

Ground Emergency Medical Transportation

GEMT Supplemental Reimbursement Program
SPA 09-024

- Interim Supplemental Payment
- Interim Supplemental Payment (CA-MMIS Transport # Adjustment)
- Removal of Unallowable Billing/Accounting Costs
- Interim Settlement
- Final Settlement

FINAL AUDITED ADJUSTED SCHEDULE 9*

PROVIDER LEGAL NAME: **Contra Costa County FPD**

CLAIMING PERIOD: **7/1/16 - 6/30/17**

AUDITED COST REPORT ISSUE DATE: **1/13/2021**

AVERAGE COST PER TRANSPORT (from Line 9 of accepted cost report): **\$478.08**

Total transport totals below noted on Line 10, per quarter, are based on Audited Cost Report

Average Cost Per GEMT Service from Audited Cost Report	
1. Cost of MTS Services (from Sch.2)	\$35,602,355.00
2. Indirect Cost Factor Based on MTS Services? (please use drop down box)	No \$0.00
3. If no, please enter the cos basis for calculating Indirect Cost	\$0.00
4. Indirect Cost Factor	0.00%
5. Administration & General Allocation from Sch. 5 (A)	\$0.00
6. Administration & General to be Included	\$0.00
7. Grand Total of MTS Expense (Sum Lines 1 & 6)	\$35,602,355

	Medi-Cal					
	Managed Care	Fee For Service Non-ACA	Fee For Service ACA	Medi-Medi	Other	
8. Total Number of MTS Transports (from submitted cost report)	16,348	1,575	1,334	8,700	61,994	89,951

9. AUDITED Average Cost Per Transport (Audited Total/Line 8) \$395.80

ADJUSTED SCHEDULE 9 Calculation of Medi-Cal Settlement - NON-ACA						
	Qtr 1 07/01 - 09/30	Qtr 2 10/01 - 12/31	Qtr 3 01/01 - 03/31	Qtr 4 04/01 - 06/30	Totals	SOURCE
10. Total No. of Medi-Cal Fee for Service GEMT Transports	439	348	378	410	1,575	CA-MMIS Report (Line 9 x Line 10)
11. Total Cost of Medi-Cal GEMT Transports (Line 9 x Line 10)	173,754.98	137,737.43	149,611.35	162,276.86	623,380.61	CA-MMIS Report (Line 9 x Line 10)
12. <Less: Amount Paid> (i.e. Medi-Cal FFS or Other Payments)	(47,763.72)	(36,369.87)	(33,756.67)	(49,518.52)	(167,408.78)	CA-MMIS Report (Line 11 - Line 12)
13. Net Cost of Transports (CPE Amt.)	125,991.26	101,367.56	115,854.68	112,758.34	455,971.84	(Line 11 - Line 12)
14. Non Federal Share	62,995.63	50,683.78	57,927.34	56,379.17	227,985.92	(Line 13 * 50%)
15. Net Federal Participation Amount (FFP Amt.)	62,995.63	50,683.78	57,927.34	56,379.17	227,985.92	(Line 13 * 50%)

ADJUSTED SCHEDULE 9 Calculation of Medi-Cal Settlement - ACA						
	Qtr 1 07/01 - 09/30	Qtr 2 10/01 - 12/31	Qtr 3 01/01 - 03/31	Qtr 4 04/01 - 06/30	Totals	SOURCE
16. Total No. of Medi-Cal Fee for Service GEMT Transports	100%	100%	95%	95%	1,334	CA-MMIS Report (Line 9 x Line 16)
17. Total Cost of Medi-Cal GEMT Transports (Line 9 x Line 10)	336	285	327	386	1,334	CA-MMIS Report (Line 9 x Line 16)
18. <Less: Amount Paid> (i.e. Medi-Cal FFS or Other Payments)	132,987.86	112,802.21	129,425.69	152,777.72	527,993.48	CA-MMIS Report (Line 17 - Line 18)
19. Net Cost of Transports (CPE Amt.)	(36,856.89)	(29,717.18)	(28,072.70)	(41,598.37)	(136,245.14)	(Line 17 - Line 18)
20. Non Federal Share	96,130.97	83,085.03	101,352.99	111,179.35	391,748.34	(Line 13 = 0)
21. Net Federal Participation Amount (FFP Amt.)	-	-	5,067.65	5,558.97	10,626.62	(Line 13 = 100%)
	96,130.97	83,085.03	96,285.34	105,620.38	381,121.72	

