

**HEALTH CARE AUTHORITY
INTEGRATED DISCLOSURE AND WA MEDICAID COST REPORT
GENERAL INFORMATION AND CERTIFICATION**

1. Name of Fire Department / Agency:		2. HCA GEMT Vendor #:	3. National Provider Identification (NPI):	
4. Doing Business As (DBA):			5. Facility Business Phone:	
6. Fire District/Agency Street Address:		7. City:	8. Zip Code:	
9. Mailing Address - Street or P.O. Box (if different):		10. City:	11. Zip Code:	
12. Name of Person Signing and Certifying Report:				
13. Report Contact Person:		14. Phone Number:	Phone Ext:	
15. Mailing Address - Street or P. O. Box:		16. City:	17. State:	18. Zip Code:
19. Previous Name of Fire District/Agency if Changed Since Previous Report:				20. Date of Change:
21. Does your organization use another entity to provide GEMT services?		22. Date Range of GEMT Service Agreement:		
23. Does your organization use another entity to provide billing for GEMT services?		24. Date Range of GEMT Billing Agreement:		
25. Reporting Period Began:		26. Reporting Period Ended:		
27. Net Cost of Transports		\$0		

Intentional misrepresentation or falsification of any information contained in this request resulting in reimbursement by the Washington State Health Care Authority (HCA) may be punishable by fine and/or imprisonment under federal and state laws (42 CFR, Section 1003.102 - "Basis for Civil Money Penalties and Assessments"; 18 U.S.C. 1347 - "Health Care Fraud"; Revised Code of Washington (RCW) 74.09.210- "Fraudulent Practices-Penalties"; and RCW 74.66.020 "Civil Penalty-False or fraudulent claims."

For the purpose of this certification, "provider" is a Publicly Owned or Operated Ground Emergency Medical Transportation Services provider as defined in chapter 182-546 Washington Administrative Code (WAC).

Certification by Officer or Administrator of the Fire Department / Agency

I, _____ certify under penalty of perjury as follows:

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

The expenditures claimed have not previously been, nor will be, claimed at any other time to receive Federal Funds under Medicaid or any other program and were certified in accordance with OMB Circular A-87 and Medicare Provider Reimbursement Manual Pub.15-1.

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

The provider acknowledges that all funds expended pursuant to chapter 182-546 WAC are subject to review and audit by the Washington State Health Care Authority (HCA).

The provider acknowledges understands that HCA must deny payments for any claim submitted under chapter 182-546 WAC, if it determines that the certification is not adequately supported for purposes of FFP.

That I am the responsible person of the subject Fire Department / Agency and am duly authorized to sign this certification and that, to the best of my knowledge and information, each statement and amount in the accompanying schedules are to be true, correct, and in compliance with chapter 182-546 WAC.

Date of Signature

Name of Fire District/Agency

E-mail the signed PDF electronic version of the completed cost report to:
HCAGEMTAdmin@hca.wa.gov

By: _____
(Signature)

Title: _____
Address: _____

NOTICE

Please be advised that submission of cost reports for items or services which were not provided; are not reimbursable under the WA Medicaid program or claimed in violation of an agreement with the State, may subject you (or your organization) to civil money penalty assessments in accordance with RCW 74.66.020.

CHECK FIGURE

Total Reported Expenses (Before Allocation of Expenses - From Sch 1)	\$-
Total Reported Expenses (After Allocation of Expenses - From Sch 2 thru 5)	-
Variance	\$-

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

SCHEDULE 1 - TOTAL EXPENSE

Fire Department / Agency Name 0
National Provider Identification: 0

Fiscal Year Ended: January 0, 1900

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

SCHEDULE 2 - MEDICAL TRANSPORTATION SERVICES (MTS) EXPENSE

Fire Department / Agency Name: 0
National Provider Identification: 0

Fiscal Year Ended: January 0, 1900

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

SCHEDULE 2 - MEDICAL TRANSPORTATION SERVICES (MTS) EXPENSE

Fire Department / Agency Name: 0
National Provider Identification: 0

Fiscal Year Ended: January 0, 1900

Line No.	Cost Center	Account Number	1	2	3	4	5
			MTS Expense	Allocated Direct Service Cost <i>Fr Sch 4, Col 5</i>	Total Reclasses <i>Fr Sch 6, Cols 4 & 7</i>	Total Adjustments <i>Fr Sch 7, Col 1</i>	Total MTS Expense <i>To Sch 1, Col 2</i>
50.00	Postage		-		-	-	-
51.00	Dues and Subscriptions		-		-	-	-
52.00	Other - Capital Related Costs		-		-	-	-
53.00	Contracted Services - MTS		-		-	-	-
54.00	Contracted Services - MTS Billing		-		-	-	-
55.00	Other - (Specify)		-		-	-	-
56.00	Other - (Specify)		-		-	-	-
57.00	Other - (Specify)		-		-	-	-
	Total Administrative & General		\$ -		\$ -	\$ -	\$ -
	Total Fire District / Agency		\$ -	\$ -	\$ -	\$ -	\$ -

