



Fairbanks North Star Borough


Emergency Operations


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MEMORANDUM

To: The Fairbanks North Star Borough Assembly

Thru: Karl Kassel, Borough Mayor 

Thru: David Gibbs, Emergency Operations Director 

Date: March 23, 2017

Subject: Resolution 2017- 08
***A RESOLUTION IN SUPPORT OF LEGISLATION TO FACILITATE
IMPLEMENTATION OF AN ALASKA GROUND EMERGENCY MEDICAL
TRANSPORT (GEMT) SUPPLEMENTAL REIMBURSEMENT PROGRAM***

Emergency Medical Service (EMS) providers throughout Alaska are seeking for their communities to be able to participate in a supplemental Ground Emergency Medical Transportation (GEMT) program. This voluntary Certified Public Expenditure (CPE) based program provides supplemental funding to public agencies that provide GEMT services to Medicaid beneficiaries. EMS providers, working with the Alaska Fire Chiefs Association, are seeking legislation to implement the GEMT Program in Alaska.

GEMT is not related to Medicaid expansion and is not part of the Affordable Care Act. GEMT can cover up to twenty percent of a provider's cost for administrative fees. This legislation would not add burden to the local taxpayer.

The Fairbanks North Star Borough provides non-areawide emergency medical services funded through a combination of service fees and a tax levy. The cost of providing the service is split evenly between these two revenue sources. When a Medicaid-eligible patient is transported to the hospital, only a fraction of the cost is reimbursed by Medicaid. The GEMT Supplementary Reimbursement Program is a way to recover some of the uncompensated costs above what Medicaid covers.

The FNSB charges \$1,000 per ambulance transport, plus mileage charges, however, the average Medicaid reimbursement is only \$455 per patient. During CY 2016, approximately thirty percent of the patients transported by borough EMS providers were Medicaid beneficiaries; accruing more than \$430,000 in uncompensated costs. These uncompensated costs could be recoverable under the GEMT program.

Implementation of the GEMT program involves amending the Alaska Medicaid State Plan¹ to include GEMT reimbursement. Hospitals and other health care facilities have been accessing supplemental reimbursements for years and ten other states are successfully utilizing or have pending legislation to participate in the GEMT program for ambulance transportation.

I respectfully urge you to support legislation to facilitate implementation of an Alaska GEMT Supplemental Reimbursement Program.

¹ <http://div55.alaska.gov/Commissioner/Pages/MedicaidStatePlan/default.aspx>

By: Karl Kassel, Mayor
Introduced: March 23, 2017

FAIRBANKS NORTH STAR BOROUGH

RESOLUTION NO. 2017 - 08

A RESOLUTION IN SUPPORT OF LEGISLATION TO FACILITATE
IMPLEMENTATION OF AN ALASKA GROUND EMERGENCY MEDICAL
TRANSPORT (GEMT) SUPPLEMENTAL REIMBURSEMENT PROGRAM

WHEREAS, The Fairbanks North Star Borough provides emergency medical services to citizens and visitors in Interior Alaska; and

WHEREAS, The Fairbanks North Star Borough receives partial reimbursement for the cost of providing emergency medical services to Medicaid beneficiaries; and

WHEREAS, The Fairbanks North Star Borough emergency medical service system incurs additional uncompensated costs when providing services to Medicaid beneficiaries; and

WHEREAS, Federal Centers for Medicare and Medicaid Services provide supplementary reimbursement of uncompensated costs incurred by emergency medical service providers in the treatment and transportation of Medicaid beneficiaries in states participating in the Ground Emergency Medical Transportation program; and

WHEREAS, Federal Centers for Medicare and Medicaid Services provide reimbursement for the administrative costs associated with administration of the Ground Emergency Medical Transportation program; and

AMENDMENTS ARE SHOWN IN LEGISLATIVE FORMAT
Text to be added is underlined
Text to be deleted is [BRACKETED, CAPITALIZED]

32 WHEREAS, The Ground Emergency Medical Transportation program is not part
33 of any Medicaid expansion effort and is not associated with the Affordable Care Act;
34 and

35
36 WHEREAS, Enacting Ground Emergency Medical Transportation legislation is
37 the first step in facilitating implementation of the Ground Emergency Medical
38 Transportation program in Alaska.

