



THE STATE  
of **ALASKA**  
GOVERNOR MIKE DUNLEAVY

Department of Health

OFFICE OF RATE REVIEW

3601 C Street, Suite 978  
Anchorage, Alaska 99503-5932  
Main: 907-334-2464

March 10, 2026

Via E-mail

City of Valdez Fire Department

RE: Supplemental Emergency Medical Transportation (SEMT) City of Valdez CY24 Interim Payment

Dear Provider:

The Office of Rate Review (ORR) calculated the interim payment for your organization's CY24 SEMT Annual Report per 7 AAC 145.770. The interim payment utilizes your organization's as filed cost per transport and Medicaid data from the Medicaid Management Information System (MMIS) for SEMT eligible Medicaid fee-for-service revenue, Medicaid transports, and applicable third-party liability. Additionally, Alaska specific Title XIX federal medical assistance percentages (FMAPs) for the applicable period(s) are utilized. This data is entered into Schedule 9 of the SEMT cost report. Attached are the Schedule 9(s) that calculated your organization's interim payment. There is a different Schedule 9 for each calendar quarter.

Your interim payment for the reporting period is: \$155,197.19

An Electronic Fund Transfer (EFT) for the reporting period should have posted to your account. The amount was processed on March 4, 2026.

This interim payment is just a step in the SEMT settlement process. Next, the Office of Rate Review (ORR) will conduct a desk review of your cost report and financial documents to determine the final cost per transport. Additional information and documentation may be required as part of the desk review. ORR has until September 18, 2028, to complete the desk review and administer the final settlements. Your organization will be mailed a copy of the audited cost report, any adjustments made during the desk review process (if applicable), and the calculation of the final settlement when completed. Your organization will have the right to request a reconsideration of the results of the desk review within 40 days of the submission of the adjusted desk review. Please note, the final settlement may result in an additional supplemental payment or a recoupment if your organization has been overpaid. If an overpayment has occurred, providers will have 30 calendar days after any notice of overpayment to pay back any overpayment made for the SEMT period.

If you have any questions or need assistance, please feel free to email me at [Kristine.Hilbish@Alaska.gov](mailto:Kristine.Hilbish@Alaska.gov).

Sincerely,

*Kristine Hilbish*

Kristine Hilbish  
Audit and Review Analyst II  
Office of Rate Review

**SCHEDULE 9 - INTERNAL Interim Settlement**

Provider Name: Valdez Fire Department Fiscal Year Ended: December 31, 2024

**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.

<b>Dates of Service of Medicaid Claims Used to Align FMAPs</b>	1/1/2024	to	3/31/2024
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**Step 1:**

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

Line	Service	Ground	Air	Water
1	Average cost per MTS transport	\$ 6,861.47	\$ -	\$ -

**Step 2**

Run a claims pull from the Medicaid Management Information System (MMIS) for the time period that matches the provider's cost report to be settled, excluding dual eligibles and dry runs. Categorize the number of transports by each Medicaid category that has a different Federal Medical Assistance Percentage (FMAP) such as Title XIX, Title XXI, BCC, 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.

Line	MEDICAID FFS TRANSPORTS	Ground	Air	Water
2	AK Medicaid Title XIX FFS Transports	4		
3	AK Medicaid Title XXI FFS Transports			
4	AK Medicaid BCC FFS Transports			
5	AK Medicaid Medicaid Expansion FFS Transports	6		
6	AK Medicaid Indian Health Services (I.H.S.) Medicaid FFS Transports, including tribal refinancing			
7	I.H.S. Medicaid Expansion transports, including tribal refinancing			
8	<b>Total Medicaid FFS Transports</b>	<b>10</b>	<b>0</b>	<b>0</b>

**Step 3:**

Calculate the aggregate cost for transfers using the average cost per transfer in Step 1 multiplied by the transports from Step 2.

