

Ambulance Services Cost Report (ASCR) Portal

Fiscal Year (FY) 2023-24 User Guide

August 2024

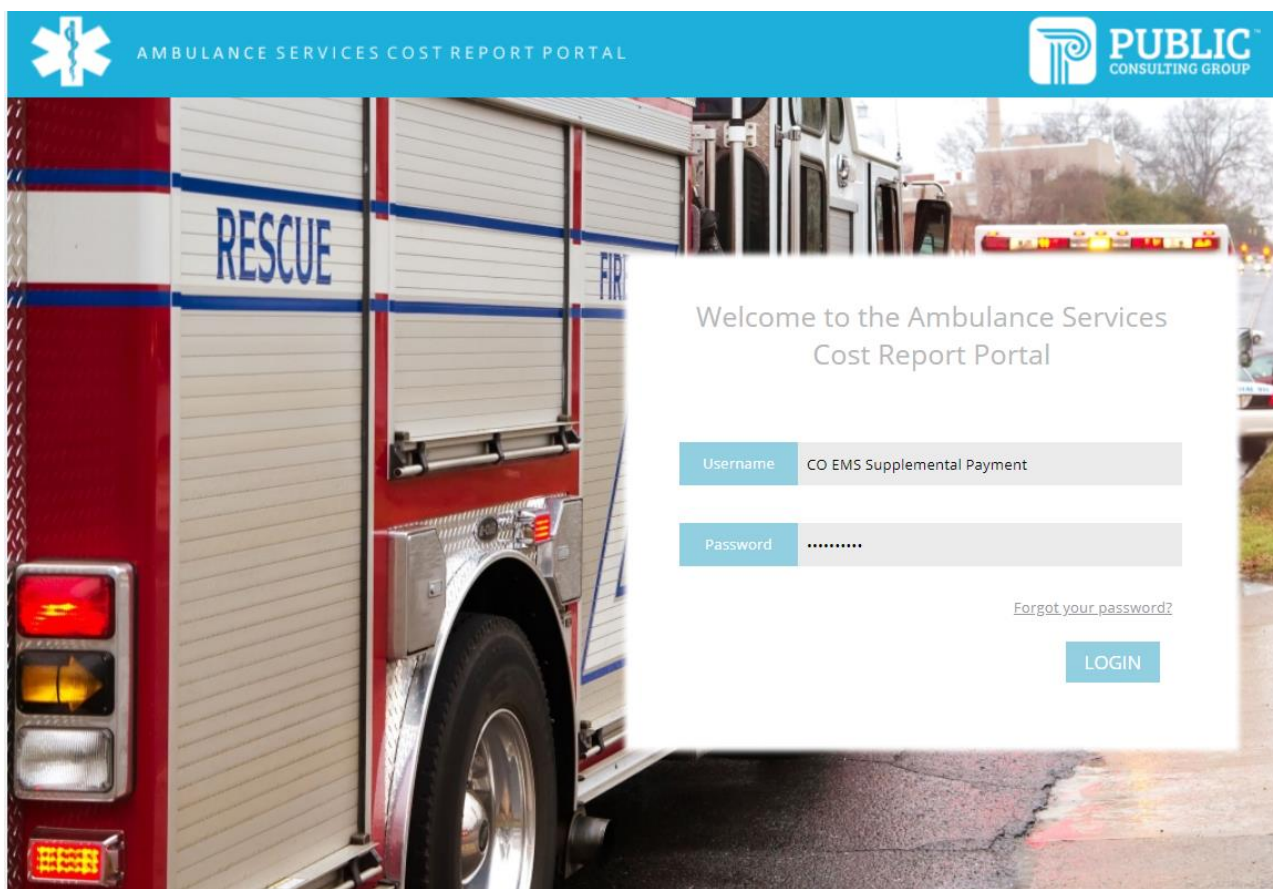


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INTRODUCTION

The Colorado (CO) Emergency Medical Services (EMS) Supplemental Payment is supported by the Department of Health Care Policy and Financing (HCPF) and Public Consulting Group (PCG). HCPF will administer the program, communicating with the Centers for Medicare and Medicaid Services (CMS) to disburse supplemental payments to public emergency medical services Providers. PCG is the third-party assisting Providers with CO EMS Supplemental Payment activities on behalf of HCPF.

The CO EMS Supplemental Payment is a voluntary, ongoing reimbursement opportunity for public emergency medical services providers to recover additional federal funding for emergency medical services delivered to Health First Colorado beneficiaries. This program was created to reduce the gap of low Medicaid reimbursement rates. As a part of the program, providers will prepare and submit a cost report for the total, actual incurred Medicaid costs annually, for the state fiscal year (July 1, 2023 – June 30, 2024).

The CO EMS Supplemental Payment allows HCPF to “draw down” the federal share of costs for emergency medical services. Since Medicaid is a joint federal and state program, each entity is responsible for its share of costs. Through the application of the Federal Medical Assistance Percentage (FMAP), the state share is financed by the provider as expenses already incurred by the provider.

The FY 2023-24 Federal Medical Assistance Percentage (FMAP) for the State of Colorado is 50%. Note that by law, the FMAP cannot be less than 50%. For example, if it costs a provider \$100 to provide direct EMS to a Health First Colorado beneficiary, the Federal Government is responsible for disbursing a supplemental payment of \$50 to the provider. For the provider to obtain this supplemental payment, they must complete a Certified Public Expenditure (CPE) form.

