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OPPORTUNITY Just knock.

Rural EMS Billing & Coding Webinar 3:
"Oregon GEMT (for government and private agencies)"

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August 20, 2026

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OREGON OFFICE OF RURAL HEALTH, RURAL EMS

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The Oregon Office of Rural Health's vision is to serve as a state leader in providing resources, developing innovative strategies and cultivating collaborative partnerships to support Oregon rural communities in achieving optimal health and well-being.

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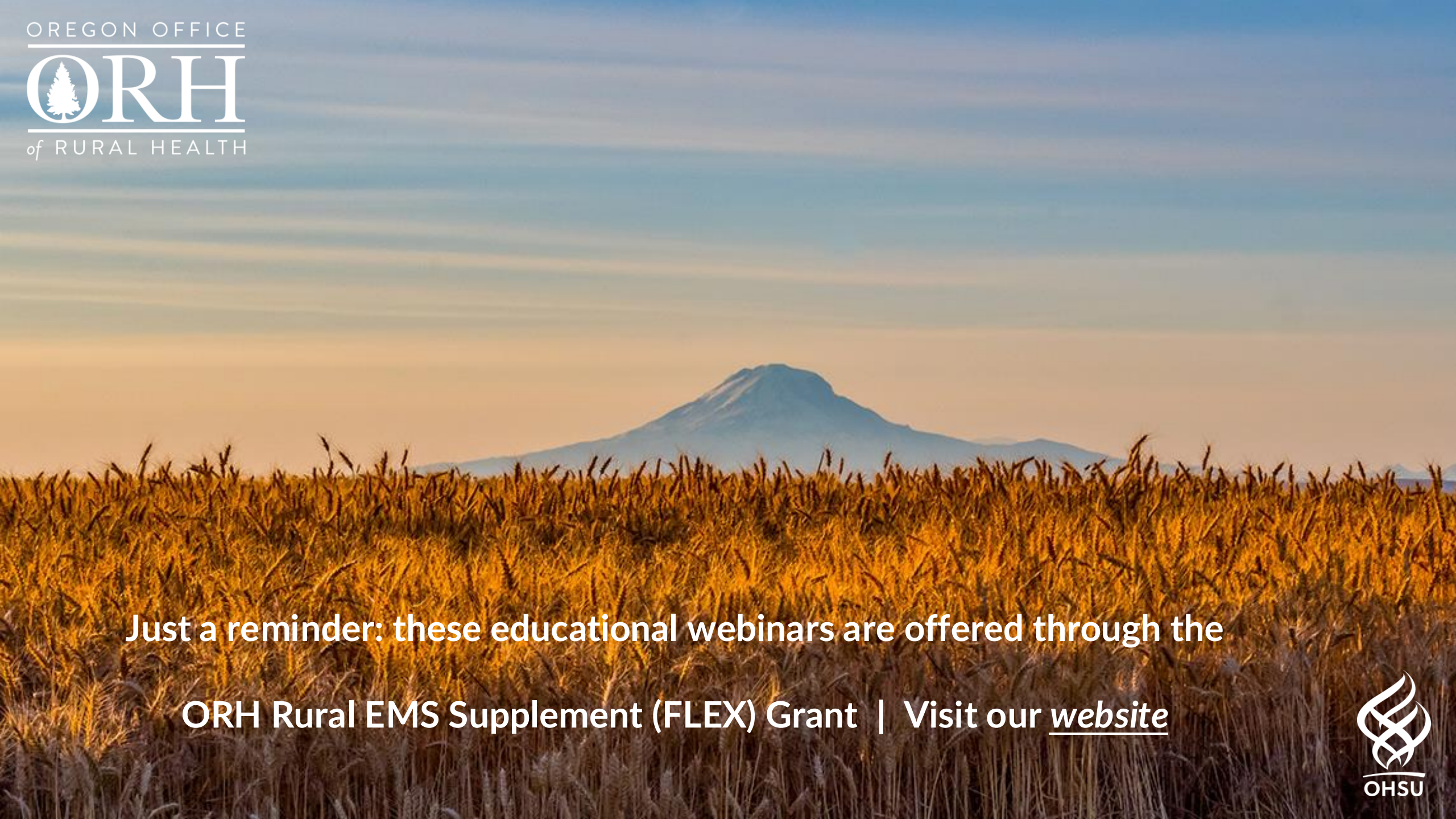
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WHAT OREGON AMBULANCE PROVIDERS
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WHAT OREGON AMBULANCE PROVIDERS
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Alphabet Soup!

