



TOBY DOUGLAS
DIRECTOR

State of California—Health and Human Services Agency
Department of Health Care Services



EDMUND G. BROWN JR.
GOVERNOR

July 1, 2013

Gloria Nagle, PhD, MPA
Associate Regional Administrator
Centers for Medicare and Medicaid Services
Division of Medicaid and Children's Health
90 Seventh Street, Suite 5-300 (5W)
San Francisco, CA 94103-6707

STATE PLAN AMENDMENT 09-024

Dear Ms. Nagle:

This letter is in response to the Request for Additional Information (RAI) that was received by the Department of Health Care Services (DHCS) on March 29, 2010, regarding the State Plan Amendment (SPA), Supplement 2 to Attachment 4.19-B of the Medicaid State Plan.

The RAI seeks additional information regarding DHCS' implementation of a supplemental reimbursement program for all publicly owned or operated ground emergency medical transportation (GEMT) service providers for federal financial participation.

A. General

- 1. Federal Statute/Regulations Citation (Box 6): Please request a pen & ink change to add 42 CFR 447, Subpart F as the Federal Citation.**

Response:

Not Applicable.

- 2. Federal Budget Impact (Box 7) – Please explain how these amounts were determined. Also, please confirm whether the State factored in the increase under the American Recovery and Reinvestment Act of 2009 for both Federal Fiscal Years 2009/2010 and 2010/2011. If not, please provide new figures and request a pen and ink change be made to the HCFA 179 form.**

Response:

Calendar Year		UNCOMPENSATED TOTAL COST OF GEMT SERVICES	NET AMOUNT FEDERAL FINANCIAL PARTICIPATION (50/50)	NET AMOUNT ARRA	UNCOMPENSATED FEDERAL SHARE A DUE PROVIDER (FFP+ARRA)
2010	FFY 2010	\$ 99,916,406	\$ 49,958,203	\$ 11,580,311	\$ 61,538,514
2011	FFY 2011	\$ 99,916,406	\$ 49,958,203	\$ 3,909,229	\$ 53,867,432
2012	FFY 2012	\$ 99,916,406	\$ 49,958,203		\$ 49,958,203
2013	FFY 2013	\$ 99,916,406	\$ 49,958,203		\$ 49,958,203

Numbers in the table above, reported by calendar year. The State estimated the eligible GEMT provider's uncompensated costs per transport based on data provided by Novato Fire District, Sacramento Metro Fire District, City of Los Angeles, City of Rialto, and Yucca Valley. The uncompensated cost per transport was multiplied against actual transports paid from July 1, 2010 through June 30, 2011. This program is voluntary and this estimate assumes 100 percent participation. The State will have more accurate estimation of federal budget impact once the program has been implemented and transports for actual participating eligible providers can be identified.

Allow pen and ink changes to be made to the HCFA 179 form.

- Pursuant to federal regulations, public notice is required for any significant change in methods or standards of setting payment rates. Please verify that public notice was given, the date it was published, and provide a copy of the notice.**

Response:

The public notice was published in the California Regulatory Notice Register on January 29, 2010. See attached copy of the public notice.

- Please describe if and how the State consulted with Indian Health Programs, including the Indian Health Service, Tribes, Tribal Organizations, and Urban Indian Organizations on the impact of this SPA. If the State did not provide notice of the SPA and an opportunity for consultation, please provide the State's analysis of why this SPA is not subject to the tribal consultation requirements. Please refer to the State Medicaid Director Letter 10-001 dated January 22, 2010 for more information about the tribal consultation requirements.**

Response:

A Tribal Notice memorandum was published on December 17, 2009. See attached tribal notice.

B. Reimbursement – Supplemental 13 to Attachment 4.19-B:

- 1. Where in attachment 4.19-B is the payment methodology for the base payment for these services located?**

Response:

Language Added to the SPA 09-024; Page 3, Paragraph B, Supplemental Reimbursement Methodology-General Provisions, Section 2.

- 2. Page 1 – Please explain what types of governmental entities provide emergency medical transportation to Medi-Cal beneficiaries.**

Response:

The entities that provide ground emergency medical transportation services to Medi-Cal beneficiaries are public entities owned or operated by the state, a city, county, city and county, fire protection district or a federally recognized Indian tribe and hospital districts.

- a. Will these same governmental providers be the entities certifying eligible costs for reimbursement through this supplemental payment program?**

Response:

Yes, the eligible GEMT governmental providers will be the entities certifying eligible costs.

- 3. Please provide the cost report document and instructions that the State will use to identify eligible costs for reimbursement.**

Response:

See attachment “GEMT Cost Report”.

- 4. Please describe the reconciliation process the Department will use to determine the amount of the supplemental payment, including the timeframes for cost report submission and settlement.**

Response:

Language added. See Paragraph D - Interim Supplemental Payment and Paragraph E - Final Reconciliation, for determining the amount of the supplemental payment and timeframes for cost report submission and settlement. (Paragraph D – Interim Supplemental Payment, paragraph E – Interim Settlement, and Paragraph F- Final Reconciliation).

- 5. Page 2 (B) (5) – please explain what supporting data will be used to determine the supplement payment amount.**

Response:

The eligible GEMT provider's as-filed, CMS approved, cost report and the State's CA-MMIS report showing GEMT Medi-Cal transports and payment information will be used to determine the supplemental payment amounts.

- 6. Page 2 (D) – Please provide a description of the Department's oversight and audit process related to these cost reports.**

Response:

See Paragraph D - Interim Supplemental Payment, Paragraph E - Final Reconciliation, and Paragraph F – Final Reconciliation for department oversight and audit process.

Standard Funding Questions:

The following questions are being asked and should be answered in relation to all payments made to all providers reimbursed pursuant to a methodology described in Attachment 4.19-B of this SPA. For SPAs that provide for changes to payments for clinic or outpatient hospital services or for enhanced or supplemental payments to physician or other practitioners, the questions must be answered for all payments made under the state plan for such service.

- 1. Section 1903 (a) (1) provides that Federal matching funds are only available for expenditures made by States for service under the approved State plan. Do providers receive and retain the total Medicaid expenditures claimed by the State (includes normal per diem, supplemental, enhanced payments, other) or is any portion of the payments returned to the State, local governmental entity, or any other intermediary organizations? If providers are required to return any portion of payments, please provide a full description of the payment process. Include in your response a full description of the methodology for the return of any of the payments, the amount or percentage of payments that are returned and a disposition and use of the funds once they are returned to the State (i.e., general fund, medical services account, etc.)**

Response:

GEMT governmental providers receive and retain the total Medicaid expenditures claimed by the State. No portion of the payments are returned to the State or any other intermediary organization.

- 2. Section 1902(a) (2) provides that the lack of adequate funds from local sources will not result in lowering the amount, duration, scope, or quality of care and services available under the plan. Please describe how the state share of each type of Medicaid payment (normal per diem, supplemental, enhanced, other) is funded. Please describe whether the state share is from appropriations from the legislature to the Medicaid agency, through intergovernmental transfer agreements (IGT's) certified public expenditures (CPE's), provider taxes, or any other mechanism used by the state to provide state share. Note that, if the appropriation is not to the Medicaid agency, the source of the state share would necessarily be derived through either through an IGT or CPE. In this case, please identify the agency to which the funds are appropriated. Please provide an estimate of total expenditure and State share amounts for each type of Medicaid payment. If any of the non-federal shares is being provided using IGTs or CPEs, please fully describe the matching arrangement including when the state agency receives the transferred amounts from the local governmental entity transferring the funds. If CPE's are used, please describe the methodology used by the state to verify that the total expenditures being certified are eligible for Federal matching funds in accordance with 42 CFR 433.51 (b).**

Response:

Currently, GEMT services are paid by the department using a rate for each transport, 50 percent general fund and 50 percent federal funds. GEMT services are not currently reimbursed by an IGT or CPE methodology. SPA 09-024 proposes supplemental payments to eligible governmental GEMT providers using CPE as the funding mechanism. The state proposes to use actual cost, subject to OMB Circular A-87, as the basis to determine the supplemental payments.

For any payment funded by CPE's or IGT's, please provide the following:

- (i) a complete list of names of entities transferring or certifying funds;**

Response:

This program is voluntary. Please find attached a list of eligible GEMT providers.

- (ii) the operational nature of the entity (state, county, city, other);**

Response:

The operating nature of governmental GEMT providers are state, city, county, city and county, fire protection district, health care district, or a federally recognized Indian tribe.

(iii) the total amounts transferred or certified by each entity;

Response:

Once the SPA is approved and the program implemented, the participating providers will submit CMS-approved cost reports that will identify the total certified public expenditures.

(iv) clarify whether the certifying or transferring entity has general taxing authority: and,

Response-

Yes, certifying or transferring entity has direct taxing authority or indirect taxing authority through its city or county.

(v) whether the certifying or transferring entity received appropriations (identify level of appropriations).

Response:

Eligible governmental GEMT providers can receive revenue through property taxes and local county or city sales taxes. Property taxes are appropriated at the county level. Sales taxes are distributed at the State level to the local governments. Tribal providers also receive limited federal funds, third party revenue, and other tribal resources.

3. Section 1902 (a) (30) requires that payments for services be consistent with efficiency, economy, and quality of care. Section 1903(a)(1) provides for Federal Financial Participation to States for expenditures for services under an approved State plan. If supplemental or enhanced payments are made, please provide the total amount for each type of supplemental or enhanced payment made to each provider type.

Response:

Currently, the GEMT eligible providers do not receive supplemental or enhanced payments. This State proposes a supplemental CPE payment. The supplemental payments estimated for each provider is based on actual transports for the period July 1, 2010, through June 30, 2011. The average cost per transport was calculated using sample expenditure data for period July 1, 2010, through June 30, 2011, provided by Novato Fire District, Sacramento Metro Fire District, City of

Los Angeles, City of Rialto, and Yucca Valley. Participation in this program is voluntary and until this program is implemented the State can provide only estimate for each potentially eligible provider. See attached governmental GEMT Provider List 2010-11 Transports and Medi-Cal Paid Amount.

- 4. For clinic or outpatient hospital services please provide a detailed description of the methodology used by the state to estimate the upper payment limit (UPL) for each class of providers (State owned or operated, non-state government owned or operated, and privately owned or operated). Please provide a current (i.e., applicable to the current rate year) UPL demonstration**

Response:

Not applicable.

