

AK MEDICAID SEMT COST REPORT

GENERAL INFORMATION AND CERTIFICATION

1. Name of Fire Department / Agency / Tribal Organization:		2. National Provider Identification (NPI) for Ground EMTs:		3. National Provider Identification (NPI) for Air EMTs:	
4. National Provider Identification (NPI) for Water EMTs:		5. Doing Business As (DBA):		6. Facility Business Phone:	
7. Fire District/ Agency/ Tribal Organization Street Address:			8. City:		9. Zip Code:
10. Mailing Address - Street or P.O. Box (if different):					
11. City:		12. Zip Code:		13. Name of Person Signing and Certifying Report:	
14. Report Contact Person:		15. Phone Number:		Phone Ext:	
16. Mailing Address - Street or P. O. Box:		17. City:		18. State:	19. Zip Code:
20. Previous Name of Fire Department/ Agency/ Tribal Organization if Changed Since Previous Report:					21. Date of Change:
22. Reporting Period Began:		23. Reporting Period Ended:			
24. Net Cost of Ground Transports		25. Net Cost of Air Transports		26. Net Cost of Water Transports	
#DIV/0!		#DIV/0!		#DIV/0!	

Misrepresentation or falsification of any information contained in this cost report may be punishable by criminal, civil, and administrative action, fine, and/or imprisonment under federal law. Furthermore, if services identified in this report were provided or procured through the payment directly or indirectly of a kickback or where otherwise illegal, criminal, civil, and administrative action, fines and/or imprisonment may result.

Certification by Officer or Administrator of the Fire Department / Agency / Tribal Organization

I, _____, certify under penalty of perjury as follows that:

That I am the responsible person of this provider and that I am duly authorized to sign this certification for Schedules 1-8.

That I have read the above statement regarding misrepresentation or falsification of information and that I have examined the accompanying cost report and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider in accordance with the laws and regulations regarding this provision of health care services and that the services identified in this cost report were provided in compliance with such laws and regulations.

That I acknowledge that the cost report (Schedules 1-8) and all supporting documentation are subject to review and audit by the Alaska Department of Health and Social Services.

That the expenditures claimed have not previously been, nor will be, claims at any other time to receive Federal Funds under Medicaid or any other program and were certified in accordance with OMB Circular A-97 and Medicare Provider Reimbursement Manual Pub 15-1.

Date of Signature

Name of Fire Department/Agency

E-mail the signed PDF electronic version of the completed cost report to:

By:

(Signature)

Title:

Address:

NOTICE

CHECK FIGURE

Total Reported Expenses From Sch 1, Col 5, Row 68)	\$0.00
Total Reported Expenses (Sch 2, Col 4, Row 68 + Sch 3, Col 1, Row 68)	\$0.00
Variance	\$-

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

SCHEDULE 1 - TOTAL EXPENSEProvider Name: 0Fiscal Year Ended: January 0, 1900

Line No.	Cost Center	Account Number	1	2	3	4	5
			MTS Expense - Ground	MTS Expense - Air	MTS Expense - Water	NON-MTS Expense	Total Expense
			Sch 2, Col 1	Sch 2, Col 2	Sch 2, Col 3	Sch 3, Col 1	Sum of Col's 1-4
	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)		\$ -	\$ -	\$ -	\$ -	\$ -
11.00	Total Capital Related (Lines 1 thru 10)		\$ -	\$ -	\$ -	\$ -	\$ -
	Salaries						
12.00	Administrative Chief		\$ -	\$ -	\$ -	\$ -	\$ -
13.00	Chief		\$ -	\$ -	\$ -	\$ -	\$ -
14.00	Non-MTS Salaries		\$ -	\$ -	\$ -	\$ -	\$ -
15.00	MTS Salaries		\$ -	\$ -	\$ -	\$ -	\$ -
16.00	Other - (Specify)		\$ -	\$ -	\$ -	\$ -	\$ -
17.00	Other - (Specify)		\$ -	\$ -	\$ -	\$ -	\$ -
18.00	Other - (Specify)		\$ -	\$ -	\$ -	\$ -	\$ -
19.00	Other - (Specify)		\$ -	\$ -	\$ -	\$ -	\$ -
20.00	Subtotal Salaries (Lines 12 thru 19)		\$ -	\$ -	\$ -	\$ -	\$ -
	Fringe Benefits						
21.00	Administrative Chief		\$ -	\$ -	\$ -	\$ -	\$ -
22.00	Chief		\$ -	\$ -	\$ -	\$ -	\$ -
23.00	Non-MTS Salaries		\$ -	\$ -	\$ -	\$ -	\$ -
24.00	MTS Salaries		\$ -	\$ -	\$ -	\$ -	\$ -
25.00	Other - (Specify)		\$ -	\$ -	\$ -	\$ -	\$ -
26.00	Other - (Specify)		\$ -	\$ -	\$ -	\$ -	\$ -
27.00	Other - (Specify)		\$ -	\$ -	\$ -	\$ -	\$ -
28.00	Other - (Specify)		\$ -	\$ -	\$ -	\$ -	\$ -
29.00	Subtotal Fringe Benefits (Lines 21 thru 28)		\$ -	\$ -	\$ -	\$ -	\$ -
30.00	Total Salaries & Fringe Benefits (Lines 20 & 29)		\$ -	\$ -	\$ -	\$ -	\$ -
31.00	Total Capital Related, Salaries, and Fringe Benefits (Lines 11 & 30)		\$ -	\$ -	\$ -	\$ -	\$ -

