



May 7, 2025

William K. Northcutt
Director
Alachua
PO Box 5038
Gainesville, Florida 32627

Re: **Public Emergency Medical Transportation Cost Report Final Reconciliation**

Medicaid Provider Number:	088173200
Provider Name:	Alachua
Fiscal Year End:	June 30, 2017

Dear William K. Northcutt:

This letter is the Agency for Healthcare Administration's (AHCA's) official notification of your public emergency medical transportation (PEMT) cost report agreed-upon procedures results for the year ended June 30, 2017. According to 59G-6.035, AHCA will audit and reconcile the as-filed cost report with paid claims data and provider records. AHCA has completed the SFY 2017 PEMT audit and reconciliation, and the final results for you are enclosed and reflected in this letter. Below is the final determination regarding your supplemental payment based on your adjusted cost report and Medicaid claims data.

	Interim Payment	Adjusted Cost Report Determination	Reimbursement / (Recoupment)
Net Federal Participation Amount	\$159,878.00	\$203,244.09	\$43,366.09

A positive amount in the Reimbursement/(Recoupment) column indicates the provider was underpaid. Per 59G-6.035, the provider will receive a final supplemental payment in the amount of the calculated underpayment.

BACKGROUND

The Agency for Health Care Administration is designated as the single state agency authorized to make payments for medical assistance and related services under Title XIX of the Social Security Act, otherwise known as the Medicaid program. Pursuant to section 409.902, F.S., payments shall be made, subject to any limitations or directions provided for in the General Appropriations Act, only for services included in the program, shall be made only on behalf of eligible individuals, and shall be made only to qualified providers in accordance with federal requirements for Title XIX of the Social Security Act and the provisions of state law. Reimbursement by the State for medical services provided to persons eligible for Medicaid assistance is available when the services are provided in accordance with applicable Medicaid laws, regulations, and policies.

The review and the determination of overpayments were made in accordance with the provisions of Section 409.913, F.S. As a Medicaid provider, you are obligated to comply fully with all state and federal laws, rules, regulations, and statements of policy applicable to the Medicaid program, and all applicable federal, state, and local laws pertaining to licensure. Pursuant to Section 409.913(23)(a), F.S., the Agency is entitled to recover all investigative, legal, and expert witness costs.

HEARING RIGHTS

You have the right to request a formal or informal hearing pursuant to section 120.569, F.S. If you request a formal hearing, the petition must be in compliance with section 28-106.201, F.A.C. and mediation may be available. If you request an informal hearing, the petition must be in compliance with rule section 28-106.301, F.A.C. Additionally, if you request a hearing, the Agency must receive the petition within twenty-one (21) days of receipt of this letter. For more information regarding your hearing and mediation rights, please see the Notice of Administrative Hearing and Mediation Rights below.

Section 409.913(12), F.S., provides exemptions from the provisions of section 119.07(1), F.S. All information obtained pursuant to this review is confidential and exempt from the provisions of section 119.07(1), F.S., until the Agency takes final agency action with respect to the provider and requires repayment of any overpayment or imposes an administrative sanction by Final Order.

Thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please contact Kaley Ingenthron at 816-945-5325.

Sincerely,

A handwritten signature in black ink that reads "Kaley A. Ingenthron". The signature is written in a cursive, flowing style.

Kaley Ingenthron
Enclosure

GENERAL INFORMATION AND CERTIFICATION

1. Name of Fire Department / Agency: Alachua		2. EIN 88173200	3. National Provider Identification (NPI): 1780610287	
4. Doing Business As (DBA): Alachua County Fire Rescue			5. Facility Business Phone: (352) 384-3101	
6. Fire District/Agency Street Address: 911 SE 5th Street	7. City: Gainesville		8. Zip Code: 32601	
9. Mailing Address - Street or P.O. Box (if different): PO Box 5038	10. City: Gainesville		11. Zip Code: 32627	
12. Name of Person Signing and Certifying Report: William K. Northcutt				
13. Report Contact Person: Melinda Hart		14. Phone Number: (352) 384-3126		Phone Ext: -
15. Mailing Address - Street or P. O. Box: PO Box 5038	16. City: Gainesville		17. State: Florida	18. Zip Code: 32627
19. Previous Name of Fire District/Agency if Changed Since Previous Report: 0				20. Date of Change: 0
21. Does your organization use another entity to provide Ambulance services? No		22. Date Range of Ambulance Service Agreement: N/A		
23. Does your organization use another entity to provide billing for Ambulance services? No		24. Are billing services paid on a Flat Rate or a Percentage: N/A		
25. Reporting Period Begin: July 1, 2016		26. Reporting Period End: June 30, 2017		
27. Net Cost of Transports \$ 328,927.16				

Intentional misrepresentation of falsification of any information contained in this request resulting in reimbursement by the Agency for Health Care Administration may be punishable by fine and/or imprisonment under federal and state laws (42 CFR, Section 1003.102 - "Basis for Civil Money Penalties and Assessments"; 18 U.S.C. 1347 - "Health Care Fraud"; Florida Statutes 409.913 "Oversight for the integrity of the Medicaid program"; and Florida Statutes 456.072 "Grounds for discipline; penalties; enforcement".)