There are three key steps to the CPE process:

1. Provider completes and certifies the Annual Cost Report by November 27, 2024.
2. The Annual Cost Report calculates the total Medicaid allowable costs and the federal share of these costs that have not been reimbursed through Health First Colorado billing.
3. HCPF draws down the FMAP and disburses the calculated federal share of the settlement to Providers.

The following resources support completion of a provider’s cost report. To view, right click and select “Open Hyperlink.”

- **[Ambulance Service Cost Report \(ASCR\) Portal](#)** (hyperlink)
- **[Help Desk Email Address](#)** (hyperlink)
- Support Hotline: 877-775-3867

The Supplemental Payment data collection requirements are designed to utilize reports and materials that most Providers prepare for other purposes.

1. **Expenditures** - Annual detailed expenditure files broken by cost center as reported in most up to date financial statements or audited financials
2. **Depreciation** - Depreciation schedule file that includes asset number, description, date placed in service, years of useful life, and original cost.
3. **Computer Aided-Dispatch System Information** - Report showing the total amount of time spent on emergency medical services and non-emergency medical services calls. Other forms of dispatch reporting are also acceptable.
4. **Indirect Cost Rate Proposal** (if applicable) - Cost Allocation Plan or Indirect Cost Rate proposal from the Provider's county/city/town to incorporate additional overhead costs.
5. **Net Revenues Summary** - Report on net revenues for all payer types, except Health First Colorado.
6. **Total Transports** - Report on all calls that resulted in emergency medical transport.
7. **Federal Funds** (if applicable) - Award files.

All the data and documentation related to the CO EMS Supplemental Payment must be reported on the PCG ASCR portal.

DEFINITIONS AND ABBREVIATIONS

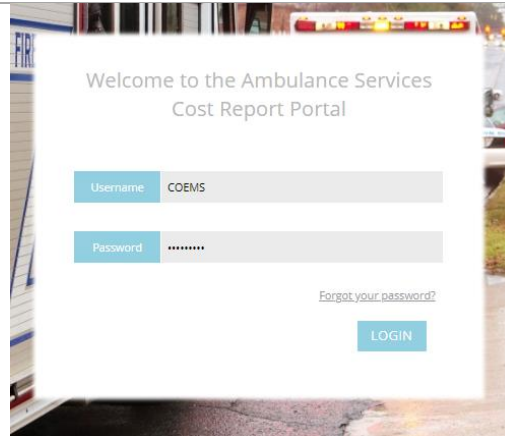
Acronym	Definition
ASCR	Ambulance Services Cost Report portal
CAD	Computer-Aided Dispatch
CAR	Comprehensive Audit Review
CARES	Coronavirus Aid, Relief, and Economic Security
CMS	Centers for Medicare & Medicaid Services

HCPF	Colorado Department of Health Care Policy and Financing
EMS	Emergency Medical Services
FFS	Fee-for-Service
FMAP	Federal Medical Assistance Percentage
FY	Fiscal Year
MTS	Medical Transportation Services
PCG	Public Consulting Group
SIT	Strategic Intervention Trainings
CPE	Certified Public Expenditure
EMT	Emergency Medical Technician

ASCR PORTAL ACCESS & FUNCTIONALITIES

Goals and objectives of the ASCR portal:

- Integrate the federally approved Excel-based cost reporting template into an easy-to-use online application.
- Streamline data input and calculations.
- Implement real-time data validation checks for quality assurance and accuracy.
- Create enhanced reporting capabilities for year-to-year trend analysis.
 - To access the ASCR, go to: ascr.pcghealthservices.com (hyperlink)



ACCESS TO THE ASCR PORTAL

Access to the ASCR portal will be granted to providers who complete the Participation Agreement form and email it to [Olga Gintchin](#) (hyperlink) from HCPF. The form can be downloaded directly from HCPF's site [here](#) (hyperlink). The email address listed will receive the following email notification from donotreply@pcghealth.awsapps.com (hyperlink):

"Hello,

The Ambulance Services Cost Reporting (ASCR) portal is an online application that allows public EMS transport providers in Colorado to report their annual cost and billing data to the Colorado Department of Health Care Policy and Financing (HCPF). You have been granted access by <email of whoever added> to view and submit data on the ASCR portal.

Click the following link to create a password: [Ambulance Services Cost Report Portal](#)

Please contact COEMSSupplemental@pcgus.com with any questions.

Thank you!"

Follow the link in the email to create a password. The username associated with the new password will be the email that was provided on the Participation Agreement form.

Password should meet the following rules

- * At least 8 characters
- * At least one upper case letter
- * At least one special character
- * At least one number
- * At least one lower case letter

New Password

Confirm new password

Save

MANAGE USERS

Once an account has been created, the user can create, edit and remove accounts for other members of the public provider’s team. All users will appear at the bottom of the Provider Information tab under the Active Users section. When creating a new account, the new username should be the user’s email address. Privileges to the new users can be assigned based on the primary user’s preference (editing, certifying, viewing).

Active Users

User Name	First Name	Last Name	Email Address	Edit	Remove
qaco	qa	co	pcgstaterole@gmail.com	<input type="checkbox"/>	<input type="checkbox"/>

Add New User Confirm Users

All providers will need to review and confirm their active users before certifying the cost report.

SAVE & MARK COMPLETE

The ASCR portal is designed to automatically save all data reported. However, users should continue clicking the Save button as progress is made. Once all the data is reported on a specific tab, click on the Mark Complete button.

If you accidentally click on the Mark Complete button, simply go back to the tab, make any edit and it will automatically open again.

Each page of the cost report must be completed before you can electronically certify your report.