- 5. Does any governmental provider receive payments that in the aggregate (normal per diem, supplemental, enhanced, other) exceed their reasonable costs of providing services? If payments exceed the costs of services, do you recoup the excess and return the Federal share of the excess to CMS on the quarterly expenditure report?**

Response:

No. Total payments to providers do not exceed reasonable costs of providing services. If the payment exceeds applicable payment limitations, the federal share of the excess is recouped and returned through the quarterly expenditure report (CMS-64).

DHCS appreciates your assistance and that of your staff in consideration of this SPA. Should you have any questions please contact Ms. Pilar Williams, Chief, Safety Net Financing Division at (916) 552-9113 or by email at Pilar.Williams@dhcs.ca.gov.

Sincerely,

Original Document Signed By:

Toby Douglas
Director

Enclosure

cc: Mari Cantwell
Chief Deputy Director
Health Care Programs
Department of Health Care Services
1501 Capitol Avenue
P.O. Box 997413, MS 4050
Sacramento, CA 95899-7413

Pilar Williams, Chief
Safety Net Financing Division
Department of Health Care Services
1501 Capitol Avenue
P.O. Box 997436, MS 4504
Sacramento, CA 95899-7436

Kathryn Waje
Utilization Management Division
Department of Health Care Services
1501 Capitol Avenue
P.O. Box 997436, MS 4506
Sacramento, CA 95899-7436

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 09-024	2. STATE CA
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: HEALTH CARE FINANCING ADMINISTRATION		
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE October 1, 2009 January 30, 2010	

5. TYPE OF PLAN MATERIAL (*Check One*):

NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate Transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 433.51 42 CFR 413 42 CFR 433	7. FEDERAL BUDGET IMPACT: a. FFY 2010 \$61,538,514 a. FFY 09/10 \$60 million b. FFY 2011 \$53,867,432 b. FFY 10/11 \$90 million c. FFY 2012 \$49,958,203 d. FFY 2013 \$49,958,203
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement 13 to Attachment 4.19-B Supplement 18 to Attachment 4.19-B, pages 1-7	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): None

10. SUBJECT OF AMENDMENT:
Supplemental Reimbursement for Emergency Medical Transportation Services

11. GOVERNOR'S REVIEW (*Check One*):
 GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED The Governor's Office does not
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL wish to review the State Plan Amendment.

12. SIGNATURE OF STATE AGENCY OFFICIAL: Original Document Signed By:	16. RETURN TO:
13. TYPED NAME: Toby Douglas	
14. TITLE: Chief Deputy Director	
15. DATE SUBMITTED: 12/24/2009	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:	18. DATE APPROVED:
PLAN APPROVED – ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL:	20. SIGNATURE OF REGIONAL OFFICIAL:
21. TYPED NAME:	22. TITLE:

23. REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE: CALIFORNIA

**SUPPLEMENTAL REIMBURSEMENT FOR PUBLICLY OWNED OR OPERATED
GROUND EMERGENCY MEDICAL TRANSPORTATION PROVIDERS**

This program provides supplemental reimbursement for eligible Ground Emergency Medical Transportation (GEMT) providers that meet specified requirements and provide GEMT services to Medi-Cal beneficiaries.

Supplemental reimbursements provided by this program are available only for the uncompensated care costs incurred by eligible GEMT providers for providing GEMT services to Medi-Cal beneficiaries, which are the allowable costs that are in excess of the payments made to each eligible GEMT provider for GEMT services to Medi-Cal beneficiaries. Eligible GEMT providers must certify to the State the total expenditure incurred for providing the GEMT services that will be used to determine the supplemental payments.

The supplemental payments determined under this supplement to Attachment 4.19-B shall be made annually on a lump-sum basis after the conclusion of each state fiscal year. Payments shall not be paid as individual increases to current reimbursement rates as described in other parts of this state plan for GEMT services.

This supplemental payment applies only to Medi-Cal services rendered to Medi-Cal beneficiaries on or after January 30, 2010.

A. Definitions

1. "Department" means the California Department of Health Care Services.
2. "Direct costs" means all costs that can be identified specifically with a particular final cost objective in order to meet medical transportation mandates.
3. "Eligible GEMT provider" means a provider who is eligible to receive supplemental payments under this Supplement because it meets the following requirements continuously during the claiming period:
 - a. Provides Ground Emergency Medical Transportation services to Medi-Cal beneficiaries.
 - b. It is a provider that is enrolled as a Medi-Cal provider for the period being claimed.
 - c. Is owned or operated by an eligible governmental entity, to include the state, a city, county, city and county, fire protection district organized pursuant to Part 2.7 (commencing with Section 13800) of Division 12 of the Health and Safety Code, special district organized pursuant to Chapter 1 (commencing with Section 58000) of Division 1 of Title 6 of the Government Code, community services district organized

TN: 09-024
Supersedes
TN: None

Approval Date: _____ Effective Date: January 30, 2010

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE: CALIFORNIA

**SUPPLEMENTAL REIMBURSEMENT FOR PUBLICLY OWNED OR OPERATED
GROUND EMERGENCY MEDICAL TRANSPORTATION PROVIDERS**

pursuant to Part 1 (commencing with Section 61000) of Division 3 of Title 6 of the Government Code, health care district organized pursuant to Chapter 1 (commencing with Section 32000) of Division 23 of the Health and Safety Code, or a federally recognized Indian tribe as these laws are in effect on January 30, 2010.

4. “GEMT Transport” means Ground Emergency Medical Transportations Services for a Medi-Cal beneficiary, including instances of a “dry run” where a Medi-Cal beneficiary is treated with emergency medical services as defined in Paragraph A.3 but released on the scene without transportation by an ambulance to a medical facility.
5. “Ground Emergency Medical Transportation 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 Medi-Cal beneficiaries by GEMT providers before or during the act of transportation. Additionally, GEMT services include instances of a “dry run” in which advanced, limited-advanced and basic life support services are provided to Medi-Cal beneficiaries who are not transported to a facility.
 - a. “Advanced life support” means special services designed to provide definitive prehospital emergency medical care, including but not limited to, cardiopulmonary resuscitation, cardiac monitoring, cardiac defibrillation, advanced airway management, intravenous therapy, administration with drugs and other medicinal preparations, and other specified techniques and procedures.
 - b. “Limited advanced life” support means special services to provide prehospital emergency medical care limited to techniques and procedures that exceed basic life support but are less than advanced life support services.
 - c. “Basic life support” means emergency first aid and cardiopulmonary resuscitation procedures to maintain life without invasive techniques.
6. “Indirect costs for services” means costs for a common or joint purpose benefitting more than one cost objective that are allocated to each benefiting objective using an agency approved indirect rate or an allocation methodology. Indirect costs rate or allocation methodology must comply with OMB Circular A-87.
7. “Medical transport” means transportation to secure medical examinations and treatment for a beneficiary. This umbrella term encompasses both GEMT transports and non-emergency transports that have met the requirements as listed under Item 24(a) of Limitations on Attachment 3.1-A and Item 23(a) of Limitations on Attachment 3.1-B.

TN: 09-024
Supersedes
TN: None

Approval Date: _____ Effective Date: January 30, 2010

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE: CALIFORNIA

**SUPPLEMENTAL REIMBURSEMENT FOR PUBLICLY OWNED OR OPERATED
GROUND EMERGENCY MEDICAL TRANSPORTATION PROVIDERS**

8. "Service Period" means July 1 through June 30 of each California state fiscal year.
9. "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 by GEMT provider, but will be consistent to each GEMT provider.

B. Supplemental Reimbursement Methodology – General Provisions

1. Computation of allowable costs and their allocation methodology must be determined in accordance with the Centers for Medicare & Medicaid Services (CMS) Provider Reimbursement Manual (CMS Pub. 15-1), CMS non-institutional reimbursement policies, and OMB Circular A-87, which establish principles and standards for determining allowable costs and the methodology for allocating and apportioning those expenses to the Medi-Cal program, except as expressly modified below.
2. Medi-Cal base payments to the GEMT providers for providing GEMT services are derived from the Medical Transportation-Ground fee-schedule established for reimbursements payable by the Medi-Cal program by procedure code. The payments for these eligible GEMT providers are fee-for-service (FFS) payments. The primary source of paid claims data and other Medi-Cal reimbursements is the California Medicaid Management Information System (CA-MMIS). The number of paid Medi-Cal FFS GEMT transports is derived from and supported by the CA-MMIS reports for services during the applicable cost reporting period.
3. The total uncompensated care costs of each eligible GEMT provider available to be reimbursed under this supplemental reimbursement program will equal the shortfall resulting from the allowable costs determined using the Cost Determination Protocols (Section C.) for each eligible GEMT provider providing GEMT services to Medi-Cal beneficiaries net of the amounts received and payable from the Medi-Cal program and all other sources of reimbursement for such services provided to Medi-Cal beneficiaries. If the eligible GEMT providers do not have any uncompensated care costs, then the provider will not receive a supplemental payment under this supplemental reimbursement program.
4. The Medi-Cal supplemental reimbursement under this segment are the uncompensated care costs for GEMT services provided by eligible GEMT providers to Medi-Cal beneficiaries as determined by Interim Supplemental Payment (Section D.) and reconciled in Sections E. and F.

TN: 09-024
Supersedes
TN: None

Approval Date: _____ Effective Date: January 30, 2010

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE: CALIFORNIA

**SUPPLEMENTAL REIMBURSEMENT FOR PUBLICLY OWNED OR OPERATED
GROUND EMERGENCY MEDICAL TRANSPORTATION PROVIDERS**

C. Cost Determination Protocols

1. A GEMT provider's specific allowable cost per-medical transport rate will be calculated based on the provider's audited financial data reported on the CMS-approved cost report. The per-medical transport cost rate will be the sum of actual allowable direct and indirect costs of providing medical transport services divided by the actual number of medical transports provided for the applicable cost reporting year.
 - a. Direct costs for providing medical transport services include only the unallocated payroll costs for the shifts in which personnel dedicate 100 percent of their time to providing medical transport services, medical equipment and supplies, and other costs directly related to the delivery of covered 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 Medicaid non-institutional reimbursement policy and are directly attributable to the provision of the medical transport services.
 - b. Indirect costs are determined by applying the agency specific approved indirect cost rate to its total direct costs (Item 2.a.) or derived from provider's approved cost allocation plan. Eligible GEMT providers that do not have a cognizant agency approved indirect cost rate or approved cost allocation plan, the costs and related basis used to determine the allocated indirect costs must be in compliance with OMB Circular A-87, Medicare Cost Principle (42 CFR 413 and Medicare Provider Reimbursement Manual Part 1 and Part 2), and Medicaid non-institutional reimbursement policy.
 - c. The GEMT provider specific per-medical transport cost rate is calculated by dividing the total net medical transport allowable costs (Item 2.a and Item 2.b.) of the specific provider by the total number of medical transports provided by the provider for the applicable cost reporting year.
2. Medi-Cal's portion of the total GEMT allowable cost is calculated by multiplying the total number of eligible Medi-Cal FFS GEMT transports provided by the GEMT provider's specific per-medical transport cost rate.