For the purpose of this certification, "provider" is a Publicly Owned or Operated Emergency Medical Transportation Services provider as defined in Florida Statutes Chapter 401.

Certification by Officer or Administrator of the Fire Department / Agency

I, _____, certify under penalty of perjury as follows:

Public funds for services provided have been expended as necessary for Federal Financial Participation (FFP), pursuant to the requirements of Section 1903(w) of the Social Security Act and 42 C.F.R. § 433.50 et seq. for allowable costs.

The expenditures claimed have not previously been, nor will be, claimed at any other time to receive Federal Funds under Medicaid or any other program.

The provider acknowledges that the information is to be used for claiming Federal funds and understands that misrepresentation of information constitutes a violation of Federal and State law.

The provider acknowledges that all funds expended are subject to review and audit by the Agency for Health Care Administration.

The provider acknowledges and understands that the Agency for Health Care Administration must deny payments for any claim submitted if it is determined that the certification is not adequately supported for purposes of Federal Financial Participation.

That I am the responsible person of the subject Fire Department / Agency and am duly authorized to sign this certification and that, to the best of my knowledge and information, each statement and amount in the accompanying schedules are to be true, correct, and in compliance with Florida Statutes Chapter 401.

State of Florida
Public Emergency Medical Transportation
Medicaid Cost Report

November 29, 2017

Date of Signature

Alachua

Name of Fire District/Agency

E-mail the signed PDF electronic version of the completed
cost report to:

LIPProvidersReports@ahca.myflorida.com

By:

0

(Signature)

Title:

Director

Address:

911 SE 5th Street

Gainesville

32601

Email:

0

NOTICE

Please be advised that submission of cost reports for items or services which were not provided; are not reimbursable under the Medicaid program or claimed in violation of an agreement with the State, may subject you (or your organization) to civil money penalty assessments in accordance with Florida Statutes 456.072.

CHECK FIGURE

Total Reported Expenses (Before Allocation of Expenses - From Sch 1)	\$	27,561,294
Total Reported Expenses (After Allocation of Expenses - From Sch 2 thru 5)	\$	27,561,294
Variance	\$	-

Material variances may result in a rejection of this Cost Report submission.

PROVIDER COST REPORT REIMBURSEMENT QUESTIONNAIRE			
	YES	NO	N/A
<p>A. Provider Organization and Operation</p> <p>1. Describe the type of organization providing the service (include if nonprofit, public, private, etc.): Governmentally-operated, non-profit fire rescue services including local and long-distance ambulance transports and fire suppression services.</p> <p>2. Were any of the emergency transportation services subcontracted to another entity? If yes, describe the type of organization (include if nonprofit, public, private, etc.):</p> <p>3. The provider has: a. Changed ownership. If "yes", submit name and address of new owner, date of change, copy of sales agreement, or any similar agreement affecting change of ownership. b. Terminated participation. If "yes", list date of termination, and reason (Voluntary/Involuntary).</p> <p>4. The provider is involved in business transactions, including management contracts and services under arrangements, with individuals or entities (e.g., chain home offices, drug or medical supply companies, etc.) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships.</p> <p>If "yes" attach a list of the individuals, the organizations involved, and description of the transactions.</p>			
<p>PROVIDER COST REPORT REIMBURSEMENT QUESTIONNAIRE</p>			

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1. During this cost reporting period, the financial statements are prepared by Certified Public Accountants or Public Accountants (submit complete copy or indicate available date) and are:			
<p><i>a. Audited;</i></p> <p>b. Compiled; and</p> <p>c. Reviewed.</p>	<p>x</p> <p>x</p> <p>x</p>		
<p>NOTE: Where there is no affirmative response to the above described financial statements, attach a copy of the financial statements prepared by you and a description of the changes in accounting policies and practices if not mentioned in those statements.</p> <p>2. Cost report total expenses and total revenues differ from those on the filed financial statement. If "yes", submit reconciliation.</p> <p>C. Emergency Transport Data</p> <p>Provider records only were used to complete the cost report? If yes, attach detailed documentation of the system used to support the data reported on the cost report. If the detail documentation was previously supplied, submit only necessary updated documentation.</p> <p>1. Provider use a specific system to report claimed Medicaid emergency transports? If yes, upon request, provide the Medicaid recipient details of the emergency transports (such as driver manifest, call operator logs, etc.).</p>	<p>x</p> <p>x</p>	<p>x</p>	

