

# Colorado Emergency Medical Services (EMS) Supplemental Payment

Fiscal Year (FY) 2022-23 Bi-Yearly Stakeholder Meeting

*October 6, 2022*

# Introductions – Department

The Colorado Department of Health Care Policy and Financing (Department) will administer the CO EMS Supplemental Payment, communicating with the Centers for Medicare and Medicaid Services (CMS) to disburse supplemental payments to public Providers who successfully complete the annual cost report.

- Shannon Huska
- Olga Gintchin
- Tracy Gonzales



# Introductions – PCG

Public Consulting Group (PCG) is the third party assisting public Providers with CO EMS Supplemental Payment activities on behalf of the Department.

- Garrett Abrahamson
- Miles Brown
- Michelle Silvestre
- Alex Creech



**Solutions that matter**

# Agenda

- Acronyms
- CO EMS Supplemental Payment Recap
- FY 2021-22 Training Summary
- Intent of Participation Reminder
- Discussion




# Acronyms

| Acronym           | Full Name   |
|-------------------|---|
| <b>Department</b> | Colorado Department of Health Care Policy and Financing |
| <b>PCG</b>        | Public Consulting Group                                 |
| <b>ASCR</b>       | Ambulance Services Cost Report portal                   |
| <b>FMAP</b>       | Federal Medical Assistance Percentage                   |
| <b>FY</b>         | Fiscal Year   |



# CO EMS Supplemental Payment Recap – Help Desk and Participation


## FY 2017-18

 **300+**  
calls

 **520+**  
emails

 **43**  
providers


## FY 2018-19

 **320+**  
calls

 **520+**  
emails

 **63**  
providers


## FY 2019-20

 **280+**  
calls


 **430+**  
emails

 **78**  
providers

## FY 2020-21

 **150+**  
calls

 **700+**  
emails

 **84**  
providers

## CO EMS Supplemental Payment Recap – Supplemental Payments

|                   | Health First<br>Colorado<br>Payments | CO EMS<br>Supplemental<br>Payments |
|-------------------|--------------------------------------|------------------------------------|
| <b>FY 2017-18</b> | \$2 million                          | \$12 million                       |
| <b>FY 2018-19</b> | \$4 million                          | \$27 million                       |
| <b>FY 2019-20</b> | \$6 million                          | \$34 million                       |
| <b>FY 2020-21</b> | \$7 million                          | \$43 Million                       |



# FY 2021-22 Training Summary

Thank you all who participated in the FY 2021-22 Training sessions!

## Key Highlights:

- 3 in-person training options
- 1 virtual training option
- 80+ attendees
- 75 unique Providers





# Intent of Participation Reminder

In order to participate in the CO EMS Supplemental Payment, you are required to complete the Annual Provider Participation Agreement form.

This can be found under the Department's CO EMS Supplemental Payment website. You can also reach out to the CO EMS Supplemental Payment Help Desk and request a copy.

Please return the completed Annual Provider Participation Agreement to the Department, Attn: Olga Gintchin, [olga.gintchin@state.co.us](mailto:olga.gintchin@state.co.us)



## Colorado Emergency Medical Services (EMS) Supplemental Payment Annual Provider Participation Agreement State Fiscal Year (FY) 2021-22

### Statement of Intent

The purpose of this agreement is to allow participation in the CO EMS Supplemental Payment by the governmentally owned or operated provider, named below, subject to the provider's compliance with the requirements and responsibilities set forth in this agreement.

### CO EMS Supplemental Payment Provider Responsibilities

- A. Submit the Provider Participation Agreement form.
- B. Attending one cost report annual training is highly encouraged to ensure efficient and accurate cost reporting.
- C. Utilize the Supplemental Payment email address ([COEMSupplemental@pcgus.com](mailto:COEMSupplemental@pcgus.com)) and hotline (877-775-3867) to ensure understanding and completion of the annual cost report.
- D. Submit cost report by November 30, 2022 and certify all costs on the Ambulance Services Cost Report (ASCR) portal.
- E. Maintain documentation of all amounts claimed pursuant to this agreement to permit a determination of expense allowability and for possible reviews and audits by state and federal agencies.
- F. Agree to accept as payment in full the reimbursement received for services subject to supplemental reimbursement pursuant to this agreement. Under no circumstances will the total amount of reimbursement received exceed one hundred percent of actual costs.
- G. Provider agrees that the Department is not responsible for the compliance of costs reported by the governmentally owned and operated provider.

Provider Authorized Representative's Signature:  
Date:

|                      |                  |
|----------------------|------------------|
| Print Name:          | Title:           |
| Email Address:       | Phone Number:    |
| Street Address:      |                  |
| City, State and Zip: |                  |
| Provider Name:       | Provider NPI(s): |

Please return the completed Participation Agreement to the Department of Health Care Policy and Financing, Attn: Olga Gintchin, [olga.gintchin@state.co.us](mailto:olga.gintchin@state.co.us)



# Discussion

**We want to hear from you!**

- Questions?
- Comments?
- Concerns?



# Contacts



## Olga Gintchin

Program Administrator

Colorado Department of Health Care Policy and Financing

303-866-4234

[Olga.Gintchin@state.co.us](mailto:Olga.Gintchin@state.co.us)



Solutions that matter

## CO EMS Supplemental Payment Help Desk

Cost Reporting Support Team

877-775-3867

[COEMSSupplemental@pcgus.com](mailto:COEMSSupplemental@pcgus.com)





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