D. Interim Supplemental Payment

1. The Department will make annual interim Medi-Cal supplemental payments to eligible GEMT providers. The interim supplemental payments for each provider is based on the provider's completed annual cost report in the format prescribed by the Department and

TN: 09-024
Supersedes
TN: None

Approval Date: _____ Effective Date: January 30, 2010

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE: CALIFORNIA

**SUPPLEMENTAL REIMBURSEMENT FOR PUBLICLY OWNED OR OPERATED
GROUND EMERGENCY MEDICAL TRANSPORTATION PROVIDERS**

approved by CMS for the applicable cost reporting year. The Department will make adjustments to the as-filed cost report based on the results of the most recently retrieved CA-MMIS report.

2. Each eligible GEMT provider must compute the annual cost in accordance with the Cost Determination Protocols (Section C.) and must submit the completed annual as-filed cost report, to the Department five (5) months after the close of the State's Fiscal Year (SFY).
3. The interim supplemental payment is calculated by subtracting from the Medi-Cal's portion of the total GEMT allowable costs (Paragraph C.2), the total Medi-Cal base payments (Paragraph B.2.) and other payments, such as Medi-Cal co-payments, received by the providers for providing GEMT services to Medi-Cal beneficiaries.

E. Interim Settlement

1. The GEMT Medi-Cal payments and the number of transport data reported in the as-filed cost report will be reconciled to the CA-MMIS reports generated for the cost reporting period within two years. The Department will make adjustments to costs reported on the as-filed cost report based on the results of the most recently retrieved CA-MMIS report.
2. If it is determined that a GEMT provider received an overpayment, the total base and interim supplemental payments exceeded the Medi-Cal portion of the allowable costs based on the reconciliation process (Paragraph E.1.); then the GEMT provider will return the overpayment to the Department and the Department will return the overpayment to the federal government pursuant to section 433.316 of Title 42 of the Code of Federal Regulations. If an underpayment is instead determined then the GEMT provider will receive a supplemental payment in the amount of the underpayment.

F. Final Reconciliation

1. The Department will perform a final reconciliation where it will settle the provider's annual cost report as audited. The Department will compute the net Medi-Cal GEMT allowable cost using audited per-medical transport cost, and the number of Medi-Cal FFS GEMT transports data from the updated CA-MMIS reports. Actual net Medi-Cal allowable cost will be compared to the total base and interim supplemental payments made and any other source of reimbursement received by the provider for the period.
2. If, at the end of the final reconciliation, it is determined that the GEMT provider has been overpaid, the facility will return the overpayment to the Department and the

TN: 09-024
Supersedes
TN: None

Approval Date: _____ Effective Date: January 30, 2010

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE: CALIFORNIA

**SUPPLEMENTAL REIMBURSEMENT FOR PUBLICLY OWNED OR OPERATED
GROUND EMERGENCY MEDICAL TRANSPORTATION PROVIDERS**

Department will return the overpayment to the federal government pursuant to section 433.316 of Title 42 of the Code of Federal Regulations. If, at the end of the final reconciliation, it is determined that the GEMT provider has been underpaid, the GEMT provider will receive a final supplemental payment in the amount of the underpayment.

3. All cost report information for which Medi-Cal payments are calculated and reconciled are subject to CMS review and must be furnished upon request.

G. Eligible GEMT Provider Reporting Requirements

GEMT eligible provider shall:

1. Report and certify total computable allowable costs annually on a Department and CMS approved cost report. Eligible providers will submit cost reports no later than five (5) months after the close of the SFY, unless a provider has made a written request for an extension and such request is granted by the Department.
2. Provide supporting documentation to serve as evidence supporting information on the cost report and the cost determination as specified by the Department.
3. Keep, maintain, and have readily retrievable, such records as specified by the Department to fully disclose reimbursement amounts to which the eligible governmental entity is entitled, and any other records required by CMS.
4. The GEMT provider will comply with the allowable cost requirements provided in Part 433 of Title 42 of the Code of Federal Regulations, OMB Circular A-87, and Medicaid non-institutional reimbursement policy.

H. Department's Responsibilities

1. The Department will submit to CMS claims based on total computable certified expenditures for GEMT services provided that are allowable and in compliance with federal law and regulations and Medicaid non-institutional reimbursement policy.
2. The Department will, on an annual basis, submit any necessary materials to the federal government to provide assurances that claims will include only those expenditures that are allowable under federal law.

TN: 09-024
Supersedes
TN: None

Approval Date: _____ Effective Date: January 30, 2010

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE: CALIFORNIA

**SUPPLEMENTAL REIMBURSEMENT FOR PUBLICLY OWNED OR OPERATED
GROUND EMERGENCY MEDICAL TRANSPORTATION PROVIDERS**

3. The Department will complete the audit and settlement process of the interim payments for the claiming period within three years of the postmark date of the cost report and conduct on-site audits as necessary.

TN: 09-024
Supersedes
TN: None

Approval Date: _____ Effective Date: January 30, 2010

GROUND EMERGENCY MEDICAL TRANSPORTATION SERVICES COST REPORT GENERAL INSTRUCTIONS FOR COMPLETING COST REPORT FORMS

A) GENERAL

To participate in the reimbursement program authorized by State Plan Amendment (SPA) 09-024, each publicly owned or operated Ground Emergency Medical Transportation (GEMT) provider must submit the Centers for Medicare and Medicaid (CMS) approved cost report to the California Department of Health Care Services (Department) no later than 150 days after the last day of the California state fiscal year (July 1 through June 30).

Each GEMT provider shall maintain fiscal and statistical records for the period covered by the Cost Report. All records must be accurate and sufficiently detailed to substantiate the cost report data. The records must be maintained until the later of a) the cost report is finalized and settled or b) a period of three years following the submission of the CMS approved cost report.

DEFINITIONS:

GEMT Transport means Ground Emergency Medical Transportations Services for a Medi-Cal beneficiary, including instances of a “dry run” where a Medi-Cal beneficiary is treated with emergency medical services as defined in the State Plan Amendment (SPA) 09-024 Paragraph A.3 but released on the scene without transportation by an ambulance to a medical facility.

Medical Transportation Service (MTS) means transportation to secure medical examinations and treatment for a beneficiary. This umbrella term encompasses both GEMT transports and non-emergency transports that have met the requirements as listed under Item 24(a) of Limitations on Attachment 3.1-A and Item 23(a) of Limitations on Attachment 3.1-B.

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 by GEMT provider, but will be consistent to each GEMT provider.

B) REPORTING REQUIREMENTS

All costs reported shall be in accordance with the following:

- 1) SPA 09-024, supplemental reimbursement under this program is available only for allowable costs incurred for providing GEMT services to eligible Medi-Cal beneficiaries that are in excess of the payments the eligible GEMT provider receives per transport from any source of reimbursement.
 - a) The allowable costs must be determined in accordance with the methodology specified under SPA 09-024.
 - b) Copy of SPA 09-024 can be found online at <http://www.dhcs.ca.gov/formsandpubs/laws/Pages/RecentAmendments.aspx> under year 2009.
- 2) Medicare cost reimbursement principles in 42 Code of Federal Regulations (CFR), Part 413 and Section 1861 of the Federal Social Security Act (42 USC, Section 1395x)

42 CFR and the governing statute in the Federal Social Security Act outlines the manner in which allowable costs are considered reasonable, necessary, and related to beneficiary health care.
- 3) These cost principles are reiterated in the Centers for Medicare and Medicaid Services, Provider Reimbursement Manual 15-1 (CMS Pub. 15-1)

This manual is online at <http://www.cms.hhs.gov/manuals> (CMS website). Upon entering the site, select Publication 15-1 and the relevant cost reimbursement chapters will be displayed. Within each chapter, the section numbers may appear out of sequence. Select the file containing the reference “TOC” to display the table of contents of the relevant sections within the chapter.

- 4) All items of data and cost reported are subject to review by the Department pursuant to Welfare & Institutions Code, Section 14105.94

The text of this section is online at <http://leginfo.ca.gov> under the tab entitled “California Law.” Such audits will be conducted to determine the extent that reported costs complies with the cost principles outlined in CMS Pub. 15-1. Reported costs that do not comply with these provisions may be adjusted accordingly.

- 5) Allowable costs are those that are generally considered eligible for federal reimbursement based on the cost principles established in OMB Circular A-87. A cost is unallowable for federal reimbursement based on established federal cost principles. For a complete listing of federal allowable and unallowable costs, please refer to: OMB Circular A-87 – http://www.whitehouse.gov/omb/circulars_a087_2004/
- 6) Allowable costs are those that are in compliance with CMS non-institutional reimbursement policy. See SPA 09-024.

C) LAWS AND REGULATIONS AT A GLANCE

Federal and State Regulations – GEMT Cost Reporting Requirements:

- Welfare & Institutions Code Section 14105.94 – Department authority to administer and audit program.
- California Code of Regulations (CCR), Title 22 Division 3, Chapter 5, Section 54413 – Maintain financial records on accrual basis.
- CCR, Title 22 Division 3, Chapter 5, Section 54447 – Sanctions applied if the Cost Report is not received and report has not filed.
- 42 CFR, Part 413 – Principles of reasonable cost.
- Office of Management and Budget (OMB) Circular A-87 – General Principles for Determining Allowable Costs.

D) ADDITIONAL CRITERIA FOR COST REPORTING

- 1) Only costs for services provided to Medi-Cal beneficiaries on or after January 30, 2010, are eligible for supplemental reimbursement.
- 2) Only Medi-Cal Fee-For-Service GEMT is eligible for supplemental reimbursement under this Supplement.
- 3) For services rendered to patients who are under the Medi-Cal Managed Care plan or have coverage under both Medicare and Medi-Cal programs ("dually eligible patients") are not eligible for reimbursement under this Supplement.