	Administrative and General						
32.00	Administrative		\$ -	\$ -	\$ -	\$ -	\$ -
33.00	Legal		\$ -	\$ -	\$ -	\$ -	\$ -
34.00	Accounting		\$ -	\$ -	\$ -	\$ -	\$ -
35.00	Advertising		\$ -	\$ -	\$ -	\$ -	\$ -
36.00	Consulting Expenses		\$ -	\$ -	\$ -	\$ -	\$ -
37.00	Contracted Labor		\$ -	\$ -	\$ -	\$ -	\$ -
38.00	Interest - Other		\$ -	\$ -	\$ -	\$ -	\$ -
39.00	Training		\$ -	\$ -	\$ -	\$ -	\$ -
40.00	General Insurance		\$ -	\$ -	\$ -	\$ -	\$ -
41.00	Supplies		\$ -	\$ -	\$ -	\$ -	\$ -
42.00	Bad Debt		\$ -	\$ -	\$ -	\$ -	\$ -
43.00	Plant Operations and Maintenance		\$ -	\$ -	\$ -	\$ -	\$ -
44.00	Housekeeping		\$ -	\$ -	\$ -	\$ -	\$ -
45.00	Utilities		\$ -	\$ -	\$ -	\$ -	\$ -
46.00	Medical Supplies		\$ -	\$ -	\$ -	\$ -	\$ -
47.00	Minor Medical Equipment		\$ -	\$ -	\$ -	\$ -	\$ -
48.00	Minor Equipment		\$ -	\$ -	\$ -	\$ -	\$ -
49.00	Fines and Penalties		\$ -	\$ -	\$ -	\$ -	\$ -
50.00	Fleet Maintenance		\$ -	\$ -	\$ -	\$ -	\$ -
51.00	Communications		\$ -	\$ -	\$ -	\$ -	\$ -
52.00	Recruit Academy		\$ -	\$ -	\$ -	\$ -	\$ -
53.00	Dispatch Service		\$ -	\$ -	\$ -	\$ -	\$ -
54.00	Logistics		\$ -	\$ -	\$ -	\$ -	\$ -
55.00	Postage		\$ -	\$ -	\$ -	\$ -	\$ -
56.00	Dues and Subscriptions		\$ -	\$ -	\$ -	\$ -	\$ -
57.00	Other - Capital Related Costs		\$ -	\$ -	\$ -	\$ -	\$ -
58.00	Contracted Services - MTS		\$ -	\$ -	\$ -	\$ -	\$ -
59.00	Contracted Services - MTS Billing		\$ -	\$ -	\$ -	\$ -	\$ -
60.00	Other - (Specify)		\$ -	\$ -	\$ -	\$ -	\$ -
61.00	Other - (Specify)		\$ -	\$ -	\$ -	\$ -	\$ -
62.00	Other - (Specify)		\$ -	\$ -	\$ -	\$ -	\$ -
63.00	Total Administrative & General (Lines 32 thru 62)		\$ -	\$ -	\$ -	\$ -	\$ -
64.00	Total Direct Costs (Lines 31 & 63)		\$ -	\$ -	\$ -	\$ -	\$ -
65.00	Allocated Capital Related and Salaries Benefits (From Sch 4)		\$ -	\$ -	\$ -	\$ -	\$ -
66.00	Total Direct and Allocated Costs (Lines 64 & 65)		\$ -	\$ -	\$ -	\$ -	\$ -
67.00	Allocated Administrative and General (From Sch 5)		\$ -	\$ -	\$ -	\$ -	\$ -
68.00	Total Expense (Line 66 & 67)		\$ -	\$ -	\$ -	\$ -	\$ -

SCHEDULE 2 - MEDICAL TRANSPORTATION SERVICES (MTS) EXPENSEProvider Name: 0Fiscal Year Ended: January 0, 1900

Line No.	Cost Center	Account Number	1	2	3	4
			MTS Expense			Total MTS Expense
			Ground	Air	Water	Sum Col 1-3
	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)					\$ -
11.00	Total Capital Related (Lines 1 thru 10)		\$ -	\$ -	\$ -	\$ -
	Salaries					
12.00	Administrative Chief					\$ -
13.00	Chief					\$ -
14.00	Non-MTS Salaries					\$ -
15.00	MTS Salaries					\$ -
16.00	Other - (Specify)					\$ -
17.00	Other - (Specify)					\$ -
18.00	Other - (Specify)					\$ -
19.00	Other - (Specify)					\$ -
20.00	Subtotal Salaries (Lines 12 thru 19)		\$ -	\$ -	\$ -	\$ -
	Fringe Benefits					
21.00	Administrative Chief					\$ -
22.00	Chief					\$ -
23.00	Non-MTS Salaries					\$ -
24.00	MTS Salaries					\$ -
25.00	Other - (Specify)					\$ -
26.00	Other - (Specify)					\$ -
27.00	Other - (Specify)					\$ -
28.00	Other - (Specify)					\$ -
29.00	Subtotal Fringe Benefits (Lines 21 thru 28)		\$ -	\$ -	\$ -	\$ -
30.00	Total Salaries & Fringe Benefits (Lines 20 & 29)		\$ -	\$ -	\$ -	\$ -
31.00	Total Capital Related, Salaries, and Fringe Benefits (Lines 11 & 30)		\$ -	\$ -	\$ -	\$ -

	Administrative and General					
32.00	Administrative					\$ -
33.00	Legal					\$ -
34.00	Accounting					\$ -
35.00	Advertising					\$ -
36.00	Consulting Expenses					\$ -
37.00	Contracted Labor					\$ -
38.00	Interest - Other					\$ -
39.00	Training					\$ -
40.00	General Insurance					\$ -
41.00	Supplies					\$ -
42.00	Bad Debt					\$ -
43.00	Plant Operations and Maintenance					\$ -
44.00	Housekeeping					\$ -
45.00	Utilities					\$ -
46.00	Medical Supplies					\$ -
47.00	Minor Medical Equipment					\$ -
48.00	Minor Equipment					\$ -
49.00	Fines and Penalties					\$ -
50.00	Fleet Maintenance					\$ -
51.00	Communications					\$ -
52.00	Recruit Academy					\$ -
53.00	Dispatch Service					\$ -
54.00	Logistics					\$ -
55.00	Postage					\$ -
56.00	Dues and Subscriptions					\$ -
57.00	Other - Capital Related Costs					\$ -
58.00	Contracted Services - MTS					\$ -
59.00	Contracted Services - MTS Billing					\$ -
60.00	Other - (Specify)					\$ -
61.00	Other - (Specify)					\$ -
62.00	Other - (Specify)					\$ -
63.00	Total Administrative & General (Lines 32 thru 62)		\$ -	\$ -	\$ -	\$ -
64.00	Total MTS Direct Service (Lines 31 & 63)		\$ -	\$ -	\$ -	\$ -
65.00	Allocated Capital Related and Salaries Benefits (From Sch 4)		\$ -	\$ -	\$ -	\$ -
66.00	Total Direct and Allocated Costs (Lines 64 & 65)		\$ -	\$ -	\$ -	\$ -
67.00	Allocated Administrative and General (From Sch 5)		\$ -	\$ -	\$ -	\$ -
68.00	Total Expense (Line 66 & 67)		\$ -	\$ -	\$ -	\$ -

SCHEDULE 3 - NON-MTS EXPENSE

Provider Name:

0

Fiscal Year Ended

January 0, 1900

Line No.	Cost Center	Account Number	1
			NON-MTS Expense
	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)		
11.00	Total Capital Related (Lines 1 thru 10)		\$ -
	Salaries		
12.00	Administrative Chief		
13.00	Chief		
14.00	Non-MTS Salaries		
15.00	MTS Salaries		
16.00	Other - (Specify)		
17.00	Other - (Specify)		
18.00	Other - (Specify)		
19.00	Other - (Specify)		
20.00	Subtotal Salaries (Lines 12 thru 19)		\$ -
	Fringe Benefits		
21.00	Administrative Chief		
22.00	Chief		
23.00	Non-MTS Salaries		
24.00	MTS Salaries		
25.00	Other - (Specify)		
26.00	Other - (Specify)		
27.00	Other - (Specify)		
28.00	Other - (Specify)		
29.00	Subtotal Fringe Benefits (Lines 21 thru 28)		\$ -
30.00	Total Salaries & Fringe Benefits (Lines 20 & 29)		\$ -
31.00	Total Capital Related, Salaries, and Fringe Benefits (Lines 11 & 30)		\$ -
	Administrative and General		
32.00	Administrative		
33.00	Legal		
34.00	Accounting		

