

**TITLE 13 – DEPARTMENT OF SOCIAL SERVICES**  
**Division 70 – MO HealthNet**  
**Chapter 6 – Emergency Ambulance Program**

**PROPOSED AMENDMENT**

**13 CSR 70-6.020 Ground Emergency Medical Transportation Uncompensated Cost Reimbursement Program.** The MO HealthNet Division is amending sections (1), (2), (3), and (4).

*PURPOSE: This amendment is to add clarifying language to the Ground Emergency Medical Transportation Uncompensated Cost Reimbursement Program (GEMT) regulation for eligible ambulance providers.*

(1) Scope and Definitions.

(B) Definitions.

1. Cost objective means a function or category of service for which costs are incurred.

2. Direct cost means[, *in accordance with 2 CFR 200.413, direct costs are*] those costs that—

**A. Meets the direct costs definition in accordance with 2 CFR 200.413:**

(1) Can be identified specifically with a particular final cost objective, such as a federal award, or other internally or externally funded activity; or

[B](2). Can be directly assigned to such activities relatively easily with a high degree of accuracy.

**B. The direct costs allocated between emergency medical response (EMR) and non-emergency medical response (Non-EMR) based on a statistical allocation do not meet the definition of direct costs, but are included under direct allocated costs (see definition below). Estimates are not allowed.**

**3. Direct allocated costs means costs that cannot be directly assigned to EMR services or non-EMR services relatively easily with a high degree of accuracy. Examples of direct allocated costs include personnel who perform EMR and non-EMR services and overhead departments who perform EMR and non-EMR services.**

**4. Dry run means a run that does not result in a transport or delivery of on-site Medicaid covered services. Covered services are defined by Medicaid per 13 CSR 70-6.010.**

[3]5. Eligible GEMT provider means a provider who is eligible to receive reconciled cost reimbursement under this program because it meets the following requirements continuously during the claiming period:

A. Provides GEMT services to MHD participants;

B. Is enrolled as an MHD provider for the period being claimed; and

C. Is owned, operated, or contracted by the state or a political subdivision of the state.

[4]6. Emergency Medical Response (EMR) means a cost objective that includes all expenditures for GEMT services.

**7. Federal Financial Participation (FFP) means the portion of medical assistance expenditures for emergency medical services that are paid or reimbursed by the Centers for Medicare and Medicaid Services in accordance with the State Plan for medical assistance.**

[5]8. GEMT services means both the act of transporting an individual from any point of origin to the nearest medical facility capable of meeting the emergency medical needs of the patient, as

well as the advanced, limited advanced, and basic life support services provided to an individual by eligible GEMT providers before or during the act of transportation. As of January 1, 2020, GEMT services also include advanced, limited advanced, and basic life support services provided to an individual who is released on the scene without transportation by ambulance to a medical facility. Advanced, limited-advanced, or basic life support services provided to an individual who is released on the scene without transportation by ambulance to a medical facility prior to January 1, 2020, shall not be considered GEMT services. A **dry run** *[that does not result in a transport or delivery of on-site advanced, limited advanced, or basic life support services]* shall not be considered **a transport for purposes of GEMT services. GEMT services exclude all air services.**

*[6]***9.** Indirect cost means those costs that are incurred by a supporting organization or related party which are not directly accounted for as costs for EMR services, non-EMR services or *[shared]***direct allocated** costs. Examples of indirect costs include overhead costs (i.e. accounting, human resources, etc.) incurred by a city, county, or other local government agency or special district that benefit the eligible GEMT provider, but the eligible GEMT provider has not been charged for those costs. The identification of *[shared]***direct allocated** costs does not preclude an eligible GEMT provider from also incurring indirect costs, and it is appropriate in certain cases for the uncompensated Medicaid costs to include both *[shared]***direct allocated** costs and indirect costs.

*[7]***10.** MHD participant means a patient enrolled in fee-for-service Missouri Medicaid.

*[8]***11.** Non-Emergency Medical Response (non-EMR) means a cost objective that includes expenditures for non-medical emergency services, such as fire suppression not including medical services, and non-emergency ancillary services, such as fire prevention and fire permit issuance that are performed in the absence of an emergency in order to support preparedness, mitigate the need for emergency response, or lessen the severity of an emergency that might occur.

**Expenditures assigned to this cost objective are not allowable for determining the cost of emergency transportation.**

*[9]***12.** Reconciled cost reimbursement means a payment to eligible GEMT providers up to the uncompensated Medicaid costs associated with GEMT services for MHD participants.

*[10.* Shared costs means costs that cannot be directly assigned to EMR services or non-EMR services relatively easily with a high degree of accuracy. Examples of shared costs include personnel who perform EMR and non-EMR services and overhead departments who perform EMR and non-EMR services.]

*[11]***13.** Shift means a standard period of time assigned for a complete cycle of work, as set by each eligible GEMT provider. The number of hours in a shift may vary among providers but will be consistent for each individual provider.

*[12]***14.** Service period means July 1 through June 30 of each Missouri State fiscal year.