Line	MEDICAID AGGREGATE COST FOR TRANSPORT	Ground	Air	Water
9	AK Medicaid Title XIX	\$ 27,445.87	\$ -	\$ -
10	AK Medicaid Title XXI	\$ -	\$ -	\$ -
11	AK Medicaid BCC	\$ -	\$ -	\$ -
12	AK Medicaid Medicaid Expansion	\$ 41,168.81	\$ -	\$ -
13	AK Medicaid Indian Health Services (I.H.S.) Medicaid , including tribal refinancing	\$ -	\$ -	\$ -
14	I.H.S. Medicaid Expansion, including tribal refinancing	\$ -	\$ -	\$ -
15	<b>Total Medicaid FFS Aggregate Cost for Transports</b>	<b>\$ 68,614.69</b>	<b>\$ -</b>	<b>\$ -</b>

**Step 4:**

Use the claims pull from Step 2. Categorize the revenue by each Medicaid category that has a different Federal Medical Assistance Percentage (FMAP) such as Title XIX, Title XXI, BCC, 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

Line	MEDICAID FFS REVENUE FROM TRANSPORTS	Ground	Air	Water
16	AK Medicaid Title XIX Fee for Service (FFS) Revenue	\$ 1,539.75		
17	AK Medicaid Title XXI FFS Revenue			
18	AK Medicaid BCC FFS Revenue			
19	AK Medicaid Medicaid Expansion FFS Revenue	\$ 1,472.25		
20	AK Medicaid Indian Health Services (I.H.S.) Medicaid FFS Revenue, including tribal refinancing			
21	I.H.S. Medicaid Expansion FFS Revenue, including tribal refinancing			
22	<b>Total Medicaid FFS Revenue</b>	<b>\$ 3,012.00</b>	<b>\$ -</b>	<b>\$ -</b>

**Step 5:**

Use the claims pull from Step 2. Categorize the Medicaid service Third Party Liability payments by each Medicaid category that has a different Federal Medical Assistance Percentage (FMAP) such as Title XIX, Title XXI, BCC, 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.

Line	MEDICAID FFS THIRD PARTY LIABILITY (TPL) FROM TRANSPORTS	Ground	Air	Water
23	AK Medicaid Title XIX FFS Third Party Liability (TPL) Revenue			
24	AK Medicaid Title XXI FFS TPL Revenue			
25	AK Medicaid BCC FFS TPL Revenue			
26	AK Medicaid Medicaid Expansion FFS TPL Revenue	\$ 152.00		
27	AK Medicaid Indian Health Services Medicaid (I.H.S.) FFS TPL Revenue, including tribal refinancing			
28	I.H.S. Medicaid Expansion FFS TPL Revenue, including tribal refinancing			
29	<b>Total Medicaid FFS Third Party Liability Revenue</b>	<b>\$ 152.00</b>	<b>\$ -</b>	<b>\$ -</b>

**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.

Line	MEDICAID FFS TOTAL MEDICAID COSTS TO BE SETTLED	Ground	Air	Water
30	AK Medicaid Title XIX Total Medicaid costs to be settled	\$ 25,906.12	\$ -	\$ -
31	AK Medicaid Title XXI Total Medicaid costs to be settled	\$ -	\$ -	\$ -
32	AK Medicaid BCC Total Medicaid costs to be settled	\$ -	\$ -	\$ -
33	AK Medicaid Medicaid Expansion Total Medicaid costs to be settled	\$ 39,544.56	\$ -	\$ -
34	AK Medicaid Indian Health Services (I.H.S.) Medicaid costs to be settled, including tribal refinancing	\$ -	\$ -	\$ -
35	I.H.S. Medicaid Expansion Total Medicaid costs to be settled, including tribal refinancing	\$ -	\$ -	\$ -
36	<b>Total Medicaid Costs to be Settled All Funds</b>	<b>\$ 65,450.69</b>	<b>\$ -</b>	<b>\$ -</b>

**Step 7:**

All interim payments will utilize the Title XIX FMAP.