35.00	Advertising		
36.00	Consulting Expenses		
37.00	Contracted Labor		
38.00	Interest - Other		
39.00	Training		
40.00	General Insurance		
41.00	Supplies		
42.00	Bad Debt		
43.00	Plant Operations and Maintenance		
44.00	Housekeeping		
45.00	Utilities		
46.00	Medical Supplies		
47.00	Minor Medical Equipment		
48.00	Minor Equipment		
49.00	Fines and Penalties		
50.00	Fleet Maintenance		
51.00	Communications		
52.00	Recruit Academy		
53.00	Dispatch Service		
54.00	Logistics		
55.00	Postage		
56.00	Dues and Subscriptions		
57.00	Other - Capital Related Costs		
58.00	Contracted Services - MTS		
59.00	Contracted Services - MTS Billing		
60.00	Other - (Specify)		
61.00	Other - (Specify)		
62.00	Other - (Specify)		
63.00	Total Administrative & General (Lines 32 thru 62)		\$ -
64.00	Total Non-MTS Direct Service (Lines 31 + 63)		\$ -
65.00	Allocated Capital Related and Salaries Benefits (From Sch 4)		\$ -
66.00	Total Direct and Allocated Costs (Lines 64 & 65)		\$ -
67.00	Allocated Administrative and General (From Sch 5)		-
68.00	Total Expense (Line 66 & 67)		\$ -

SCHEDULE 4 - ALLOCATION OF CAPITAL RELATED AND SALARIES & BENEFITS (CRSB) EXPENSE

Provider Name: _____ 0 _____

Fiscal Year Ended: _____ January 0, 1900 _____

Line No.	Cost Center		1	2	3	4	5
		Account Number	Expense to be Apportioned	MTS Allocation			NON- MTS Allocation
				Ground	Air	Water	
				0.00%	0.00%	0.00%	0.00%
	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)			\$ -	\$ -	\$ -	\$ -
11.00	Total Capital Related (Lines 1 thru 10)		\$ -	\$ -	\$ -	\$ -	\$ -

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

Line No.	Cost Center	Account Number	1	2	3	4	6
			Expense to be Apportioned	MTS Allocation			NON- MTS Allocation
				Ground	Air	Water	
				0.00%	0.00%	0.00%	
	Salaries						
12.00	Administrative Chief			\$ -	\$ -	\$ -	\$ -
13.00	Chief			\$ -	\$ -	\$ -	\$ -
14.00	Non-MTS Salaries			\$ -	\$ -	\$ -	\$ -
15.00	MTS Salaries			\$ -	\$ -	\$ -	\$ -
16.00	Other - (Specify)			\$ -	\$ -	\$ -	\$ -
17.00	Other - (Specify)			\$ -	\$ -	\$ -	\$ -
18.00	Other - (Specify)			\$ -	\$ -	\$ -	\$ -
19.00	Other - (Specify)			\$ -	\$ -	\$ -	\$ -
20.00	Subtotal Salaries (Lines 12 thru 19)		\$ -	\$ -	\$ -	\$ -	\$ -
	Fringe Benefits						
21.00	Administrative Chief			\$ -	\$ -	\$ -	\$ -
22.00	Chief			\$ -	\$ -	\$ -	\$ -
23.00	Non-MTS Salaries			\$ -	\$ -	\$ -	\$ -
24.00	MTS Salaries			\$ -	\$ -	\$ -	\$ -
25.00	Other - (Specify)			\$ -	\$ -	\$ -	\$ -
26.00	Other - (Specify)			\$ -	\$ -	\$ -	\$ -
27.00	Other - (Specify)			\$ -	\$ -	\$ -	\$ -
28.00	Other - (Specify)			\$ -	\$ -	\$ -	\$ -
29.00	Subtotal Fringe Benefits (Lines 21 thru 28)		\$ -	\$ -	\$ -	\$ -	\$ -
30.00	Total Salaries & Fringe Benefits (Lines 20 & 29)		\$ -	\$ -	\$ -	\$ -	\$ -
31.00	Total Capital Related, Salaries, and Fringe Benefits (Lines 11 & 30)		\$ -	\$ -	\$ -	\$ -	\$ -

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

SCHEDULE 5 - ALLOCATION OF ADMINISTRATIVE & GENERAL

Provider Name: _____ 0

Fiscal Year Ended: January 0, 1900

Line No.	Cost Center	Account Number	1	2	3	4	5
			Expenses to be Apportioned	MTS Allocation			NON-MTS Allocation
				Ground	Air	Water	
			** See Note Below	0.00%	0.00%	0.00%	0.00%
	Administrative and General						
32.00	Administrative			\$ -	\$ -	\$ -	\$ -
33.00	Legal			\$ -	\$ -	\$ -	\$ -
34.00	Accounting			\$ -	\$ -	\$ -	\$ -
35.00	Advertising			\$ -	\$ -	\$ -	\$ -
36.00	Consulting Expenses			\$ -	\$ -	\$ -	\$ -
37.00	Contracted Labor			\$ -	\$ -	\$ -	\$ -
38.00	Interest - Other			\$ -	\$ -	\$ -	\$ -
39.00	Training			\$ -	\$ -	\$ -	\$ -
40.00	General Insurance			\$ -	\$ -	\$ -	\$ -
41.00	Supplies			\$ -	\$ -	\$ -	\$ -
42.00	Bad Debt			\$ -	\$ -	\$ -	\$ -
43.00	Plant Operations and Maintenance			\$ -	\$ -	\$ -	\$ -
44.00	Housekeeping			\$ -	\$ -	\$ -	\$ -
45.00	Utilities			\$ -	\$ -	\$ -	\$ -
46.00	Medical Supplies			\$ -	\$ -	\$ -	\$ -
47.00	Minor Medical Equipment			\$ -	\$ -	\$ -	\$ -
48.00	Minor Equipment			\$ -	\$ -	\$ -	\$ -
49.00	Fines and Penalties			\$ -	\$ -	\$ -	\$ -
50.00	Fleet Maintenance			\$ -	\$ -	\$ -	\$ -
51.00	Communications			\$ -	\$ -	\$ -	\$ -
52.00	Recruit Academy			\$ -	\$ -	\$ -	\$ -
53.00	Dispatch Service			\$ -	\$ -	\$ -	\$ -
54.00	Logistics			\$ -	\$ -	\$ -	\$ -
55.00	Postage			\$ -	\$ -	\$ -	\$ -
56.00	Dues and Subscriptions			\$ -	\$ -	\$ -	\$ -
57.00	Other - Capital Related Costs			\$ -	\$ -	\$ -	\$ -
58.00	Contracted Services - MTS			\$ -	\$ -	\$ -	\$ -
59.00	Contracted Services - MTS Billing			\$ -	\$ -	\$ -	\$ -
60.00	Other - (Specify)			\$ -	\$ -	\$ -	\$ -
61.00	Other - (Specify)			\$ -	\$ -	\$ -	\$ -
62.00	Other - (Specify)			\$ -	\$ -	\$ -	\$ -
63.00	Total Administrative & General (Lines 32 thru 62)		\$ -	\$ -	\$ -	\$ -	\$ -

**

If an Indirect Cost Factor is being applied on Sch 7 the Administration & General cost allocation will not be applied

Selection of Allocation Statistic:

Any variation of the allocation statistic must be approved prior to implementation and documentation MUST be readily available for review.