The image shows a portion of a web form. On the right side, there are two buttons: 'Save' and 'Mark Complete', both in light blue with white text. These buttons are enclosed in a blue oval. A blue line extends from the bottom of the oval down to a 'Mark Complete' button located in a horizontal bar at the bottom of the form. The form contains several input fields with placeholder text: 'National Provider' with '123456789', 'Facility Business' with '(345) 798-6', and two 'Zip Code' fields with '12345'. At the bottom, there is a bar with buttons for 'Validation', 'Import', 'Export', 'Cancel', 'Save', and 'Mark Complete'.

ADD ROW FUNCTION

The ASCR portal is a web-based CMS approved cost report template that comes with a predetermined list of categories to organize a Provider's expenses. If the prelisted categories do not fit your expenses, add a row, and indicate the name of the expense.

There is an Add button for all the expense categories (Capital Related, Salaries, Benefits, and Administrative and General). All new rows for expenditures need to be added under the MTS Expense tab, and they will be applied accordingly to the Non-MTS Expense and Expense Allocation tabs.

The image shows a table with 10 rows of expense categories. A dialog box titled 'Add Capital' is overlaid on the table. The dialog box contains the text: 'You have chosen to add a new Capital. If you wish to continue, please click the Add Row button below. Otherwise click cancel.' Below the text are two buttons: 'Add Row' and 'Cancel'. The table has columns for category, amount, and total. The 'Total' row at the bottom has a red box around the '\$0.00' value and an 'Add Capital' button below it.

2	Depreciation - Leasehold Improvements	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
3	Depreciation	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4	Depreciation	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
5	Depreciation and Amortization	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
6	Leases	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
7	Property	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
8	Property Insurance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
9	Interest - Property, Plant, and Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
10	Other - (Specify)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

REMINDER: ALL NEW MANUALLY ADDED EXPENDITURE ROWS NEED TO BE ADDED TO THE MTS EXPENSE PAGE AND THEY WILL BE APPLIED ACCORDINGLY TO NON-MTS EXPENSE AND EXPENSE ALLOCATION. IMPORT & EXPORT FUNCTION

To expedite data entry, the ASCR portal has Export and Import functions at the bottom of each tab. An Excel file with all the allowable categories to be reported will be downloaded. Once this Excel file has been populated, the same file needs to be imported back into the ASCR portal to automatically fill the respective fields on the tab.



Only cells in white are editable in the Excel file. Users cannot edit categories that are grey as the system will not recognize those values once imported back into the system. This applies to all exported files.

Depreciation - Buildings and Improvements	\$0.00	\$0.00
Depreciation - Leasehold Improvements	\$0.00	\$0.00
Depreciation - Vehicles	\$0.00	\$0.00
Depreciation - Equipment	\$0.00	\$0.00
Depreciation and Amortization - Other	\$0.00	\$0.00
Leases and Rentals	\$0.00	\$0.00
Property Taxes	\$0.00	\$0.00
Property Insurance	\$0.00	\$0.00
Interest - Property, Plant, and Equipment	\$0.00	\$0.00
Other- (Specify)	\$0.00	\$0.00



Select "Export" to download the template.



Enter your data into the Excel template.



Select "Import" to upload the template back into the portal.

All new expenditure rows need to be added to the MTS Expense before exporting the file.

UPLOADING SUPPORTING DOCUMENTATION

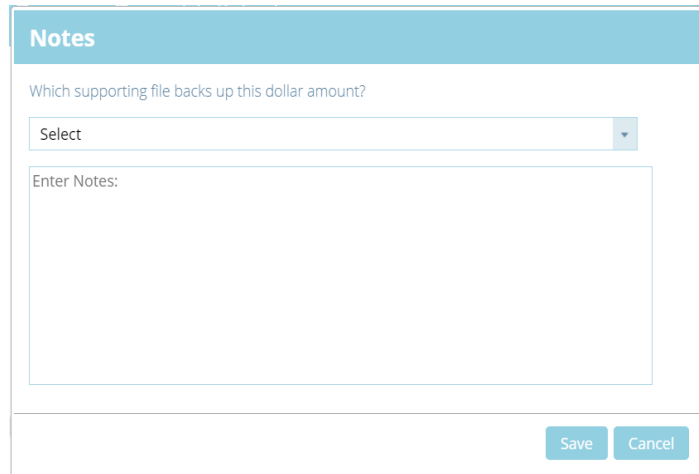
All reported costs need to include supporting documentation, otherwise you will not be able to complete the cost report. For example, if a provider reports depreciation, they will need to upload their depreciation schedule. If a grant is reported, the award file needs to be uploaded. If you have issues uploading a file, contact the Help Desk at COEMSsupplemental@pcgus.com (hyperlink) or 877-775-3867.

Supporting Documentation

Please note: If your file exceeds the maximum upload size of 28 MB, contact PCG at COEMSSupplemental@pcgus.com for assistance submitting your file.

Upload Files

FILE IDENTIFICATION

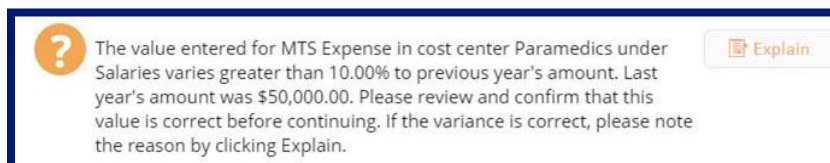


If more than one file is uploaded to the MTS Expense tab, you will be asked to identify and select the file under which each expense will be found, under the dropdown. This will help reduce the number of questions we may have regarding your supporting documentation. Please enter any necessary notes about your respective expenses or files under “Enter Notes.”