Line	FMAP Description	FMAP
37	AK Medicaid Title XIX	50.01%

**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.

Line	FEDERAL MEDICAID COSTS INTERIM SETTLEMENT	Ground	Air	Water
38	AK Medicaid Title XIX	\$ 12,955.65	\$ -	\$ -
39	AK Medicaid Title XXI	\$ -	\$ -	\$ -
40	AK Medicaid BCC	\$ -	\$ -	\$ -
41	AK Medicaid Medicaid Expansion	\$ 19,776.24	\$ -	\$ -
42	AK Medicaid Indian Health Services (I.H.S.) including tribal refinancing	\$ -	\$ -	\$ -
43	I.H.S. Medicaid Expansion, including tribal refinancing	\$ -	\$ -	\$ -
44	<b>Federal Funds Interim Settlement</b>	<b>\$ 32,731.89</b>	<b>\$ -</b>	<b>\$ -</b>

**SCHEDULE 9 - INTERNAL Interim Settlement**

Provider Name: Valdez Fire Department Fiscal Year Ended December 31, 2024

**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.

<b>Dates of Service of Medicaid Claims Used to Align FMAPs</b>	4/1/2024	to	6/30/2024
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**Step 1:**

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

Line	Service	Ground	Air	Water
1	Average cost per MTS transport	\$ 6,861.47	\$ -	\$ -

**Step 2**

Run a claims pull from the Medicaid Management Information System (MMIS) for the time period that matches the provider's cost report to be settled, excluding dual eligibles and dry runs. Categorize the number of transports by each Medicaid category that has a different Federal Medical Assistance Percentage (FMAP) such as Title XIX, Title XXI, BCC, 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.

Line	MEDICAID FFS TRANSPORTS	Ground	Air	Water
2	AK Medicaid Title XIX FFS Transports	7		
3	AK Medicaid Title XXI FFS Transports			
4	AK Medicaid BCC FFS Transports			
5	AK Medicaid Medicaid Expansion FFS Transports	6		
6	AK Medicaid Indian Health Services (I.H.S.) Medicaid FFS Transports, including tribal refinancing			
7	I.H.S. Medicaid Expansion transports, including tribal refinancing			
8	<b>Total Medicaid FFS Transports</b>	<b>13</b>	<b>0</b>	<b>0</b>

**Step 3:**

Calculate the aggregate cost for transfers using the average cost per transfer in Step 1 multiplied by the transports from Step 2.

Line	MEDICAID AGGREGATE COST FOR TRANSPORT	Ground	Air	Water
9	AK Medicaid Title XIX	\$ 48,030.28	\$ -	\$ -
10	AK Medicaid Title XXI	\$ -	\$ -	\$ -
11	AK Medicaid BCC	\$ -	\$ -	\$ -
12	AK Medicaid Medicaid Expansion	\$ 41,168.81	\$ -	\$ -
13	AK Medicaid Indian Health Services (I.H.S.) Medicaid , including tribal refinancing	\$ -	\$ -	\$ -
14	I.H.S. Medicaid Expansion, including tribal refinancing	\$ -	\$ -	\$ -
15	<b>Total Medicaid FFS Aggregate Cost for Transports</b>	<b>\$ 89,199.09</b>	<b>\$ -</b>	<b>\$ -</b>

**Step 4:**

Use the claims pull from Step 2. Categorize the revenue by each Medicaid category that has a different Federal Medical Assistance Percentage (FMAP) such as Title XIX, Title XXI, BCC, 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.

Line	MEDICAID FFS REVENUE FROM TRANSPORTS	Ground	Air	Water
16	AK Medicaid Title XIX Fee for Service (FFS) Revenue	\$ 2,083.13		
17	AK Medicaid Title XXI FFS Revenue			
18	AK Medicaid BCC FFS Revenue			
19	AK Medicaid Medicaid Expansion FFS Revenue	\$ 1,634.25		
20	AK Medicaid Indian Health Services (I.H.S.) Medicaid FFS Revenue, including tribal refinancing			
21	I.H.S. Medicaid Expansion FFS Revenue, including tribal refinancing			
22	<b>Total Medicaid FFS Revenue</b>	<b>\$ 3,717.38</b>	<b>\$ -</b>	<b>\$ -</b>

**Step 5:**

Use the claims pull from Step 2. Categorize the Medicaid service Third Party Liability payments by each Medicaid category that has a different Federal Medical Assistance Percentage (FMAP) such as Title XIX, Title XXI, BCC, 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.

