State of Colorado Emergency Medical Services (EMS) Supplemental Payment Fiscal Year (FY) 2023-24 Training

Presented by:

Colorado Department of Health Care Policy and Financing (HCPF)

Public Consulting Group (PCG)

September 17– 19, 2024

PUBLIC CONSULTING GROUP

Solutions that Matter

Introductions – HCPF

The Colorado Department of Health Care Policy and Financing (HCPF) will administer the Colorado (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
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- Tracy Gonzales

Introductions – PCG

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

- Garrett Abrahamson
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Agenda

Content	Part	
• FY 2022-23 Snapshot • CO EMS Supplemental Payment Overview • FY 2023-24 Data Collection • Timelines	I	**Interactive Activities & Discussion**
• Ambulance Services Cost Report (ASCR) Portal Demonstration • Stakeholder Group • Training Feedback • Contact Information	II	

Before we dive in…

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

Bingo Ice Breaker

CO EMS Supplemental Payment Program Bingo

Find someone who...

Has sent a question to the PCG Help Desk	Has been in the Fire/EMS industry for 20+ years	Certifies the annual cost report for their district	Drove more than 30 minutes to get here today	Has a pet
Can whistle	New (FY24) participating provider	First year participating in the CO EMS Supplemental Payment Program	Has used the User Guide found in the ASCR Portal	Has gone undergone and SIT (Strategic Intervention Training)
Has added additional users to the ASCR Portal	Has been camping	**Free Space**	Has driven an ambulance	Responds to Desk Reviews
Has participated in the CO EMS Program since the inception of the program (FY19)	Has called the PCG Help Desk	Is left-handed	Had a Comprehensive Audit Review within the last 3 years	Department is EMS only
More than one member helps complete the cost report	Has more than one NPI	Has reported federal grants under the Reclassification and Adjustments tab	Is in Department uniform	Loves to read

Find people who match the items on your bingo card and mark off the squares as you meet them.
Get five in a row to win!

FY 2022-23 CO EMS Supplemental Payment Snapshot

FY 2022-23 CO EMS Supplemental Payment Recap

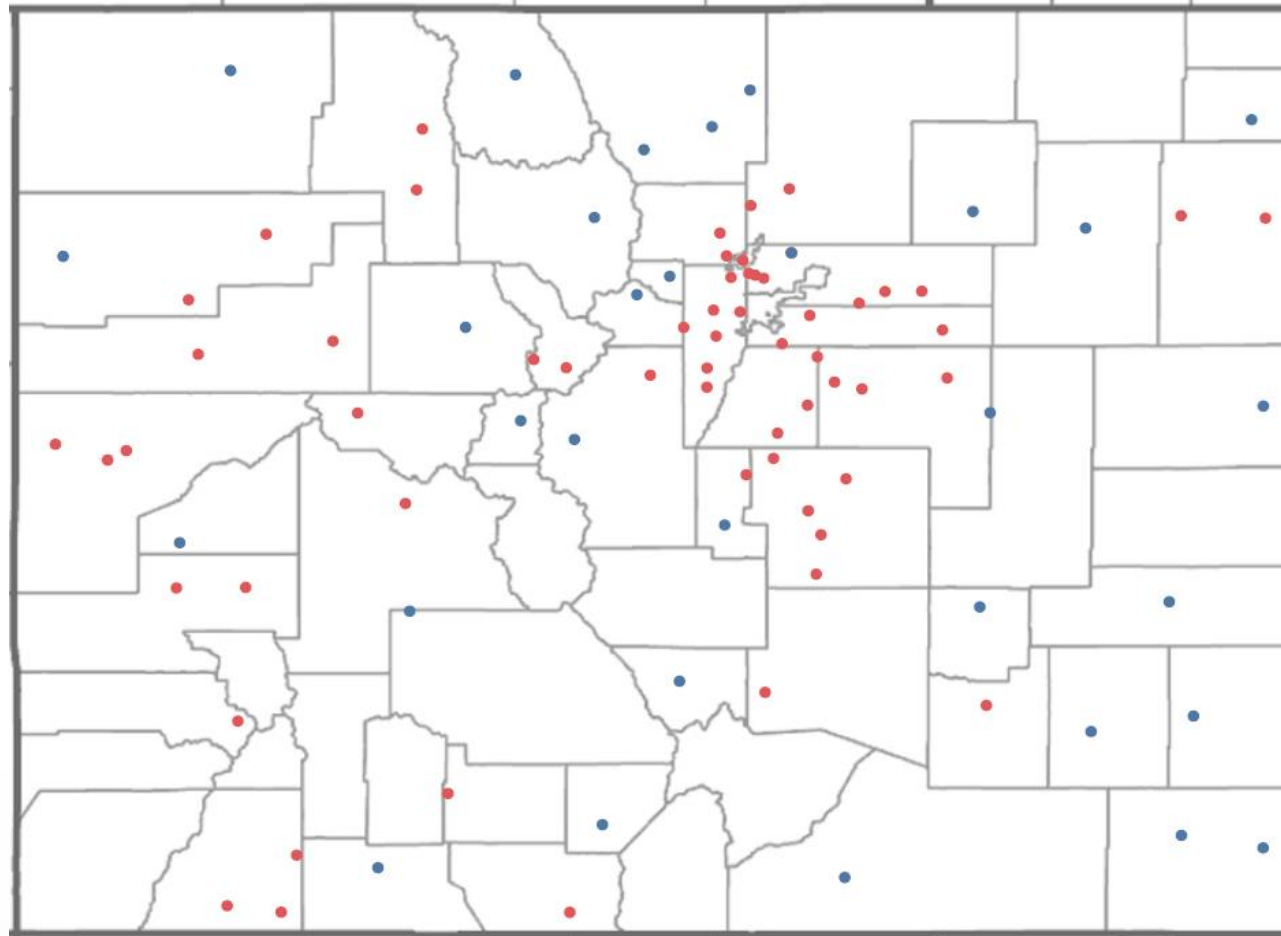**100+ calls received & 300+ emails issued** on the Help Desk