SCHEDULE 3 - NON-MTS EXPENSE

Fire Department / Agency Name: 0
National Provider Identification: 0

Fiscal Year Ended: January 0, 1900

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

SCHEDULE 3 - NON-MTS EXPENSE

Fire Department / Agency Name: 0
National Provider Identification: 0

Fiscal Year Ended: January 0, 1900

Line No.	Cost Center	Account Number	1	2	3	4	5
			NON-MTS Expense	Allocated Direct Service Costs <i>Fr Sch 4, Col 6</i>	Total Reclasses <i>Fr Sch 6, Cols 4 & 7</i>	Total Adjustments <i>Fr Sch 7, Col 1</i>	Total NON-MTS Expense <i>To Sch 1, Col 3</i>
50.00	Postage		-		-	-	-
51.00	Dues and Subscriptions		-		-	-	-
52.00	Other - Capital Related Costs		-		-	-	-
53.00	Contracted Services - MTS		-		-	-	-
54.00	Contracted Services - MTS Billing		-		-	-	-
55.00	Other - (Specify)		-		-	-	-
56.00	Other - (Specify)		-		-	-	-
57.00	Other - (Specify)		-		-	-	-
	Total Administrative & General		\$ -	\$ -	\$ -	\$ -	\$ -
	Total Fire District / Agency		\$ -	\$ -	\$ -	\$ -	\$ -

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

Fire Department / Agency Name: 0
National Provider Identification: 0

Fiscal Year Ended: January 0, 1900

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

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

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

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

SCHEDULE 5 - ALLOCATION OF ADMINISTRATION & GENERAL

Fire Department / Agency Name: 0
National Provider Identification: 0

Fiscal Year Ended: January 0, 1900

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

**** If an Indirect Cost Factor is being applied on W/S 9, 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
Accumulated Cost of MTS Services (from Sch 2, Col 5)	\$ -	0.00%
Accumulated Cost of NON-MTS Services (from Sch 3, Col 5)	\$ -	0.00%
Total Accumulated Cost of MTS and NON-MTS Services	\$ -	0.00%

SCHEDULE 6 - RECLASSIFICATION OF EXPENSES

Fire Department / Agency: 0
National Provider Identification: 0

Fiscal Year Ended: January 0, 1900

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

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

SCHEDULE 7 - ADJUSTMENTS TO EXPENSES

Fire Department / Agency: 0
National Provider Identification: 0

Fiscal Year Ended: January 0, 1900

Description	Basis for Adjustment (A or B)	Amount Increase / (Decrease)	Cost Center	Schedule	C/R Line No.
		1			
1.		\$ -			
2.		-			
3.		-			
4.		-			
5.		-			
6.		-			
7.		-			
8.		-			
9.		-			
10.		-			
11.		-			
12.		-			
13.		-			
14.		-			
15.		-			
16.		-			
17.		-			
18.		-			
19.		-			
20.		-			
Total		<u>\$ -</u>			

Basis for Adjustment

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

B = Amount received (if cost cannot be determined)