SYSTEM EDITS AND WARNINGS

The ASCR portal has built-in data validations to confirm the accuracy and completeness of the cost report. There are two types of validations:

1. A user is required to confirm the accuracy of the data.
2. A user is required to provide an explanation as to why the warning is being triggered and then confirm it is correct.



Some validations will not require confirmation or explanations but will require actions such as deleting a duplicated category that was manually entered.

Explanation Examples:

Sufficient Explanation: "The cost increase for Paramedic Salaries is due to our emergency medical services expansion. We hired five new paramedics. We have supporting documentation for this expense."

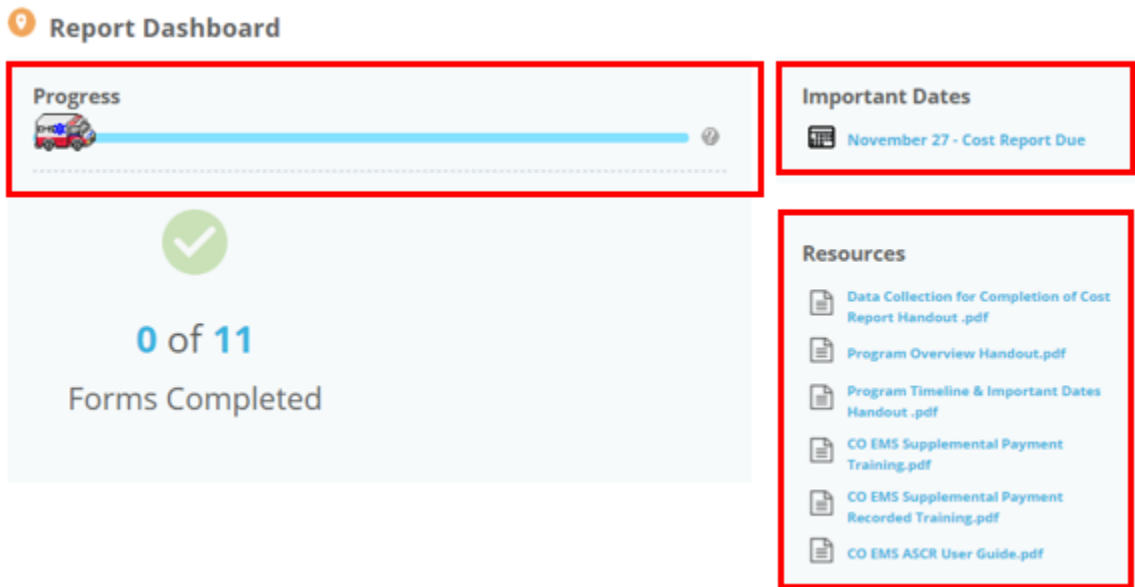
Insufficient Explanation: "I think this information appears reasonable."

NAVIGATING THE DASHBOARD

The ASCR portal allows users to track a provider's progress under the Report Dashboard. Every time a section of the cost report is marked complete, the ambulance icon on the progress bar will move forward.

The Report Dashboard also contains Important Dates to the right of the Dashboard. PCG will constantly update any deadlines or important dates of which providers need to be aware. Providers are responsible for checking the ASCR portal for any upcoming deadlines.

The Resources section will contain materials that will help providers be successful with their cost reporting. To download these resources, click on the preferred link, and the files will automatically download.

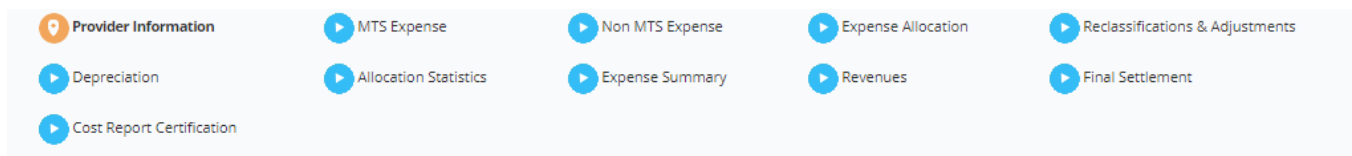


COMPLETING THE COST REPORT

PROVIDER INFORMATION

The Provider Information tab is the first section of the cost report to be completed. Below is a list of required information. This tab must be completed before moving on to

the MTS Expense tab. This is also the tab where providers will be asked to confirm that they are governmentally owned and operated.



Provider Information

- Are you a governmentally owned or operated provider?
- Name of Fire Department/Agency
- Medicaid #
- National Provider Identification (NPI)
- Doing Business As
- Facility Business Phone
- Fire District/Agency Street Address
- City
- Zip Code
- Mailing Address – Street or P.O. Box (if different)
- Name of Person Signing and Certifying Report
- Report Contact Person
- Phone Number
- Phone Extension
- Address
- City
- State
- Zip Code
- Previous Name of Fire District/Agency if Changed Since Previous Report:
- Does your organization use another entity to provide EMT services?
- Start of EMT Service Agreement
- End of EMT Service Agreement
- How are billing services paid? (i.e. Flat Rate, Percentage, etc.)