State of Florida
Public Emergency Medical Transportation
Medicaid Cost Report

SCHEDULE 1 - TOTAL EXPENSE

Fire Department / Agency Name: Alachua
National Provider Identification: 1780610287

Fiscal Year Ended: June 30, 2017

Line No.	Cost Center	General Ledger Account	Col 1	Col 2	Col 3	Col 4
			Total Expense	MTS Expense	NON-MTS Expense	Administration & General
			Col 2 + Col 3 + Col 4	Fr Sch 2, Col 5	Fr Sch 3, Col 5	Fr Sch 5, Col 1
	Capital Related					
1.00	Depreciation - Buildings and Improvements		\$ -	\$ -	\$ -	
2.00	Depreciation - Leasehold Improvements		\$ -	\$ -	\$ -	
3.00	Depreciation - Equipment		\$ 1,484,467	\$ 920,553	\$ 563,914	
4.00	Depreciation and Amortization - Other		\$ -	\$ -	\$ -	
5.00	Leases and Rentals		\$ 1,122,693	\$ 1,056,267	\$ 66,426	
6.00	Property Taxes		\$ -	\$ -	\$ -	
7.00	Property Insurance		\$ -	\$ -	\$ -	
8.00	Interest - Property, Plant, and Equipment		\$ -	\$ -	\$ -	
9.00	Other Capital Costs		\$ 43,211	\$ 19,169	\$ 24,042	
10.00	Other- (Specify)		\$ -	\$ -	\$ -	
10.01	Total Capital Related (Lines 1.00 thru 10.00)		\$ 2,650,371	\$ 1,995,989	\$ 654,382	
	Salaries					
11.00	Administrative Chief		\$ -	\$ -	\$ -	
12.00	Chief		\$ -	\$ -	\$ -	
13.00	Non-MTS Salaries		\$ 5,478,429	\$ 4,497,164	\$ 981,265	
14.00	MTS Salaries		\$ 4,193,620	\$ 4,193,620	\$ -	
15.00	Other- (Specify)		\$ -	\$ -	\$ -	
16.00	Other- (Specify)		\$ -	\$ -	\$ -	
17.00	Other- (Specify)		\$ -	\$ -	\$ -	
18.00	Other- (Specify)		\$ -	\$ -	\$ -	
18.01	Subtotal Salaries (Lines 11.00 thru 18.00)		\$ 9,672,049	\$ 8,690,784	\$ 981,265	
	Fringe Benefits					
19.00	Administrative Chief		\$ -	\$ -	\$ -	
20.00	Chief		\$ -	\$ -	\$ -	
21.00	Non-MTS Salaries		\$ 6,309,462	\$ 5,555,034	\$ 754,428	
22.00	MTS Salaries		\$ 4,702,751	\$ 4,702,751	\$ -	
23.00	Other- (Specify)		\$ -	\$ -	\$ -	
24.00	Other- (Specify)		\$ -	\$ -	\$ -	
25.00	Other- (Specify)		\$ -	\$ -	\$ -	
26.00	Other- (Specify)		\$ -	\$ -	\$ -	
26.01	Subtotal Fringe Benefits (Lines 19.00 thru 26.00)		\$ 11,012,213	\$ 10,257,785	\$ 754,428	
26.02	Total Salaries & Fringe Benefits		\$ 20,684,262	\$ 18,948,569	\$ 1,735,693	
26.03	Total Capital Related, Salaries, and Fringe Benefits		\$ 23,334,633	\$ 20,944,559	\$ 2,390,075	
	Administrative and General					
27.00	Administrative		\$ -	\$ -	\$ -	\$ -
28.00	Legal		\$ 1,473	\$ 829	\$ 34	\$ 610
29.00	Accounting		\$ -	\$ -	\$ -	\$ -
30.00	Advertising		\$ 2,930	\$ 486	\$ 2,080	\$ 363
31.00	Consulting Expenses		\$ -	\$ -	\$ -	\$ -
32.00	Contracted Labor		\$ -	\$ -	\$ -	\$ -
33.00	Interest - Other		\$ -	\$ -	\$ -	\$ -
34.00	Training		\$ 52,048	\$ 18,624	\$ 3,577	\$ 29,847
35.00	General Insurance		\$ 409,678	\$ 175,283	\$ 12,156	\$ 222,239
36.00	Supplies		\$ 850,692	\$ 614,871	\$ 14,566	\$ 221,255
37.00	Bad Debt		\$ -	\$ -	\$ -	\$ -