Line	MEDICAID FFS THIRD PARTY LIABILITY (TPL) FROM TRANSPORTS	Ground	Air	Water
23	AK Medicaid Title XIX FFS Third Party Liability (TPL) Revenue			
24	AK Medicaid Title XXI FFS TPL Revenue			
25	AK Medicaid BCC FFS TPL Revenue			
26	AK Medicaid Medicaid Expansion FFS TPL Revenue			
27	AK Medicaid Indian Health Services Medicaid (I.H.S.) FFS TPL Revenue, including tribal refinancing			
28	I.H.S. Medicaid Expansion FFS TPL Revenue, including tribal refinancing			
<b>29</b>	<b>Total Medicaid FFS Third Party Liability Revenue</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

**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.

Line	MEDICAID FFS TOTAL MEDICAID COSTS TO BE SETTLED	Ground	Air	Water
30	AK Medicaid Title XIX Total Medicaid costs to be settled	\$ 45,947.15	\$ -	\$ -
31	AK Medicaid Title XXI Total Medicaid costs to be settled	\$ -	\$ -	\$ -
32	AK Medicaid BCC Total Medicaid costs to be settled	\$ -	\$ -	\$ -
33	AK Medicaid Medicaid Expansion Total Medicaid costs to be settled	\$ 39,534.56	\$ -	\$ -
34	AK Medicaid Indian Health Services (I.H.S.) Medicaid costs to be settled, including tribal refinancing	\$ -	\$ -	\$ -
35	I.H.S. Medicaid Expansion Total Medicaid costs to be settled, including tribal refinancing	\$ -	\$ -	\$ -
<b>36</b>	<b>Total Medicaid Costs to be Settled All Funds</b>	<b>\$ 85,481.71</b>	<b>\$ -</b>	<b>\$ -</b>

**Step 7:**

All interim payments will utilize the Title XIX FMAP.

Line	FMAP Description	FMAP
37	AK Medicaid Title XIX	50.01%

**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.

Line	FEDERAL MEDICAID COSTS INTERIM SETTLEMENT	Ground	Air	Water
38	AK Medicaid Title XIX	\$ 22,978.17	\$ -	\$ -
39	AK Medicaid Title XXI	\$ -	\$ -	\$ -
40	AK Medicaid BCC	\$ -	\$ -	\$ -
41	AK Medicaid Medicaid Expansion	\$ 19,771.23	\$ -	\$ -
42	AK Medicaid Indian Health Services (I.H.S.) including tribal refinancing	\$ -	\$ -	\$ -
43	I.H.S. Medicaid Expansion, including tribal refinancing	\$ -	\$ -	\$ -
<b>44</b>	<b>Federal Funds Interim Settlement</b>	<b>\$ 42,749.40</b>	<b>\$ -</b>	<b>\$ -</b>

**SCHEDULE 9 - INTERNAL Interim Settlement**

Provider Name: Valdez Fire Department Fiscal Year Ended December 31, 2024

**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.

<b>Dates of Service of Medicaid Claims Used to Align FMAPs</b>	7/1/2024	to	9/30/2024
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**Step 1:**

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

Line	Service	Ground	Air	Water
1	Average cost per MTS transport	\$ 6,861.47	\$ -	\$ -

**Step 2**

Run a claims pull from the Medicaid Management Information System (MMIS) for the time period that matches the provider's cost report to be settled, excluding dual eligibles and dry runs. Categorize the number of transports by each Medicaid category that has a different Federal Medical Assistance Percentage (FMAP) such as Title XIX, Title XXI, BCC, 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.