E) COST REPORT SECTIONS AT A GLANCE

General Information and Certification	Certifies the GEMT Claim Packet
Schedule 1:	Schedule of Total Expense
Schedule 2:	Medical Transportation Services (MTS) Expense
Schedule 3:	Non-Medical Transportation Services Expense
Schedule 4:	Allocation of Capital Related and Salaries & Benefits
Schedule 5:	Allocation of Administrative and General
Schedule 6:	Reclassifications

Schedule 7:	Adjustments
Schedule 8:	Revenues
Schedule 9:	Final Settlement
Schedule 10:	Notes

GENERAL INFORMATION AND CERTIFICATION

Complete items 1-26. The individual signing the certification statement must be an Officer or Administrator. The Cost Report must be legibly completed and the original signed in **blue ink**. Cost reports received that are not clear, legible, or have been altered, or are incomplete, and/or not signed will be rejected and returned with instructions noting the deficiencies in need of correction. Cost reports that are not accepted by the required filing deadline due to improper completion shall be rejected and the Department may subject the providers to the sanction provisions noted under “Filing Deadline.”

SCHEDULE 1 – TOTAL EXPENSE

This worksheet should reflect all costs incurred to the GEMT provider. No input necessary on this Schedule. All numbers will flow from other Schedules.

SCHEDULE 2 – Medical Transportation Services (MTS) Expense

Enter total unallocated direct expenses incurred to provide 100% MTS during each shift. Do not enter expenses for multiple activities, (i.e. “shared” services) as 100% MTS. These expenses must be allocated on Schedule 4. For example, for staff that responds to both MTS transports and NON-MTS transports activities (i.e. firefighters) salary and fringe benefit expenses for that staff must be reported in Schedule 4 as allocated costs.

- Column 1: Enter all costs that are 100% associated with MTS. Any costs that are not 100% MTS or considered a “shared” cost will be input on other Schedules.
- Column 2: No input necessary. Information will flow from other Schedule.
- Column 3: Enter all “Reclassification of Expenses” reflected on Schedule 6 that pertain to 100% MTS costs.
- Column 4: Enter all “Adjustments to Expenses” reflected on Schedule 7 that pertain to 100% MTS costs.
- Column 5: No input necessary. Information will auto-calculate.

SCHEDULE 3 - Non- Medical Transportation Services (NON-MTS) Expense

Enter total expenses applicable to 100% Non-Medical Transportation services.

- Column 1: Enter all costs that are 100% associated with NON-MTS.
- Column 2: No input necessary. Information will flow from other Schedule.
- Column 3: Enter all “Reclassification of Expenses” reflected on Schedule 6 that pertain to 100% NON-MTS costs.
- Column 4: Enter all “Adjustments to Expenses” reflected on Schedule 7 that pertain to 100% NON-MTS costs.
- Column 5: No input necessary. Information will auto-calculate.

SCHEDULE 4 - ALLOCATION OF CAPITAL RELATED AND SALARIES & BENEFITS

Enter total shared expenses that will be apportioned between MTS and NON-MTS services.

- Column 1: Enter all Capital Related and Salaries and Benefit costs that are not directly assigned to MTS and NON-MTS services.
- Column 2: Enter all “Reclassification of Expenses” reflected on Schedule 6 that pertain to shared costs identified in Column 1.

Column 3: Enter all “Adjustments to Expenses” reflected on Schedule 7 that pertain to shared costs identified in Column 1.

Columns 4 thru 6:

No input necessary. Information will auto-calculate.

At the bottom on Schedule 4, identify in the yellow highlighted boxes, the appropriate statistic (square footage or hours spent) that pertain to MTS services and NON-MTS services.

SCHEDULE 5 – ALLOCATION OF ADMINISTRATIVE AND GENERAL

Enter total shared expenses for Administrative and General.

Column 1: Enter all Administrative and General (A&G) costs that are not directly assigned to MTS and NON-MTS services.

Column 2: Enter all “Reclassification of Expenses” reflected on Schedule 6 that pertain to A&G costs that have not been directly assigned to MTS and NON-MTS.

Column 3: Enter all “Adjustments to Expenses” reflected on Schedule 7 that pertain to A&G costs that have not been directly assigned to MTS and NON-MTS.

Columns 4 thru 6:

No input necessary. Information will auto-calculate.

SCHEDULE 6 - RECLASSIFICATIONS

A reclassification of expense is an entry that transfers costs from one cost center and/or schedule to another. Reclassification will be necessary when an expense has been improperly classified.

Explanation must be included for each reclassification in the column labeled “Explanation of Entry.”

SCHEDULE 7 – ADJUSTMENTS

An adjustment is an entry to adjust expenses. For example, the cost of fundraising activities is not a reimbursable expense under the CMS Pub. 15-1 and OMB Circular A-87. Therefore, remove any costs associated with fundraising, which are included in your general ledger expenses, through an adjustment in Schedule 7.

SCHEDULE 8 – REVENUES

Report revenues for MTS and NON-MTS by type.

Column 1: Report all Revenue (i.e. Grants, Payments) received and list the funding source.

Column 2: Enter revenue amount if it’s MTS specific.

Column 3: Enter revenue amount if it’s NON-MTS specific.

Column 4: No input necessary. Information will auto calculate.

SCHEDULE 9 – FINAL SETTLEMENT

Row 1: No input necessary; Cost of MTS will populate from Schedule 2

Row 2: Indicate if the Indirect Cost Factor was based on MTS. Use the drop down box.

Row 3: If the answer for Row 2 above was NO, enter the base costs for calculating the Indirect Cost

Row 4: Enter the Indirect Cost Factor. In most cases, when an Indirect Cost Factor is being applied, there should be no A&G cost allocated.

Row 5: No input necessary; A&G Allocation will populate from Schedule 5 (A).

Row 6: No input necessary; A&G totals to be included will populate.

Row 7: No input necessary; Grand Total of MTS Expense will populate.

Row 8: Enter the total number of MTS for the reporting period.

- Row 9: No input necessary; an average cost per medical transport will be determined by dividing Grand Total of MTS Expense to the Total Number of medical transports.
- Row 10: Enter the total number of Medi-Cal ground emergency medical transports.
- Row 11: No input necessary; Total costs of Medi-Cal ground emergency medical transports will populate.
- Row 12: Enter the total Medi-Cal Fee-For-Service ground emergency medical transport payments plus other third party payments received for those transports reported in Row 10. Note: The amount should be a negative value.
- Row 13: No input necessary; Net cost of services for the corresponding quarter will populate.
- Row 14: No input necessary; Federal Financial Participation reduction will populate for the corresponding quarter.
- Row 15: No input necessary; Net amount due to the provider will populate based on the FMAP rate. Note: ARRA increase will not reflect in this total.
- Row 16: No input necessary; ARRA increase for the corresponding quarter (if applicable) will populate.
- Row 17: No input necessary; Net amount due to the provider will populate.

SCHEDULE 10- NOTES

Identify the statistical basis for allocation on Schedules 4 and 5.

F) FILING DEADLINE

Cost reports are due no later than 150 days after the last day of the State Fiscal Year. A request for an extension shall only be approved when a GEMT provider's operations are significantly and/or adversely affected due to extraordinary circumstances, which the provider has no control, such as, flood or fire. The written request must include a detailed explanation of the circumstances supporting the need for additional time and be postmarked within the 150 days after the last day of the applicable State Fiscal Year. Filing extensions may be granted by the Department for good cause, but such extensions are made at the discretion of the Department.

Electronic Submission of Annual Cost Reports – email the electronic file to GEMT@dhcs.ca.gov.

An approved application must be on file with DHCS in order to file Annual Cost Reports electronically. If you do not have an approved "Application and Agreement for Electronic Submission of Annual Cost Reports" on file with DHCS, please visit our website at:

<http://www.dhcs.ca.gov/xxx/xxx/xxx/xxx>

Once the Cost Report has been reviewed and accepted, one signed original and one copy of the Cost Report are to be submitted to the following address:

GEMT Program Claims Processing
 Attn: GEMT Program Administrator
 Department of Health Care Services
 Safety Net Financing Division
 1501 Capitol Avenue, Suite 71.3024
 Sacramento, CA 95814

State Plan Amendment 09-024
Public Ground Emergency Medical Transportation Provider List

Eligibility	PROVIDER Legal Name	Estimated Uncompensated Costs Per Eligible GEMT Provider	Estimated GEMT Supplemental Payment Amount.
City	Alameda Fire Dept.	\$ 502,624.46	\$ 251,312.23
City	Albany Fire Dept.	\$ 44,898.58	\$ 22,449.29
City	Alhambra Fire Dept.	\$ 390,815.04	\$ 195,407.52
County	Alpine County EMS	\$ -	\$ -
Other	Aptos/La Selva FPD	\$ -	\$ -
City	Arcadia Fire Dept.	\$ 154,212.88	\$ 77,106.44
Other	Baker Emergency Medical Services	\$ 234,842.65	\$ 117,421.33
Other	Baker Emergency Medical Services	\$ -	\$ -
Tribal	Barona Fire Dept.	\$ 46,978.18	\$ 23,489.09
Other	Ben Lomond Fire Protection Dist.	\$ -	\$ -
City	City of Berkeley Fire and Emergency Services	\$ 947,721.77	\$ 473,860.89
City	City of Beverly Hills Fire Dept.	\$ 106,933.10	\$ 53,466.55
City	Big Bear City Community Services District Fire Department	\$ 249,699.81	\$ 124,849.90
City	Big Pine Fire Dept.	\$ -	\$ -
District	Bodega Bay FPD	\$ 12,090.03	\$ 6,045.02
District	Borrego Springs FPD	\$ 31,524.79	\$ 15,762.39
Other	Boulder Creek Fire Protection Dist.	\$ -	\$ -
City	City of Burbank Fire Dept.	\$ 413,855.22	\$ 206,927.61
District	Burney Fire Dist.	\$ 114,451.47	\$ 57,225.74
City	Calexico Fire Dept.	\$ 461,370.53	\$ 230,685.27
City	California City Fire Dept.	\$ -	\$ -
Other	California Tahoe Emergency	\$ -	\$ -
HCD	Cambria Community Healthcare District	\$ 31,678.66	\$ 15,839.33
City	City of Carlsbad Fire Dept.	\$ 157,660.62	\$ 78,830.31
City	City of Cathedral City	\$ 611,339.15	\$ 305,669.57
	Chalfant Valley Ambulance	\$ -	\$ -
City	Chalfant Valley Comm. Services	\$ -	\$ -
District	Chester Fire Protection District	\$ 44,690.57	\$ 22,345.29
City	City of Etna Ambulance	\$ 23,843.39	\$ 11,921.69
HCD	Cloverdale Health District	\$ 48,680.40	\$ 24,340.20
City	Coalinga City Fire Dept.	\$ 497,494.18	\$ 248,747.09
HCD	Coast Life Support District	\$ 55,700.24	\$ 27,850.12
District	Coffee Creek Vol. Fire Dept.	\$ -	\$ -
City	Compton Fire Dept.	\$ 2,115,121.32	\$ 1,057,560.66
City	Coronado Fire Dept.	\$ 22,769.93	\$ 11,384.97
City	Corte Madera Fire Dept.	\$ 25,187.34	\$ 12,593.67
District	Cosumnes Community Services District Fire Department	\$ 1,129,225.41	\$ 564,612.71
District	Covelo Fire Protection District	\$ 94,159.15	\$ 47,079.58
District	Crest Forest FPD	\$ 94,860.48	\$ 47,430.24
City	Culver City Fire Dept.	\$ 151,311.66	\$ 75,655.83
HCD	Del Puerto Health Care District	\$ 190,602.91	\$ 95,301.45
City	City of Dinuba Amulance Service	\$ 859,090.01	\$ 429,545.01
District	Donner Summit Fire Dept.	\$ -	\$ -
District	Donner Summit Fire Dept.	\$ -	\$ -
City	City of Downey Fire Dept.	\$ 568,654.69	\$ 284,327.35
District	Downieville FPD	\$ 10,890.36	\$ 5,445.18
HCD	Eastern Plumas Health Care District	\$ 149,420.23	\$ 74,710.11
District	Ebbetts Pass FPD	\$ 56,406.07	\$ 28,203.03