94 providers completed the FY 2022-23 Cost Report

$52 Million in supplemental payment funding

Participating CO EMS Supplemental Payment Provider Locations

- **Blue** = participating 100% EMS-only providers
- **Red** = participating mixed-use Fire & EMS Departments

CO EMS Supplemental Payment Overview

The Current Situation of Providers

Current Medicaid payment rates do not account for the actual costs incurred by providers for the provision of EMS

- Typically, the rate at which Medicaid transports are reimbursed is 25% or less of the actual cost to the provider

- EMS providers are left to use alternative funding sources to supplement the shortfall between the true cost of providing EMS transports and current payment rates

- The CO EMS Supplemental Payment provides additional funding on top of current Medicaid payments

Provider transports Health First Colorado beneficiary. → **Provider bills Medicaid for transport.** → **HCPF draws the Federal Medical Assistance Percentage (FMAP) for calculated Medicaid allowable costs.**

CO EMS Supplemental Payment Summary

A voluntary, ongoing reimbursement opportunity for public providers to receive additional payments for EMS transports delivered to Health First Colorado beneficiaries

- Created to reduce the gap of low Medicaid reimbursement rates to public providers

- Public providers will complete a cost report on an annual basis containing costs from the state fiscal year (July 1 to June 30).

How Does the CO EMS Supplemental Payment Work?

Supplemental Payment programs allow states to access additional federal funds for healthcare services

- Since Medicaid is a jointly funded federal and state health insurance program, each entity is responsible for its share of costs
- The expenses already incurred by participating public EMS providers represent the state share

Key Steps

1 Bill Health First Colorado Fee for Service (FFS)

2 Receive Health First Colorado Interim Payments

3 Complete the annual CO EMS Supplemental Payment cost report

4 Receive supplemental payment

CO EMS Supplemental Payment Eligibility Criteria

Medicaid
Enrolled as a Medicaid provider

Transport
Provide EMS transports to Medicaid enrollees

Public
Owned or operated by a government entity

How to Obtain a Supplemental Payment

1 Must be a public EMS provider—provide EMS transports to Health First Colorado patients

2 Bill Health First Colorado

3 Receive Health First Colorado Interim Payments

4 Fill out the FY 2023-24 Intent of Participation Form

5 Complete the FY 2023-24 cost report by November 27th, 2024

6 Complete Desk Review

7 If selected, complete Comprehensive Audit Review (CAR)

8 Complete Cost Report Certification

9 Receive supplemental payment through the cost settlement process

Colorado Emergency Medical Services (EMS) Supplemental Payment Annual Provider Participation Agreement
State Fiscal Year (FY) 2023-24

Important Instructions: Complete all fields below including signature and date fields. Access to the Ambulance Services Cost Report Portal FY 2023-24 cost report will be delayed without a completed form.

First and Last Name:

Title:

Email Address:

Phone Number:

Street Address:

City, State and Zip:

Provider Name:

Doing Business As (dba):

Provider NPI:

Additional NPI (if applicable):

Additional NPI (if applicable):
Provider Authorized Representative's Signature:

Date:

Return <u>both pages</u> of the completed Participation Agreement to the Department of Health Care Policy and Financing, Attn: Olga Gintchin, <u>olga.gintchin@state.co.us</u>.
Please notify us if your banking information has changed since last year or if this will be your first year receiving the supplemental payment.

