

Oregon Health Plan Ground Emergency Medical Transportation (GEMT) Coordinated Care Organization (CCO) Private Provider Supplemental Payment Program

The program makes supplemental payments to eligible privately owned GEMT providers who provide qualifying emergency medical transportation services to Oregon Health Plan members enrolled in a coordinated care organization (CCO). Privately owned GEMT providers do not qualify for, or participate in, the public provider program. Under the program, Oregon Health Authority (OHA) sets and collects a quality assurance fee from GEMT private providers. OHA uses these fees to pay the supplemental payment.

[House Bill 2910 \(2021\)](#) established this program. The Centers for Medicare & Medicaid Services (CMS) authorized the program through a 42 CFR §438.6(c) preprint effective Jan. 1, 2024, through Dec. 31, 2024. CMS requires annual Preprint submission and approval for each subsequent calendar year. Subsequently, the program was approved and made effective for the 2024 and 2025 calendar years.

Program contracts

To participate in the GEMT CCO Private Supplemental Payment Program, GEMT providers must be a “participating provider” as defined in Oregon Administrative Rule (OAR) [410-141-3500](#), and be contracted with a CCO. The contract with the CCO must be effective during dates CMS approves; this is a federal requirement for program participation. GEMT providers must provide attestation of the contract to OHA.

The minimum requirements for the contract include:

- Confirmation that the GEMT provider will deliver Medicaid covered services to CCO members
- Effective dates January 1, through December 31, in the year that the program was approved

- The supplemental payments are based on the services provided to CCO members.
- This contract is not intended to set specific rates for GEMT services or supplemental payments. OHA staff will communicate program's supplemental payments with providers.
- Basic CCO requirements to passthrough the payments as described in each CCO's contract with OHA. Please see Exhibit C within the CCO contract regarding Qualified Direct Payments (QDPs).

Program supplemental payment

The supplemental payments are based on the utilization and delivery of services for CCO enrollees covered under contract in accordance with 42 CFR §438.6(c)(2)(ii)(A). The supplemental payments for the GEMT CCO supplemental payment program will be a uniform dollar amount, the same amount for each service. Uniform supplemental payment will be based on services to CCO members, through use of the following approved Medicaid Management Information System (MMIS) procedure codes:

CODES	TITLE OF CODE
A0427	Advanced Life Support, Emergency, Level 1
A0429	Basic Life Support, Emergency

*Please note that one claim, per CCO member, per day will initiate the program's supplemental payment.

Based on the submitted encounter data, OHA will make supplemental payments to CCOs, who then pay eligible GEMT providers the supplemental payments.