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40 NOW, THEREFORE, BE IT RESOLVED that the Assembly of the
41 Fairbanks North Star Borough supports legislation facilitating implementation of the
42 Ground Emergency Medical Transportation program to Alaska.

43
44 PASSED AND APPROVED THIS __ DAY OF _____, 2017.

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Kathryn Dodge
Presiding Officer

51 ATTEST:

APPROVED:

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Nanci Ashford-Bingham, MMC
Borough Clerk

Jill S. Dolan
Borough Attorney

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AMENDMENTS ARE SHOWN IN LEGISLATIVE FORMAT
Text to be added is underlined
Text to be deleted is [BRACKETED, CAPITALIZED]

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GEMT 101

by Chief John Paul Jones, President, Missouri Valley Division

There are states within the Missouri Valley Division that are building a coalition of stakeholders within each individual state to support state specific legislation which permits public agencies providing emergency medical services (EMS) the ability to receive supplemental reimbursement for valuable services currently being performed.

This information is being provided to assist administrators of public agencies within states that are in the Missouri Valley Division of the IAFC that provide emergency medical transport, pre-stabilization, or preparation for transport. This document also represents basic information for stakeholder groups for discussion with local officials.

GROUND EMERGENCY MEDICAL TRANSPORT SUPPLEMENTAL REIMBURSEMENT (GEMT)

GEMT legislation would allow public agencies who are obligated by law to provide EMS to receive supplemental reimbursement from the Federal Government for valuable services currently being performed but not paid for.

- This initiative is NOT part of any Medicaid expansion effort
- This initiative is viewed as relief for public entities that provide for EMS Transport

GEMT is NOT associated with the Affordable Care Act

The Federal Government is required to provide assistance in the form of Medicaid reimbursement for qualified individuals that meet certain criteria. Each state that adopts a reimbursement program is "entitled" to receive federal funds to assist that state with providing this healthcare coverage.

GEMT is not new, currently, Washington, California, Texas, Indiana, North Carolina, Massachusetts, and Louisiana use some form of these programs to draw down Federal dollars to help offset the cost of providing ground emergency medical transport services.

THE GROUND EMERGENCY MEDICAL TRANSPORT SUPPLEMENTAL REIMBURSEMENT PROGRAM:

- Draws down Federal dollars to help offset the cost of providing emergency ambulance and transport for qualifying Medicaid patients
- Two primary mechanisms for drawing down money are CPE's and IGT's

The governmental agency that operates the EMS services are allowed to participate in the recovery of costs associated with providing medical services which includes transportation of Medicaid beneficiaries when the state Medicaid program does not cover the full cost of the service. The two most common ways that this occurs are through Certified Public Expenditure "CPE" and Inter-Governmental Transfers "IGT"

- CPE's are Certified Public Expenditures for use in "Fee for Service" (FFS). Cost-sharing program approximately 50/50 split of the uncompensated cost of the service. An entitlement program that is mandatory (is not subject to federal appropriations).
- IGT's are Inter Governmental Transfers. Cost-sharing program approximately 50/50 split of the total cost of the service. An entitlement program that is mandatory (is not subject to federal appropriations). There are many programs within


states that use these methods to draw down federal money for the same objective as GEMT. The most common are public health programs and schools.

GEMT as applied...

Example. Let's say you have an annual volume of 9,000 total ambulance transports per year by your governmental EMS entity or Fire Department. With a qualifying Medicaid percentage of 20 percent, that would be 1,800 qualifying transports annually.

If the reimbursement rate is \$180, and the calculated cost of services is \$1,180, we subtract the \$180 from the

(continued on page 2)



Iowa Professional Fire Chiefs Conference
October 13-15 - Ames, IA

Nebraska State Fire Chiefs Conference
October 15-17 - Nebraska City, NE

Colorado Fire Leadership Challenge
October 21-23 - Keystone, CO

Kansas State Association of Fire Chiefs Conference
October 23-25 - Lawrence, KS

South Dakota Fire Chiefs Conference
December 4-6 - Aberdeen, SD

Missouri Association of Fire Chiefs Conference
February 25-26 - Big Cedar Lodge

North Dakota Fire Chiefs Conference -
February 16

Missouri Valley Division News

by Chief Jerry Rhodes, International Director

There is a lot going on in our Division. We are experiencing a late wildfire season after many of us have sent resources to the west coast most of the summer. Keep your personnel vigilant and safe, we have had a lot of injuries and LODD related to this wildfire season.