Improving health care equity, access and outcomes for the people we serve while saving Coloradans money on health care and driving value for Colorado.
hcpf.colorado.gov

New Provider Participation Agreement

Warning: Please complete the form in full to avoid any delays.

Cost Settlement Calculation Example

The following example is of a fire department and should not be used for budgeting

- Several variables will impact the supplemental payment including allowable Medicaid transports

- Providers will receive both, the Health First Colorado Paid Claims and the supplemental payment

Sample Cost Settlement	
Total Expenditures	$8,000,000
EMS Allocation Statistic	x 75%
Total EMS Expenditures	**= $6,000,000**
Total Transports	/ 5,000
Average Cost per Transport	**= $1,200**
Total Health First Colorado Transports	x 250
Total Cost of Providing Health First Colorado Transports	**= $300,000**
Health First Colorado Paid Claims	($75,000)
Net Cost of Providing Health First Colorado Transports	**= $225,000**
FMAP Application (FY 2023-24)	x 50%
Total Computable	**= $112,500**
State Administration of Program (10%)	($11,250)
Projected Supplemental Payment	**= $101,250**

Quiz

CO EMS Supplemental Payment
FY 2023-24 Data Collection

Data Collection

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

- It is recommended that providers have inter-departmental support to collect this data

- All reports should be pulled to match the **7/1/2023—6/30/24** cost reporting period

	Expenditures by Cost Center	Annual detailed actual expenditures broken out by cost center
	Depreciation Report	Depreciation schedule file that includes capital asset number, description, date placed in service, years of useful life, and original cost
	Allocation Statistics	Report showing the total amount of time spent on EMS and non-EMS calls
	Indirect Cost Rate Proposal	Cost Allocation Plan or Indirect Cost Rate proposal from the provider's county/city/town to incorporate additional overhead costs
	Net Revenue Summary	Report of net revenues for all payer types, except Health First Colorado
	Total Transports	Report all emergency medical transports, including Health First Colorado
	Federal Funds	Award files including descriptions, and the amount spent during the fiscal year

Expenditures

Report expenses incurred between July 1, 2023 to June 30, 2024

- Allowable expenses must be required for the provision of EMS (ex: celebrations or fundraising events are not allowable)

- On the Ambulance Services Cost Report (ASCR) portal, determine whether the expense is:

  1. Solely dedicated to the provision of EMS (**Medical Transportation Services (MTS) Expense** tab)

  2. Solely dedicated to fire services (**Non-MTS Expense** tab)

  3. Shared between fire and EMS operations (**Expense Allocation** tab)

If a provider reports on a calendar year basis, costs can be pro-rated to report 50% of the expenses from 2023 and 2024.

Do not use budgeted or balance sheet totals. Ensure that actual expenses incurred are used to avoid overreporting.

Recycled cost reports submitted for other programs such as the Medicare Ground Ambulance Data Collection initiative are not applicable and will not be accepted.

Depreciation Required Fields

Description of Asset	Include the provider's unique label or title for each asset
Expense Type	Select the asset type in the in drop-down of the corresponding category (*MTS, Non-MTS, Shared*)
Asset Number	Unique identifier that will tie back to the provider's fixed asset report
Month/Year Placed in Service	The date the depreciable asset was first placed into service
Years of Useful Life	Estimated useful life as identified in the provider's fixed asset report/depreciation schedule
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*
Cost	Initial cost of asset as identified in the provider's depreciation schedule
Salvage Value	Estimated resale value of the asset at the end of its useful life

Depreciation

Report capital assets that are $5,000 or more under the Depreciation tab

- If an asset is less than $5,000, it can be reported under the appropriate expense tab (**MTS, Non-MTS,** or **Expense Allocation**), if it was purchased during the cost reporting period. If not, it is unallowable.

- All assets should be labeled as either **MTS, Non-MTS,** or **Shared**.

Helpful Tips

CMS guidelines require that vehicles reported under Depreciation should only be categorized under MTS if they transport patients.

