medicaid supplemental reimbursement shall be added to the payment for the emergency medical services established by the authority in accordance with ORS 414.065. HB4030 (2016) also states the Authority shall modify the method for calculating or paying the Medicaid supplemental reimbursement if modification is necessary to ensure that emergency medical services expenditures qualify for federal financial participation.