Allocation Statistics for Administration and General Expense		
Description	Accum Expense	Factor
Accum. Direct & CRSB Allocated Cost of MTS Ground Services (from Sch 2, Col 1, Row 66)	\$ -	0.00%
Accum. Direct & CRSB Allocated Cost of MTS Air Services (from Sch 2, Col 2, Row 66)	\$ -	0.00%
Accum. Direct & CRSB Allocated Cost of MTS Water Services (from Sch 2, Col 3, Row 66)	\$ -	0.00%
Accumul. Direct & CRSB Allocated Cost of Non-MTS Services (from Sch 3, Col 3, Row 66)	\$ -	0.00%
Total Accumulated Direct Cost of MTS and NON-MTS Services	\$ -	0.00%

SCHEDULE 6 - REVENUE / FUNDING SOURCESProvider Name: 0Fiscal Year Ended: January 0, 1900

A	1	2	3	4	5	6
	MEDICAID FFS REVENUE FROM TRANSPORTS*	Ground MTS	Air MTS	Water MTS	NON-MTS	Total
1.	Medicaid Fee for Service (FFS) Revenue					\$ -
2.	Other AK Medicaid FFS Revenue (Specify)					\$ -
3.	Other AK Medicaid FFS Revenue (Specify)					\$ -
4.	Other AK Medicaid FFS Revenue (Specify)					\$ -
5.	Other AK Medicaid FFS Revenue (Specify)					\$ -
6.						\$ -
7.	Total Medicaid FFS Revenue from Transports (To Sch 7, Line 10)	\$ -	\$ -	\$ -	\$ -	\$ -
B	1	2	3	4	5	6
	OTHER MEDICAID REVENUE FROM TRANSPORTS**	Ground MTS	Air MTS	Water MTS	NON-MTS	Total
8.	Other Medicaid Revenue					-
9.	Other Medicaid Revenue					-
10.	Other Medicaid Revenue					-
11.	Other Medicaid Revenue					-
12.						-
13.						-
14.	Total Other Revenue from Medicaid Managed Care Transports	\$ -	\$ -	\$ -	\$ -	\$ -
C	1	2	3	4	5	6
	OTHER REVENUE / FUNDING SOURCES***	Ground MTS	Air MTS	Water MTS	NON-MTS	Total
15.						\$ -
16.						\$ -
17.						\$ -
18.						\$ -
19.						\$ -
20.						\$ -
21.						\$ -
22.						\$ -
23.						\$ -
24.						\$ -
25.						\$ -
26.						\$ -
27.						\$ -
28.						\$ -
29.						\$ -
30.						\$ -
31.						\$ -
32.						\$ -
33.						\$ -
34.						\$ -
35.						\$ -
36.						\$ -
37.						\$ -
38.						\$ -
39.						\$ -
40.						\$ -
41.						\$ -
42.						\$ -
43.	Total Other Revenue	\$ -	\$ -	\$ -	\$ -	\$ -
44.	GRAND TOTAL (Lines 7, 14, and 43)	\$ -	\$ -	\$ -	\$ -	\$ -

SCHEDULE 7 - ESTIMATED INTERIM SETTLEMENT CALCULATION

Provider Name: _____ 0 _____ Fiscal Year Ended: _____ January 0, 1900 _____

Average Cost per MTS Service		1	2	3
		Ground	Air	Water
1.	Direct Cost of MTS Services (Sch 2, Row 64)	\$ -	\$ -	\$ -
2.	Capital Related and Salaries & Benefits (Sch 2, Row 65)	\$ -	\$ -	\$ -
3.	Indirect Cost Factor Percentage (A)			
	a. Indirect Cost Factor Based on MTS Services? (please use drop-down box to select Yes or No)	No		
	b. If yes, input Indirect Cost Factor	0.00%		
	c. If yes to (a), this will show the calculated indirect costs.	\$ -	\$ -	\$ -
4.	Administration & General Allocation (Sch 2, Row 67)	\$ -	\$ -	\$ -
5.	Grand Total of MTS Expense (Sum Lines 1 thru 4)	\$ -	\$ -	\$ -
6.	Fiscal Year Ended: Number of MTS Transports			
	a. Medicaid-Fee-for-Service Transports			
	b. All other MTS Transports			
7	Total Transports	-	-	-
8	Average Cost per MTS Transports (Line 5 / Line 7)	#DIV/0!	#DIV/0!	#DIV/0!

Estimated FFS Interim EMTS Settlement (B)		Ground	Air	Water
9.	Total Cost of Medicaid FFS MTS Transports (Line 6a X Line 8)	#DIV/0!	#DIV/0!	#DIV/0!
10.	Less: Total Medicaid FFS Revenue from MTS Transports (Sch 6, Line 1)	\$ -	\$ -	\$ -
11.	Net Cost of Medicaid FFS MTS Transports (Line 9 + Line 10)	#DIV/0!	#DIV/0!	#DIV/0!
12.	Est. Percentage of Medicaid MTS Transports that are Emergency Medical Transports (C)	50%	90%	50%
13.	Net Cost of Medicaid Emergency MTS FFS Transports (Line 11 x Line 12)	#DIV/0!	#DIV/0!	#DIV/0!
14.	Federal Medical Assistance Percentage (FMAP) (D)	50.0%	50.0%	50.0%
15.	Est. Interim Federal Supplemental Payment (Line 13 X Line 14) (E)	#DIV/0!	#DIV/0!	#DIV/0!

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

Estimated FFS Interim EMTS Settlement. Amount may be adjusted based on percentage of net federal participation, percentage of Medicaid transports that are emergency Medical transports and additional State adjustments. Schedule 9 - which is completed by the Department will be utilized to calculate the interim payment. The amount of the estimated Interim EMTS Settlement may vary from interim settlement and the final settlement.

(C) An estimate of what percent of total medical transports are determined to be emergency medical transports. Settlement is only for emergency medical transports and does not include non-emergency medical transports.

(D) The Federal Medical Assistance Percentage (FMAP) for the interim payments will be the Title XIX FMAP. For the final settlement, each transport will be matched to its specific FMAP (Title XIX, Title XXI, Affordable Care Act Medicaid Expansion, Indian Health Services including tribal refinancing).

(E) Final settlement will be calculated within 3 years of the submission of this cost report. The final settlement will utilize Schedule 10, which is department generated.

SCHEDULE 8 - NOTES

Provider Name: 0

Fiscal Year Ended: January 0, 1900

Please identify all contracting arrangements noted on Schedules 1, 2, and 3.

[illegible]

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

[illegible]

Provide explanation on any general ledger reclassifications or adjustments

Sch	Explanation

SCHEDULE 9 - INTERNAL Interim Settlement

Provider

Fiscal Year

Name:

0

Ended:

January 0, 1900**THIS SCHEDULE IS COMPLETED BY THE DEPARTMENT OF HEALTH AND SOCIAL SERVICES.**

This schedule will be used to calculate the interim settlement. The Department will utilize the average cost per transport from the provider, and the fields below that are populated with data from the Medicaid Management Information System (MMIS) to calculate the interim payment.

Step 1:

Report the average cost per MTS Transports from Schedule 7 of the AK SEMT Cost Report for ground, air, and water.

	Service	Average Cost per MTS Transport
1	Ground average cost per MTS transport	#DIV/0!
2	Air average cost per MTS transport	#DIV/0!
3	Water average cost per MTS transport	#DIV/0!