Allocation Statistics

The **Allocation Statistics** determine how much of your shared expenses (reported under the **Expense Allocation** tab) and capital assets can be allocated toward the total allowable costs

- Report total amount of **time** spent on EMS related calls (**MTS Duty**) and non-EMS calls (**Non-MTS Duty**) under the **Allocation Statistics** tab
- The total "time on task" is the time spent between "dispatch" time to "clear" time

Total Expenses

Total EMS Expenses

Total Allowable Health First Colorado Costs
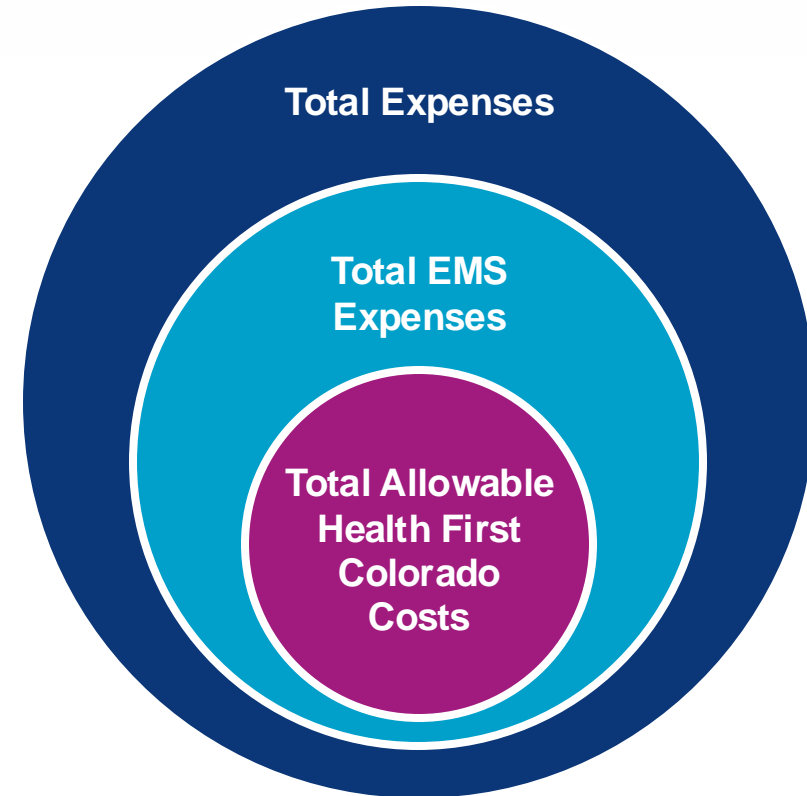
Indirect Cost Rate Proposal

Known as Cost Allocation Plan or Indirect Cost Rate Proposal

- Determines the percentage of shared costs between a county/town/city and the provider.

- Examples include Utilities, Human Resources, Legal and other administrative expenses.

- Not commonly reported in Colorado.

- If applicable, this will be entered on the **Final Settlement** tab of the ASCR portal.

Net Revenues Summary

Report the amount that the provider **received (net)** only for transports from non-Medicaid payor types on the **Revenues** tab, under the **Other Revenues from Transports** section

- Do **not** report amounts charged (gross).
- The **Medicaid Fee for Service Revenue from Transports** section on the **Revenues** tab is locked for editing and will be populated on your behalf.
- If a revenue source does not fit the categories previously listed, add a new row and title it appropriately to identify the additional revenue sources.

Total Transports

Report transports on the **Final Settlement** tab, under the **Number of MTS Transports** section, in the **Total** column

- Report the total amount of **ALL** EMS transports regardless of payment.
  - This should include Medicaid, Medicare and **all calls that resulted in an EMS transport**.
- The Health First Colorado transports will be reported in August of 2025 by HCPF.

Warning: Eligible Medicaid transports are required to receive supplemental reimbursement.

Total Transports

The number of transports is highly important to calculate an accurate cost settlement

- An allowable transport is an emergency ambulance transport of a patient to an emergency facility.
- Non-emergent or scheduled inter-facility transports are not allowable.
- The **total** number of transports should include every single transport completed by the provider, regardless of payor type.

Federal Funds

Report only **federal** grants under the **Reclassification and Adjustments** tab.

- Do **not** report state and local grants as they do not affect the CO EMS Supplemental Payment.
- Only report the **amount expended** during the cost reporting period (July 1, 2023, through June 30, 2024).
- Supporting documentation should include the original grant (fully awarded amount), and **items expended** during the cost reporting period.

All Coronavirus Aid, Relief, and Economic Security Act (CARES) Act funding spent during the FY 2023-24 cost reporting period must be reported on the **Reclassifications and Adjustments** tab on the ASCR portal.

Cost Report Discussion

What roadblocks or challenges have you experienced when completing the cost report?

Your Guide to Success

- Get to know us if this is your first year of participation
- Reach out to the Help Desk when needed
- Become familiar with the resources available
- Confirm all data matches the 7/1/2023 through 6/30/2024 cost reporting period
- Give your department enough time to gather required data

Quiz 2

CO EMS Supplemental Payment Timelines

FY 2023-24 Cost Report Timeline

The upcoming year for CO Supplemental Payment Program Timeline at a glance:

August 2025

- Collection of final signed Cost Report Certification forms
- Fee-For-Service (FFS) Medicaid Transports and Revenues Populated

February to March 2025

All providers undergo Desk Reviews

September 2024

In-Person & Virtual Trainings

November 2024

Electronic Cost Report Certification due November 27th, 2024

March to April 2025

Selected providers undergo Comprehensive Audit Review (CAR)

September 2025

Supplemental payments disbursed

Desk Reviews

All providers must undergo a Desk Review between February and March of 2025

- This is a process designed to maintain accuracy.
- Provider responds to triggered warnings and thresholds.
- Responses will be reviewed and follow up questions will be asked if necessary.
- If any Desk Review items require cost report revisions, the cost report can be reopened.

1	Submit annual cost report
2	Respond to all Desk Review questions
3	Complete Cost Report Certification tab

Comprehensive Audit Review (CAR)

Selected providers must undergo the CAR process between March and April of 2025

- All providers must undergo a CAR at least once every three years.
- Desk Review performance is considered when CAR selections are made.

1 Provider uploads supporting documentation during cost reporting process

2 Provider is notified of CAR selection

3 Provider receives an email requesting further clarification

4 Provider may receive a list of required revisions

Strategic Intervention Training (SIT)

SITs are a requirement for providers whose CAR resulted in cost report revisions

- SITs will take place between March and April of 2025

1 Provider receives list of required revisions

2 Provider is required to attend SIT

3 Provider makes required revisions on the ASCR portal

Break Time

Ambulance Services Cost Report (ASCR) Portal Demonstration

ASCR Portal

Goals and Objectives of ASCR Portal:

- Integrate the federally-approved cost reporting template into an easy-to-use online application.

- Streamline data input and calculations.

- Implement real-time data validation quality assurance and accuracy.

- Create enhanced reporting capabilities for year-to-year trend analysis.

- To access the ASCR portal, go to: ascr.pcghealthservices.com
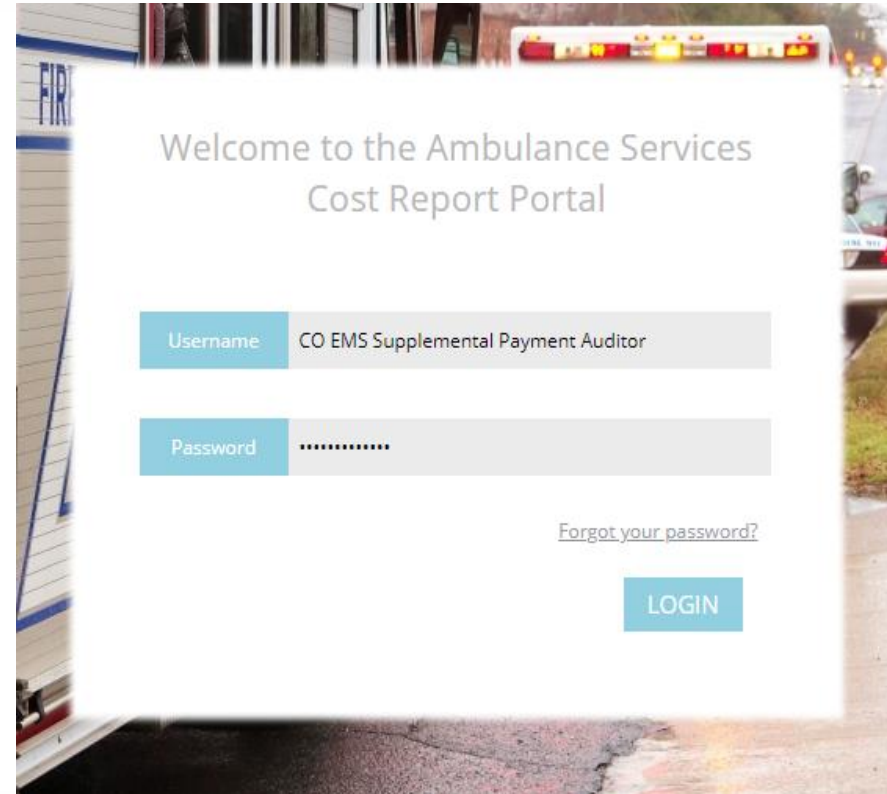
ASCR Portal— Dashboard

What will you find on the ASCR *Report Dashboard*?

- Cost Report Progress
- Resources

Additional Resources

The following documents will be available on **October 1, 2024:**

- FY 2023-24 Ambulance Services Cost Report (ASCR) User Guide
- FY 2023-24 Frequently Asked Questions
- FY 2023-24 Recorded Trainings

ASCR Portal—Manage Users

Once an account has been created, the user will be able to create additional accounts for other members of the public provider's team who may need access to the ASCR portal

- **Existing Feature**: Add, edit and remove all users assigned to your provider
  - All users will appear at the bottom of the **Provider Information** tab
  - All providers will need to review and confirm their active users before certifying the cost report

Active Users

User Name	First Name	Last Name	Email Address		
qaco	qa	co	pcgstaterole@gmail.com	Edit	Remove

Add New User   ☑ Confirm Users

ASCR Portal—Save & Mark Complete

Do you have more work to do on a tab?

- **Save your progress** and return to it when you are ready.

Each tab of the cost report must be completed before you can submit your report

- When you have input all necessary data for each tab, select **Mark Complete** at the bottom of the tab.

If you accidentally click on the Mark Complete button, simply go back to the tab that requires an edit
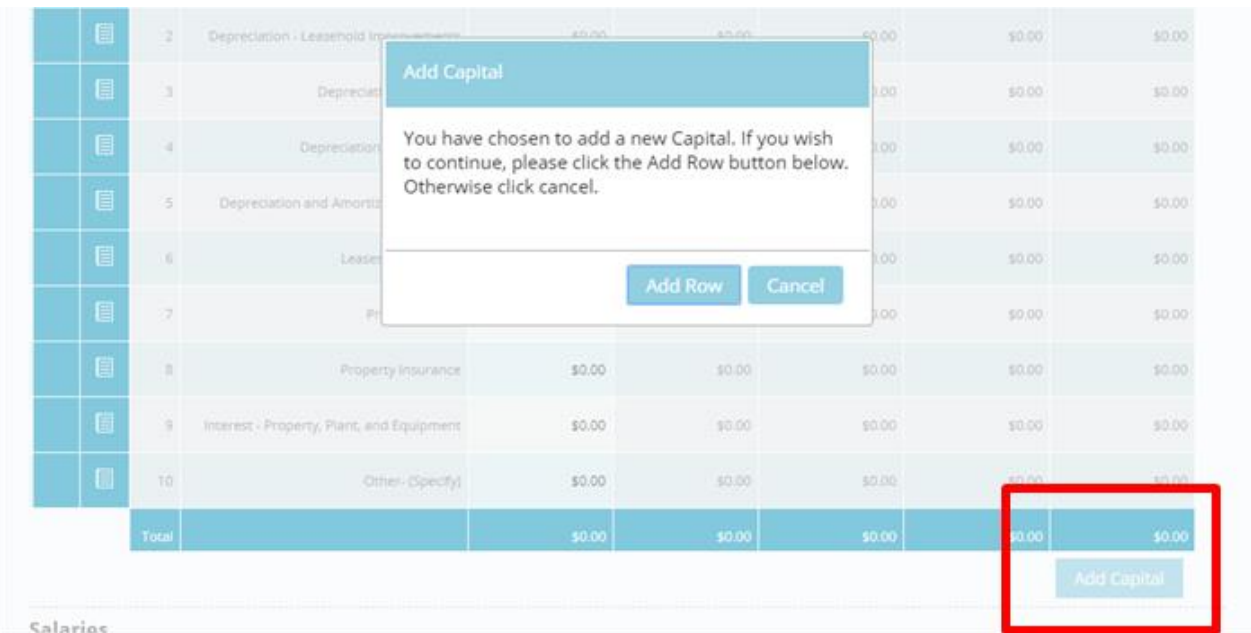
- The page will automatically open again and updates can be made.

ASCR Portal—Add Row

If the listed categories do not fit your expenses, manually add a row and indicate the name of the expense

- Select the **Add** button
- All new expenses need to be added under the **MTS Expense** tab
  - Added expenses will be carried over to the **Non-MTS Expense** and **Expense Allocation** tabs

ASCR Portal—Import & Export

On many tabs of the cost report, you can use the Export/Import function to expedite data entry

- An Excel template will be generated, which can be completed and uploaded back to the system
- If you need to add rows, **please do so before exporting** the Excel file

ASCR Portal—Uploading Supporting Documentation

All reported costs need to include supporting documentation

- If you have issues uploading a file, contact the Help Desk at <u>COEMSsupplemental@pcgus.com</u> or 877-775-3867

Supporting Documentation

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

Upload Files

ASCR Portal—
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.

Notes

Which supporting file backs up this dollar amount?

Select ▾

Enter Notes:

Save   Cancel

The preferred browser for optimal performance is **Google Chrome**.

If the ASCR portal has been opened for a long time, it may need to **refresh** to upload.

If a file is too large, try turning it into a **PDF** and uploading.

Quiz 3

ASCR Portal— Provider Information

Additional fields: Name of person signing and certifying report, report contact person, and reporting period.

Multiple NPIs? Providers who have more than one NPI will be required to add all pertaining NPI.

ASCR Portal—MTS Expense

Input expenditures related to **Medical Transportation Services** (**MTS**) only

- **Cost centers:** **Capital Related, Salaries, Fringe Benefits, and Administrative & General**
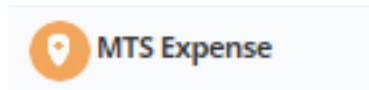
MTS Expense

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

ASCR Portal—Non-MTS Expense

Input expenditures unrelated to **MTS** only

- **Cost centers: Capital Related, Salaries, Fringe Benefits, and Administrative & General**

Non MTS Expense

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	Firefighter	$436,995.93	$0.00	$0.00	$0.00	$436,995.93
	15	Paramedic	$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

ASCR Portal—Expense Allocation

Input expenditures shared between fire and EMS operations

- **Cost centers:** **Capital Related, Salaries, Fringe Benefits, and Administrative & General**

Expense Allocation

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

The **Bad Debt** category is locked to prevent misreporting this unallowable cost.

Cost identification methodologies that inappropriately allocate costs associated with fire and rescue personnel and equipment to the Medicaid program potentially would be unallowable under the federal cost allocation requirements.

- Center for Medicaid and CHIP Services (CMCS) Informational Bulletin, Wednesday, August 18, 2022.

ASCR Portal—Reclassifications & Adjustments

Any federal funds/grants received and spent by the provider during the applicable reporting period must be reported on the **Reclassifications & Adjustments** tab

ASCR Portal—Depreciation

Report Depreciation for capital assets that exceeds **$5,000**

- If you **do not** wish to report Depreciation, click on the **Not Applicable for the <Provider Name> FY 2024 cost report** button
- **Cost centers:** Building and Improvements, Equipment, Vehicles, Leasehold Improvements and Amortization—Other

ASCR Portal—Allocation Statistics

Input the total number of minutes (time on task) spent on medical calls (MTS Duty) and fire calls (NON-MTS Duty)

- Include total time on task for all calls, not just those that result in emergency medical transports
- EMS only providers do not populate **Non-MTS Duty**

Allocation Statistics

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%

ASCR Portal—Expense Summary

The *Expense Summary* combines expenditures from the following tabs:

- Capital Expenses from **Depreciation**
- **MTS, Non-MTS** and **Shared** and **Expense Allocation**
- **Reclassifications and Adjustments** to **MTS, Non-MTS** and **Allocation Statistics** tabs
- No data can be entered on this tab (only provides a summary of all reported costs)

Expense Summary

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

ASCR Portal—Revenues

The Revenues tab is used to enter Other Revenues from Transports

- Only report revenues **received (net)**
  - Do not add pending charges to the revenue tab
- **PCG will enter** your Health First Colorado (Medicaid FFS) data
- Health First Colorado revenue will be **deducted from the net cost** to calculate your final cost settlement
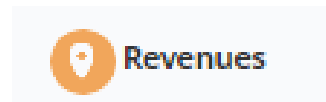
Other Revenue/Funding Sources

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

ASCR Portal—Final Settlement

Enter the total number of ALL MTS Transports per quarter under the Total column only

- This should include Health First Colorado transports

8	Number of MTS Transports	Other Payor	Fee For Service	Total
Qtr 1	July 1 through September 30	60	0	60
Qtr 2	October 1 through December 31	67	0	67
Qtr 3	January 1 through March 31	77	0	77
Qtr 4	April 1 through June 30	80	0	80
		284	0	284
				284

Health First Colorado Transports & Revenue

Only **Health First Colorado transports** are eligible for reimbursement to public providers through the CO EMS Supplemental Payment

- After all cost report revisions are made, the allowable Health First Colorado transports and revenue will **be uploaded on the provider's behalf**
- The **transports and revenue** will be uploaded in August 2025

ASCR Portal—Validations

There are two types of required validations on the ASCR portal

- Confirm the accuracy of the data, or
- Provide an explanation as to why the warning is being triggered and then confirm it is correct

> **?** The value entered for MTS Expense in cost center Paramedics under Salaries varies greater than 10.00% to previous year's amount. Last year's amount was $50,000.00. Please review and confirm that this value is correct before continuing. If the variance is correct, please note the reason by clicking Explain.   **Explain**

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

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

Electronic Cost Report Submission

Once you have completed reporting all costs, click on the Certify button at the end of the Final Settlement tab

- Participating **public providers are responsible** for the accuracy of reported costs and supporting documentation
- For the **Certify** button to work, all previous tabs need to have been **Marked Complete**

ASCR Portal—Desk Review

All responses provided for validations will be reviewed during the Desk Review process and if they are not sufficient, additional detail will be requested.