Line	MEDICAID FFS TRANSPORTS	Ground	Air	Water
2	AK Medicaid Title XIX FFS Transports	7		
3	AK Medicaid Title XXI FFS Transports			
4	AK Medicaid BCC FFS Transports			
5	AK Medicaid Medicaid Expansion FFS Transports	6		
6	AK Medicaid Indian Health Services (I.H.S.) Medicaid FFS Transports, including tribal refinancing	1		
7	I.H.S. Medicaid Expansion transports, including tribal refinancing			
8	<b>Total Medicaid FFS Transports</b>	<b>14</b>	<b>0</b>	<b>0</b>

**Step 3:**

Calculate the aggregate cost for transfers using the average cost per transfer in Step 1 multiplied by the transports from Step 2.

Line	MEDICAID AGGREGATE COST FOR TRANSPORT	Ground	Air	Water
9	AK Medicaid Title XIX	\$ 48,030.28	\$ -	\$ -
10	AK Medicaid Title XXI	\$ -	\$ -	\$ -
11	AK Medicaid BCC	\$ -	\$ -	\$ -
12	AK Medicaid Medicaid Expansion	\$ 41,168.81	\$ -	\$ -
13	AK Medicaid Indian Health Services (I.H.S.) Medicaid , including tribal refinancing	\$ 6,861.47	\$ -	\$ -
14	I.H.S. Medicaid Expansion, including tribal refinancing	\$ -	\$ -	\$ -
15	<b>Total Medicaid FFS Aggregate Cost for Transports</b>	<b>\$ 96,060.56</b>	<b>\$ -</b>	<b>\$ -</b>

**Step 4:**

Use the claims pull from Step 2. Categorize the revenue by each Medicaid category that has a different Federal Medical Assistance Percentage (FMAP) such as Title XIX, Title XXI, BCC, 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.

Line	MEDICAID FFS REVENUE FROM TRANSPORTS	Ground	Air	Water
16	AK Medicaid Title XIX Fee for Service (FFS) Revenue	\$ 1,996.92		
17	AK Medicaid Title XXI FFS Revenue			
18	AK Medicaid BCC FFS Revenue			
19	AK Medicaid Medicaid Expansion FFS Revenue	\$ 1,320.82		
20	AK Medicaid Indian Health Services (I.H.S.) Medicaid FFS Revenue, including tribal refinancing	\$ 200.00		
21	I.H.S. Medicaid Expansion FFS Revenue, including tribal refinancing			
22	<b>Total Medicaid FFS Revenue</b>	<b>\$ 3,517.74</b>	<b>\$ -</b>	<b>\$ -</b>

**Step 5:**

Use the claims pull from Step 2. Categorize the Medicaid service Third Party Liability payments by each Medicaid category that has a different Federal Medical Assistance Percentage (FMAP) such as Title XIX, Title XXI, BCC, 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.

Line	MEDICAID FFS THIRD PARTY LIABILITY (TPL) FROM TRANSPORTS	Ground	Air	Water
23	AK Medicaid Title XIX FFS Third Party Liability (TPL) Revenue	\$ 669.52		
24	AK Medicaid Title XXI FFS TPL Revenue			
25	AK Medicaid BCC FFS TPL Revenue			
26	AK Medicaid Medicaid Expansion FFS TPL Revenue			
27	AK Medicaid Indian Health Services Medicaid (I.H.S.) FFS TPL Revenue, including tribal refinancing			
28	I.H.S. Medicaid Expansion FFS TPL Revenue, including tribal refinancing			
<b>29</b>	<b>Total Medicaid FFS Third Party Liability Revenue</b>	<b>\$ 669.52</b>	<b>\$ -</b>	<b>\$ -</b>