State of Florida
Public Emergency Medical Transportation
Medicaid Cost Report

SCHEDULE 1 - TOTAL EXPENSE

Fire Department / Agency Name: Alachua
National Provider Identification: 1780610287

Fiscal Year Ended: June 30, 2017

Line No.	Cost Center	General Ledger Account	Col 1	Col 2	Col 3	Col 4
			Total Expense	MTS Expense	NON-MTS Expense	Administration & General
			Col 2 + Col 3 + Col 4	Fr Sch 2, Col 5	Fr Sch 3, Col 5	Fr Sch 5, Col 1
38.00	Plant Operations and Maintenance		\$ 67,449	\$ 3,427	\$ 51,621	\$ 12,401
39.00	Housekeeping		\$ -	\$ -	\$ -	\$ -
40.00	Utilities		\$ -	\$ -	\$ -	\$ -
41.00	Medical Supplies		\$ -	\$ -	\$ -	\$ -
42.00	Minor Medical Equipment		\$ -	\$ -	\$ -	\$ -
43.00	Minor Equipment		\$ 231,632	\$ 104,075	\$ 26,725	\$ 100,832
44.00	Fines and Penalties		\$ -	\$ -	\$ -	\$ -
45.00	Fleet Maintenance		\$ 549,192	\$ 298,741	\$ 3,180	\$ 247,271
46.00	Communications		\$ 337,937	\$ 96,033	\$ 36,914	\$ 204,991
47.00	Recruit Academy		\$ -	\$ -	\$ -	\$ -
48.00	Dispatch Service		\$ -	\$ -	\$ -	\$ -
49.00	Logistics		\$ -	\$ -	\$ -	\$ -
50.00	Postage		\$ 45,089	\$ 32,258	\$ 317	\$ 12,515
51.00	Dues and Subscriptions		\$ 11,551	\$ 5,968	\$ 1,404	\$ 4,179
52.00	Other - Capital Related Costs		\$ -	\$ -	\$ -	\$ -
53.00	Contracted Services - MTS		\$ 1,225,077	\$ 116,992	\$ 8,400	\$ 1,099,685
54.00	Contracted Services - MTS Billing		\$ -	\$ -	\$ -	\$ -
55.00	Other A&G Costs		\$ 441,913	\$ 275,300	\$ 57,244	\$ 109,369
56.00	Other- (Specify)		\$ -	\$ -	\$ -	\$ -
57.00	Other- (Specify)		\$ -	\$ -	\$ -	\$ -
57.01	Total Administrative & General		\$ 4,226,661	\$ 1,742,887	\$ 218,217	\$ 2,265,558
58.00	Total Fire District / Agency		\$ 27,561,294	\$ 22,687,446	\$ 2,608,291	\$ 2,265,558

SCHEDULE 2 - MEDICAL TRANSPORTATION SERVICES (MTS) EXPENSE

Fire Department / Agency Name: **Alachua**
National Provider Identification: **1780610287**