EXPENDITURES DATA

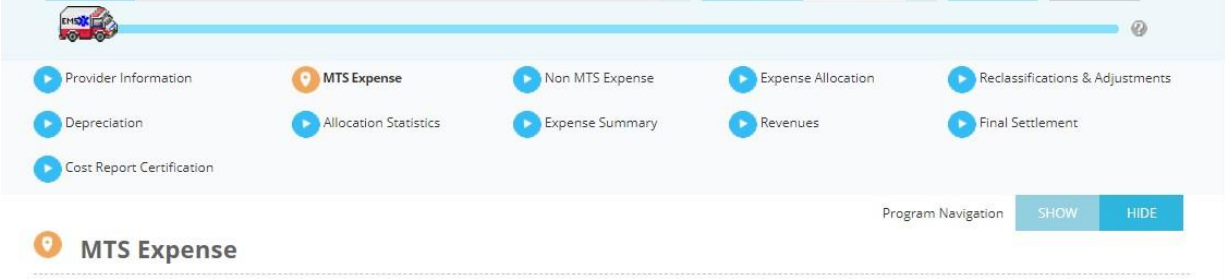
All expenses should be reported on one of the three expense type tabs (MTS, Non-MTS, or Expense Allocation). All expenses should also be organized in the appropriate CMS approved category list below:



Please be sure to use actual expenditure amounts incurred by your provider and not budgeted or balance sheet totals. Using actual expenditures will help prevent recoupment situations.

MTS EXPENSE TAB

The Medical Transportation Services (MTS) Expense tab is where all expenses related to MTS **only** are reported (e.g., Paramedic Salaries, Medical Supplies, etc.). Ambulance only providers should only report expenses on this tab.



Salaries

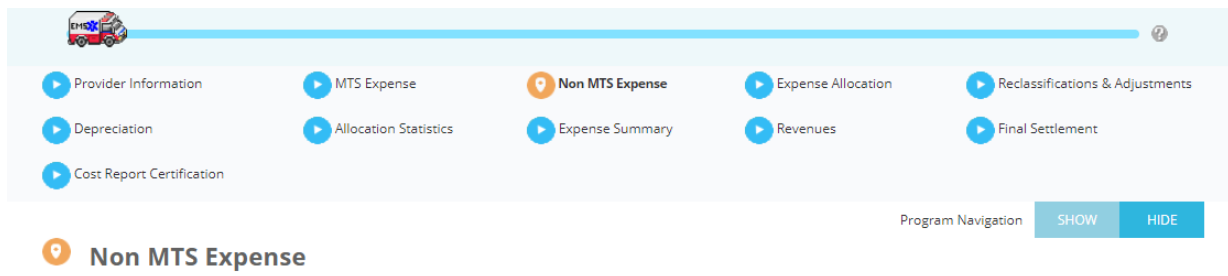
Line No	Cost Center	MTS Expense	Allocated Direct Service Cost	Total Reclasses	Total Adjustments	Total MTS Expense
11	Chief	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
12	Administration/Director	\$13,624.00	\$0.00	\$0.00	\$0.00	\$13,624.00
13	Medical Director	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
14	Firefighters	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
15	Paramedics	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
16	Fire Marshal	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
17	Fire Prevention	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
18	Emergency Management Coordinator	\$24,000.00	\$0.00	\$0.00	\$0.00	\$24,000.00

Once all MTS Expenses have been entered or imported into the ASCR portal, click on Validation to ensure that costs are reported properly and that all warnings are addressed, then upload supporting documentation and click Save to move onto the next tab.

If the Provider wishes to include an additional Cost Center, it must be included on the MTS Expense tab. Please click on the "Add Row" button and title it appropriately. The Cost Center will then be applied to Non-MTS Expense and Expense Allocation tabs.

NON-MTS EXPENSE TAB

The Non-MTS Expense tab is where all expenses **NOT** related to MTS are reported (i.e., Fire Support Services, Fire Prevention, etc.). Ambulance only providers should not report any expenses on this tab.



Salaries

Line No	Cost Center	Non MTS Expense	Allocated Direct Service Cost	Total Reclasses	Total Adjustments	Total Non MTS Expense
11	Chief	\$97,133.60	\$0.00	\$0.00	\$0.00	\$97,133.60
12	Administration/Director	\$64,168.00	\$0.00	\$0.00	\$0.00	\$64,168.00
13	Medical Director	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
14	Firefighters	\$436,995.93	\$0.00	\$0.00	\$0.00	\$436,995.93
15	Paramedics	\$0.00	\$288,106.77	\$0.00	\$0.00	\$288,106.77
16	Fire Marshal	\$48,185.28	\$0.00	\$0.00	\$0.00	\$48,185.28
17	Fire Prevention	\$51,864.80	\$0.00	\$0.00	\$0.00	\$51,864.80

Once all Non-MTS Expenses have been entered and imported into the system, click on Validation to ensure that costs are reported properly and that all warnings are addressed, click Save and move onto the next tab.

The supporting documentation is only uploaded under the MTS Expense tab. The supporting documentation should include all expenses reported under the MTS Expense, Non-MTS Expense and Expense Allocation tabs.

EXPENSE ALLOCATION TAB

The Expense Allocation tab is where expenses that are **shared** between Fire and emergency medical services are reported. This is only relevant to mixed-use Fire Departments. Ambulance only providers should not report any expenses on this tab.