- Providers will receive automatic notifications that the Desk Review is ready for review
- All Desk Review entries need to be addressed prior to submission to PCG

ASCR Portal—Desk Review

Do not forget to submit!

- During the Desk Review period we have found many providers complete their Desk Review questions but forget to submit.

New: Providers will now find a reminder text at the top of the Desk Review tab.

📍 **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

ASCR Portal—Desk Review Status

The provider can easily access Desk Review questions by selecting the Desk Review tab.
At the top of the page, it will display how many Desk Review questions are Completed, In Process, and Pending.

📍 **Desk Review**
Current Status: Cost Report Open
Completed: 25
In Process: 3
Pending: 0

The Desk Review may be in any one of the following statuses :

- **Under Review:** with PCG, provider cannot edit
- **Released:** with provider, 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

ASCR Portal—Creating Desk Review Entries

If there are additional edits that providers need to make, the Revision Request button should be used

- Be specific as possible when explaining the edit you would like to make

ASCR Portal—New File for Desk Review

If additional files are requested, use the Upload New Document button

- Provide a detailed explanation about which costs the newly uploaded file is related to

Documentation not uploaded after the Desk Review period will **result in a SIT.**

ASCR Portal—Valid Response

Validations = Desk Review Questions

- If validations do not contain sufficient information this may result in a Desk Review follow-up
- Tips: Include details of cost, include value breakdown down and if possible, include where data can be found

Insufficient Response

Page:	MTS Expense
Cost Center:	Training
Value:	FY 2023: $7,252.48 FY 2022: $0.00
Row#:	48
Validation Details:	Please confirm Training under Administrative and General is a new cost center. Note that you did not report this cost center last year.
Note:	Yes, this is a new cost center.

Sufficient Response

Page:	MTS Expense
Cost Center:	Training
Value:	FY 2023: $7,252.48 FY 2022: $0.00
Row#:	48
Validation Details:	Please confirm Training under Administrative and General is a new cost center. Note that you did not report this cost center last year.
Note:	We have added a tuition reimbursement program which allows members to get reimbursed for furthering education which includes EMS specialized training.

ASCR Portal—Revisions as Result of the Desk Review

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

- The **Desk Review** tab will list at the top of the page the items that need revision
- Providers must confirm that all items highlighted have been revised
- Providers need to 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

ASCR Portal— Comprehensive Audit Review (CAR)

The CAR process will take place on the ASCR

- The **CAR** tab will appear on the dashboard
- All communication regarding the reported costs will take place on the ASCR portal
- Providers will receive automatic email notifications that the CAR is ready for review within the ASCR portal
- The timeline for the CAR will take place shortly after Desk Reviews

Discussion

What advice would you share with the other providers regarding the CAR process?

ASCR Portal—Cost Report Certification

Upon completion of all tabs, and once the Health First Colorado transports and revenues have been populated, 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 2025.

ASCR Portal—Cost Report Certification

The Cost Report Certification form attests to and certifies the accuracy of the financial information reported

- Provider ensures that the information reported ties exactly to the **supporting documentation**
- Provider will sign the Cost Report Certification **after** the Desk Review, CAR, and inclusion of Health First Colorado transport and revenue data
- Signatory must hold fiscal authority and title such as: Fire Chief, EMS Director, Finance Director, etc.

If your provider holds more than one NPI number this will be available and visible to you when the Cost Report Certification form is printed

CO EMS Supplemental Payment Stakeholder Group

CO EMS Supplemental Payment Stakeholder Group

- Stakeholders **inform** program improvement suggestions
- Stakeholders contribute to public Provider **outreach** initiatives
- Stakeholders can **guide** and/or **receive** legislation and program updates, as available.
- You will be invited to **participate** in the annual Stakeholder Meeting in May 2025.

CO EMS Supplemental Payment Training Feedback

Training Feedback

We want to hear your feedback on training

- Would you have attended **in person** if the training was offered at a different location?
- If **yes**, please list your preferred training location.

CO EMS Supplemental Payment Contact Information

HCPF Contact

Olga Gintchin

Program Administrator

Olga.Gintchin@state.co.us

Ongoing Support

Please reach out to us if you have any questions!

On-Going Cost Reporting Support Information

877-775-3867

COEMSsupplemental@pcgus.com

Help Desk hours are Monday- Friday, from 8 am to 5 pm MT, excluding holidays.