Fiscal Year Ended: **June 30, 2017**

Line No.	Cost Center	General Ledger	Col 1 MTS Expense	Col 2 Allocated Direct Service Cost <i>Fr Sch 4, Col 5</i>	Col 3 Total Reclassifications <i>Fr Sch 6, Cols 4 & 7</i>	Col 4 Total Adjustments <i>Fr Sch 7, Col 1</i>	Col 5 Total MTS Expense <i>To Sch 1, Col 2</i>
Capital Related							
1.00	Depreciation - Buildings and Improvements	0	\$ -	\$ -	\$ -	\$ -	\$ -
2.00	Depreciation - Leasehold Improvements	0	\$ -	\$ -	\$ -	\$ -	\$ -
3.00	Depreciation - Equipment	0	\$ 615,577	\$ 304,976	\$ -	\$ -	\$ 920,553
4.00	Depreciation and Amortization - Other	0	\$ -	\$ -	\$ -	\$ -	\$ -
5.00	Leases and Rentals	0	\$ 564,364	\$ 491,903	\$ -	\$ -	\$ 1,056,267
6.00	Property Taxes	0	\$ -	\$ -	\$ -	\$ -	\$ -
7.00	Property Insurance	0	\$ -	\$ -	\$ -	\$ -	\$ -
8.00	Interest - Property, Plant, and Equipment	0	\$ -	\$ -	\$ -	\$ -	\$ -
9.00	Other Capital Costs	0	\$ -	\$ 19,169	\$ -	\$ -	\$ 19,169
10.00	Other- (Specify)	0	\$ -	\$ -	\$ -	\$ -	\$ -
10.01	Total Capital Related (Lines 1.00 thru 10.00)		\$ 1,179,941	\$ 816,048	\$ -	\$ -	\$ 1,995,989
Salaries							
11.00	Administrative Chief	0	\$ -	\$ -	\$ -	\$ -	\$ -
12.00	Chief	0	\$ -	\$ -	\$ -	\$ -	\$ -
13.00	Non-MTS Salaries	0	\$ -	\$ 4,497,164	\$ -	\$ -	\$ 4,497,164
14.00	MTS Salaries	0	\$ 4,193,620	\$ -	\$ -	\$ -	\$ 4,193,620
15.00	Other- (Specify)	0	\$ -	\$ -	\$ -	\$ -	\$ -
16.00	Other- (Specify)	0	\$ -	\$ -	\$ -	\$ -	\$ -
17.00	Other- (Specify)	0	\$ -	\$ -	\$ -	\$ -	\$ -
18.00	Other- (Specify)	0	\$ -	\$ -	\$ -	\$ -	\$ -
18.01	Subtotal Salaries (Lines 11.00 thru 18.00)		\$ 4,193,620	\$ 4,497,164	\$ -	\$ -	\$ 8,690,784
Fringe Benefits							
19.00	Administrative Chief	0	\$ -	\$ -	\$ -	\$ -	\$ -
20.00	Chief	0	\$ -	\$ -	\$ -	\$ -	\$ -
21.00	Non-MTS Salaries	0	\$ -	\$ 5,555,034	\$ -	\$ -	\$ 5,555,034
22.00	MTS Salaries	0	\$ 4,702,751	\$ -	\$ -	\$ -	\$ 4,702,751
23.00	Other- (Specify)	0	\$ -	\$ -	\$ -	\$ -	\$ -
24.00	Other- (Specify)	0	\$ -	\$ -	\$ -	\$ -	\$ -
25.00	Other- (Specify)	0	\$ -	\$ -	\$ -	\$ -	\$ -
26.00	Other- (Specify)	0	\$ -	\$ -	\$ -	\$ -	\$ -
26.01	Subtotal Fringe Benefits (Lines 19.00 thru 26.00)		\$ 4,702,751	\$ 5,555,034	\$ -	\$ -	\$ 10,257,785
26.02	Total Salaries & Fringe Benefits		\$ 8,896,371	\$ 10,052,198	\$ -	\$ -	\$ 18,948,569
26.03	Total Capital Related, Salaries, and Fringe Benefits		\$ 10,076,312	\$ 10,868,246	\$ -	\$ -	\$ 20,944,559
Administrative and General							
27.00	Administrative	0	\$ -		\$ -	\$ -	\$ -
28.00	Legal	0	\$ 829		\$ -	\$ -	\$ 829
29.00	Accounting	0	\$ -		\$ -	\$ -	\$ -
30.00	Advertising	0	\$ 486		\$ -	\$ -	\$ 486
31.00	Consulting Expenses	0	\$ -		\$ -	\$ -	\$ -
32.00	Contracted Labor	0	\$ -		\$ -	\$ -	\$ -
33.00	Interest - Other	0	\$ -		\$ -	\$ -	\$ -
34.00	Training	0	\$ 18,624		\$ -	\$ -	\$ 18,624
35.00	General Insurance	0	\$ 175,283		\$ -	\$ -	\$ 175,283
36.00	Supplies	0	\$ 614,871		\$ -	\$ -	\$ 614,871
37.00	Bad Debt	0	\$ -		\$ -	\$ -	\$ -
38.00	Plant Operations and Maintenance	0	\$ 3,427		\$ -	\$ -	\$ 3,427
39.00	Housekeeping	0	\$ -		\$ -	\$ -	\$ -
40.00	Utilities	0	\$ -		\$ -	\$ -	\$ -
41.00	Medical Supplies	0	\$ -		\$ -	\$ -	\$ -
42.00	Minor Medical Equipment	0	\$ -		\$ -	\$ -	\$ -

SCHEDULE 2 - MEDICAL TRANSPORTATION SERVICES (MTS) EXPENSE

Fire Department / Agency Name: Alachua
National Provider Identification: 1780610287

