Access and Portal Information

Q: Where can we access the CPE cost report training slide deck?
A: The CPE cost report training slide deck will be available on the cost report web portal dashboard under 'Training'.

Q: Where can we access the cost report web portal?
A: The cost report web portal can be accessed here.

Q: When will we gain access to the portal?
A: The cost report web portal will go live on April 1st.

Q: Is there a step-by-step guide on how to enter the information into the portal?
A: Yes. The WI CPE Guide to Cost Reporting will be available on the dashboard of the cost report web portal.

Q: If we didn't submit the CPE Access Form prior to 2/28, should we still submit the form for portal access or is there another way we should request access?
A: Yes, you may still submit the form here.

Q: Who within the municipality will have the ability to enter the information?
A: You may add anyone you would like from your municipality to the web portal to work on the cost report. Please note, the person who certifies the cost report must have Medicaid signature authority and be authorized to enter into legal agreements on behalf of the municipality.

Program Coverage and Eligibility

Q: Does the CPE program only cover ambulance EMS, or does it cover general EMS services like First Responders?
A: The CPE program is related to the following emergency ambulance service procedure codes:

- A0429 BLS Emergency
- A0427 ALS Emergency (Level 1)
- A0433 ALS Emergency (Level 2)
- A0434 Specialty Care Transport
- A0998 Ambulance response and treatment, no transport
- A0225 Neonatal Emergency Transport

Q: Does "emergency" transport mean anything dispatched by 911 even if it is dispatched as non-emergent? We use "immediate response" vs. "emergent", then we determine if lights and sirens are used.
A: It would be based on how it was classified in your billing, as an emergency transport or a non-emergency transport.

Q: Are emergent and non-emergent transports covered, or only emergent?
A: Only emergency transports will be reimbursed.

Q: What is the classification of a GEMT service if not based on insurance, i.e., Medicaid?
A: GEMT services are emergency transports and treat-no-transport services.

Q: If we provide GEMT services for private insurance patients, are those services reimbursable in the CPE program?
A: No.

Q: Is the CPE program for private and public providers?
A: No, the CPE program is only for public providers.

Q: Do you anticipate a change in this program given the current cut from the Federal Govt.
A: As of now, we will operate this program as is until we get direction otherwise.

Q: This program is also approved, from my understanding, until 12/31/2025. Are most states on a 3-year approved plan?
A: This program is approved retroactive to January 1, 2023. Any changes to the program will have to be done through a State Plan Amendment and it does not have an end date.

Data Collection and Reporting

Q: Should the allocation statistics represent time for personnel when they are on calls only?
A: Yes.

Q: Will we have to know specifically how much staff time we spend on each Medicaid call, or will an average suffice?
A: This will be an exact amount. You do not need to know the "Medicaid" calls when looking at the time allocation. You only need to know if a GEMT service (emergency transport or treat-no-transport) was provided.

Q: Do I need to pull the exact times from every EMS call, then parse out the GEMT calls and use that over the total?
A: Yes.

Q: When tallying calls that we respond to involving Medicaid FFS patients, how do we account for "no-transport" calls provided to these Medicaid patients? Just because they were not transported doesn't mean we did not incur any cost to provide service to the patient.
A: You would include any treat-no-transport calls in your total hours logged for GEMT activities. Please note, this should not be specific to Medicaid patients.

Q: How do we track administrative hours spent on GEMT activities that are not captured by CAD? Are these administrative hours non-refundable within the program?
A: Administrative costs are accounted for under the Indirect Costs schedule on the cost report. The allocation percentage only applies to direct response staff.

Q: For wage allocation, do we have to calculate GEMT time per employee and figure out wages per employee as their earnings are different?

A: You would report personnel costs as listed on your expenditures for that calendar year. If there are any staff reported under Allocated Direct Costs, you would need to apply the allocation statistic to those specific staff costs. You do not need to break down salaries and benefits by employee.

Q: Should providers report federal fund spending from any departments within their municipality, or only the EMS department?

A: Only federal funds spent by the EMS department should be reported.