Step 2

Run a claims pull from the Medicaid Management Information System (MMIS) for the time period that matches the provider's cost report. Categorize the units of service into emergency medical transports and nonemergency medical transports as well as by each Medicaid category that has a different Federal Medical Assistance Percentage (FMAP) such as Title XIX, Title XXI, Medicaid Expansion, and Medicaid Indian Health Services including services that have been tribally refinanced for non Indian Health Service providers in accordance with the State Health Official letter #16-002. Do not include any units of service related to miles, only units of services related to trips.

	MEDICAID FFS UNITS OF SERVICE FROM TRANSPORTS (do not include miles)	Settled	NOT settled
		Emergency Ground	Non-Emergency Ground
4	AK Medicaid Title XIX FFS Units of Service (UOS)		
5	AK Medicaid Title XXI FFS UOS		
6	AK Medicaid Medicaid Expansion FFS UOS		
7	AK Medicaid Indian Health Services (I.H.S.) Medicaid FFS UOS and I.H.S. Medicaid Expansion, including tribal refinancing		
8	Total Medicaid FFS MTS Ground Units of Service	-	-
9			-

	MEDICAID FFS UNITS OF SERVICE FROM TRANSPORTS (do not include miles)	Settled	NOT settled
		Emergency Air	Non-Emergency Air
10	AK Medicaid Title XIX FFS UOS		

11	AK Medicaid Title XXI FFS UOS		
12	AK Medicaid Medicaid Expansion FFS UOS		
13	AK Medicaid Indian Health Services (I.H.S.) Medicaid FFS UOS and I.H.S. Medicaid Expansion, including tribal refinancing		
14	Total Medicaid FFS MTS Air Units of Service	-	-
15			-

	MEDICAID FFS UNITS OF SERVICE FROM TRANSPORTS (do not include miles)	Settled	NOT settled
		Emergency Water	Non-Emergency Water
16	AK Medicaid Title XIX FFS UOS		
17	AK Medicaid Title XXI FFS UOS		
18	AK Medicaid Medicaid Expansion FFS UOS		
19	AK Medicaid Indian Health Services (I.H.S.) Medicaid FFS UOS and I.H.S. Medicaid Expansion, including tribal refinancing		
20	Total Medicaid FFS MTS Water Units of Service	-	-
21			-

Step 3:

Calculate the aggregate cost for transfers using the average cost per transfer in Step 1 multiplied by the units of service (non mileage) from Step 2.

	MEDICAID AGGREGATE COST FOR TRANSPORT	Settled	NOT settled
		Emergency Ground	Non-Emergency Ground
22	AK Medicaid Title XIX	#DIV/0!	#DIV/0!
23	AK Medicaid Title XXI	#DIV/0!	#DIV/0!
24	AK Medicaid Medicaid Expansion	#DIV/0!	#DIV/0!
25	AK Medicaid Indian Health Services (I.H.S.) Medicaid and I.H.S. Medicaid Expansion, including tribal refinancing	#DIV/0!	#DIV/0!
26	Total Medicaid FFS MTS Ground Aggregate Cost for Transports	#DIV/0!	#DIV/0!
27		#DIV/0!	

	MEDICAID AGGREGATE COST FOR TRANSPORT	Settled	NOT settled
		Emergency Air	Non-Emergency Air
28	AK Medicaid Title XIX	#DIV/0!	#DIV/0!
29	AK Medicaid Title XXI	#DIV/0!	#DIV/0!
30	AK Medicaid Medicaid Expansion	#DIV/0!	#DIV/0!
31	AK Medicaid Indian Health Services (I.H.S.) Medicaid and I.H.S. Medicaid Expansion, including tribal refinancing	#DIV/0!	#DIV/0!
32	Total Medicaid FFS MTS Air Aggregate Cost for Transports	#DIV/0!	#DIV/0!
33		#DIV/0!	

	MEDICAID AGGREGATE COST FOR TRANSPORT	Settled	NOT settled
		Emergency Water	Non-Emergency Water
34	AK Medicaid Title XIX	#DIV/0!	#DIV/0!
35	AK Medicaid Title XXI	#DIV/0!	#DIV/0!
36	AK Medicaid Medicaid Expansion	#DIV/0!	#DIV/0!
37	AK Medicaid Indian Health Services (I.H.S.) Medicaid and I.H.S. Medicaid Expansion, including tribal refinancing	#DIV/0!	#DIV/0!
38	Total Medicaid FFS MTS Water Aggregate Cost for Transports	#DIV/0!	#DIV/0!
39		#DIV/0!	

Step 4:

Use the claims pull from Step 2. Categorize the revenue into emergency medical transports and nonemergency medical transports as well as by each Medicaid category that has a different Federal Medical Assistance Percentage (FMAP) such as Title XIX, Title XXI, Medicaid Expansion, and Medicaid Indian Health Services including services that have been tribally refinanced for non Indian Health Service providers in accordance with the State Health Official letter #16-002.

	MEDICAID FFS REVENUE FROM TRANSPORTS	Settled	NOT settled
		Emergency Ground	Non-Emergency Ground
40	AK Medicaid Title XIX Fee for Service (FFS) Revenue		
41	AK Medicaid Title XXI FFS Revenue		
42	AK Medicaid Medicaid Expansion FFS Revenue		
43	AK Medicaid Indian Health Services (I.H.S.) Medicaid and I.H.S. Medicaid Expansion FFS Revenue, including tribal refinancing		
44	Total Medicaid FFS MTS Ground Revenue	\$ -	\$ -
45		\$ -	

	MEDICAID FFS REVENUE FROM TRANSPORTS	Settled	NOT settled
		Emergency Air	Non-Emergency Air
46	AK Medicaid Title XIX FFS Revenue		
47	AK Medicaid Title XXI FFS Revenue		
48	AK Medicaid Medicaid Expansion FFS Revenue		
49	AK Medicaid Indian Health Services (I.H.S.) Medicaid and I.H.S. Medicaid Expansion FFS Revenue, including tribal refinancing		
50	Total Medicaid FFS MTS Air Revenue	\$ -	\$ -
51		\$ -	

		Settled	NOT settled
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	MEDICAID FFS REVENUE FROM TRANSPORTS	Emergency Water	Non-Emergency Water
52	AK Medicaid Title XIX FFS Revenue		
53	AK Medicaid Title XXI FFS Revenue		
54	AK Medicaid Medicaid Expansion FFS Revenue		
55	AK Medicaid Indian Health Services (I.H.S.) Medicaid and I.H.S. Medicaid Expansion FFS Revenue, including tribal refinancing		
56	Total Medicaid FFS MTS Water Revenue	\$ -	\$ -
57		\$ -	\$ -

Step 5:

Use the claims pull from Step 2. Categorize the Medicaid service Third Party Liability payments into emergency medical transports and nonemergency medical transports as well as by each Medicaid category that has a different Federal Medical Assistance Percentage (FMAP) such as Title XIX, Title XXI, Medicaid Expansion, and Medicaid Indian Health Services including services that have been tribally refinanced for non Indian Health Service providers in accordance with the State Health Official letter #16-002.

