**MEDICAL TRANSPORTATION SERVICES COST REPORT**

# DEFINITIONS

**Adjustment** - Entry to adjust expenses.

**Eligible Ground Emergency Medical Transportation (GEMT) Entity** - Entity that is eligible to receive supplemental reimbursement under this supplement because it meets all of the following requirements continuously during the claiming period:

* Provides Medical Transportation services to recipients.
* Is enrolled as an Illinois Medicaid provider during the period being claimed.
* Is owned or operated by an eligible governmental entity, to include the state, city, county, and fire protection district.

**Medical Transportation Service (MTS) -** Transportation to secure medical examinations and treatment for an individual in compliance with HFS rules and Handbook for Transportation Providers

**Reclassification of Expense** - Entry that transfers costs from one cost center or schedule to another.

**Service Period** – Fiscal year (July 1 through June 30).

**Shift -** Standard period of time assigned for a complete cycle of work, as set by each eligible GEMT entity.

# REPORT SUBMISSION

* 1. Each eligible GEMT entity must submit a fully completed Centers for Medicare and Medicaid Services (CMS) cost report to the Department of Healthcare and Family Services (HFS) no later than five months after the last day of the fiscal year.
  2. Each eligible GEMT entity must maintain fiscal and statistical records for the service period covered by the cost report. All records must be accurate and sufficiently detailed to substantiate the cost report data. Public emergency medical transportation entities must retain all necessary records for a minimum of three years after the end of the quarter in which the cost reports were submitted to HFS. If an audit is in progress, all records relevant to the audit must be retained until completed, or the final resolution of all audit exceptions, deferrals, and disallowances.
  3. Public emergency medical transportation entities must maintain a copy of the signed and electronic version of the cost report and all supporting documentation following the review and acceptance of the cost report. HFS may contact GEMT entities individually to schedule audits.

# REPORTING REQUIREMENTS

Public emergency medical transportation entities must comply with the following reporting requirements:

* Public emergency medical transportation entities must exclude administrative costs incurred for reimbursing HFS’s administration costs from this cost report.

All costs must be reported in accordance with all of the following:

1. The Attached cost report and these instructions
2. Medicare cost reimbursement principles specified in 42 Code of Federal Regulations (CFR), Part 413, and Section 1861 of the Social Security Act (42 USC, Section 1395x).
3. Centers for Medicare and Medicaid Services Provider Reimbursement Manual (CMS Pub. 15-1), incorporated by reference and available at [https://www.cms.gov/Regulations-and- Guidance/Guidance/Manuals/Paper-Based-Manuals- Items/CMS021929.html?DLPage=1&DLEntries=10&DLFilter=15- 1&DLSort=0&DLSortDir=ascending](https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Paper-Based-Manuals-Items/CMS021929.html?DLPage=1&amp;DLEntries=10&amp;DLFilter=15-1&amp;DLSort=0&amp;DLSortDir=ascending).
4. Reported costs that do not comply with the principles specified in these provisions are subject to review by HFS and will be adjusted accordingly.
5. Allowable costs specified in OMB Circular A-87, incorporated by reference, and available at [http://www.whitehouse.gov/omb/circulars\_a087\_2004/.](http://www.whitehouse.gov/omb/circulars_a087_2004/)

# COMPLETING THE REPORT

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| General Information and Certification | Certifies the EMT | | Claim | Packet |
| Schedule 1 | Schedule of Total Expense | | | |
| Schedule 2 | Medical Transportation Services (MTS)  Expense | | | |
| Schedule 3 | Non-Medical  Expense | Transportation Services | | |
| Schedule 4 | Allocation of Capital Related and  Salaries & Benefits Expense | | | |
| Schedule 5 | Allocation General of Administration and (A&G) | | | |
| Schedule 6 | Reclassifications of Expenses | | | |
| Schedule 7 | Adjustments to Expenses | | | |
| Schedule 8 | Revenues | | | |
| Schedule 9 | Final Settlement | | | |
| Schedule 10 | Notes | | | |

**GENERAL INFORMATION AND CERTIFICATION**

Public emergency medical transportation entities must complete items 1-27. An officer or administrator must sign the certification statement on the original report in a PDF version. Both a PDF and an EXCEL version must be submitted to the email address indicated.

Cost reports that are not accepted by the required filing deadline due to improper completion will be rejected.

# SCHEDULE 1 – TOTAL EXPENSE

No input is necessary on this schedule to reflect all allowable costs incurred. All numbers will auto- calculate from other schedules.

# SCHEDULE 2 – MEDICAL TRANSPORTATION SERVICES EXPENSE

Enter total unallocated direct expenses incurred from providing 100% MTS during each shift. Do not enter expenses for multiple activities (i.e. “shared” services) as 100% MTS. These expenses must be allocated on Schedule 4. For staff that responds to both MTS transports and non-MTS transports activities (i.e. firefighters), salary and fringe benefit expenses for that staff must be reported in Schedule 4 as allocated costs.

Column 1 Enter all costs 100% associated with MTS.

Column 2 No input necessary, information will populate from Schedule 4.

Column 3 No input necessary, information will populate from Schedule 6.

Column 4 No input necessary, information will populate from Schedule 7.