**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.

Line	MEDICAID FFS TOTAL MEDICAID COSTS TO BE SETTLED	Ground	Air	Water
30	AK Medicaid Title XIX Total Medicaid costs to be settled	\$ 45,363.84	\$ -	\$ -
31	AK Medicaid Title XXI Total Medicaid costs to be settled	\$ -	\$ -	\$ -
32	AK Medicaid BCC Total Medicaid costs to be settled	\$ -	\$ -	\$ -
33	AK Medicaid Medicaid Expansion Total Medicaid costs to be settled	\$ 39,847.99	\$ -	\$ -
34	AK Medicaid Indian Health Services (I.H.S.) Medicaid costs to be settled, including tribal refinancing	\$ 6,661.47	\$ -	\$ -
35	I.H.S. Medicaid Expansion Total Medicaid costs to be settled, including tribal refinancing	\$ -	\$ -	\$ -
<b>36</b>	<b>Total Medicaid Costs to be Settled All Funds</b>	<b>\$ 91,873.30</b>	<b>\$ -</b>	<b>\$ -</b>

**Step 7:**

All interim payments will utilize the Title XIX FMAP.

Line	FMAP Description	FMAP
37	AK Medicaid Title XIX	50.01%

**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.

Line	FEDERAL MEDICAID COSTS INTERIM SETTLEMENT	Ground	Air	Water
38	AK Medicaid Title XIX	\$ 22,686.46	\$ -	\$ -
39	AK Medicaid Title XXI	\$ -	\$ -	\$ -
40	AK Medicaid BCC	\$ -	\$ -	\$ -
41	AK Medicaid Medicaid Expansion	\$ 19,927.98	\$ -	\$ -
42	AK Medicaid Indian Health Services (I.H.S.) including tribal refinancing	\$ 3,331.40	\$ -	\$ -
43	I.H.S. Medicaid Expansion, including tribal refinancing	\$ -	\$ -	\$ -
<b>44</b>	<b>Federal Funds Interim Settlement</b>	<b>\$ 45,945.84</b>	<b>\$ -</b>	<b>\$ -</b>

**SCHEDULE 9 - INTERNAL Interim Settlement**

Provider Name: Valdez Fire Department Fiscal Year Ended December 31, 2024

**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.

<b>Dates of Service of Medicaid Claims Used to Align FMAPs</b>	10/1/2024	to	12/31/2024
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**Step 1:**

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

Line	Service	Ground	Air	Water
1	Average cost per MTS transport	\$ 6,861.47	\$ -	\$ -

**Step 2**

Run a claims pull from the Medicaid Management Information System (MMIS) for the time period that matches the provider's cost report to be settled, excluding dual eligibles and dry runs. Categorize the number of transports by each Medicaid category that has a different Federal Medical Assistance Percentage (FMAP) such as Title XIX, Title XXI, BCC, 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.

Line	MEDICAID FFS TRANSPORTS	Ground	Air	Water
2	AK Medicaid Title XIX FFS Transports	4		
3	AK Medicaid Title XXI FFS Transports			
4	AK Medicaid BCC FFS Transports			
5	AK Medicaid Medicaid Expansion FFS Transports	6		
6	AK Medicaid Indian Health Services (I.H.S.) Medicaid FFS Transports, including tribal refinancing			
7	I.H.S. Medicaid Expansion transports, including tribal refinancing			
8	<b>Total Medicaid FFS Transports</b>	<b>10</b>	<b>0</b>	<b>0</b>

**Step 3:**

Calculate the aggregate cost for transfers using the average cost per transfer in Step 1 multiplied by the transports from Step 2.

Line	MEDICAID AGGREGATE COST FOR TRANSPORT	Ground	Air	Water
9	AK Medicaid Title XIX	\$ 27,445.87	\$ -	\$ -
10	AK Medicaid Title XXI	\$ -	\$ -	\$ -
11	AK Medicaid BCC	\$ -	\$ -	\$ -
12	AK Medicaid Medicaid Expansion	\$ 41,168.81	\$ -	\$ -
13	AK Medicaid Indian Health Services (I.H.S.) Medicaid , including tribal refinancing	\$ -	\$ -	\$ -
14	I.H.S. Medicaid Expansion, including tribal refinancing	\$ -	\$ -	\$ -
15	<b>Total Medicaid FFS Aggregate Cost for Transports</b>	<b>\$ 68,614.69</b>	<b>\$ -</b>	<b>\$ -</b>

**Step 4:**

Use the claims pull from Step 2. Categorize the revenue by each Medicaid category that has a different Federal Medical Assistance Percentage (FMAP) such as Title XIX, Title XXI, BCC, 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.

