

State of Hawaii
Emergency Medical Services Cost Reporting
Schedule 1 - Certification of Expenditures



Agency Legal Name

Agency DBA Name (if different)

Address

Reporting Period
From:
To:

Certification Statement by Officer of the Agency

I HEREBY CERTIFY that:

- 1) I have examined this statement and the accompanying supporting Schedules and to the best of my knowledge and belief they are true and correct statements prepared from the books and records of my organization in accordance with applicable instructions.
- 2) The expenditures included in this statement are based on the actual cost of recorded expenditures and reflect my organization's cost during the reporting period.
- 3) I understand that, pursuant to all contracts and modifications after January 1, 2024, all assets, supplies, and vehicles paid for by the State will be returned to DOH upon termination of the contract.
- 4) I am the officer authorized by the above referenced provider to submit this form and I have made a good faith effort to assure that all information reported is true and accurate.
- 5) I UNDERSTAND THAT INTENTIONAL MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED HEREIN MAY BE PUNISHABLE BY FINE AND/OR IMPRISONMENT UNDER FEDERAL AND/OR STATE LAW.

Officer Name

Officer Title

Officer Phone

Officer Email

Signature

Date

Total Expenses Reported

State of Hawaii
 Emergency Medical Services Cost Reporting
 Schedule 2 - Monthly Expenditure Summary
 0



Reporting Period

From:	1/1/2024
To:	1/31/2024

Position Headcount (FTEs)	Prior Period	Current Reporting Period	Change	Comments for Changes in Headcount
Medical Response - EMT			-	
Medical Response - Paramedic			-	
Medical Response - Emergency Medical Responder			-	
Medical Director			-	
Administration - Management			-	
Administration - Support Services			-	
Administrative - Communications			-	
Administrative - Facilities Maintenance			-	
Administrative - Vehicle Maintenance			-	
Other - Please specify			-	
Other - Please specify			-	
Other - Please specify			-	
Other - Please specify			-	
Total FTEs	-	-	-	

Operating Expenses	Prior Period	Current Reporting Period	Change	Comments for Changes in Cost
Salaries and Fringe Benefits (Details Exh. 3)				
Salaries		\$ -	\$ -	
Fringe Benefits		\$ -	\$ -	
<i>Subtotal - Salaries and Fringe Benefits</i>	\$ -	\$ -	\$ -	
Capital-Related Costs (Details Exh. 4)				
Depreciation - Buildings and Improvements		\$ -	\$ -	
Depreciation - Equipment		\$ -	\$ -	
Depreciation - Vehicles		\$ -	\$ -	
Lease/Rental (equipment)		\$ -	\$ -	
Lease/Rental (facilities)		\$ -	\$ -	
Lease/Rental (other)		\$ -	\$ -	
Lease/Rental (vehicles)		\$ -	\$ -	
<i>Subtotal - Capital-Related Costs</i>	\$ -	\$ -	\$ -	
General & Administrative Costs (Details Exh. 5)				
Accounting		\$ -	\$ -	
Administrative		\$ -	\$ -	
Corporate Regional Allocation		\$ -	\$ -	
Dues and Subscriptions		\$ -	\$ -	
General Insurance		\$ -	\$ -	
Housekeeping		\$ -	\$ -	
Information Technology		\$ -	\$ -	
Interest Expense		\$ -	\$ -	
Legal		\$ -	\$ -	
Logistics		\$ -	\$ -	
Other Administrative Costs		\$ -	\$ -	
Postage		\$ -	\$ -	
Professional Services/Contracted Labor		\$ -	\$ -	
Property Taxes		\$ -	\$ -	
Property Insurance		\$ -	\$ -	
Supplies (office, other)		\$ -	\$ -	
Utilities (water/sewer, electricity, etc.)		\$ -	\$ -	
<i>Subtotal - General & Administrative</i>	\$ -	\$ -	\$ -	
Operations Costs (Details Exh. 6)				
Communications		\$ -	\$ -	
Dispatch Service		\$ -	\$ -	
Drugs/Medication		\$ -	\$ -	
Medical Director		\$ -	\$ -	
Medical Supplies (excl. drugs/medication)		\$ -	\$ -	
Minor Equipment		\$ -	\$ -	
Motor Vehicle Gas and Oil		\$ -	\$ -	
Motor Vehicle License and Registration		\$ -	\$ -	
Other Operations Costs		\$ -	\$ -	
Other Operational Supplies		\$ -	\$ -	
Plant Operations and Maintenance		\$ -	\$ -	
Repair and Maintenance (equipment)		\$ -	\$ -	
Repair and Maintenance (other)		\$ -	\$ -	
Repair and Maintenance (vehicles)		\$ -	\$ -	
Training		\$ -	\$ -	
<i>Subtotal - Operations</i>	\$ -	\$ -	\$ -	
TOTAL OPERATING EXPENSE	\$ -	\$ -	\$ -	

State of Hawaii
 Emergency Medical Services Cost Reporting
 Schedule 8 - Operations Metrics
 0

Operations Metric	Response
During a response, what is the approximate average trip time (in minutes) across all service levels (BLS, ALS, etc.), from the time a ground ambulance begins its response to the time when the ground ambulance is available to respond to another call? (Enter minutes)	
What is your organization's average response time? Response time is defined as the time the ground ambulance leaves the station to the time the ground ambulance or other EMS vehicle is at the scene. (Enter minutes)	
What is your best estimate of the share of responses that take more than twice as long as the average response time as reported in the prior question? (Enter percentage)	
What was your organization's total number of responses during your organization's data collection period. Total responses are defined as the total number of responses by your organization regardless of whether a ground ambulance was deployed and regardless of whether or not a patient was transported. Include emergency responses that did not involve a ground ambulance (e.g., responses only involving a pickup truck or sport-utility vehicle (SUV), including quick response vehicles (QRVs), "fly-cars," or "sprint" vehicles). If more than one vehicle is sent to the scene, count this as one response. (Enter number)	
What was your organization's total number of ground ambulance responses during your organization's data collection period across all payer types and regardless of the level of service or geography? This number should be based on all responses by a fully equipped and staffed ground ambulance, regardless of whether the response resulted in a transport. (Enter number)	
What was the total number of ground ambulance responses that did not result in a ground ambulance transport during your organization's data collection period? For example, this might include patient refusals to be transported, responses when another ambulance provider/supplier handled the transport, patient was deceased on arrival, patient was treated onsite with no medically necessary transport required, or responses that were cancelled after the ground ambulance was already on the way. (Enter number)	
What was the total number of ground ambulance transports for your organization during your organization's data collection period, across all payer types, and regardless of the level of service or geography? (Enter number)	

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Appendix A - Depreciation Useful Life Values

Asset Category	Asset Type	Useful Life
Buildings & Improvements	Building	40
Buildings & Improvements	Fixed Equipment/Improvement	10
Equipment	Stretcher	7
Equipment	Monitor/Defibrillator	7
Equipment	Lucas Device	7
Equipment	Other Medical Equipment	7
Equipment	Communication Equipment	7
Equipment	Other Equipment	10
Vehicles	Ambulance	7
Vehicles	Other Support Vehicle	7