Colorado and Washington State have been getting a lot of questions about marijuana and emergency responders. Here are a couple of thoughts. The THIC level in today's marijuana and edibles is much higher than similar products in the 70s. A little goes a long way. It may be legal in Colorado and Washington, but if your employment contract says no THIC in your system, no means NO! If you respond to an incident with heavy marijuana smoke in the environment, document it like another exposure.

The Missouri Valley Division has experienced more active shooters/active threats incidents than the other divisions. We just did an IAFC e-learning webinar on Active Shooter/Active Threat Response Preparation and Training. Have your Training Officer check it out.

<https://iafc.events.webex.com/cc3000/eventcenter/recording/recordAction>

Our Division is very active on the Fire/Med side of the house. Contact MVD President John Paul Jones jpjones@kckfd.org for more information on funding and Deputy Chief Norris Croom (ncroom@cr.gov) on Community Paramedicine. I have sent my IAFC Board Meeting/FRI Report to your State Director. This report contains the ACA Task Force Report and a ton of

additional information.

The MVD Luncheon at FRI was very well attended. President John Paul Jones got us through a number of speakers while promoting our Division networking. It was good to be with all of you. Our thanks to Division Secretary Chief Jack Taylor, our Logistics Section Chief and Food Unit Leader. Very proud of our Division.

The Missouri Valley Division on your behalf honored outgoing IAFC President Chief Keith Bryant by purchasing a brick for the NFFF Walk of Honor in Emmitsburg, MD. He was very touched. It will be placed in the IAFC section south of the main monument. Take a look at your gift the next time you are at the fire academy. 📷

GEMT 101 (continued from page 1)

\$1,180 which leaves an uncompensated cost of \$1000 which is the amount that the provider cost shares at 50/50 with the Feds. Next, we multiply the \$500 by the 1800 qualifying patient transports and we would be eligible to receive \$900,000 in new revenue. This is RELIEF!

CPE/IGT all-inclusive costs can range from \$1,000 - \$2,000 per transport. Under federal guidelines the cost of providing the transport includes all the associated costs with providing the service. This includes both direct and indirect costs. As a result, the actual cost of transport can be significantly higher than the reimbursable rate.

These amounts can be adjusted to your actual numbers to give a more realistic representation of the money you would receive.

- Every state participates in CPE or IGT programs
- The programs have existed for more than 30 years

As stated, every state participates in these types of programs. Most of these programs have been running for more than 30 years.

To move forward:

- Create enabling legislation to facilitate a State Plan Amendment (SPA)
- SPA creates the program that establishes the "rules" for participation

The biggest issue with developing these types of programs is getting the enabling legislation to create a State Plan Amendment or SPA. If the legislation does not specify certain things, you cannot include them in the SPA. The state will draft the SPA language and insure that it meets state regulations but they will only include what you want to include. The SPA process is very labor intensive and establishes all of the rules for what can be included in the state GEMT program. They do not have the background to know what is all-inclusive in your delivery system.

- Providers must develop the SPA, the state will ensure it meets state regulations
- The state will present the SPA to CMS for Federal approval
- The state and Feds will only approve what is asked for (if you don't ask, you will not receive).

The state will then submit the SPA for approval to CMS. Once CMS has approved the program providers can begin to submit their reports for reimbursement.

- It may in fact be possible that all costs associated with the development of the program are applied to the cost of service
- Participation is always voluntary

Note: There is potential for "FIRST RESPONDER FEE REIMBURSEMENT"

More information on this very real potential for first responder reimbursement will follow in future correspondence depending on future developments concerning these reimbursement opportunities.

Standby more information to come...

If you have any questions or comments please feel free to contact me. 📷

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