Fiscal Year Ended: June 30, 2017

Line No.	Cost Center	General Ledger	Col 1 MTS Expense	Col 2 Allocated Direct Service Cost Fr Sch 4, Col 5	Col 3 Total Reclassifications Fr Sch 6, Cols 4 & 7	Col 4 Total Adjustments Fr Sch 7, Col 1	Col 5 Total MTS Expense To Sch 1, Col 2
43.00	Minor Equipment	0	\$ 200,098		\$ -	\$ (96,023)	\$ 104,075
44.00	Fines and Penalties	0	\$ -		\$ -	\$ -	\$ -
45.00	Fleet Maintenance	0	\$ 344,351		\$ -	\$ (45,611)	\$ 298,741
46.00	Communications	0	\$ 96,033		\$ -	\$ -	\$ 96,033
47.00	Recruit Academy	0	\$ -		\$ -	\$ -	\$ -
48.00	Dispatch Service	0	\$ -		\$ -	\$ -	\$ -
49.00	Logistics	0	\$ -		\$ -	\$ -	\$ -
50.00	Postage	0	\$ 32,258		\$ -	\$ -	\$ 32,258
51.00	Dues and Subscriptions	0	\$ 5,968		\$ -	\$ -	\$ 5,968
52.00	Other - Capital Related Costs	0	\$ -		\$ -	\$ -	\$ -
53.00	Contracted Services - MTS	0	\$ 116,992		\$ -	\$ -	\$ 116,992
54.00	Contracted Services - MTS Billing	0	\$ -		\$ -	\$ -	\$ -
55.00	Other A&G Costs	0	\$ 275,300		\$ -	\$ -	\$ 275,300
56.00	Other- (Specify)	0	\$ -		\$ -	\$ -	\$ -
57.00	Other- (Specify)	0	\$ -		\$ -	\$ -	\$ -
57.01	Total Administrative & General		\$ 1,884,520		\$ -	\$ (141,634)	\$ 1,742,887
58.00	Total Fire District / Agency		\$ 11,960,833	\$ 10,868,246	\$ -	\$ (141,634)	\$ 22,687,446

SCHEDULE 3 - NON-MTS EXPENSE

Fire Department / Agency Name: Alachua
National Provider Identification: 1780610287