State Plan Amendment 09-024
Public Ground Emergency Medical Transportation Provider List

Eligibility	PROVIDER Legal Name	Estimated Uncompensated Costs Per Eligible GEMT Provider	Estimated GEMT Supplemental Payment Amount.
City	City of El Cajon Fire Dept.	\$ 2,200,013.62	\$ 1,100,006.81
Other	El Dorado Co Reg Prehospital Emer Services Op Authority	\$ 1,400,308.93	\$ 700,154.47
City	City of El Segundo Fire Dept.	\$ 29,134.68	\$ 14,567.34
District	Elk Fire Dept.	\$ -	\$ -
City	Emeryville Fire Dept.	\$ -	\$ -
City	City of Escondido Fire Dept.	\$ 930,856.27	\$ 465,428.14
City	City of Etna Ambulance	\$ 23,843.39	\$ 11,921.69
District	Exeter Dist. Ambulance	\$ 683,623.78	\$ 341,811.89
City	City of Folsom Fire Dept.	\$ 152,670.22	\$ 76,335.11
District	Foresthill Fire Dept.	\$ 46,870.60	\$ 23,435.30
City	Fremont Fire Dept.	\$ -	\$ -
City	City of Gilroy	\$ -	\$ -
City	Glendale Fire Dept.	\$ 1,641,077.07	\$ 820,538.54
City	Hayward Fire Dept.	\$ -	\$ -
City	Hermosa Beach Fire Dept.	\$ 17,674.26	\$ 8,837.13
City	City of Huntington Beach Fire Dept.	\$ 818,502.05	\$ 409,251.03
District	Hyampom CSD/Ambulance	\$ -	\$ -
District	Idyllwild FPD	\$ 55,823.57	\$ 27,911.79
City	City of Indio	\$ 709,639.43	\$ 354,819.72
District	Julian-Cuyamaca FPD	\$ 36,673.38	\$ 18,336.69
City	June Lake Fire Dept.	\$ -	\$ -
District	Kelseyville Fire Protection District	\$ 296,165.89	\$ 148,082.95
Tribal	K'ima:w Ambulance	\$ 314,743.26	\$ 157,371.63
City	City of Kingsburg Fire Dept.	\$ 237,382.04	\$ 118,691.02
City	La Habra Heights Fire Dept.	\$ -	\$ -
City	La Verne Fire Dept.	\$ 104,345.09	\$ 52,172.55
		\$ -	\$ -
District	Lake County Fire Protection District	\$ 315,261.69	\$ 157,630.85
District	Lakeshore Fire Protection District	\$ 921,060.72	\$ 460,530.36
County	Lakeside FPD	\$ -	\$ -
District	Laytonville Fire Dept. & Ambulance	\$ 41,276.20	\$ 20,638.10
District	Livermore/Pleasanton Fire Dept.	\$ -	\$ -
City	Lone Pine FPD	\$ 19,620.25	\$ 9,810.13
City	City of Long Beach Fire Department	\$ 3,987,543.28	\$ 1,993,771.64
City	Los Angeles Fire Department	\$ 35,126,391.58	\$ 17,563,195.79
City	Mammoth Lakes FPD	\$ -	\$ -
City	Manhattan Beach Fire Dept.	\$ 11,988.97	\$ 5,994.49
C & C	County of Marin	\$ 29,422.42	\$ 14,711.21
District	McCloud Community Service Dist.	\$ 6,632.35	\$ 3,316.18
City	Monterey Park Fire Department	\$ 145,433.64	\$ 72,716.82
District	Moraga/Orinda FPD	\$ 33,812.47	\$ 16,906.24
City	City of Newport Beach	\$ 133,257.68	\$ 66,628.84
District	North Central FPD	\$ -	\$ -
District	North County FPD of San Diego County	\$ 233,553.22	\$ 116,776.61
District	North Shore Fire Protection Dist	\$ 369,593.60	\$ 184,796.80
District	North Tahoe Fire Protection Dist.	\$ 61,037.64	\$ 30,518.82
District	Northstar Fire Dept.	\$ 2,178.07	\$ 1,089.03
City	Novato Fire Protection Dist.	\$ 224,746.07	\$ 112,373.04
City	Oakland Fire Dept.	\$ 529,439.27	\$ 264,719.64
HCD	Oak Valley Hospital District	\$ 915,445.30	\$ 457,722.65
District	Oceanside Fire Protection District	\$ 619,196.42	\$ 309,598.21

State Plan Amendment 09-024
Public Ground Emergency Medical Transportation Provider List

Eligibility	PROVIDER Legal Name	Estimated Uncompensated Costs Per Eligible GEMT Provider	Estimated GEMT Supplemental Payment Amount.
District	Ocotillo Wells FPD (Cal Fire)	\$ -	\$ -
City	Olancho Fire Dept.	\$ -	\$ -
City	Orange City Fire Dept.	\$ 511,245.80	\$ 255,622.90
County	Orange County Fire Authority	\$ -	\$ -
City	Palo Alto Fire Dept. (City)	\$ 135,280.96	\$ 67,640.48
City	City of Pasadena Fire Dept.	\$ 1,046,023.31	\$ 523,011.66
District	Peninsula Fire Dist.	\$ -	\$ -
District	Penn Valley Fire	\$ 39,299.01	\$ 19,649.51
City	Petaluma Fire Dept.	\$ 161,153.51	\$ 80,576.76
District	Piedmont Fire Dept.	\$ 2,178.07	\$ 1,089.03
District	Placer Hills Fire	\$ -	\$ -
City	Poway Fire Dept.	\$ 48,339.77	\$ 24,169.88
City	Poway Fire Dept.	\$ -	\$ -
Federal	Presidio Fire Dept.	\$ -	\$ -
District	Ramona Fire Dept.	\$ 98,878.23	\$ 49,439.12
City	Redondo Beach Fire Dept.	\$ -	\$ -
City	Rialto Fire Dept.	\$ 612,523.40	\$ 306,261.70
District	Ripon Fire Dept.	\$ 13,190.31	\$ 6,595.15
County	Riverside Co. Fire Dept.	\$ -	\$ -
County	Riverside Co. Fire Dept./Indio	\$ -	\$ -
City	Roseville Fire Dept.	\$ -	\$ -
CC	Ross Valley Paramedic Authority	\$ 65,243.03	\$ 32,621.52
Tribal	Rumsey Rancheria Fire	\$ -	\$ -
District	Running Springs Fire Dept.	\$ 77,623.51	\$ 38,811.76
District	Russian River FPD	\$ 144,919.48	\$ 72,459.74
City	City of Sacramento Fire Dept.	\$ 12,073,371.63	\$ 6,036,685.82
District	Sacramento Metropolitan Fire Dist.	\$ 5,726,168.27	\$ 2,863,084.14
District	Salmon River Volunteer Fire and Rescue	\$ -	\$ -
District	San Bernardino Co. FD-Fawnskin (Sta 49)	\$ 1,080.03	\$ 540.02
City	City of San Clemente	\$ 95,724.66	\$ 47,862.33
C & C	City & County of San Francisco	\$ 9,329,463.53	\$ 4,664,731.77
City	San Gabriel Fire Dept.	\$ 139,365.81	\$ 69,682.90
City	City of San Marcos Fire Dept.	\$ 432,020.59	\$ 216,010.29
City	San Marino Fire Dept.	\$ 21,761.16	\$ 10,880.58
City	City of San Rafael Fire Dept.	\$ 260,386.96	\$ 130,193.48
District	San Ramon Valley FPD	\$ 90,467.82	\$ 45,233.91
City	Sanger City Fire Dept.	\$ 616,518.36	\$ 308,259.18
County	County of Santa Barbara	\$ 50,115.91	\$ 25,057.96
City	Santa Monica Fire Dept.	\$ -	\$ -
City	Santa Monica Fire Dept.	\$ -	\$ -
County	Santee Fire Dept.	\$ 10,876.34	\$ 5,438.17
City	City of Selma Fire Dept.	\$ 882,242.27	\$ 441,121.13
District	Shelter Cove Fire Dept.	\$ -	\$ -
County	Shingletown Fire Dept.	\$ -	\$ -
District	So Inyo Volunteer Fire Pro Dist.	\$ 2,180.03	\$ 1,090.01
District	Sonoma Valley Fire Dept.	\$ 155,928.90	\$ 77,964.45
District	South Lake County FPD	\$ 79,571.03	\$ 39,785.52
C & C	Southern Marin Emergency Medical Paramedic System	\$ 175,901.79	\$ 87,950.89
City	South Pasadena Fire Dept.	\$ 53,098.41	\$ 26,549.21
District	South Placer Fire Protection District	\$ 37,059.51	\$ 18,529.75
City	City of South San Francisco	\$ 362,208.65	\$ 181,104.32

**State Plan Amendment 09-024
Public Ground Emergency Medical Transportation Provider List**

Eligibility	PROVIDER Legal Name	Estimated Uncompensated Costs Per Eligible GEMT Provider	Estimated GEMT Supplemental Payment Amount.
District	Stinson Beach Fire Dept.	\$ -	\$ -
Tribal	Sycuan Fire Dept.	\$ 34,922.06	\$ 17,461.03
District	Trinity Center Vol. Fire Dept.	\$ -	\$ -
District	Truckee Fire	\$ 37,081.42	\$ 18,540.71
City	Ukiah Fire Dept.	\$ 287,770.95	\$ 143,885.48
City	City of Vacaville Fire Dept.	\$ 414,932.10	\$ 207,466.05
Tribal	Viejas Band of Kumeyaay Indians	\$ 1,089.03	\$ 544.52
City	Vista Fire Dept.	\$ 781,128.80	\$ 390,564.40
City	West Covina Fire Dept.	\$ 363,040.47	\$ 181,520.24
County	West Side Community Ambulance	\$ 367,987.47	\$ 183,993.73
District	White Mountain Fire Dist.	\$ -	\$ -
		\$ 99,916,406	\$ 49,958,203

Assumptions:

Does not include ARRA estimates.