*[13]***15.** Transport means GEMT services that are provided by eligible GEMT providers to individuals, regardless of whether the service was billed or paid. Medicaid transports includes GEMT services for Medicaid managed care, Medicaid crossover, and Medicaid fee for service patients. Other payer program transports shall be GEMT services provided to patients with payer sources other than Medicaid. Transportation services that do not involve *[an emergency or which are non-medical emergencies shall not be included as Transports]***the act of transporting an individual to the nearest medical facility capable of meeting the emergency medical needs of a patient shall not be included as Transports. [GEMT services that are denied as not medically necessary shall not be included as transports.]**

[14]16. Uncompensated Medicaid costs means the cost of GEMT services for MHD participants that exceeds the reimbursement received from, but not limited to, Medicaid, patients, and enhanced supplemental payments received from the ambulance service reimbursement allowance under 13 CSR 70-3.200. Cost excludes Medicaid managed care and dual-eligible Medicaid Transports.

[15]17. Dual-eligible Medicaid transport means any transport where Medicaid is not the primary payor due to other coverage including Medicare or other private insurance. These costs will not be reimbursed in the GEMT supplemental program.

## (2) Participation and Enrollment Requirements.

**(D) To participate in the GEMT program, an eligible provider shall complete and execute the following forms and return them to MHD or its vendor.** An eligible GEMT provider must complete and submit to MHD the following forms, which are incorporated by reference and made a part of this rule as published by the Department of Social Services, MO HealthNet Division, September 22, 2021, and may be downloaded from <https://dss.mo.gov/mhd/providers/gemt.htm>, obtained by emailing a written request to [Ask.GEMT@dss.mo.gov](mailto:Ask.GEMT@dss.mo.gov), or acquired in-person at 615 Howerton Court, Jefferson City, MO 65109. This rule does not include any subsequent amendments or additions:

1. GEMT Program Provider Agreement for the MO HealthNet Division Ground Emergency Medical Transportation (GEMT) Uncompensated Cost Reimbursement Program;
2. Electronic Funds Transfer Authorization Agreement;
3. Intergovernmental Transfer of Public Funds Agreement; and
4. Administration Fee Agreement.

## (3) Interim Payments and Cost Settlement Process.

(C) MHD will audit and reconcile the as-filed cost reports within one (1) year of receipt of the as-filed cost reports, unless MHD determines that additional time is needed, not to exceed three (3) years from receipt of the as-filed cost reports. To audit and reconcile the as-filed cost reports, MHD will use paid claims data for the service period generated from the Medicaid Managed Information Systems (MMIS) and eligible GEMT provider records. MHD will make adjustments to the as-filed cost report based on the audit and reconciliation and send the provider its preliminary findings *[within sixty (60) days of initiating the audit and reconciliation process and]* **after** receiving all relevant data from providers. The provider will be given *[sixty (60)]* **fourteen (14)** days to respond to MHD's preliminary findings, unless an extension is granted by MHD. MHD's final audit and reconciliation decision will be issued *[within sixty (60) days after receipt of MHD's preliminary findings]*. **Cost report will be deemed final once MHD issues a final determination letter and final adjusted cost report.** If at the end of the final audit and reconciliation it is determined that the interim payment made to the eligible GEMT provider exceeded the provider's uncompensated Medicaid costs associated with GEMT services, the provider shall return the excess amount associated with the federal share to MHD and MHD will return the amount to the federal government pursuant to 42 CFR 433.316. If at the end of the final reconciliation it is determined that the interim payment made to the eligible GEMT provider was lower than the provider's uncompensated Medicaid costs associated with GEMT services, the eligible GEMT provider shall make an additional intergovernmental transfer to MHD in an amount equivalent to the nonfederal share of the underpayment, and MHD will then make an additional payment to the eligible GEMT provider of the full underpayment

amount. MHD shall recoup funds paid out under section 208.1030, RSMo, and this regulation upon a disallowance of federal financial participation (FFP) for those funds. The recoupment will follow the process outlined in 13 CSR 70-3.030(6).

(E) Each provider's per-transport cost rate is determined **on the CMS-approved cost reports** by adding the provider's allowable direct, *[shared]***direct allocated**, and indirect costs of providing GEMT services divided by the total number of transports provided for the applicable service period.

#### (4) Cost Report Requirements.

(A) To receive reconciled cost reimbursement under the GEMT program, each eligible GEMT provider must submit an annual cost report to MHD. **Providers shall provide any supporting documentation to substantiate information provided on the cost report as requested by MHD or its contractor.** The cost report form and the cost report instructions are incorporated by reference and made a part of this rule as published by the Department of Social Services, MO HealthNet Division, 615 Howerton Court, Jefferson City, MO 65109, and available at <https://dss.mo.gov/mhd/providers/gemt.htm>, or by emailing a written request to Ask.GEMT@dss.mo.gov, September 22, 2021. This rule does not incorporate any subsequent amendments or additions.

(D) All costs reported must be in accordance with the following:

##### 2. Direct and Indirect Costs.

A. All direct costs must be reasonable and necessary and must be supported by documentation from which the costs incurred by the provider can be readily discerned and verified with reasonable certainty. Such documentation shall be subject to review by MHD.

B. Eligible GEMT providers that do not provide fire services would not have *[shared]***direct allocated** costs and the cost report would reflect only EMR direct costs. Eligible GEMT providers that do not provide fire services but provide training (of non-employees) or nonemergency medical transportation services (e.g., non-emergency transportation between medical facilities or patient homes) shall include the costs of such services in their EMR direct costs, but shall offset those costs by any reimbursement received for such services up to the amount of costs for such services.

C. There is no universal rule for classifying certain costs as either direct cost or *[shared]***direct allocated** cost under every accounting system. A cost may be direct cost with respect to some specific service or cost objective, but *[shared]***direct allocated** cost with respect to the federal award or other final cost objective. Therefore, it is essential that each item of cost incurred for the same purpose be treated consistently in like circumstances as a direct cost or a *[shared]***direct allocated** cost in order to avoid possible double-charging of federal awards. For example, any cost incurred by an eligible GEMT provider which includes both costs incurred applicable to non-EMR services as well as GEMT services must in their entirety be consistently classified as direct or *[shared]***direct allocated** costs.

D. Direct costs for providing GEMT services include only the unallocated payroll costs for the shifts in which personnel dedicate one hundred percent (100%) of their time to providing GEMT services, medical equipment and supplies, and other costs directly related to the delivery of GEMT services, such as first-line supervision, materials and supplies, professional and contracted services, capital outlay, travel, and training. These costs must be in compliance with federal Medicaid non-institutional reimbursement policy and are directly attributable to the provision of the GEMT services. **Directly assigned costs must be supported by auditable**

records, such as general ledger detail and should be assigned as part of the normal on-going accounting process.

E. *[Shared]***Direct allocated** costs for EMR and non- EMR services shall be allocated based on a reasonable method in accordance with the guidelines in 2 CFR Part 200. **The allocation statistic should identify and exclude costs associated with any personnel who is not considered a licensed or certified emergency medical technician and/or did not perform Medicaid covered services at an emergency site. If the allocation statistic is not supported by a time study or other adequate documentation to demonstrate dispatched personnel were performing Medicaid covered services at the emergency site, then at a minimum, the cost associated with personnel not on the treating or transporting ambulance should be identified and removed. This would include the removal of all fire apparatus personnel dispatched to an emergency scene.** The cost report shall allow the provider to use any reasonable method allowed in the Centers for Medicare and Medicaid Services (CMS) Provider Reimbursement Manual (CMS Pub. 15-1) 2 CFR Part 200, and 42 CFR Part 413, an example of reasonable methods include, among others:

- (I) Square footage allocations for capital cost;
- (II) Depreciation cost for capital cost; or
- (III) Time studies for salaries and benefits.

F. When providing allocation information, statistics from the *[shared]***direct allocated** costs should not be included in the calculations for allocation between EMR and non-EMR services.

G. Pursuant to 2 CFR Part 200, indirect costs are determined in accordance to one (1) of the following options:

(I) Eligible GEMT providers that receive more than thirty-five million dollars (\$35,000,000) in direct federal awards must either have a Cost Allocation Plan (CAP) or a cognizant agency approved indirect rate agreement in place with its federal cognizant agency to identify indirect cost. If the provider does not have a CAP or an indirect rate agreement in place with its federal cognizant agency and it would like to claim indirect cost in association with a non-institutional service, it must obtain one (1) or the other before it can claim any indirect cost;

(II) Eligible GEMT providers that receive less than thirty-five million dollars (\$35,000,000) of direct federal awards are required to develop and maintain an indirect rate proposal for purposes of audit. In the absence of an indirect rate proposal, providers may use methods originating from a CAP to identify its indirect cost. If the provider does not have an indirect rate proposal on file or a CAP in place and it would like to claim indirect cost in association with a non-institutional service, it must secure one (1) or the other before it can claim any indirect cost;

(III) Eligible GEMT providers which receive no direct federal funding can use any of the following previously established methodologies to identify indirect cost:

- (a) A CAP with its local government;
- (b) An indirect rate negotiated with its local government; or
- (c) Direct identification through use of a cost report; and

(IV) If the GEMT provider never established any of the above methodologies, it may do so, or it may elect to use the ten percent (10%) *de minimis* rate to identify its indirect cost.

*AUTHORITY sections 208.201, 208.1030, and 660.017, RSMo 2016. \* Original rule filed Sept. 22, 2021, effective April 30, 2022. Amended: Dec. 23, 2025.*

*\*Original authority: 208.201, RSMo 1987, amended 2007; 208.1030, RSMo 2016; and 660.017, RSMo 1993, amended 1995.*

*PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.*

*PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.*

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Department of Social Services, Legal Services Division-Rulemaking, P.O. Box 1527, Jefferson City, MO 65102-1527, or by email to [Rules.Comment@dss.mo.gov](mailto:Rules.Comment@dss.mo.gov). To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. A public hearing will not be scheduled.*