Line	MEDICAID FFS REVENUE FROM TRANSPORTS	Ground	Air	Water
16	AK Medicaid Title XIX Fee for Service (FFS) Revenue	\$ 1,352.24		
17	AK Medicaid Title XXI FFS Revenue			
18	AK Medicaid BCC FFS Revenue			
19	AK Medicaid Medicaid Expansion FFS Revenue	\$ 1,740.40		
20	AK Medicaid Indian Health Services (I.H.S.) Medicaid FFS Revenue, including tribal refinancing			
21	I.H.S. Medicaid Expansion FFS Revenue, including tribal refinancing			
22	<b>Total Medicaid FFS Revenue</b>	<b>\$ 3,092.64</b>	<b>\$ -</b>	<b>\$ -</b>

**Step 5:**

Use the claims pull from Step 2. Categorize the Medicaid service Third Party Liability payments by each Medicaid category that has a different Federal Medical Assistance Percentage (FMAP) such as Title XIX, Title XXI, BCC, 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.

Line	MEDICAID FFS THIRD PARTY LIABILITY (TPL) FROM TRANSPORTS	Ground	Air	Water
23	AK Medicaid Title XIX FFS Third Party Liability (TPL) Revenue			
24	AK Medicaid Title XXI FFS TPL Revenue			
25	AK Medicaid BCC FFS TPL Revenue			
26	AK Medicaid Medicaid Expansion FFS TPL Revenue			
27	AK Medicaid Indian Health Services Medicaid (I.H.S.) FFS TPL Revenue, including tribal refinancing			
28	I.H.S. Medicaid Expansion FFS TPL Revenue, including tribal refinancing			
<b>29</b>	<b>Total Medicaid FFS Third Party Liability Revenue</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

**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.

Line	MEDICAID FFS TOTAL MEDICAID COSTS TO BE SETTLED	Ground	Air	Water
30	AK Medicaid Title XIX Total Medicaid costs to be settled	\$ 26,093.63	\$ -	\$ -
31	AK Medicaid Title XXI Total Medicaid costs to be settled	\$ -	\$ -	\$ -
32	AK Medicaid BCC Total Medicaid costs to be settled	\$ -	\$ -	\$ -
33	AK Medicaid Medicaid Expansion Total Medicaid costs to be settled	\$ 39,428.41	\$ -	\$ -
34	AK Medicaid Indian Health Services (I.H.S.) Medicaid costs to be settled, including tribal refinancing	\$ -	\$ -	\$ -
35	I.H.S. Medicaid Expansion Total Medicaid costs to be settled, including tribal refinancing	\$ -	\$ -	\$ -
<b>36</b>	<b>Total Medicaid Costs to be Settled All Funds</b>	<b>\$ 65,522.05</b>	<b>\$ -</b>	<b>\$ -</b>

**Step 7:**

All interim payments will utilize the Title XIX FMAP.

Line	FMAP Description	FMAP
37	AK Medicaid Title XIX	51.54%

**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.

Line	FEDERAL MEDICAID COSTS INTERIM SETTLEMENT	Ground	Air	Water
38	AK Medicaid Title XIX	\$ 13,448.66	\$ -	\$ -
39	AK Medicaid Title XXI	\$ -	\$ -	\$ -
40	AK Medicaid BCC	\$ -	\$ -	\$ -
41	AK Medicaid Medicaid Expansion	\$ 20,321.40	\$ -	\$ -
42	AK Medicaid Indian Health Services (I.H.S.) including tribal refinancing	\$ -	\$ -	\$ -
43	I.H.S. Medicaid Expansion, including tribal refinancing	\$ -	\$ -	\$ -
<b>44</b>	<b>Federal Funds Interim Settlement</b>	<b>\$ 33,770.06</b>	<b>\$ -</b>	<b>\$ -</b>