Fiscal Year Ended: June 30, 2017

Line No.	Cost Center	General Ledger Account	Col 1 NON-MTS Expense	Col 2 Allocated Direct Service Costs <i>Fr Sch 4, Col 6</i>	Col 3 Total Reclassifications <i>Fr Sch 6, Cols 4 & 7</i>	Col 4 Total Adjustments <i>Fr Sch 7, Col 1</i>	Col 5 Total NON-MTS Expense <i>To Sch 1, Col 3</i>
Capital Related							
1.00	Depreciation - Buildings and Improvements	0	\$ -	\$ -	\$ -	\$ -	\$ -
2.00	Depreciation - Leasehold Improvements	0	\$ -	\$ -	\$ -	\$ -	\$ -
3.00	Depreciation - Equipment	0	\$ 529,958	\$ 33,956	\$ -	\$ -	\$ 563,914
4.00	Depreciation and Amortization - Other	0	\$ -	\$ -	\$ -	\$ -	\$ -
5.00	Leases and Rentals	0	\$ 11,657	\$ 54,768	\$ -	\$ -	\$ 66,426
6.00	Property Taxes	0	\$ -	\$ -	\$ -	\$ -	\$ -
7.00	Property Insurance	0	\$ -	\$ -	\$ -	\$ -	\$ -
8.00	Interest - Property, Plant, and Equipment	0	\$ -	\$ -	\$ -	\$ -	\$ -
9.00	Other Capital Costs	0	\$ 21,908	\$ 2,134	\$ -	\$ -	\$ 24,042
10.00	Other- (Specify)	0	\$ -	\$ -	\$ -	\$ -	\$ -
10.01	Total Capital Related (Lines 1.00 thru 10.00)		\$ 563,523	\$ 90,859	\$ -	\$ -	\$ 654,382
Salaries							
11.00	Administrative Chief	0	\$ -	\$ -	\$ -	\$ -	\$ -
12.00	Chief	0	\$ -	\$ -	\$ -	\$ -	\$ -
13.00	Non-MTS Salaries	0	\$ 480,551	\$ 500,714	\$ -	\$ -	\$ 981,265
14.00	MTS Salaries	0	\$ -	\$ -	\$ -	\$ -	\$ -
15.00	Other- (Specify)	0	\$ -	\$ -	\$ -	\$ -	\$ -
16.00	Other- (Specify)	0	\$ -	\$ -	\$ -	\$ -	\$ -
17.00	Other- (Specify)	0	\$ -	\$ -	\$ -	\$ -	\$ -
18.00	Other- (Specify)	0	\$ -	\$ -	\$ -	\$ -	\$ -
18.01	Subtotal Salaries (Lines 11.00 thru 18.00)		\$ 480,551	\$ 500,714	\$ -	\$ -	\$ 981,265
Fringe Benefits							
19.00	Administrative Chief	0	\$ -	\$ -	\$ -	\$ -	\$ -
20.00	Chief	0	\$ -	\$ -	\$ -	\$ -	\$ -
21.00	Non-MTS Salaries	0	\$ 135,930	\$ 618,497	\$ -	\$ -	\$ 754,428
22.00	MTS Salaries	0	\$ -	\$ -	\$ -	\$ -	\$ -
23.00	Other- (Specify)	0	\$ -	\$ -	\$ -	\$ -	\$ -
24.00	Other- (Specify)	0	\$ -	\$ -	\$ -	\$ -	\$ -
25.00	Other- (Specify)	0	\$ -	\$ -	\$ -	\$ -	\$ -
26.00	Other- (Specify)	0	\$ -	\$ -	\$ -	\$ -	\$ -
26.01	Subtotal Fringe Benefits (Lines 19.00 thru 26.00)		\$ 135,930	\$ 618,497	\$ -	\$ -	\$ 754,428
26.02	Total Salaries & Fringe Benefits		\$ 616,481	\$ 1,119,212	\$ -	\$ -	\$ 1,735,693
26.03	Total Capital Related, Salaries, and Fringe Benefits		\$ 1,180,004	\$ 1,210,070	\$ -	\$ -	\$ 2,390,075
Administrative and General							
27.00	Administrative	0	\$ -		\$ -	\$ -	\$ -
28.00	Legal	0	\$ 34		\$ -	\$ -	\$ 34
29.00	Accounting	0	\$ -		\$ -	\$ -	\$ -
30.00	Advertising	0	\$ 2,080		\$ -	\$ -	\$ 2,080
31.00	Consulting Expenses	0	\$ -		\$ -	\$ -	\$ -
32.00	Contracted Labor	0	\$ -		\$ -	\$ -	\$ -
33.00	Interest - Other	0	\$ -		\$ -	\$ -	\$ -
34.00	Training	0	\$ 3,577		\$ -	\$ -	\$ 3,577
35.00	General Insurance	0	\$ 12,156		\$ -	\$ -	\$ 12,156
36.00	Supplies	0	\$ 14,566		\$ -	\$ -	\$ 14,566
37.00	Bad Debt	0	\$ -		\$ -	\$ -	\$ -
38.00	Plant Operations and Maintenance	0	\$ 51,621		\$ -	\$ -	\$ 51,621
39.00	Housekeeping	0	\$ -		\$ -	\$ -	\$ -
40.00	Utilities	0	\$ -		\$ -	\$ -	\$ -
41.00	Medical Supplies	0	\$ -		\$ -	\$ -	\$ -
42.00	Minor Medical Equipment	0	\$ -		\$ -	\$ -	\$ -
43.00	Minor Equipment	0	\$ 26,725		\$ -	\$ -	\$ 26,725
44.00	Fines and Penalties	0	\$ -		\$ -	\$ -	\$ -
45.00	Fleet Maintenance	0	\$ 3,180		\$ -	\$ -	\$ 3,180
46.00	Communications	0	\$ 36,914		\$ -	\$ -	\$ 36,914

SCHEDULE 3 - NON-MTS EXPENSE

Fire Department / Agency Name: **Alachua**
National Provider Identification: **1780610287**

Fiscal Year Ended: **June 30, 2017**

Line No.	Cost Center	General Ledger Account	Col 1 NON-MTS Expense	Col 2 Allocated Direct Service Costs Fr Sch 4, Col 6	Col 3 Total Reclassifications Fr Sch 6, Cols 4 & 7	Col 4 Total Adjustments Fr Sch 7, Col 1	Col 5 Total NON-MTS Expense To Sch 1, Col 3
47.00	Recruit Academy	0	\$ -		\$ -	\$ -	\$ -
48.00	Dispatch Service	0	\$ -		\$ -	\$ -	\$ -
49.00	Logistics	0	\$ -		\$ -	\$ -	\$ -
50.00	Postage	0	\$ 317		\$ -	\$ -	\$ 317
51.00	Dues and Subscriptions	0	\$ 1,404		\$ -	\$ -	\$ 1,404
52.00	Other - Capital Related Costs	0	\$ -		\$ -	\$ -	\$ -
53.00	Contracted Services - MTS	0	\$ 8,400		\$ -	\$ -	\$ 8,400
54.00	Contracted Services - MTS Billing	0	\$ -		\$ -	\$ -	\$ -
55.00	Other A&G Costs	0	\$ 57,244		\$ -	\$ -	\$ 57,244
56.00	Other- (Specify)	0	\$ -		\$ -	\$ -	\$ -
57.00	Other- (Specify)	0	\$ -		\$ -	\$ -	\$ -
57.01	Total Administrative & General		\$ 218,217	\$ -	\$ -	\$ -	\$ 218,217
58.00	Total Fire District / Agency		\$ 1,398,221	\$ 1,210,070	\$ -	\$ -	\$ 2,608,291