	MEDICAID FFS THIRD PARTY LIABILITY (TPL) FROM TRANSPORTS	Settled Emergency Ground	NOT settled Non-Emergency Ground
58	AK Medicaid Title XIX FFS Third Party Liability (TPL) Revenue		
59	AK Medicaid Title XXI FFS TPL Revenue		
60	AK Medicaid Medicaid Expansion FFS TPL Revenue		
61	AK Medicaid Indian Health Services Medicaid (I.H.S.) and I.H.S. Medicaid Expansion FFS TPL Revenue, including tribal refinancing		
62	Total Medicaid FFS MTS Ground Third Party Liability Revenue	\$ -	\$ -
63		\$ -	\$ -

	MEDICAID FFS THIRD PARTY LIABILITY FROM TRANSPORTS	Settled Emergency Air	NOT settled Non-Emergency Air
64	AK Medicaid Title XIX FFS TPL Revenue		
65	AK Medicaid Title XXI FFS TPL Revenue		
66	AK Medicaid Medicaid Expansion FFS TPL Revenue		
67	AK Medicaid Indian Health Services Medicaid (I.H.S.) and I.H.S. Medicaid Expansion FFS TPL Revenue, including tribal refinancing		
68	Total Medicaid FFS MTS Air Third Party Liability Revenue	\$ -	\$ -
69		\$ -	\$ -

	MEDICAID FFS THIRD PARTY LIABILITY FROM TRANSPORTS	Settled Emergency Water	NOT settled Non-Emergency Water
--	---	------------------------------------	--

70	AK Medicaid Title XIX FFS TPL Revenue		
71	AK Medicaid Title XXI FFS TPL Revenue		
72	AK Medicaid Medicaid Expansion FFS TPL Revenue		
73	AK Medicaid Indian Health Services Medicaid (I.H.S.) and I.H.S. Medicaid Expansion FFS TPL Revenue, including tribal refinancing		
74	Total Medicaid FFS MTS Water Third Party	\$ -	\$ -
75	Liability Revenue	\$ -	\$ -

Step 6:

Calculate the total Medicaid costs that have not been paid via any other method by taking the cost for transports from Step 3 and subtracting the FFS Revenue from Step 4 and subtracting the Third Party Liability Payments from Step 5. This only needs to occur for the Emergency services as non-emergency services are not settled as part of the SEMT program.

	MEDICAID FFS TOTAL MEDICAID COSTS TO BE SETTLED	Settled
		Emergency Ground
76	AK Medicaid Title XIX Total Medicaid costs to be settled	#DIV/0!
77	AK Medicaid Title XXI Total Medicaid costs to be settled	#DIV/0!
78	AK Medicaid Medicaid Expansion Total Medicaid costs to be settled	#DIV/0!
79	AK Medicaid Indian Health Services (I.H.S.) Medicaid and I.H.S. Medicaid Expansion Total Medicaid costs to be settled, including tribal refinancing	#DIV/0!
80	Total Medicaid FFS MTS Ground Interim Payments	#DIV/0!

	MEDICAID FFS TOTAL MEDICAID COSTS TO BE SETTLED	Settled
		Emergency Air
81	AK Medicaid Title XIX Total Medicaid costs to be settled	#DIV/0!
82	AK Medicaid Title XXI Total Medicaid costs to be settled	#DIV/0!
83	AK Medicaid Medicaid Expansion Total Medicaid costs to be settled	#DIV/0!
84	AK Medicaid Indian Health Services (I.H.S.) Medicaid and I.H.S. Medicaid Expansion Total Medicaid costs to be settled, including tribal refinancing	#DIV/0!
85	Total Medicaid FFS MTS Air Interim Payments	#DIV/0!

	MEDICAID FFS TOTAL MEDICAID COSTS TO BE SETTLED	Settled
		Emergency Water

86	AK Medicaid Title XIX Total Medicaid costs to be settled	#DIV/0!
87	AK Medicaid Title XXI Total Medicaid costs to be settled	#DIV/0!
88	AK Medicaid Medicaid Expansion Total Medicaid costs to be settled	#DIV/0!
89	AK Medicaid Indian Health Services (I.H.S.) Medicaid and I.H.S. Medicaid Expansion Total Medicaid costs to be settled, including tribal refinancing	#DIV/0!
90	Total Medicaid FFS MTS Water Interim Payments	#DIV/0!

Step 7:

All interim payments will utilize the Title XIX FMAP.

FMAP Description		FMAP
91	AK Medicaid Title XIX	50%

Step 8:

Calculate the Federal Medicaid costs for interim payment for emergency transportation services by multiplying the Total Medicaid costs to be settled for emergency transportation services from Step 6 by the FMAP from Step 7.

	FEDERAL MEDICAID COSTS INTERIM SETTLEMENT - GROUND	Settled
		Emergency Ground
92	AK Medicaid Title XIX	#DIV/0!
93	AK Medicaid Title XXI	#DIV/0!
94	AK Medicaid Medicaid Expansion	#DIV/0!
95	AK Medicaid Indian Health Services (I.H.S.) and I.H.S. Medicaid Expansion, including tribal refinancing	#DIV/0!
96	Federal Ground Emergency MTS Interim Settlement	#DIV/0!

	FEDERAL MEDICAID COSTS INTERIM SETTLEMENT - AIR	Settled
		Emergency Air
97	AK Medicaid Title XIX	#DIV/0!
98	AK Medicaid Title XXI	#DIV/0!
99	AK Medicaid Medicaid Expansion	#DIV/0!
100	AK Medicaid Indian Health Services (I.H.S.) and I.H.S. Medicaid Expansion, including tribal refinancing	#DIV/0!
101	Federal Air Emergency MTS Interim Settlement	#DIV/0!

	TOTAL FEDERAL MEDICAID COSTS INTERIM SETTLEMENT - WATER	Settled
		Emergency Water
102	AK Medicaid Title XIX	#DIV/0!
103	AK Medicaid Title XXI	#DIV/0!

104	AK Medicaid Medicaid Expansion	#DIV/0!
105	AK Medicaid Indian Health Services (I.H.S.) and I.H.S. Medicaid Expansion, including tribal refinancing	#DIV/0!
106	Federal Water Emergency MTS Interim Settlement	#DIV/0!

SCHEDULE 10 - INTERNAL Final Settlement

Provider

Fiscal Year

Name:

0

Ended:

January 0, 1900**THIS SCHEDULE IS COMPLETED BY THE DEPARTMENT OF HEALTH AND SOCIAL SERVICES.**

This schedule will be used to calculate the final settlement. The Department will utilize the audited average cost per transport from the provider, and the fields below that are populated with data from the Medicaid Management Information System (MMIS) to calculate the final payment within 3 years of the submission of the cost report.

Step 1:

Report the average cost per MTS Transports from Schedule 7 of the AK SEMT Cost Report for ground, air, and water.

	Service	Average Cost per MTS Transport
1	Ground average cost per MTS transport	#DIV/0!
2	Air average cost per MTS transport	#DIV/0!
3	Water average cost per MTS transport	#DIV/0!

Step 2

Run a claims pull from the Medicaid Management Information System (MMIS) for the time period that matches the provider's cost report. Categorize the units of service into emergency medical transports and nonemergency medical transports as well as by each Medicaid category that has a different Federal Medical Assistance Percentage (FMAP) such as Title XIX, Title XXI, Medicaid Expansion, and Medicaid Indian Health Services including services that have been tribally refinanced for non Indian Health Service providers in accordance with the State Health Official letter #16-002. Do not include any units of service related to miles, only units of services related to trips.

