



**Colorado Emergency Medical Services (EMS) Supplemental Payment  
 Annual Provider Participation Agreement  
 State Fiscal Year 2018**

Statement of Intent

The purpose of this agreement is to allow participation in the CO EMS Supplemental Payment by the governmentally owned or operated provider, named below, subject to the provider’s compliance with the requirements and responsibilities set forth in this agreement.

CO EMS Supplemental Payment Provider Responsibilities

- A. Submit the Provider Participation Agreement form.
- B. Attend one cost report annual training.
- C. Utilize the Supplemental Payment email address (COEMSSupplemental@pcgus.com) and hotline (877-775-3867) to ensure understanding and completion of the annual cost report.
- D. Submit cost report by April 30, 2019, and certify all costs on the Ambulance Service Cost Report portal by signing the Cost Report Certification form.
- E. Maintain for review and audit, and supply to the Colorado Department of Health Care Policy and Financing (the Department), upon request, auditable documentation of all amounts claimed pursuant to this agreement to permit a determination of expense allowability.
- F. Acknowledge that all funds expended are subject to review and audit by the Department, as well as other state and federal agencies.
- G. Agree to accept as payment in full the reimbursement received for services subject to supplemental reimbursement pursuant to this agreement. Under no circumstances will the total amount of reimbursement received exceed one hundred percent of actual costs.
- H. Agree that the Department is not responsible for the compliance of costs reported by the governmentally owned and operated provider.

Provider Authorized Representative’s Signature	Date
Printed Name	Title
Email Address	Phone Number
Street Address	City, State and Zip
Provider Name	Provider NPI

Please return the completed Participation Agreement to the Department of Health Care Policy and Financing, Attn: Shawn Stanifer, [shawn.stanifer@state.co.us](mailto:shawn.stanifer@state.co.us)