The screenshot shows a navigation menu with the following items:

- Provider Information
- MTS Expense
- Non MTS Expense
- Expense Allocation** (highlighted with an orange location pin icon)
- Reclassifications & Adjustments
- Depreciation
- Allocation Statistics
- Expense Summary
- Revenues
- Final Settlement
- Cost Report Certification

Allocation of Expenses

Program Navigation SHOW HIDE

Salaries

Line No	Cost Center	Expense to be Apportioned	Total Reclasses	Total Adjustments	Net Expense to be Apportioned	MTS Allocation 65.31%	Non MTS Allocation 34.69%
11	Chief	\$203,388.84	\$0.00	\$0.00	\$203,388.84	\$132,824.98	\$70,563.86
12	Administration/Director	\$217,591.81	\$0.00	\$0.00	\$217,591.81	\$142,100.36	\$75,491.45
13	Medical Director	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
14	Firefighters	\$3,003,464.45	\$0.00	\$0.00	\$3,003,464.45	\$1,961,440.52	\$1,042,023.93
15	Paramedics	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
16	Fire Marshal	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
17	Fire Prevention	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Once all Expenses Allocation data has been entered and imported into the system, click on Validation to ensure that costs are reported properly and that all warnings are addressed, then click Save and move onto the next tab.

RECLASSIFICATIONS & ADJUSTMENTS

The Reclassifications & Adjustments tab is used to move or “reclassify” expenses from one cost center to another more appropriate cost center. Users may also “adjust” expenses to add new or reduce expenses.

The main use of this tab is to report any federal funds or grants received by the Provider between July 1, 2023 and June 30, 2024. Only the amount spent during the applicable cost reporting period is to be reported.

The screenshot shows a navigation menu with the following items: Provider Information, MTS Expense, Non MTS Expense, Expense Allocation, Reclassifications & Adjustments (highlighted with an orange circle), Depreciation, Allocation Statistics, Expense Summary, Revenues, Final Settlement, and Cost Report Certification. At the bottom right, there are 'SHOW' and 'HIDE' buttons.

All federal funding, including CARES Act funding, reported on this tab should have an expense type (MTS, Non-MTS, and Shared) and should be reported as a decrease.


Basis For Adjustment (A or B)	Schedule	Line Number	Increase/Decrease	Amount
B	MTS	15-Paramedics	Decrease	\$5,000.00
Total				\$5,000.00

[Add Adjustment](#)

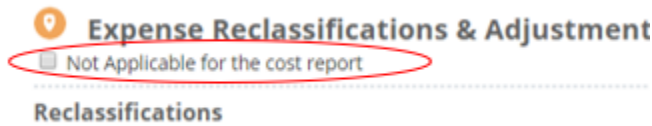
Supporting Documentation

Please note: If your file exceeds the maximum upload size of 28 MB, contact PCG at COEMSSupplemental@pcgus.com for assistance submitting your file.

[Upload Files](#)

 Federal Grant Supporting Documentation.docx	9/6/2019 1:43:47 PM	CO EMS Supplemental Payment Auditor
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If the provider does not have any Reclassifications or Adjustments to report, click the Not Applicable button.



DEPRECIATION

The Depreciation tab is where capital assets are reported to calculate allowable depreciable amounts. All assets reported under Depreciation should be over \$5,000. Anything under \$5,000 should be listed as an Expense, if it was purchased within the cost reporting period.

If the provider does not report depreciation, click the Not Applicable button.



To report depreciation, the following information needs to be provided per asset:

- Description of Asset** - Include the provider's unique label or title for each asset.
- Expense Type** - Select the asset type in the drop-down of the corresponding category (MTS, Non-MTS, Shared).

3. **Asset Number** - Unique identifier that will tie back to the provider's fixed asset report.
4. **Month/Year Placed in Service** - The date the depreciable asset was first placed into service.
5. **Years of Useful Life** - Estimated useful life as identified in the provider's fixed asset report/depreciation schedule.
6. **Month/Year Placed out of Service** - The ASCR portal automatically calculates this date based on the Month/Year Placed in Service and Years of Useful Life. However, providers will be able to edit this field if the capital assets are placed out of service before their expected useful life.
7. **Cost** - Initial cost of asset as identified in the provider's depreciation schedule.
8. **Salvage Value** - Estimated resale value of the asset at the end of its useful life.

Fill out all the required fields and click on the arrow on the left side for the cost field to appear.

Description of Asset	Expense Type	Asset Number	Month/Year Placed in Service	Years of Useful Life	Month/Year Placed out of Service
Test Asset	Select	123456	09/2007	8	09/2015

Description of Asset	Years of Useful Life	Month/Year Placed out of Service	Cost	Reductions	Salvage Value
Test Asset	8	09/2015	\$0.00	\$0.00	\$0.00

Once all Depreciation data has been entered and imported into the system, click on Validation to ensure that costs are reported properly and that all warnings are addressed, then upload supporting documentation and click Save to move onto the next tab.

ALLOCATION STATISTICS

The Allocation Statistics tab is where Computer-Aided Dispatch (CAD), or other call reporting data is reported. This statistic will determine the portion of a shared expense to be allocated to the supplemental payment. For instance, if the CAD data shows that a provider spends 50% of its time on medical calls, 50% of the shared expenses (reported on the Expense Allocation tab) will be allocated to the net cost of providing emergency medical services. Providers that are ambulance only will still need to report the amount of time spent on medical calls.

To determine the MTS Duty, calculate the time spent per call from dispatch to clear time, add all the minutes and report it under MTS Duty.

Allocation Statistics for Direct Service Cost Allocation

Description	Statistic	Factor
CAD/Trip Statistics for MTS Duty	0.00	0.00%
CAD/Trip Statistics for NON-MTS Duty	0.00	0.00%
Total	0.00	0.00%

EXPENSE SUMMARY

The Expense Summary is where users can review the summary of all reported expenditure data. No data can be reported on this tab.