Q: Do you then have to prorate the direct costs as to a percentage of GEMT versus all other EMS?

A: No. The allocation statistics should be calculated by taking the total hours logged for GEMT activities divided by the total hours logged for all GEMT and non-GEMT activities.

Q: If the provider provides ONLY EMS, do they need to allocate any of their direct costs? In other words, all they do is EMS, so none of their expenses are related to non-GEMT functions?

A: You only need to allocate costs if your response staff are doing tasks other than emergency transports or treat-no-transports.

Q: If a community combines all expenses into a single line item for the fire department, is the expectation that they manually go back through all invoices, receipts, etc. to differentiate EMS expenses from all other expenses?

A: No. For costs that support both GEMT and non-GEMT activities, you may allocate the costs using the formula below:

Total hours logged for GEMT activities
Total hours logged for all (GEMT and non-GEMT) activities

Q: We are an EMS service only, however we do respond to fires for standby. While these are not GEMT calls as they are standby only, we still account for them?

A: Time spent providing standby services would be included in your total hours logged for all (GEMT and non-GEMT) activities. For the total hours logged for GEMT activities, you should only include time spent on emergency transport or treat-no-transport services.

Q: Is time allocation per call per provider? For example, if we have 2 providers on a 1-hour call that would be 2 hours?

A: If you are using CAD, the time allocation would be per call.

Q: So, hour allocation is per specific call. Our wage denomination is total wages for all employees, so wouldn't we be missing time if we have 4-6 employees on a call?

A: This is an allocation that calculates the percentage of time your department is spending on

GEMT calls. That number would be applied to all personnel costs reported under Allocated Direct Costs.

Q: Does this mean that we need to track time spent on calls specifically related to Medicaid patients?
A: No. The Allocated Direct Cost statistic does not need to consider the insurance of the patient, only if GEMT services (transports and treat-no-transports) were being provided to patients. Medicaid eligibility will be determined by transport billing.

Q: Can we utilize a "mean" for salaries to calculate the cost of GEMT calls?
A: Unfortunately, no, this will need to be the exact time on each call.

Q: Will we need to determine exact time and hourly rate for each individual call, and individual provider, and compile that into a single figure?
A: Yes. If you are using CAD, for each call responded to, you will need to calculate the time spent on each call and whether a GEMT service was provided on that call. The added total for all calls will be the denominator, the added time for GEMT calls will be the numerator.

Q: GEMT is for collecting the costs for Medicaid Fee-For-Service patients only. To identify our Medicaid Fee-For-Service patients, we can review our EMS billing company's billing report to determine which patients are covered by Wisconsin Medicaid Fee-For-Service. Will these patients be listed as having ForwardHealth as their insurance, which was billed, or will the Wisconsin Fee-For-Service be categorized under a different Medicaid insurance name, such as BadgerCare? Do you have a list of Wisconsin insurance names that are considered Medicaid Fee-For-Service to help filter which transports are eligible?
A: The reimbursable services should fall under "Medicaid", specified with FFS as the type of claim being processed, and should have a date of service that falls within the cost reporting period. The FFS differentiator will distinguish the claim from HMO like BadgerCare Plus.

Q: What if we provide a "stipend" to the volunteer FF who assist on EMS runs? How do we capture that stipend cost?
A: If they are providing emergency transport or treat-no-transport services, you can report the cost under Schedule 1 on the cost report.

Q: Continuing my stipend question. The volunteer ff assist for patient lifting etc… we may have 10 personnel respond to the station for the call to service, 4 or 5 will go to the incident to assist in the lift or CPR etc… I pay everyone who responds. Can I claim those personnel expenses?
A: If their stipend is only for those services you described (does not include any fire, etc.), the stipend can be claimed as a direct cost.

Q: How are you defining "bad debt"?
A: Uncollectable claims that are written off cannot be claimed as reimbursable on the report.

Q: Are we only counting medical supplies on our ambulances when we have paramedic first responder fire rigs that have all supplies that an ambulance has? Is this just for transporting units even though we run an engine with our ambulance on every call?

A: If the medical supplies are used to treat patients, it can be a direct expense even when on a fire vehicle.

Q: How do you account for labor costs related to sick time, vacation time, worker's compensation injuries, etc.?
A: You would report all salary related costs for your personnel on the cost report. It will only be allocated if those personnel are during multiple duties.

Q: What about time used to complete reports and QIQC after the calls have cleared from the CAD system?
A: If using CAD, it's only the time your staff is spending responding to calls. Anything before or after that response time should not be included in the time calculation.

Q: Is this a similar reporting system as other states that currently have a program?
A: There are always some state-specific nuances, but many states have a similar set-up.

Financial and Reimbursement

Q: Will I receive supplemental payment for a Medicaid patient that I transported to the hospital emergently, but was then denied payment by Medicaid?
A: This program only reimburses transports that are attributed to your department through your Medicaid billing. If it was denied, it would not be recognized as a Medicaid FFS transport.

Q: Is there an estimated amount per call expected to receive?
A: Each department is going to have their own calculated reimbursement, so it's hard for us to gauge for your department.

Q: Is there no recognition of the ongoing labor costs while in "standby" mode (waiting for calls to occur)?
A: You would still report the full cost of your personnel. The allocation statistic would apply to the full cost of direct response staff reported under Allocated Direct Expense, which would include the cost of time not on calls.

Q: What is the FMAP and what role does it play in the cost settlement calculation?
A: The Federal Medical Assistance Percentage (FMAP) is a state-specific percentage calculated using the average per capita income relative to the national average. It is used to separate the state vs. federal portion of reimbursements.

Q: What is the expected average increase in revenue that a department may see if they participate in this program?
A: It is hard to tell because the reimbursement rates will be provider-specific based on your costs. We do not have an average as Wisconsin providers have not completed cost reports yet.

Q: Will we be provided with the Medicaid FFS calls that we were reimbursed for by the State?
A: Your Medicaid FFS calls will be pulled from ForwardHealth which providers should have access to. Your Medicaid biller should have access to this information.

Q: How has this gone in other states in terms of a percentage of services versus services partaking in the reporting?
A: We do not have a state-by-state percentage of participating providers for those with active programs. The determination of whether the amount of revenue received is worth it will be a provider-specific decision.

Q: Why couldn't we have started this process last January?
A: We understand the tight timeline. The program was not approved until mid-January. Any providers needing extensions can send us an email with the request.

Q: If we respond to 6,000 calls and determine that 4,000 are GEMT related, would we need to look up the 4,000 calls and determine time on task for each of the calls?
A: Yes. If using CAD, many systems should have timestamps (dispatch, clear, etc.) that can be used to total the time for each call. We are happy to work with you to figure out the best way to do this with your system.

Q: Will these payments be reported on the schedule of federal assistance and subject to a single audit?
A: The payment schedule is dictated by the State Plan Amendment. While we are doing compliance reviews throughout the process, a federal audit can always occur for this program.

Q: Will we need to report the payments on our schedule of federal awards?
A: We will review this question with DHS and update the FAQs with the appropriate answer.

Q: Is there no consideration of the mileage reimbursement codes? Those reimbursement rates are also way below the actual cost to provide those services.
A: Unfortunately, no. The CPE program reimbursement is only related to emergency transport and treat-no-transport services.

Support and Assistance

Q: Does PCG (Public Consulting Group) have a consultant who an agency can hire to assist with cost reporting?
A: We do not, but we are available through the help desk (WIGEMT@pcgus.com) to answer any questions you have.

Q: Is there a service out there that will compile all this information for us for a small fee?
A: We do not have the answer to that question, but PCG is here to help with any questions that come up with the report!

Q: Can you give us an estimate of the amount of time that we will spend gathering necessary data for this cost report?
A: Unfortunately, it is difficult to estimate the amount of time needed to complete the cost report as this may vary depending on department size, complexity of reports, etc.

Q: Is there an excel template already created to pull the number together prior to logging the information into the portal? This would be extremely helpful.

A: We do not currently have templates available, but will consider offering this for future cost reports.