This assumes 100 percent participation. However, this program is voluntary and not all providers will participate.

Source of data is MIS/DSS 2010-11 State Fiscal Year.

Uncompensated Costs = [Transports X Estimated Average Cost Per Transport] - Actual Medi-Cal Payments.

**GROUND EMERGENCY MEDICAL TRANSPORTATION
INTEGRATED DISCLOSURE AND MEDI-CAL COST REPORT
GENERAL INFORMATION AND CERTIFICATION**

1. Name of Fire Department / Agency:		2. State License Number:	3. National Provider Identification (NPI)	
4. Doing Business As (DBA):			5. Facility Business Phone:	
6. Fire District/Agency Street Address:	7. City:		8. Zip Code:	
9. Mailing Address - Street or P.O. Box (if different):	10. City:		11. Zip Code:	
12. Name of Person Signing and Certifying Report:				
13. Report Contact Person:		14. Phone Number:	Phone Ext:	
15. Mailing Address - Street or P. O. Box:	16. City:		17. State:	18. Zip Code:
19. Previous Name of Fire District/Agency if Changed Since Previous Report:				20. Date of Change:
21. Previous State License Number:	22. Date of Change:	23. Previous Medi-Cal Provider No.:	24. Date of Change:	
25. Reporting Period Began:		26. Reporting Period Ended:		
27. Net Cost of Covered Services Certified \$0				

Intentional misrepresentation of falsification of any information contained in this request resulting in reimbursement by the Department of Health Care Services may be punishable by fine and/or imprisonment under federal and state laws (42 CFR, Section 1003.102 - "Basis for Civil Money Penalties and Assessments"; 18 U.S.C. 1347 - "Health Care Fraud"; California Welfare and Institutions Code 14123.25 - "Civil Penalties for Fraudulent Claims"; and Title 22 California Code of Regulations 51485.1 - "Civil Money Penalties")

For the purpose of this certification, "provider" is a Publicly Owned or Operated Ground Emergency Medical Transportation Services provider as defined in W&I Code Section 14105.94.

Certification by Officer or Administrator of the Fire Department / Agency

I, _____ certify under penalty of perjury as follows:

Public funds for services provided have been expended as necessary for Federal Financial Participation (FFP), pursuant to the requirements of Section 1903(w) of the Social Security Act and 42 C.F.R. § 433.50 *et seq.* for allowable costs.

The expenditures claimed have not previously been, nor will be, claimed at any other time to receive Federal Funds under Medicaid or any other program.

The provider acknowledges that the information is to be used for claiming Federal funds and understands that misrepresentation of information constitutes a violation of Federal and State law.

The provider acknowledges that all funds expended pursuant to W&I Code Section 14105.94 are subject to review and audit by the Department of Health Care Services (DHCS)

The provider acknowledges understands that DHCS must deny payments for any claim submitted under W&I Code Section 14105.94, if it determines that the certification is not adequately supported for purposes of Federal Financial Participation.

That I am the responsible person of the subject Fire Department / Agency and am duly authorized to sign this certification and that, to the best of my knowledge and information, each statement and amount in the accompanying schedules are to be true, correct, and in compliance with Section 14105.94 of the California Welfare and Institutions Code.

<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Date of Signature	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Certification	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Name of Fire District/Agency
---	-------------------	---	---------------	---	------------------------------

By: _____
 (Signature)
 Title: _____
 Address: _____

NOTICE

Please be advised that submission of cost reports for items or services which were not provided; are not reimbursable under the Medi-Cal program or claimed in violation of an agreement with the State, may subject you (or your organization) to civil money penalty assessments in accordance with California Welfare & Institutions Code, Section 14123.2

CHECK FIGURE

Total reported expenses (Before Allocation of Expenses - From Sch 1 and Sch 5)		\$	-
Total Reported Expenses (After Allocation of Expenses - From Sch 2 thru 5)	\$	-	-
Additional: Adjustments to expenses (From Sch 7)		-	-
Variance		\$	-

Material variances may result in a rejection of this Cost Report submission.

ALLOCATION OF CAPITAL RELATED AND SALARIES & BENEFITS (CRSB) EXPENSE

Fire Department / Agency Name 0
 National Provider Identification: 0

Fiscal Year Ended January 0, 1900

Line No.	Cost Center	Account Number	1 Expense to be Apportioned	2 Total Reclasses (A) <i>Fr Sch 6, Cols 3 & 6</i>	3 Total Adjustments (B) <i>Fr Sch 7, Col 1</i>	4 Net Expense to be Apportioned	5 MTS Allocation <i>0.00%</i>	6 NON-MTS Allocation <i>0.00%</i>
Capital Related								
1.00	Depreciation - Buildings and Improvements		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
2.00	Depreciation - Leasehold Improvements		-	-	-	-	-	-
3.00	Depreciation - Equipment		-	-	-	-	-	-
4.00	Depreciation and Amortization - Other		-	-	-	-	-	-
5.00	Leases and Rentals		-	-	-	-	-	-
6.00	Property Taxes		-	-	-	-	-	-
7.00	Property Insurance		-	-	-	-	-	-
8.00	Interest - Property, Plant, and Equipment		-	-	-	-	-	-
9.00	Other - (Specify)		-	-	-	-	-	-
10.00	Other - (Specify)		-	-	-	-	-	-
	Total Capital Related (Lines 1.00 thru 10.00)		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Capital Related Allocation Statistics for Direct Service Cost Allocation		
Description	Square Ft	Factor
MTS Square Footage	-	0.00%
Non-MTS Square Footage	-	0.00%
Total Hours to be Apportioned	-	0.00%

Line No.	Cost Center	Account Number	1 Expense to be Apportioned	2 Total Reclasses (A) <i>Fr Sch 6, Cols 3 & 6</i>	3 Total Adjustments (B) <i>Fr Sch 7, Col 1</i>	4 Net Expense to be Apportioned	5 MTS Allocation <i>0.00%</i>	6 NON-MTS Allocation <i>0.00%</i>
Salaries								
11.00	Administrative Chief		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
12.00	Chief		-	-	-	-	-	-
13.00	Non-Suppression Salaries		-	-	-	-	-	-
14.00	Suppression / MTS Salaries		-	-	-	-	-	-
15.00	Other - (Specify)		-	-	-	-	-	-
16.00	Other - (Specify)		-	-	-	-	-	-
17.00	Other - (Specify)		-	-	-	-	-	-
18.00	Other - (Specify)		-	-	-	-	-	-
	Subtotal Salaries (Lines 11.00 thru 18.00)		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Fringe Benefits								
19.00	Administrative Chief		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
20.00	Chief		-	-	-	-	-	-
21.00	Non-Suppression Salaries		-	-	-	-	-	-
22.00	Suppression / MTS Salaries		-	-	-	-	-	-
23.00	Other - (Specify)		-	-	-	-	-	-
24.00	Other - (Specify)		-	-	-	-	-	-
25.00	Other - (Specify)		-	-	-	-	-	-
26.00	Other - (Specify)		-	-	-	-	-	-
	Subtotal Fringe Benefits (Lines 19.00 thru 26.00)		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	Total Salaries & Benefits		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Salaries/Benefits Allocation Statistics for Direct Service Cost Allocation		
Description	Total Hrs	Factor
Hours Logged for MTS Duty	-	0.00%
Hours Logged for NON-MTS Duty	-	0.00%
Total Hours to be Apportioned	-	0.00%