	MEDICAID FFS UNITS OF SERVICE FROM TRANSPORTS (do not include miles)	Settled	NOT settled
		Emergency Ground	Non-Emergency Ground
4	AK Medicaid Title XIX FFS Units of Service (UOS)		
5	AK Medicaid Title XXI FFS UOS		
6	AK Medicaid Medicaid Expansion FFS UOS		
7	AK Medicaid Indian Health Services (I.H.S.) Medicaid FFS UOS and I.H.S. Medicaid Expansion, including tribal refinancing		
8	Total Medicaid FFS MTS Ground Units of Service	-	-
9			-

	MEDICAID FFS UNITS OF SERVICE FROM TRANSPORTS (do not include miles)	Settled	NOT settled
		Emergency Air	Non-Emergency Air
10	AK Medicaid Title XIX FFS UOS		

11	AK Medicaid Title XXI FFS UOS		
12	AK Medicaid Medicaid Expansion FFS UOS		
13	AK Medicaid Indian Health Services (I.H.S.) Medicaid FFS UOS and I.H.S. Medicaid Expansion, including tribal refinancing		
14	Total Medicaid FFS MTS Air Units of Service	-	-
15			-

	MEDICAID FFS UNITS OF SERVICE FROM TRANSPORTS (do not include miles)	Settled	NOT settled
		Emergency Water	Non-Emergency Water
16	AK Medicaid Title XIX FFS UOS		
17	AK Medicaid Title XXI FFS UOS		
18	AK Medicaid Medicaid Expansion FFS UOS		
19	AK Medicaid Indian Health Services (I.H.S.) Medicaid FFS UOS and I.H.S. Medicaid Expansion, including tribal refinancing		
20	Total Medicaid FFS MTS Water Units of Service	-	-
21			-

Step 3:

Calculate the aggregate cost for transfers using the average cost per transfer in Step 1 multiplied by the units of service (non mileage) from Step 2.

	MEDICAID AGGREGATE COST FOR TRANSPORT	Settled	NOT settled
		Emergency Ground	Non-Emergency Ground
22	AK Medicaid Title XIX	#DIV/0!	#DIV/0!
23	AK Medicaid Title XXI	#DIV/0!	#DIV/0!
24	AK Medicaid Medicaid Expansion	#DIV/0!	#DIV/0!
25	AK Medicaid Indian Health Services (I.H.S.) Medicaid and I.H.S. Medicaid Expansion, including tribal refinancing	#DIV/0!	#DIV/0!
26	Total Medicaid FFS MTS Ground Aggregate Cost for Transports	#DIV/0!	#DIV/0!
27		#DIV/0!	

	MEDICAID AGGREGATE COST FOR TRANSPORT	Settled	NOT settled
		Emergency Air	Non-Emergency Air
28	AK Medicaid Title XIX	#DIV/0!	#DIV/0!
29	AK Medicaid Title XXI	#DIV/0!	#DIV/0!
30	AK Medicaid Medicaid Expansion	#DIV/0!	#DIV/0!
31	AK Medicaid Indian Health Services (I.H.S.) Medicaid and I.H.S. Medicaid Expansion, including tribal refinancing	#DIV/0!	#DIV/0!
32	Total Medicaid FFS MTS Air Aggregate Cost for Transports	#DIV/0!	#DIV/0!
33		#DIV/0!	

	MEDICAID AGGREGATE COST FOR TRANSPORT	Settled	NOT settled
		Emergency Water	Non-Emergency Water
34	AK Medicaid Title XIX	#DIV/0!	#DIV/0!
35	AK Medicaid Title XXI	#DIV/0!	#DIV/0!
36	AK Medicaid Medicaid Expansion	#DIV/0!	#DIV/0!
37	AK Medicaid Indian Health Services (I.H.S.) Medicaid and I.H.S. Medicaid Expansion, including tribal refinancing	#DIV/0!	#DIV/0!
38	Total Medicaid FFS MTS Water Aggregate Cost for Transports	#DIV/0!	#DIV/0!
39		#DIV/0!	

Step 4:

Use the claims pull from Step 2. Categorize the revenue into emergency medical transports and nonemergency medical transports as well as by each Medicaid category that has a different Federal Medical Assistance Percentage (FMAP) such as Title XIX, Title XXI, Medicaid Expansion, and Medicaid Indian Health Services including services that have been tribally refinanced for non Indian Health Service providers in accordance with the State Health Official letter #16-002.

	MEDICAID FFS REVENUE FROM TRANSPORTS	Settled	NOT settled
		Emergency Ground	Non-Emergency Ground
40	AK Medicaid Title XIX Fee for Service (FFS) Revenue		
41	AK Medicaid Title XXI FFS Revenue		
42	AK Medicaid Medicaid Expansion FFS Revenue		
43	AK Medicaid Indian Health Services (I.H.S.) Medicaid and I.H.S. Medicaid Expansion FFS Revenue, including tribal refinancing		
44	Total Medicaid FFS MTS Ground Revenue	\$ -	\$ -
45		\$ -	

	MEDICAID FFS REVENUE FROM TRANSPORTS	Settled	NOT settled
		Emergency Air	Non-Emergency Air
46	AK Medicaid Title XIX FFS Revenue		
47	AK Medicaid Title XXI FFS Revenue		
48	AK Medicaid Medicaid Expansion FFS Revenue		
49	AK Medicaid Indian Health Services (I.H.S.) Medicaid and I.H.S. Medicaid Expansion FFS Revenue, including tribal refinancing		
50	Total Medicaid FFS MTS Air Revenue	\$ -	\$ -
51		\$ -	

	MEDICAID FFS REVENUE FROM TRANSPORTS	Settled	NOT settled
		Emergency Water	Non-Emergency Water

52	AK Medicaid Title XIX FFS Revenue		
53	AK Medicaid Title XXI FFS Revenue		
54	AK Medicaid Medicaid Expansion FFS Revenue		
55	AK Medicaid Indian Health Services (I.H.S.) Medicaid and I.H.S. Medicaid Expansion FFS Revenue, including tribal refinancing		
56	Total Medicaid FFS MTS Water Revenue	\$ -	\$ -
57		\$ -	\$ -

Step 5:

Use the claims pull from Step 2. Categorize the Medicaid service Third Party Liability payments into emergency medical transports and nonemergency medical transports as well as by each Medicaid category that has a different Federal Medical Assistance Percentage (FMAP) such as Title XIX, Title XXI, Medicaid Expansion, and Medicaid Indian Health Services including services that have been tribally refinanced for non Indian Health Service providers in accordance with the State Health Official letter #16-002.