Column 5 No input necessary, information will auto-calculate.

# SCHEDULE 3 - NON-MEDICAL TRANSPORTATION SERVICES EXPENSE

Column 1 Enter all costs 100% associated with non-MTS.

Column 2 No input necessary, information will flow from Schedule 4.

Column 3 No input necessary, information will flow from Schedule 6.

Column 4 No input necessary, information will flow from Schedule 7.

Column 5 No input necessary, information will auto-calculate.

# SCHEDULE 4 - ALLOCATION OF CAPITAL RELATED AND SALARIES & BENEFITS

Column 1 Enter all capital related, salary and benefit costs that are not directly assigned to MTS and non-MTS services.

Column 2 No input necessary, information will populate from Schedule 6.

Column 3 No input necessary, information will populate from Schedule 7.

Column 4-6 No input necessary, information will auto-calculate.

At the bottom on Schedule 4, identify the appropriate hours spent that pertain to MTS services and non MTS services in the yellow highlighted boxes.

# SCHEDULE 5 - ALLOCATION OF ADMINISTRATIVE AND GENERAL

Column 1 Enter all administrative and general costs that are not directly assigned to MTS and non-MTS services.

Column 2 No input necessary, information will flow from Schedule 6.

Column 3 No input necessary, information will flow from Schedule 7.

Column 4-6 No input necessary, information will auto-calculate.

# SCHEDULE 6 - RECLASSIFICATIONS

Public emergency medical transportation entities must reclassify an expense when it has been improperly classified, and include an explanation for each reclassification in the column labeled “Explanation of Entry.”

Column 1: Enter sequential lettering system to identify individual reclassifications (i.e. A. B. C…)

Column 2 Enter cost center this is increasing.

Column 3 Enter line number of schedule the increase pertains to.

Column 4 Enter schedule number the increase pertains to.

Column 5 Enter the amount of increase.

Column 6 Enter cost center that is decreasing.

Column 7 Enter line number of schedule the decrease pertains to.

Column 8 Enter schedule number the decrease pertains to.

Column 9 Enter the amount of decrease.

The increased total **must equal** the decreased total at the bottom of this schedule.

# SCHEDULE 7 - ADJUSTMENTS

Enter in Schedule 7.

# SCHEDULE 8 - REVENUES / FUNDING SOURCES:

**AREA A**

Column 1 Enter Illinois Medicaid FFS revenue type. Column 2-5 Enter dollar amount for revenue received.

Column 6 No input necessary, information will auto-calculate.

# AREA B

Column 1 Enter other Illinois Medicaid revenue type. Column 2-5 Enter dollar amount for revenue received.

Column 6 No input necessary, information will auto-calculate.

# AREA C

Column 1 Enter total revenue (i.e. Illinois Medicaid payments (FFS and MCO), tax revenue, grants, etc.) received and list the funding source.

Column 2 Enter revenue amount if it is MTS specific.

Column 3 Enter revenue amount if it is non-MTS specific.

Column 4 No input necessary, information will auto-calculate.

# SCHEDULE 9 - FINAL SETTLEMENT

Row 1 No input necessary, cost of MTS will auto-calculate from Schedule 2.

Row 2 Indicate if the indirect cost factor was based on MTS.

Row 3 If the answer for Row 2 above was NO, enter the base costs for calculating the indirect cost.

Row 4 Enter the indirect cost factor. In most cases, when an indirect cost factor is being applied, there should be no A&G cost allocated.

Row 5 No input necessary, information will auto-calculate.

Row 6 No input necessary, information will auto-calculate.

Row 7 No input necessary, information will auto-calculate.

Row 8 Enter the total number of MTS for the reporting period; by quarter where applicable.

Row 9 No input necessary, the average cost per medical transport will auto-calculate.

Row 10 No input necessary, FFS transports will auto-calculate for the corresponding quarter.

Row 11 No input necessary, total costs of Illinois Medicaid emergency medical transports will auto- calculate.

Row 12 No input necessary, Illinois Medicaid revenue will auto-calculate for the corresponding quarters. Note: The amount will be a negative value.

Row 13 No input necessary, net cost of services for the corresponding quarter will auto-calculate.

Row 14 No input necessary, federal financial participation reduction will auto-calculate for the corresponding quarter.

Row 15 No input necessary, net amount due to the GEMT Entity will auto-calculate.

# SCHEDULE 10 - NOTES

Identify any contracting arrangements for expenditures reported on Schedules 1-5, the statistical basis for allocation on Schedules 4 and 5, and reasons for any schedules left blank.

# FILING DEADLINE

* 1. HFS may approve an extension of the filing deadline when a GEMT entity’s operations are significantly or adversely affected due to extraordinary circumstances, which the GEMT entity has no control over, such as, flood or fire. Public emergency medical transportation entities must submit a written request for an extension including a detailed explanation of the circumstances supporting the need for additional time postmarked within the five months after the last day of the applicable fiscal year.
  2. ELECTRONIC SUBMISSION OF ANNUAL COST REPORTS – email the signed Adobe PDF™ version, the Excel™ version, and any supporting documentation when using an Indirect Cost Factor on Schedule 9 to an email address to [HFS.GEMT@illinois.gov](mailto:HFS.GEMT@illinois.gov).