(A) REMINDER THAT THE AMOUNTS FROM SCH 6 , COLUMNS 4 AND 7 MUST BE MANUALLY TRANSFERRED TO THIS COLUMN

(B) REMINDER THAT THE AMOUNTS FROM SCH 7 , COLUMN 1 MUST BE MANUALLY TRANSFERRED TO THIS COLUMN

NON-MTS EXPENSE

Fire Department / Agency Name 0
 National Provider Identification: 0

Fiscal Year Ended January 0, 1900

Line No.	Cost Center	Account Number	1 NON-MTS Expense	2 Allocated Direct Service Costs <i>Fr Sch 4, Col 6</i>	3 Total Reclasses (A) <i>Fr Sch 6, Cols 3 & 6</i>	4 Total Adjustments (B) <i>Fr Sch 7, Col 1</i>	5 Total NON-MTS Expense <i>To Sch 1, Col 2</i>
Capital Related							
1.00	Depreciation - Buildings and Improvements		\$ -	\$ -	\$ -	\$ -	\$ -
2.00	Depreciation - Leasehold Improvements		-	-	-	-	-
3.00	Depreciation - Equipment		-	-	-	-	-
4.00	Depreciation and Amortization - Other		-	-	-	-	-
5.00	Leases and Rentals		-	-	-	-	-
6.00	Property Taxes		-	-	-	-	-
7.00	Property Insurance		-	-	-	-	-
8.00	Interest - Property, Plant, and Equipment		-	-	-	-	-
9.00	Other - (Specify)		-	-	-	-	-
10.00	Other - (Specify)		-	-	-	-	-
	Total Capital Related (Lines 1.00 thru 10.00)		\$ -	\$ -	\$ -	\$ -	\$ -
Salaries							
11.00	Administrative Chief		\$ -	\$ -	\$ -	\$ -	\$ -
12.00	Chief		-	-	-	-	-
13.00	Non-Suppression Salaries		-	-	-	-	-
14.00	Suppression / MTS Salaries		-	-	-	-	-
15.00	Other - (Specify)		-	-	-	-	-
16.00	Other - (Specify)		-	-	-	-	-
17.00	Other - (Specify)		-	-	-	-	-
18.00	Other - (Specify)		-	-	-	-	-
	Subtotal Salaries (Lines 11.00 thru 18.00)		\$ -	\$ -	\$ -	\$ -	\$ -
Fringe Benefits							
19.00	Administrative Chief		\$ -	\$ -	\$ -	\$ -	\$ -
20.00	Chief		-	-	-	-	-
21.00	Non-Suppression Salaries		-	-	-	-	-
22.00	Suppression / MTS Salaries		-	-	-	-	-
23.00	Other - (Specify)		-	-	-	-	-
24.00	Other - (Specify)		-	-	-	-	-
25.00	Other - (Specify)		-	-	-	-	-
26.00	Other - (Specify)		-	-	-	-	-
	Subtotal Fringe Benefits (Lines 19.00 thru 26.00)		\$ -	\$ -	\$ -	\$ -	\$ -
	Total Salaries & Benefits		\$ -	\$ -	\$ -	\$ -	\$ -
	Total Capital Related, Salaries, and Benefits		\$ -	\$ -	\$ -	\$ -	\$ -
Administrative and General							
27.00	Administrative		\$ -		\$ -	\$ -	\$ -
28.00	Legal		-		-	-	-
29.00	Accounting		-		-	-	-
30.00	Advertising		-		-	-	-
31.00	Consulting Expenses		-		-	-	-
32.00	Contracted Labor		-		-	-	-
33.00	Interest - Other		-		-	-	-
34.00	Training		-		-	-	-
35.00	General Insurance		-		-	-	-
36.00	Supplies		-		-	-	-
37.00	Bad Debt		-		-	-	-
38.00	Plant Operations and Maintenance		-		-	-	-
39.00	Housekeeping		-		-	-	-
40.00	Utilities		-		-	-	-
41.00	Medical Supplies		-		-	-	-
42.00	Minor Medical Equipment		-		-	-	-
43.00	Minor Equipment		-		-	-	-
44.00	Fines and Penalties		-		-	-	-
45.00	Fleet Maintenance		-		-	-	-
46.00	Communications		-		-	-	-

Line No.	Cost Center	Account Number	1 NON-MTS Expense	2 Allocated Direct Service Costs Fr Sch 4, Col 6	3 Total Reclasses (A) Fr Sch 6, Cols 3 & 6	4 Total Adjustments (B) Fr Sch 7, Col 1	5 Total NON-MTS Expense To Sch 1, Col 2
47.00	Recruit Academy		-		-	-	-
48.00	Dispatch Service		-		-	-	-
49.00	Logistics		-		-	-	-
50.00	Postage		-		-	-	-
51.00	Dues and Subscriptions		-		-	-	-
52.00	Other - Capital Related Costs		-		-	-	-
53.00	Other - (Specify)		-		-	-	-
54.00	Other - (Specify)		-		-	-	-
55.00	Other - (Specify)		-		-	-	-
56.00	Other - (Specify)		-		-	-	-
57.00	Other - (Specify)		-		-	-	-
	Total Administrative & General		\$ -	\$ -	\$ -	\$ -	\$ -
	Total Fire District / Agency		\$ -	\$ -	\$ -	\$ -	\$ -

(A) REMINDER THAT THE AMOUNTS FROM SCH 6 , COLUMNS 4 AND 7 MUST BE MANUALLY TRANSFERRED TO THIS COLUMN

(B) REMINDER THAT THE AMOUNTS FROM SCH 7 , COLUMN 1 MUST BE MANUALLY TRANSFERRED TO THIS COLUMN

MEDICAL TRANSPORTATION SERVICES (MTS) EXPENSE

Fire Department / Agency Name 0
 National Provider Identification: 0

Fiscal Year Ended January 0, 1900

Line No.	Cost Center	Account Number	1 MTS Expense	2 Allocated Direct Service Cost <i>Fr Sch 4, Col 5</i>	3 Total Reclasses (A) <i>Fr Sch 6, Cols 3 & 6</i>	4 Total Adjustments (B) <i>Fr Sch 7, Col 1</i>	5 Total MTS Expense <i>To Sch 1, Col 2</i>
Capital Related							
1.00	Depreciation - Buildings and Improvements		\$ -	\$ -	\$ -	\$ -	\$ -
2.00	Depreciation - Leasehold Improvements		-	-	-	-	-
3.00	Depreciation - Equipment		-	-	-	-	-
4.00	Depreciation and Amortization - Other		-	-	-	-	-
5.00	Leases and Rentals		-	-	-	-	-
6.00	Property Taxes		-	-	-	-	-
7.00	Property Insurance		-	-	-	-	-
8.00	Interest - Property, Plant, and Equipment		-	-	-	-	-
9.00	Other - (Specify)		-	-	-	-	-
10.00	Other - (Specify)		-	-	-	-	-
	Total Capital Related (Lines 1.00 thru 10.00)		\$ -	\$ -	\$ -	\$ -	\$ -
Salaries							
11.00	Administrative Chief		\$ -	\$ -	\$ -	\$ -	\$ -
12.00	Chief		-	-	-	-	-
13.00	Non-Suppression Salaries		-	-	-	-	-
14.00	Suppression / MTS Salaries		-	-	-	-	-
15.00	Other - (Specify)		-	-	-	-	-
16.00	Other - (Specify)		-	-	-	-	-
17.00	Other - (Specify)		-	-	-	-	-
18.00	Other - (Specify)		-	-	-	-	-
	Subtotal Salaries (Lines 11.00 thru 18.00)		\$ -	\$ -	\$ -	\$ -	\$ -
Fringe Benefits							
19.00	Administrative Chief		\$ -	\$ -	\$ -	\$ -	\$ -
20.00	Chief		-	-	-	-	-
21.00	Non-Suppression Salaries		-	-	-	-	-
22.00	Suppression / MTS Salaries		-	-	-	-	-
23.00	Other - (Specify)		-	-	-	-	-
24.00	Other - (Specify)		-	-	-	-	-
25.00	Other - (Specify)		-	-	-	-	-
26.00	Other - (Specify)		-	-	-	-	-
	Subtotal Fringe Benefits (Lines 19.00 thru 26.00)		\$ -	\$ -	\$ -	\$ -	\$ -
	Total Salaries & Benefits		\$ -	\$ -	\$ -	\$ -	\$ -
	Total Capital Related, Salaries, and Benefits		\$ -	\$ -	\$ -	\$ -	\$ -
Administrative and General							
27.00	Administrative		\$ -		\$ -	\$ -	\$ -
28.00	Legal		-		-	-	-
29.00	Accounting		-		-	-	-
30.00	Advertising		-		-	-	-
31.00	Consulting Expenses		-		-	-	-
32.00	Contracted Labor		-		-	-	-
33.00	Interest - Other		-		-	-	-
34.00	Training		-		-	-	-
35.00	General Insurance		-		-	-	-
36.00	Supplies		-		-	-	-
37.00	Bad Debt		-		-	-	-
38.00	Plant Operations and Maintenance		-		-	-	-
39.00	Housekeeping		-		-	-	-
40.00	Utilities		-		-	-	-
41.00	Medical Supplies		-		-	-	-
42.00	Minor Medical Equipment		-		-	-	-
43.00	Minor Equipment		-		-	-	-
44.00	Fines and Penalties		-		-	-	-
45.00	Fleet Maintenance		-		-	-	-

Line No.	Cost Center	Account Number	1	2	3	4	5
			MTS Expense	Allocated Direct Service Cost Fr Sch 4, Col 5	Total Reclasses (A) Fr Sch 6, Cols 3 & 6	Total Adjustments (B) Fr Sch 7, Col 1	Total MTS Expense To Sch 1, Col 2
46.00	Communications		-		-	-	-
47.00	Recruit Academy		-		-	-	-
48.00	Dispatch Service		-		-	-	-
49.00	Logistics		-		-	-	-
50.00	Postage		-		-	-	-
51.00	Dues and Subscriptions		-		-	-	-
52.00	Other - Capital Related Costs		-		-	-	-
53.00	Other - (Specify)		-		-	-	-
54.00	Other - (Specify)		-		-	-	-
55.00	Other - (Specify)		-		-	-	-
56.00	Other - (Specify)		-		-	-	-
57.00	Other - (Specify)		-		-	-	-
	Total Administrative & General		<u>\$ -</u>		<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>
	Total Fire District / Agency		<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>

(A) REMINDER THAT THE AMOUNTS FROM SCH 6 , COLUMNS 4 AND 7 MUST BE MANUALLY TRANSFERRED TO THIS COLUMN

(B) REMINDER THAT THE AMOUNTS FROM SCH 7 , COLUMN 1 MUST BE MANUALLY TRANSFERRED TO THIS COLUMN

TOTAL EXPENSE

Fire Department / Agency Name 0 Fiscal Year Ended January 0, 1900
 National Provider Identification: 0