	MEDICAID FFS THIRD PARTY LIABILITY (TPL) FROM TRANSPORTS	Settled	NOT settled
		Emergency Ground	Non-Emergency Ground
58	AK Medicaid Title XIX FFS Third Party Liability (TPL) Revenue		
59	AK Medicaid Title XXI FFS TPL Revenue		
60	AK Medicaid Medicaid Expansion FFS TPL Revenue		
61	AK Medicaid Indian Health Services Medicaid (I.H.S.) and I.H.S. Medicaid Expansion FFS TPL Revenue, including tribal refinancing		
62	Total Medicaid FFS MTS Ground Third Party Liability Revenue	\$ -	\$ -
63		\$ -	\$ -

	MEDICAID FFS THIRD PARTY LIABILITY FROM TRANSPORTS	Settled	NOT settled
		Emergency Air	Non-Emergency Air
64	AK Medicaid Title XIX FFS TPL Revenue		
65	AK Medicaid Title XXI FFS TPL Revenue		
66	AK Medicaid Medicaid Expansion FFS TPL Revenue		
67	AK Medicaid Indian Health Services Medicaid (I.H.S.) and I.H.S. Medicaid Expansion FFS TPL Revenue, including tribal refinancing		
68	Total Medicaid FFS MTS Air Third Party Liability Revenue	\$ -	\$ -
69		\$ -	\$ -

	MEDICAID FFS THIRD PARTY LIABILITY FROM TRANSPORTS	Settled	NOT settled
		Emergency Water	Non-Emergency Water
70	AK Medicaid Title XIX Fee for Service (FFS) Revenue		
71	AK Medicaid Title XXI Fee for Service (FFS) Revenue		

72	AK Medicaid Medicaid Expansion Fee for Service (FFS) Revenue		
73	AK Medicaid Indian Health Services Medicaid (I.H.S.) and I.H.S. Medicaid Expansion FFS TPL Revenue, including tribal refinancing		
74	Total Medicaid FFS MTS Water Third Party	\$ -	\$ -
75	Liability Revenue	\$	-

Step 6:

List any interim payments made for the SEMT program. The interim payments only apply to emergency services and not to non-emergency.

	MEDICAID FFS INTERIM PAYMENTS	Settled Emergency Ground
76	AK Medicaid Title XIX Interim Payments	
77	AK Medicaid Title XXI Interim Payments	
78	AK Medicaid Medicaid Expansion Interim Payments	
79	AK Medicaid Indian Health Services (I.H.S.) Medicaid and I.H.S. Medicaid Expansion Interim Payments, including tribal refinancing	
80	Total Medicaid FFS MTS Ground Interim Payments	\$ -

	MEDICAID FFS INTERIM PAYMENTS	Settled Emergency Air
81	AK Medicaid Title XIX Interim Payments	
82	AK Medicaid Title XXI Interim Payments	
83	AK Medicaid Medicaid Expansion Interim Payments	
84	AK Medicaid Indian Health Services (I.H.S.) Medicaid and I.H.S. Medicaid Expansion Interim Payments, including tribal refinancing	
85	Total Medicaid FFS MTS Air Interim Payments	\$ -

	MEDICAID FFS INTERIM PAYMENTS	Settled Emergency Water
86	AK Medicaid Title XIX Interim Payments	
87	AK Medicaid Title XXI Interim Payments	
88	AK Medicaid Medicaid Expansion Interim Payments	
89	AK Medicaid Indian Health Services (I.H.S.) Medicaid and I.H.S. Medicaid Expansion Interim Payments, including tribal refinancing	
90	Total Medicaid FFS MTS Water Interim Payments	\$ -

Step 7:

Calculate the total Medicaid costs that have not been paid via any other method by taking the cost for

transports from Step 3 and subtracting the FFS Revenue from Step 4, subtracting the Third Party Liability Payments from Step 5, and subtracting the Interim Payments from Step 6. This only needs to occur for the Emergency services as non-emergency services are not settled as part of the SEMT program.

	MEDICAID FFS TOTAL MEDICAID COSTS TO BE SETTLED	Settled
		Emergency Ground
91	AK Medicaid Title XIX Total Medicaid costs to be settled	#DIV/0!
92	AK Medicaid Title XXI Total Medicaid costs to be settled	#DIV/0!
93	AK Medicaid Medicaid Expansion Total Medicaid costs to be settled	#DIV/0!
94	AK Medicaid Indian Health Services (I.H.S.) Medicaid and I.H.S. Medicaid Expansion Total Medicaid costs to be settled, including tribal refinancing	#DIV/0!
95	Total Medicaid FFS MTS Ground Interim Payments	#DIV/0!

	MEDICAID FFS TOTAL MEDICAID COSTS TO BE SETTLED	Settled
		Emergency Air
96	AK Medicaid Title XIX Total Medicaid costs to be settled	#DIV/0!
97	AK Medicaid Title XXI Total Medicaid costs to be settled	#DIV/0!
98	AK Medicaid Medicaid Expansion Total Medicaid costs to be settled	#DIV/0!
99	AK Medicaid Indian Health Services (I.H.S.) Medicaid and I.H.S. Medicaid Expansion Total Medicaid costs to be settled, including tribal refinancing	#DIV/0!
100	Total Medicaid FFS MTS Air Interim Payments	#DIV/0!

	MEDICAID FFS TOTAL MEDICAID COSTS TO BE SETTLED	Settled
		Emergency Water
101	AK Medicaid Title XIX Total Medicaid costs to be settled	#DIV/0!
102	AK Medicaid Title XXI Total Medicaid costs to be settled	#DIV/0!
103	AK Medicaid Medicaid Expansion Total Medicaid costs to be settled	#DIV/0!
104	AK Medicaid Indian Health Services (I.H.S.) Medicaid and I.H.S. Medicaid Expansion Total Medicaid costs to be settled, including tribal refinancing	#DIV/0!
105	Total Medicaid FFS MTS Water Interim Payments	#DIV/0!

Step 8:

List the applicable FMAPs.

FMAP Description		FMAP
106	AK Medicaid Title XIX	
107	AK Medicaid Title XXI	
108	AK Medicaid Medicaid Expansion	
109	AK Medicaid Indian Health Services (I.H.S.) and I.H.S. Medicaid Expansion including tribal refinancing	

Step 9:

Calculate the Federal Medicaid costs to be settled for emergency transportation services by multiplying the Total Medicaid costs to be settled for emergency transportation services from Step 7 by the FMAP from Step 8.

	TOTAL FEDERAL MEDICAID COSTS SETTLED - GROUND	Settled
		Emergency Ground
110	AK Medicaid Title XIX	#DIV/0!
111	AK Medicaid Title XXI	#DIV/0!
112	AK Medicaid Medicaid Expansion	#DIV/0!
113	AK Medicaid Indian Health Services (I.H.S.) and I.H.S. Medicaid Expansion, including tribal refinancing	#DIV/0!
114	Federal Ground Emergency MTS Final Settlement	#DIV/0!

	TOTAL FEDERAL MEDICAID COSTS SETTLED - AIR	Settled
		Emergency Air
115	AK Medicaid Title XIX	#DIV/0!
116	AK Medicaid Title XXI	#DIV/0!
117	AK Medicaid Medicaid Expansion	#DIV/0!
118	AK Medicaid Indian Health Services (I.H.S.) and I.H.S. Medicaid Expansion, including tribal refinancing	#DIV/0!
119	Federal Air Emergency MTS Final Settlement	#DIV/0!

	TOTAL FEDERAL MEDICAID COSTS SETTLED - WATER	Settled
		Emergency Water
120	AK Medicaid Title XIX	#DIV/0!
121	AK Medicaid Title XXI	#DIV/0!
122	AK Medicaid Medicaid Expansion	#DIV/0!
123	AK Medicaid Indian Health Services (I.H.S.) and I.H.S. Medicaid Expansion, including tribal refinancing	#DIV/0!
124	Federal Water Emergency MTS Final Settlement	#DIV/0!