Total Expense

Total Summary

	MTS Expense	Non MTS Expense	Administration & General	Total Expense
Total Fire District/Agency	\$0.00	\$116,538.12	\$450.56	\$122,972.75

The Expense Summary combines expenditures from the following pages:

- Capital Expenses from Depreciation.
- MTS, Non-MTS, and Expense Allocation.
- Reclassifications and Adjustments.

Once this has been reviewed and confirmed, users should click on Mark Complete at the bottom of the page.

Mark Complete

REVENUES

The Revenues tab is used to enter net (received) revenue for Other Payers by date of service. PCG will enter the Health First Colorado FFS data after Desk Reviews and Audits are completed.

Other Revenue/Funding Sources

Other Revenue/Funding Sources		MTS
	Out of State Medicaid Fee for Service	\$0.00
	Out of State Medicaid Managed Care Organizations	\$0.00
	Auto Insurance	\$115,540.48
	Contract	\$0.00
	Governmental	\$0.00
	Medicare	\$48,124.47

If a Provider has additional revenue sources that do not fall under the pre-determined list, Providers can add additional sources by clicking on Add Revenue and naming it appropriately.

Add Revenue

FINAL SETTLEMENT

Provider Information

MTS Expense

Non MTS Expense

Expense Allocation

Reclassifications & Adjustments

Depreciation

Allocation Statistics

Expense Summary

Revenues

Final Settlement

Cost Report Certification

Providers must report their total number of transports per quarter under the Total column. There is no need to break down the transport by payor type. Only the total of all emergency medical service transports is needed under the Total column. PCG will populate the allowable Medicaid Fee-for Service (FFS) transports in late August 2025.

8	Number of MTS Transports	Other Payor	Fee For Service	Total
Qtr 1	July 1 through September 30	0	0	0
Qtr 2	October 1 through December 31	0	0	0
Qtr 3	January 1 through March 31	0	0	0
Qtr 4	April 1 through June 30	0	0	0
		0	0	0
				0

ELECTRONIC CERTIFICATION ON FINAL SETTLEMENT TAB

On November 27, 2024, and once all the required data has been reported, providers need to certify their costs by clicking on the Certify button at the bottom of the Final Settlement tab.

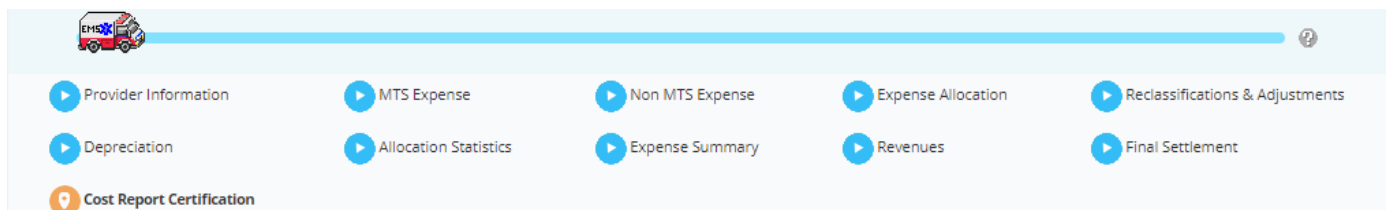


Certifying on the Final Settlement tab serves as a final submission of your cost report for PCG’s review. Desk Reviews and Comprehensive Audit Review will follow. Cost report revisions can be made if found during the Desk Review and Comprehensive Audit process.

COST REPORT CERTIFICATION TAB

Once all final cost report revisions are completed, and the total number of Health First Colorado trips and revenues are entered in late August 2025, HCPF will approve all providers’ supplemental payments. Then, an authorized signatory of the public agency must print the Certified Public Expenditure (CPE) form (CPE), sign and upload the signed CPE form to the ASCR portal.

The CPE form attests to and certifies the accuracy of the financial information reported. Since this is a federal program, please ensure that the information reported clearly ties back to your supporting documentation, in the event of a federal audit.



An authorized signatory should be someone with Medicaid signature authority and is likely:

- Town Manager/Administrator
- CFO
- Treasurer
- Fire Chief
- Medical Director
- Other personnel authorized to enter into legal agreements on behalf of the Provider or municipality

Users need to fill out the Signer Identification section of the Cost Certification tab and click Save.

SIGNER IDENTIFICATION

Medicaid ID	NPI
<input type="text"/>	<input type="text"/>
Printed/Typed Name of Signer	Title of Signer
<input type="text"/>	<input type="text"/>
Name of Provider:	
<input type="text"/>	
Address of Signer (street or P.O. Box, city, state, 9-digit zip):	
<input type="text"/>	
Phone Number (including area code)	FAX Number (including area code)
<input type="text"/>	<input type="text"/>
Email:	
<input type="text"/>	

Once the Signer Identification section is filled out, the ASCR portal will generate a Cost Report Certification form, which can be downloaded by clicking on the Download Certification Form at the bottom of the page.

[Download Certification Form](#)

This form must be signed, scanned, and uploaded back into the system by clicking on the Upload Files button.

[Upload Files](#)

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

DOWNLOADING FINAL COST REPORT

Once the Cost Report Certification tab has been completed, providers are able to download a copy of their final cost report at the bottom of the Final Settlement tab. Simply select the best option and the files will automatically download.

Extract CSV Report

Extract Single Page Report

Extract All Pages Report

DESK REVIEW



A tab titled Desk Review will appear on the dashboard during the desk review process. In this Desk Review tab is where all communication regarding reported costs will take place. Providers will receive system generated email notifications when the Desk Review tab is released and ready for review.

DESK REVIEW STATUS

- **Under Review:** in PCG's hands, Provider cannot edit
- **Released:** in Provider's hands, PCG cannot edit
- **Cost Report Open:** cost report is open for Provider to make necessary revisions to cost report
- **Completed:** all Desk Review entries have been accepted

DESK REVIEW ENTRY

All Desk Review entries must be addressed prior to submission back to PCG. Select whether the item in question is correct and provide an explanation, then click on Save Response. Be as specific as possible. All responses will appear as chat history for each entry to the right side of each item in question.

Page:	MTS Expense
Cost Center:	Minor Medical Equipment
Value:	FY 2021: \$69,119.00 FY 2020: \$39,829.23 Variance: 73.54%
Row#:	56
Validation Details:	The value entered for MTS Expense in cost center Minor Medical Equipment under Administrative and General varies greater than 10.00% to previous year's amount. Last year's amount was \$39,829.23. Please review and confirm that this value is correct before continuing. If the variance is correct, please note the reason by clicking Explain.
Note:	

Data Entered is: Correct Incorrect

Save Response

Please explain why:

An Explanation is required in order to complete this validation.

Do not forget to submit. New enhancements have been implemented this year to help providers submit all Desk Review questions in a timely manner. On the Desk Review tab, the note below is included to help remind providers to click submit.

 **Desk Review**

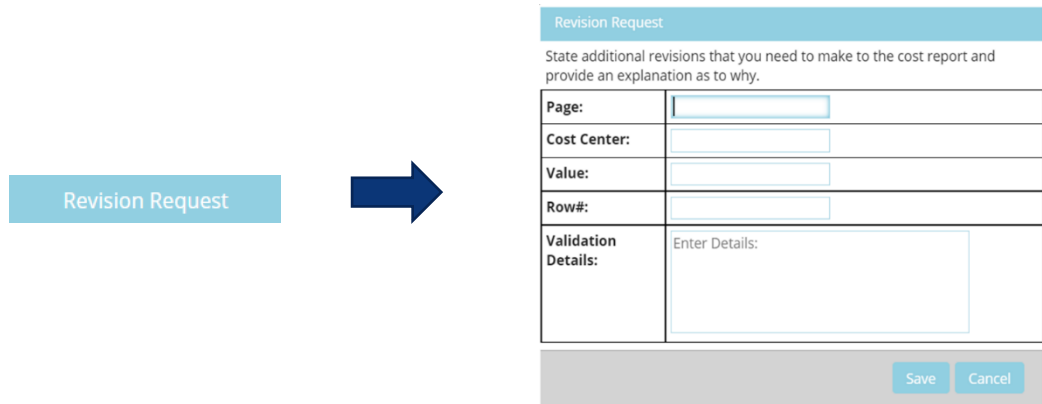
Not Applicable for the HCPF TEST FY 2023 cost report

Current Status: Released

ONCE DESK REVIEW RESPONSES ARE COMPLETE, PLEASE "SUBMIT".

Completed: 5
 In Process: 3
 Pending: 0

CREATING DESK REVIEW ENTRIES



If there are additional edits that providers need to make, the Revision Request button should be used. Be as specific as possible when explaining the edit you would like to make. PCG will review the request and will either approve or follow up. You can use as many revision requests as needed.

FILE FOR DESK REVIEW

If additional files are requested, use the Upload New Document button. Provide a detailed explanation regarding which costs the newly uploaded file pertains to.

Supporting Documentation	Upload New Document
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REVISIONS AS RESULT OF THE DESK REVIEW

Once all Desk Review entries are addressed and approved by PCG, the cost report will be reopened if there are items to revise.

- The Desk Review tab will list at the top of the page the items that require revision
- Providers must confirm that all items highlighted have been revised (example below)
- Providers must recertify the cost report under the Final Settlement tab before releasing the Desk Review back to PCG

I confirm that I have made this revision.

Save Response

COMPREHENSIVE AUDIT REVIEW (CAR)

If selected for a CAR, all communication regarding your CAR will take place under the CAR tab. Providers will receive system-generated email notifications when the CAR tab is released and ready for review.

After accessing the CAR tab in the ASCR portal, you will be presented with a scoring table containing a compilation of clarifying questions related to the providers' supporting documentation and reported costs. For some returning providers, this is the same scoring table structure as the historic Excel-based version used in the first four years of the CO EMS Supplemental Payment.

The Provider Response column below is where Providers will edit their responses.

Program Navigation SHOW HIDE

Comprehensive Audit Review

Scoring Category	Line No	PCG Observation	Provider Response	Action	Status
MTS Expense	65-Dues and Subscriptions	Please confirm Dues are X amount		Follow Up	
Depreciation	1-test	Please provide supporting documentation		Rollback	[Roll Back]

Unsaved Changes Save Add New Item Export Submit

After entering all responses to the posed CAR questions in the Provider Response column and clicking 'Submit', the Provider Response rows will be locked for editing. PCG will review the submitted Provider responses and will either Accept or Follow Up.

Just like the Desk Review process above, the Provider and PCG will communicate back and forth within the CAR tab of the ASCR portal until all CAR questions have been properly addressed.

ANNUAL COST RECONCILIATION AND FINAL PAYMENT

Payments vary provider by provider and year to year. It is recommended to wait until August of every year, when the final settlement is calculated, to announce or plan for the supplemental payment. The final supplemental payment will be known after Health First Colorado paid claims and transports are populated in August 2025.

An Authorized Signatory of the public agency must print the Cost Report Certification form and sign it. The Cost Report Certification signing, and collection process will take place in late August of 2024. The supplemental payments will be disbursed in **September of 2025.**