- **GEMT:** Ground Emergency Medical Transport
- **CCO:** Coordinated Care Organization
- **FFS:** Fee for Service (Traditional Medicaid)
- **FMAP:** Federal Medical Assistance Percentage
- **QAF:** Quality Assurance Fee
- **CMS:** Centers for Medicare and Medicaid Services
- **OHP:** Oregon Health Plan
- **OHA:** Oregon Health Authority
- **AFS:** Ambulance Fee Schedule

The Fundamental EMS Financing Problem

COST ≠ CHARGE ≠ PAYMENT

Audience Poll #1

How important is GEMT revenue to your organization's financial sustainability?

A. Not currently participating

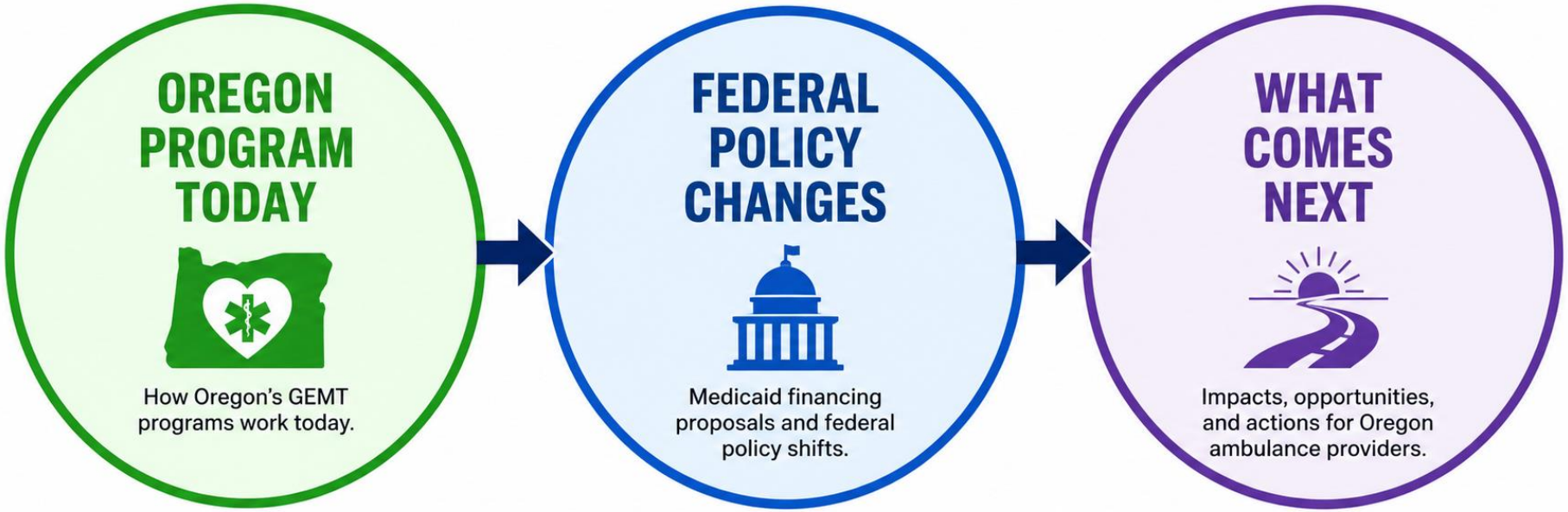
B. Helpful, but not critical

C. Very important

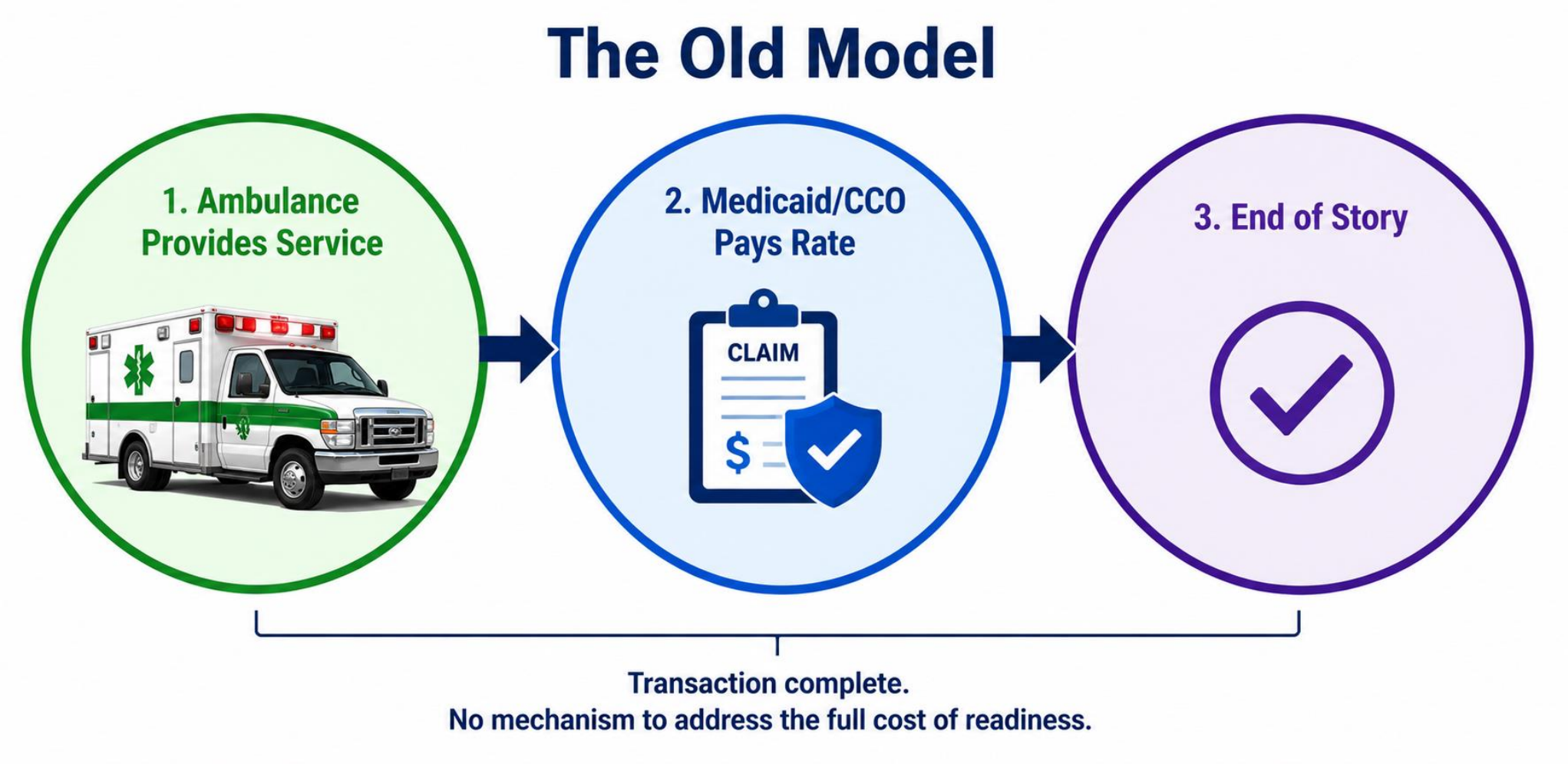
D. Critical to maintaining current service levels

E. I have no idea, which is why I'm here

Today's GEMT Conversation Is Really Three Conversations



GEMT in plain English



GEMT: The Basic Idea

Base Medicaid Payment + Supplemental Payment

= Enhanced Medicaid Reimbursement

Types of GEMT Programs

- **Certified Public Expenditure (CPE)**
  - Public providers only
  - Agencies certify 'public funds' expended for providing a Medicaid covered ambulance service
    - No direct transfer of funds
  - More prevalent in states with high Medicaid FFS vs. Managed Medicaid
    - A.K.A.: PEMT, ASPP, GEMT