Line No.	Cost Center	Account Number	1	2	3	4
			Total Expense	MTS Expense	NON-MTS Expense	Administration & General
			Col 2 + Col 3	Fr Sch 2, Col 5	Fr Sch 3, Col 5	Fr Sch 5, Col 1
	Capital Related					
1.00	Depreciation - Buildings and Improvements		\$ -	\$ -	\$ -	
2.00	Depreciation - Leasehold Improvements		-	-	-	
3.00	Depreciation - Equipment		-	-	-	
4.00	Depreciation and Amortization - Other		-	-	-	
5.00	Leases and Rentals		-	-	-	
6.00	Property Taxes		-	-	-	
7.00	Property Insurance		-	-	-	
8.00	Interest - Property, Plant, and Equipment		-	-	-	
9.00	Other - (Specify)		-	-	-	
10.00	Other - (Specify)		-	-	-	
	Total Capital Related (Lines 1.00 thru 10.00)		\$ -	\$ -	\$ -	
	Salaries					
11.00	Administrative Chief		\$ -	\$ -	\$ -	
12.00	Chief		-	-	-	
13.00	Non-Suppression Salaries		-	-	-	
14.00	Suppression / MTS Salaries		-	-	-	
15.00	Other - (Specify)		-	-	-	
16.00	Other - (Specify)		-	-	-	
17.00	Other - (Specify)		-	-	-	
18.00	Other - (Specify)		-	-	-	
	Subtotal Salaries (Lines 11.00 thru 18.00)		\$ -	\$ -	\$ -	
	Fringe Benefits					
19.00	Administrative Chief		\$ -	\$ -	\$ -	
20.00	Chief		-	-	-	
21.00	Non-Suppression Salaries		-	-	-	
22.00	Suppression / MTS Salaries		-	-	-	
23.00	Other - (Specify)		-	-	-	
24.00	Other - (Specify)		-	-	-	
25.00	Other - (Specify)		-	-	-	
26.00	Other - (Specify)		-	-	-	
	Subtotal Fringe Benefits (Lines 19.00 thru 26.00)		\$ -	\$ -	\$ -	
	Total Salaries & Benefits		\$ -	\$ -	\$ -	
	Total Capital Related, Salaries, and Benefits		\$ -	\$ -	\$ -	
	Administrative and General					
27.00	Administrative		\$ -	\$ -	\$ -	\$ -
28.00	Legal		-	-	-	-
29.00	Accounting		-	-	-	-
30.00	Advertising		-	-	-	-
31.00	Consulting Expenses		-	-	-	-
32.00	Contracted Labor		-	-	-	-
33.00	Interest - Other		-	-	-	-
34.00	Training		-	-	-	-
35.00	General Insurance		-	-	-	-
36.00	Supplies		-	-	-	-
37.00	Bad Debt		-	-	-	-
38.00	Plant Operations and Maintenance		-	-	-	-
39.00	Housekeeping		-	-	-	-
40.00	Utilities		-	-	-	-
41.00	Medical Supplies		-	-	-	-

Line No.	Cost Center	Account Number	1	2	3	4
			Total Expense	MTS Expense	NON-MTS Expense	Administration & General
			Col 2 + Col 3	Fr Sch 2, Col 5	Fr Sch 3, Col 5	Fr Sch 5, Col 1
42.00	Minor Medical Equipment		-	-	-	-
43.00	Minor Equipment		-	-	-	-
44.00	Fines and Penalties		-	-	-	-
45.00	Fleet Maintenance		-	-	-	-
46.00	Communications		-	-	-	-
47.00	Recruit Academy		-	-	-	-
48.00	Dispatch Service		-	-	-	-
49.00	Logistics		-	-	-	-
50.00	Postage		-	-	-	-
51.00	Dues and Subscriptions		-	-	-	-
52.00	Other - Capital Related Costs		-	-	-	-
53.00	Other - (Specify)		-	-	-	-
54.00	Other - (Specify)		-	-	-	-
55.00	Other - (Specify)		-	-	-	-
56.00	Other - (Specify)		-	-	-	-
57.00	Other - (Specify)		-	-	-	-
	Total Administrative & General		<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>
	Total Fire District / Agency		<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>

NOTES

Fire Department / Agency:	ABC Fire District
Fiscal Year Ended:	June 30, 2011
NPI:	1234567890

Please identify the statistical basis for allocation on Schedules 4 and 5.

Sch	Line	Allocation Basis	Amount

FINAL SETTLEMENT CALCULATION

Fire Department / Agency:	0
Fiscal Year Ended:	January 0, 1900
NPI:	0

Average Cost per GEMT Service	
1	Cost of MTS Services (from Sch 2) -
2	Indirect Cost Factor Based on MTS Services? (please use drop-down box) No
3	If no, please enter the cost basis for calculating Indirect Cost
4	Indirect Cost Factor (please see notes below) -
5	Administration & General Allocation from Sch 5 (A) -
6	Administration & General to be included -
7	Grand Total of MTS Expense (Sum Lines 1 thru 4) -
8	Total Number of MTS Transports -
9	Average Cost per MTS Transports (Line 7 / Line 8) \$ -

Calculation of Medi-Cal Final Settlement					
ARRA Percent	11.59%	11.59%	8.77%	6.88%	
	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Totals
10	Total No. of Medi-Cal GEMT Transports				-
11	\$ -	\$ -	\$ -	\$ -	\$ -
12	<Less: Amount Paid> (i.e. Medi-Cal FFS or Other Payments)				-
13	\$ -	\$ -	\$ -	\$ -	\$ -
14	-	-	-	-	-
15	\$ -	\$ -	\$ -	\$ -	\$ -
16	ARRA Calculation (Line 13 X ARRA)				-
17	\$ -	\$ -	\$ -	\$ -	\$ -

(A) In most cases, when an Indirect Cost Factor is being applied, there should be no Administration & General cost allocated

REVENUE / FUNDING SOURCES

Fire Department / Agency:	0	NPI Number	0
---------------------------	---	------------	---

Fiscal Year Ended: **January 0, 1900**

	1	2	3	4
	REVENUE / FUNDING SOURCES	MTS	NON-MTS	TOTAL
1.		\$ -	\$ -	\$ -
2.		-	-	-
3.		-	-	-
4.		-	-	-
5.		-	-	-
6.		-	-	-
7.		-	-	-
8.		-	-	-
9.		-	-	-
10.		-	-	-
11.		-	-	-
12.		-	-	-
13.		-	-	-
14.		-	-	-
15.		-	-	-
16.		-	-	-
17.		-	-	-
18.		-	-	-
19.		-	-	-
20.		-	-	-
21.		-	-	-
23.		-	-	-
24.		-	-	-
25.		-	-	-
26.		-	-	-
26.		-	-	-
27.		-	-	-
28.		-	-	-
29.		-	-	-
30.		-	-	-
31.		-	-	-
32.		-	-	-
33.		-	-	-
34.		-	-	-
35.		-	-	-
	TOTALS	\$ -	\$ -	\$ -

ADJUSTMENTS TO EXPENSES

Fire Department / Agency:		0				
Fiscal Year Ended:		January 0, 1900				
NPI:		0				
Description	Basis for Adjustment (A or B)	Amount Increase / (Decrease) 1	Cost Center	Schedule	C/R Line No.	
					2	
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.	Total		\$ -			

Basis for Adjustment

A = Cost (if cost, including applicable overhead, can be determined)

B = Amount received (if cost cannot be determined)

Amount

Transfer to Applicable Worksheets (2, 3 & 4), and applicable Column line number as appropriate.

Cost Center and Line Number

From expense classifications on Worksheet 1 to which the amount is to be added or from which amount is to be deducted.

RECLASSIFICATION OF EXPENSES

Fire Department / Agency:	0
Fiscal Year Ended:	January 0, 1900
NPI:	0

EXPLANATION OF ENTRY	Code	INCREASE				DECREASE			
		Cost Center	Line Number	Schedule	Amount	Cost Center	Line Number	Schedule	Amount
		1	2	3	4	5	6	7	
1					\$ -				\$ -
2					-				-
3					-				-
4					-				-
5					-				-
6					-				-
7					-				-
8					-				-
9					-				-
10					-				-
11					-				-
12					-				-
13					-				-
14					-				-
15					-				-
16					-				-
17					-				-
18					-				-
19					-				-
20					-				-
21					-				-
22					-				-
23					-				-
24					-				-
25					-				-
26					-				-
27					-				-
28					-				-
29					-				-
30					-				-
31					-				-
32					-				-
33					-				-
34					-				-

EXPLANATION OF ENTRY	Code	INCREASE				DECREASE			
		Cost Center	Line Number	Schedule	Amount	Cost Center	Line Number	Schedule	Amount
		1	2	3	4	5	6	7	
35					-				-
36					-				-
37					-				-
38					-				-
39					-				-
40					-				-
41					-				-
42					-				-
43					-				-
44					-				-
45					-				-
46					-				-
47					-				-
48					-				-
49					-				-
50					-				-
51					-				-
52					-				-
53					-				-
54					-				-
55					-				-
Total Reclassifications (Col. 4 & 7 must equal)					\$ -				\$ -

Column 1: Use sequential lettering system to identify individual reclassifications; i.e. A. B. C...

Column 4 and Column 7: Transfer amounts to applicable Worksheets 2, 3, or 4 Column 6 or Worksheet 5, Column 2 on the line numbers as appropriate.

ALLOCATION OF ADMINISTRATION & GENERAL

Fire Department / Agency Name 0
 National Provider Identification: 0

Fiscal Year Ended January 0, 1900

Line No.	Cost Center	Account Number	1 Expense to be Apportioned ** See Note Below	2 Total Reclasses (A) <i>Fr Sch 6, Cols 3 & 6</i>	3 Total Adjustments (B) <i>Fr Sch 7, Col 1</i>	4 Net Expense to be Apportioned	5 MTS Allocation <i>0.00%</i>	6 NON-MTS Allocation <i>0.00%</i>
Administrative and General								
27.00	Administrative		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
28.00	Legal		-	-	-	-	-	-
29.00	Accounting		-	-	-	-	-	-
30.00	Advertising		-	-	-	-	-	-
31.00	Consulting Expenses		-	-	-	-	-	-
32.00	Contracted Labor		-	-	-	-	-	-
33.00	Interest - Other		-	-	-	-	-	-
34.00	Training		-	-	-	-	-	-
35.00	General Insurance		-	-	-	-	-	-
36.00	Supplies		-	-	-	-	-	-
37.00	Bad Debt		-	-	-	-	-	-
38.00	Plant Operations and Maintenance		-	-	-	-	-	-
39.00	Housekeeping		-	-	-	-	-	-
40.00	Utilities		-	-	-	-	-	-
41.00	Medical Supplies		-	-	-	-	-	-
42.00	Minor Medical Equipment		-	-	-	-	-	-
43.00	Minor Equipment		-	-	-	-	-	-
44.00	Fines and Penalties		-	-	-	-	-	-
45.00	Fleet Maintenance		-	-	-	-	-	-
46.00	Communications		-	-	-	-	-	-
47.00	Recruit Academy		-	-	-	-	-	-
48.00	Dispatch Service		-	-	-	-	-	-
49.00	Logistics		-	-	-	-	-	-
50.00	Postage		-	-	-	-	-	-
51.00	Dues and Subscriptions		-	-	-	-	-	-
52.00	Other - Capital Related Costs		-	-	-	-	-	-
53.00	Other - (Specify)		-	-	-	-	-	-
54.00	Other - (Specify)		-	-	-	-	-	-
55.00	Other - (Specify)		-	-	-	-	-	-
56.00	Other - (Specify)		-	-	-	-	-	-
57.00	Other - (Specify)		-	-	-	-	-	-
Total Administrative & General			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -