**Informational Notice**

Date:

To: Transportation Providers

Re: Publicly Owned Transportation Providers – Ground Emergency Medical Transportation (GEMT) Supplemental Payments

The information in this notice applies to all publicly owned transportation providers that deliver ambulance services in the Medical Assistance program.

By [informational notice](https://www.illinois.gov/hfs/MedicalProviders/notices/Pages/prn190809a.aspx) dated August 9, 2019, the Department introduced a supplemental payment methodology that would allow public providers to receive supplemental payments above the fee schedule rates they currently receive, if their cost to provide the services exceeds the reimbursement the providers currently receive based on the HFS fee schedule.

In order to participate in the program in calendar year 2021, government owned and operated providers of emergency ambulance services should complete the cost report form available on the Illinois Department of Healthcare and Family Services’ [Cost Report webpage](https://www.illinois.gov/hfs/MedicalProviders/CostReports/Pages/default.aspx). A new cost report is required even if a provider is currently participating in the program in 2020. If a provider is participating in the federal CMS cost data collection program, the federal instrument may be submitted in lieu of the cost report.

For providers who will participate for the first time in 2021, an Intergovernmental Agreement (IGA) also on the [Cost Reports webpage](https://www.illinois.gov/hfs/MedicalProviders/CostReports/Pages/default.aspx) must be signed by the officer authorized to sign contracts for the unit of local government that owns and operates the ambulance provider. This authorized officer should be the Mayor, Village or Town Administrator, or the head of the Fire Protection District.

The cost report (and signed IGA, if applicable) are due to the Department by October 1, 2020. The cost report should be submitted both as an Excel file and as a PDF with signatures. All documents should be emailed to [HFS.GEMT@Illinois.gov](mailto:HFS.GEMT@Illinois.gov).

Kelly Cunningham

Interim Medicaid Administrator