Types of GEMT Programs

- **Intergovernmental Transfer (IGT):**
  - Public providers
  - City/County transfers $ to the state to cover the State share of the FMAP
  - Federal match draw down + $ paid to providers as a supplemental Medicaid payment
  - More prevalent in states with high Managed Medicaid vs. FFS
  - May be tied to ***State Directed Payments*** (SDPs) and used to support Managed Medicaid transports

Types of GEMT Programs

- **Provider Assessment/QAF (Tax):**
  - Public and private providers
  - Funds the 'State's share' of the FMAP through a payment from participating providers
  - Supplemental payments are proportional to their Medicaid transport volume
    - No guarantee that a provider would get back more $ than they contributed

Structure Nuances

- All programs require a Medicaid State Plan Amendment (SPA) approved by CMS
- CPE and IGT require cost reporting to the state
  - Portion of GEMT funding based on agency costs
- Some recent CMS approved SPAs tie GEMT less to cost and include calculation based on Average Commercial Reimbursement (ACR)

Where Does the Money Come From?

Medicaid is jointly financed by federal and non-federal dollars.

Federal share

Federal Medicaid matching funds (FMAP)

+

Non-federal share

State, local, or other source that is not paid by the federal government

=

Total Medicaid expenditure

Federal share
+ Non-federal share
= Medicaid dollars available to pay for services

Common Sources of the Non-Federal Share

State General Funds
Direct state appropriations from general revenue.

Local Government Funds
County, city, or special district contributions.

Provider Assessments / QAF
Fees or assessments on providers used to generate federal matching dollars.

Intergovernmental Transfers (IGTs)
Transfers between governmental entities.

Other Allowable Sources
Tobacco settlements, regional funds, grants, or other state-approved funding sources.

The federal share is determined by the Federal Medical Assistance Percentage (FMAP).
The non-federal share must be real, verifiable, and allowable under federal rules.

FFS vs. Managed Care

Fee-for-Service

State Medicaid agency → Provider

Managed Care

State → CCO → Provider

Oregon GEMT

Public Provider Program

HB 4030 (2016)

Governmental/tribal providers

Public financing structure

FFS + CCO mechanisms

Private Provider Program

HB 2910 (2021)

Eligible private providers

Quality Assurance Fee

FFS + CCO mechanisms

https://www.oregon.gov/oha/hsd/ohp/pages/policy-ground-emergency-transportation.aspx

Oregon Public Provider GEMT

- Oregon-licensed provider
- OHP enrollment
- Medicaid GEMT services
- Governmental/public provider eligibility
- Cost reporting
- Supplemental reimbursement
- FFS and CCO components

Oregon Private Provider GEMT

- **Separate mechanism for private ambulance providers who don't qualify for or participate in the public program**
  - OHA collects a quality assurance fee, which helps finance supplemental payments
  - CMS approved both the FFS and CCO portions

Why Oregon's CCO Component Matters

$23,069,255

Maximum 2026 Oregon CCO GEMT separate payment term governmental providers

Private Providers: The QAF Model

5% QAF

↓

Oregon EMS Fund

↓

Federal Medicaid Match

↓

OHA / CCO

↓

Supplemental Payment

Audience Poll #2

Which worries you most about GEMT?

A. Federal limits on supplemental payments

B. Oregon financing changes

C. Cost-reporting/audit exposure

D. CCO payment mechanics

E. Long-term sustainability of Medicaid ambulance reimbursement

HB 4156: Oregon Saw Something Coming?

83rd OREGON LEGISLATIVE ASSEMBLY--2026 Regular Session

Enrolled

House Bill 4156

Sponsored by Representatives SMITH G, GRAYBER, BREESE-IVERSON, Senator FREDERICK; Representatives CATE, MUNOZ, PHAM H, RIEKE SMITH, Senators BROADMAN, SOLLMAN (Presession filed.)

https://olis.oregonlegislature.gov/liz/2026R1/Measures/Overview/HB4156

What Did HB 4156 Actually Do?

- **Replaced statutory references to the "intergovernmental transfer program" with the broader term "funding mechanism"**
- **Permits *General Fund* dollars to 'certify' a program expenditure**

Why broaden the financing language now?

https://olis.oregonlegislature.gov/liz/2026R1/Measures/Overview/HB4156

Oregon Was ? Preparing for Federal Change

The official legislative analysis identifies one of the issues discussed during consideration of HB 4156 as:

> *"Potential future federal changes to intergovernmental transfers and the need to proactively update Oregon law."*

https://olis.oregonlegislature.gov/liz/2026R1/Measures/Overview/HB4156

Oregon Gave Itself More Financing Flexibility

OLD: IGT program

↓

NEW: "Funding mechanism"

OLD: General Fund effectively off limits

↓

NEW: General Fund may be used when necessary to certify qualifying expenditures

https://olis.oregonlegislature.gov/liz/2026R1/Measures/Overview/HB4156

Then Washington Entered the Chat

GEMT *suddenly becomes part of a much bigger Medicaid financing debate...*

CMS published the proposal on May 22, 2026

- **CMS's proposed rule would significantly change Medicaid payment limits for both:**
  - Medicaid managed-care state-directed payments, and
  - Certain targeted fee-for-service payments
- **For targeted FFS transportation payments, CMS explicitly names GEMT, air ambulance and NEMT provider**

Yes. CMS Specifically Said GEMT.

The Conceptual Change

TODAY

Actual/provider cost

↓

GEMT methodology

↓

Supplemental reimbursement

PROPOSED FUTURE CONSTRAINT

Actual/provider cost

↓

GEMT methodology

↓

FEDERAL PAYMENT LIMIT

↓

Supplemental reimbursement

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Note: CMS's proposed limits wouldn't take effect until January 1, 2029

Why a Medicare AFS Benchmark Is Problematic

Table X - Ground Ambulance Margins

Medicare Ground Ambulance Data Collection System (GADCS)

Created by PWW Advisory Group, December 2025

		Per Transport							
		Mean				Median			
Cohort 2 Years 1 - 4	N	Revenue	Cost	$ Shortfall	% Shortfall	Revenue	Cost	$ Shortfall	% Shortfall
All NPIs	9,599	$1,268	$2,763	-$1,495	-54.1%	$613	$1,355	-$742	-54.8%

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https://www.pwwag.com/resources/what-we-learned-year-1-4-cms-ambulance-cost-report

Oregon's public FFS GEMT program may have an escape hatch

- **CMS proposes an exception to the FFS Medicare limitation where Medicaid payments are:**

"Reconciled to the provider's actual, incurred costs."

Federal Proposal: Potential Oregon Impact

Oregon Payment	Current Structure	Potential Federal Issue
Public FFS GEMT	Actual-cost supplemental methodology	**Potential cost-reconciliation exception**
Public CCO GEMT	State-directed payment	Medicare-based SDP limit potentially applies
Private FFS GEMT	QAF-financed add-on	Requires closer analysis of whether payment is "targeted" and/or otherwise excepted
Private CCO GEMT	QAF-financed state-directed payment	Medicare-based SDP limitations potentially apply

Proposed rule -not final.
Final applicability will depend on CMS rulemaking and Oregon's specific approved methodologies and won't take effect until January 2029.

State	Total Medicaid Enrollees	Total Medicaid Enrollment in Any Type of Managed Care	% MCO
Oregon	1,340,084	1,198,880	89.5%

https://www.medicaid.gov/medicaid/managed-care/enrollment-report

Special Note:

Since Treatment in Place (TIP) is NOT a covered service, cost associated with TIP The costs associated with Treatment in place shall not be included in the total allowable costs and must not be counted as an allowable medical transport.

References:
https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=329965
https://www.law.cornell.edu/regulations/oregon/Or-Admin-Code-SS-410-136-3372
https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=303946

Audience Poll #3

If your GEMT reimbursement were limited to a Medicare-based benchmark, what would happen?

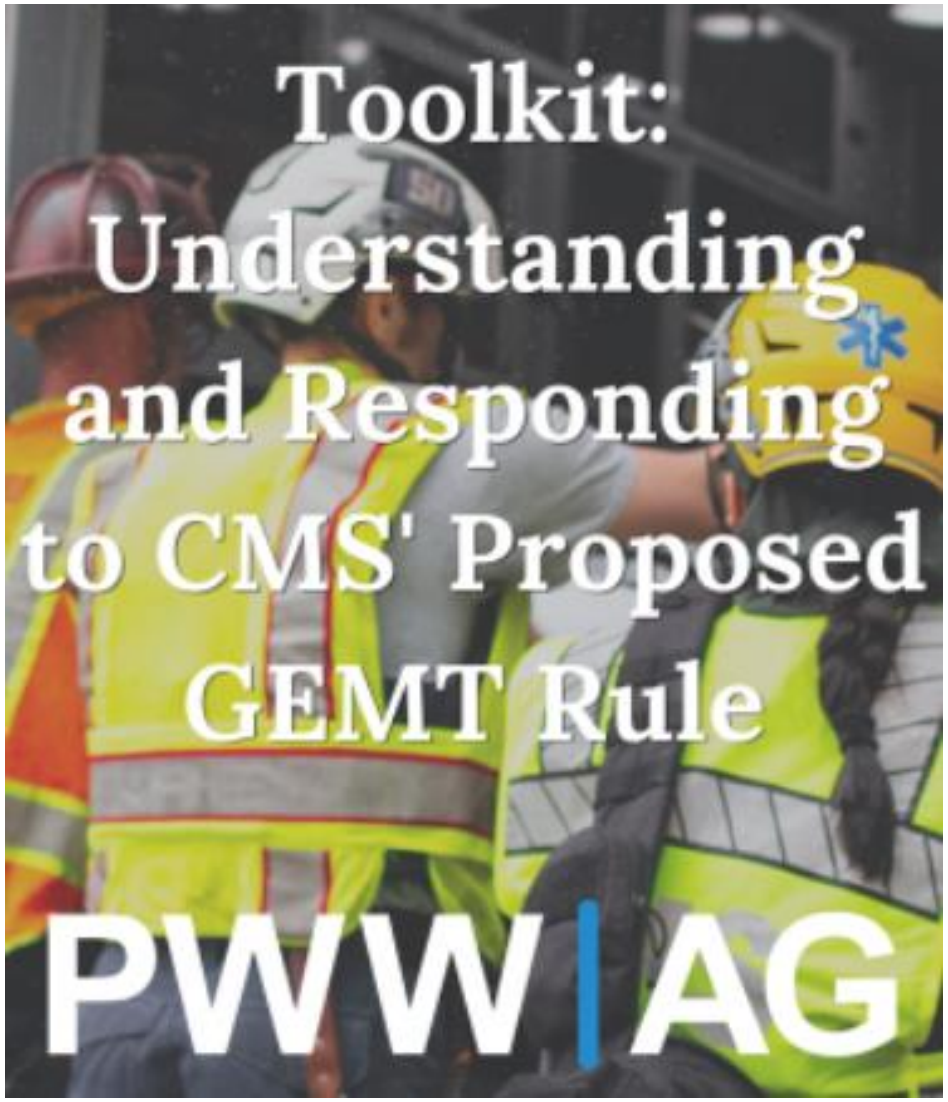
A. Little/no impact

B. Moderate revenue reduction

C. Significant revenue reduction

D. Service/staffing implications

E. We haven't modeled it



- Guide to Terms and Concepts
- Summary of State GEMT Program Descriptions and Potential CMS Proposed Rule Risk
- The CMS Proposed Rule with Highlights of Language Potentially Impacting GEMT Programs
- Talking Points: Explaining the Potential Local Impact of the CMS Proposed Rule
- Talking Points to Elected Officials: The Potential Local Impact of the CMS Proposed GEMT Rule
- Example Agency Letter to CMS on Proposed Rule
- Example State/National EMS Association Letter to CMS on Proposed Rule

https://www.pwwag.com/resources/pwwag-toolkit-understanding-and-responding-cms-proposed-gemt-rule

Medicaid Ambulance Supplemental Payment / Ground Emergency Medical Transport Programs

State-by-State GEMT Program Guide

State	Program Type	Eligible Agencies	Structure / Notes	Potential Impact CMS Proposal	Sources
OR	**Hybrid:** public-provider GEMT plus private-provider Quality Assurance Fee.	Public and Private	Public FFS GEMT: voluntary enhanced payments for qualifying GEMT services to OHP FFS members. CCO GEMT: CMS-approved directed payment to CCOs, passed through to eligible government-owned GEMT providers. Private GEMT: OHA collects a quality assurance fee and uses it to fund supplemental payments.	**Potentially Insignificant.** Oregon has provider-specific GEMT supplemental payments, including managed care directed payments and QAF-funded private-provider payments. A Medicare Ambulance Fee Schedule cap could reduce payment room if current add-on/supplemental amounts exceed Medicare-equivalent limits.	https://www.oregon.gov/oha/hsd/ohp/pages/policy-ground-emergency-transportation.aspx

What should Oregon providers be doing?

… Like NOW…

Run the Stress Test

1. Medicaid transports/year
2. Base Medicaid/CCO revenue
3. GEMT supplemental revenue
4. QAF/IGT/CPE contribution
5. Net GEMT benefit
6. Actual cost per Medicaid transport
7. Medicare-equivalent payment

Then calculate:

Current GEMT net benefit vs. reimbursement under a Medicare-limited scenario

Five Things Oregon Ambulance Providers Should Do Now

- **Know your numbers**
  - Don't treat GEMT as an 'unexplained check' from Medicaid
- **Understand your financing mechanism**
  - Know where the non-federal share comes from
- **Model federal policy changes**
  - Quantify the potential exposure before the rules change

Five Things Oregon Ambulance Providers Should Do Now

- **Strengthen cost documentation**
  - Cost data is increasingly becoming policy data.
- **Tell the right story**
  - This isn't primarily about preserving "supplemental payments." It's about financing EMS readiness and access!

The Question We Should Really Be Asking

What does it actually cost to assure that an ambulance - and the right clinical resources - are available when an Oregonian calls 911?

And how should Medicaid pay its fair share of that cost?

Audience Poll #4

After today, what's your first GEMT homework assignment?

A. Calculate net GEMT benefit

B. Model Medicare-based limits

C. Review cost-report methodology

D. Meet with finance/billing team

E. Engage OHA/association advocacy

F. All of the above

How Does an Oregon Ambulance Agency Become a GEMT Participant?

1. QUALIFY

Oregon-licensed GEMT provider

↓

2. ENROLL

Become an Oregon Health Plan Medicaid provider

↓

3. PICK YOUR PATH

PUBLIC/GOVERNMENTAL

Cost-based GEMT program

PRIVATE

QAF-financed GEMT program

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4. COMPLETE OHA GEMT REQUIREMENTS

Agreements + financing mechanism + reporting

↓

5. CCO CONTRACTING

Participate with applicable CCOs for managed-care GEMT

↓

6. DOCUMENT COSTS & UTILIZATION

Build the data necessary to support reimbursement

↓

7. REPORT / RECONCILE / RECEIVE SUPPLEMENTAL PAYMENTS


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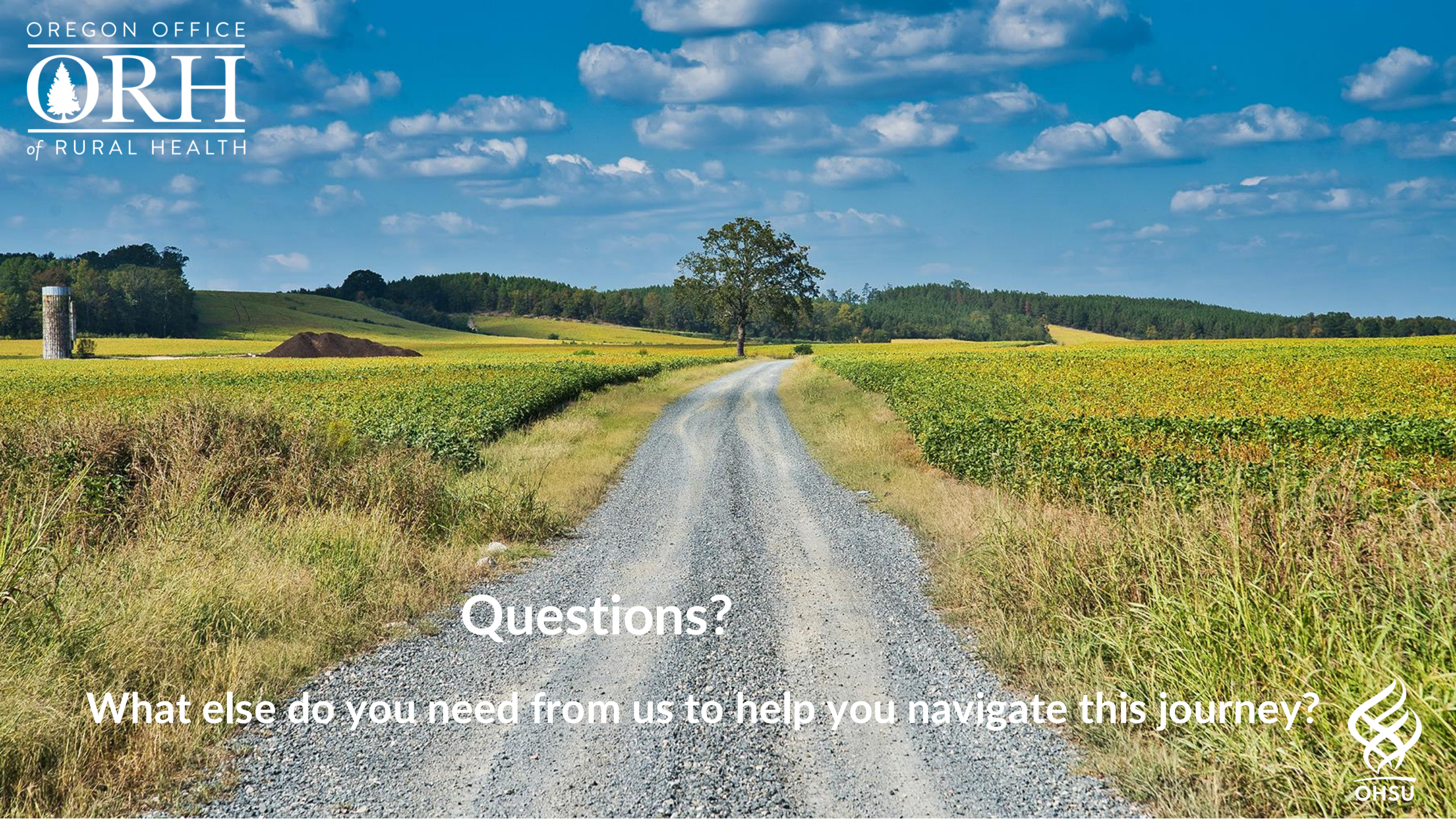
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What else do you need from us to help you navigate this journey?
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Links to **upcoming** webinars are in this **ORH News** release, *found here*

New Rural EMS Webinar: **Topic: The EMS Buprenorphine Roadmap and Rural EMS Agencies**
Oregon Public Health Institute and the Bridge Center | September 11 | 10:00 a.m.
(*Register here*)

Next ORH Community Conversation | September 17 | 12:00 p.m.
Topic: How CHWs at Rural Hospitals and Clinics Are Improving Health Outcomes
(*More information here*)

October 7-9, Bend, OR | 43rd Annual Oregon Rural Health Conference
(*More information here*)

Rural EMS Scholarship Program | Applications accepted on a rolling basis
(*More information here*)

Oregon Rural Health Excellence Award | Nomination application deadline August 31st (*More information here*)

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