SCHEDULE 8 - REVENUE / FUNDING SOURCES

Fire Department / Agency: 0
National Provider Identification 0

Fiscal Year Ended: January 0, 1900

A	1	2	3	4	5	6
		Qtr 1	Qtr 2	Qtr 3	Qtr 4	Total
WA MEDICAID FEE FOR SERVICE (FFS) REVENUE FROM TRANSPORTS		07/01/20XX - 09/30/20XX	10/01/20XX - 12/31/20XX	01/01/20XX - 03/31/20XX	04/01/20XX - 06/30/20XX	Total
1.	WA Medicaid Fee for Service					\$ -
2.	WA Medicaid Fee for Service Other - (Specify) *					-
3.	WA Medicaid Fee for Service Other - (Specify) *					-
4.	WA Medicaid Fee for Service Other - (Specify) *					-
5.	WA Medicaid Fee for Service Other - (Specify) *					-
6.	WA Medicaid Fee for Service Other - (Specify) *					-
Total WA Medicaid FFS Revenue from Transports (To Sch 9, Line 6)		\$ -	\$ -	\$ -	\$ -	\$ - [a]
B	1	2	3	4	5	6
		Qtr 1	Qtr 2	Qtr 3	Qtr 4	Total
OTHER MEDI-CAL REVENUE FROM TRANSPORTS		07/01/20XX - 09/30/20XX	10/01/20XX - 12/31/20XX	01/01/20XX - 03/31/20XX	04/01/20XX - 06/30/20XX	Total
7.	WA Medicaid Managed Care					-
8.	WA Medicaid Managed Care Other - (Specify) **					-
9.	WA Medicaid Managed Care Other - (Specify) **					-
10.	WA Medicaid Managed Care Other - (Specify) **					-
11.	WA Medicaid Managed Care Other - (Specify) **					-
12.	WA Medicaid Managed Care Other - (Specify) **					-
Total Other Revenue from WA Medicaid Managed Care Transports		\$ -	\$ -	\$ -	\$ -	\$ - [b]
C	1	2		3		4
		OTHER REVENUE / FUNDING SOURCES		MTS	NON-MTS	Total
13.						\$ -
14.						-
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.						-
Total Other Revenue				\$ -	\$ -	\$ - [c]
GRAND TOTAL [a+b+c]						\$ -

Note: * Line 1 through 6 - Enter payments for FFS transports received from WA Medicaid (i.e. Share of Cost, Other Health Care, Deductibles, etc.)
 ** Lines 7 through 12 - Enter WA Medicaid Managed Care revenue from transports - WA Medicaid Managed Care, WA Medicaid Managed Care other, Other Health Care, Deductibles, etc.
 Lines 13 through 40 - Enter other Revenues received and list the funding sources not identified on lines 1 through 12.

SCHEDULE 9 - FINAL SETTLEMENT CALCULATION

Fire Department / Agency: 0
National Provider Identification: 0

Fiscal Year Ended: January 0, 1900

Average Cost per GEMT Service																															
1. Cost of MTS Services (from Sch 2)			\$ -																												
2. Indirect Cost Factor Based on MTS Services? (please use drop-down box to select Yes or No)	Yes		\$ -																												
3. If no, please enter the total cost to be used for calculating the Indirect Cost	\$ -																														
4. Indirect Cost Factor Percentage (please see notes below)	0.00%		-																												
5. Administration & General Allocation from Sch 5 (A)			\$ -																												
6. Administration & General to be included			-																												
7. Grand Total of MTS Expense (Sum Lines 1 thru 4)			<u>\$ -</u>																												
8. Number of MTS Transports																															
	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: center;">WA Medicaid</th> <th rowspan="2" style="text-align: center;">Other</th> </tr> <tr> <th style="text-align: center;">Managed Care</th> <th style="text-align: center;">WA Medicaid</th> <th style="text-align: center;">Fee for Service</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">Qtr 1</td> <td colspan="3" style="text-align: center;">July 1 through September 30</td> </tr> <tr> <td style="text-align: center;">Qtr 2</td> <td colspan="3" style="text-align: center;">October 1 through December 31</td> </tr> <tr> <td style="text-align: center;">Qtr 3</td> <td colspan="3" style="text-align: center;">January 1 through March 31</td> </tr> <tr> <td style="text-align: center;">Qtr 4</td> <td colspan="3" style="text-align: center;">April 1 through June 30</td> </tr> <tr> <td style="text-align: center;">Total Number of MTS Transports</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> </tr> </tbody> </table>			WA Medicaid			Other	Managed Care	WA Medicaid	Fee for Service	Qtr 1	July 1 through September 30			Qtr 2	October 1 through December 31			Qtr 3	January 1 through March 31			Qtr 4	April 1 through June 30			Total Number of MTS Transports	0	0	0	0
WA Medicaid			Other																												
Managed Care	WA Medicaid	Fee for Service																													
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Qtr 3	January 1 through March 31																														
Qtr 4	April 1 through June 30																														
Total Number of MTS Transports	0	0	0	0																											
9. Average Cost per MTS Transports (Line 7 / Line 8)			<u>\$ -</u>																												

Calculation of WA Medicaid Final Settlement					
	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Totals
	July 1 through September 30	October 1 through December 31	January 1 through March 31	April 1 through June 30	
10. Total No. of WA Medicaid Fee for Service GEMT Transports	-	-	-	-	-
11. Total Cost of WA Medicaid GEMT Transports (Line 9 x Line 10)	\$ -	\$ -	\$ -	\$ -	\$ -
12. Less Total WA Medicaid Revenue from Transports (Fr Sch 8)	-	-	-	-	-
13. Net Cost of Transports	-	-	-	-	\$ -
14. Non Federal Share Reduction	-	-	-	-	-
15. Net Federal Participation Amount	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>

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