Summary Check Figures

Total Transports 2,909

Total Amount Paid (303,653.92)

Total Due to Provider 609,107.64

FINAL SETTLEMENT NON-ACA									
	a	b	c	d	e	f	g	h	i
SFY Quarter	Non-ACA Transports from Interim Settlement	Non-ACA Interim Payment CPE Amount	Non-ACA Interim Settlement CPE Difference	Non-ACA Final Settlement CPE Amount	Non-ACA Final Settlement CPE Difference d-(b+c)	Non-ACA Interim Payment FFP Paid	Non-ACA Interim Settlement FFP Paid	Final Settlement 50% FFP Non-ACA	Final Settlement Reconciled 50% FFP Non-ACA h-(f+g)
22. Quarter 1	439	\$ 162,112.00	\$ -	\$ 125,991.26	\$ (36,120.74)	\$ 81,056.00	\$ -	\$ 62,995.63	\$ (18,060.37)
23. Quarter 2	348	\$ 130,001.00	\$ -	\$ 101,367.56	\$ (28,633.44)	\$ 65,000.00	\$ -	\$ 50,683.78	\$ (14,316.22)
24. Quarter 3	366	\$ 142,061.00	\$ -	\$ 115,854.68	\$ (26,206.32)	\$ 71,030.00	\$ -	\$ 57,927.34	\$ (13,102.66)
25. Quarter 4	392	\$ 139,703.00	\$ -	\$ 112,758.34	\$ (26,944.66)	\$ 69,851.00	\$ -	\$ 56,379.17	\$ (13,471.83)
26. Totals	1545	\$ 573,877.00	\$ -	\$ 455,971.84	\$ (117,905.16)	\$ 286,937.00	\$ -	\$ 227,985.92	\$ (58,951.08)

FINAL SETTLEMENT - ACA									
	j	k	l	m	n	o	p	q	r
SFY Quarter	ACA Transports from Interim Settlement	ACA Interim Payment CPE Amount	ACA Interim Settlement CPE Difference	ACA Final Settlement CPE Amount	ACA Final Settlement CPE Difference m-(k+l)	ACA Interim Payment FFP Paid	ACA Interim Settlement FFP Paid	Final Settlement 100% FFP ACA	Final Settlement Reconciled 100% FFP ACA q-(o+p)
27. Quarter 1	336	\$ 123,777.00	\$ -	\$ 96,130.97	\$ (27,646.03)	\$ 123,777.00	\$ -	\$ 96,130.97	\$ (27,646.03)
28. Quarter 2	285	\$ 106,535.00	\$ -	\$ 83,085.03	\$ (23,449.97)	\$ 106,535.00	\$ -	\$ 83,085.03	\$ (23,449.97)
29. Quarter 3	317	\$ 124,198.00	\$ -	\$ 101,352.99	\$ (22,845.01)	\$ 117,988.00	\$ -	\$ 96,285.34	\$ (21,702.66)
30. Quarter 4	359	\$ 132,212.00	\$ -	\$ 111,179.35	\$ (21,032.65)	\$ 125,601.00	\$ -	\$ 105,620.38	\$ (19,980.62)
31. Totals	1297	\$ 486,722.00	\$ -	\$ 391,748.34	\$ (94,973.66)	\$ 473,901.00	\$ -	\$ 381,121.72	\$ (92,779.28)

Net Over/Under Payment: \$ (151,730.36)

Summary Check Figures

Adjustment Verification Non-ACA \$ 227,985.92 f+g+h

Adjustment Verification ACA \$ 381,121.72 o+p+r

Adjustment Total \$ 609,107.64

Total Due to Provider \$ 609,107.64

Check Figure \$ -