SCHEDULE 4 - ALLOCATION OF CAPITAL RELATED AND SALARIES & BENEFITS (CRSB) EXPENSE

Fire Department / Agency Name: **Alachua**
National Provider Identification: **1780610287**

Fiscal Year Ended: **June 30, 2017**

Line No.	Cost Center	General Ledger Account Number	Col 1 Expense to be Apportioned	Col 2 Total Reclassifications (A) <i>Fr Sch 6, Cols 4 & 7</i>	Col 3 Total Adjustments (B) <i>Fr Sch 7, Col 1</i>	Col 4 Net Expense to be Apportioned	Col 5 MTS Allocation <i>89.98%</i>	Col 6 NON-MTS Allocation <i>10.02%</i>
Capital Related								
1.00	Depreciation - Buildings and Improvements	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
2.00	Depreciation - Leasehold Improvements	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
3.00	Depreciation - Equipment	0	\$ 338,932	\$ -	\$ -	\$ 338,932	\$ 304,976	\$ 33,956
4.00	Depreciation and Amortization - Other	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5.00	Leases and Rentals	0	\$ 546,672	\$ -	\$ -	\$ 546,672	\$ 491,903	\$ 54,768
6.00	Property Taxes	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
7.00	Property Insurance	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
8.00	Interest - Property, Plant, and Equipment	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9.00	Other Capital Costs	0	\$ 21,303	\$ -	\$ -	\$ 21,303	\$ 19,169	\$ 2,134
10.00	Other- (Specify)	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10.01	Total Capital Related (Lines 1.00 thru 10.00)		\$ 906,907	\$ -	\$ -	\$ 906,907	\$ 816,048	\$ 90,859

Capital Related Allocation Statistics for Direct Service Cost Allocation		
Description	Col 1 Square Ft	Col 2 Factor
10.02 MTS Square Footage	72,443	89.98%
10.03 Non-MTS Square Footage	8,066	10.02%
10.04 Total Square Feet to be Apportioned	80,509	100.00%

Line No.	Cost Center	Account Number	Col 1 Expense to be Apportioned	Col 2 Total Reclassifications <i>Fr Sch 6, Cols 4 & 7</i>	Col 3 Total Adjustments <i>Fr Sch 7, Col 1</i>	Col 4 Net Expense to be Apportioned	Col 5 MTS Allocation <i>89.98%</i>	Col 6 NON-MTS Allocation <i>10.02%</i>
Salaries								
11.00	Administrative Chief	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
12.00	Chief	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13.00	Non-MTS Salaries	0	\$ 5,208,484	\$ -	\$ (210,606)	\$ 4,997,878	\$ 4,497,164	\$ 500,714
14.00	MTS Salaries	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
15.00	Other- (Specify)	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
16.00	Other- (Specify)	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
17.00	Other- (Specify)	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
18.00	Other- (Specify)	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
18.01	Subtotal Salaries (Lines 11.00 thru 18.00)		\$ 5,208,484	\$ -	\$ (210,606)	\$ 4,997,878	\$ 4,497,164	\$ 500,714
Fringe Benefits								
19.00	Administrative Chief	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
20.00	Chief	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
21.00	Non-MTS Salaries	0	\$ 6,173,532	\$ -	\$ -	\$ 6,173,532	\$ 5,555,034	\$ 618,497
22.00	MTS Salaries	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
23.00	Other- (Specify)	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
24.00	Other- (Specify)	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
25.00	Other- (Specify)	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
26.00	Other- (Specify)	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
26.01	Subtotal Fringe Benefits (Lines 19.00 thru 26.00)		\$ 6,173,532	\$ -	\$ -	\$ 6,173,532	\$ 5,555,034	\$ 618,497
26.02	Total Salaries & Fringe Benefits		\$ 11,382,016	\$ -	\$ (210,606)	\$ 11,171,410	\$ 10,052,198	\$ 1,119,212

Salaries/Benefits Allocation Statistics for Direct Service Cost Allocation		
Description	Col 1 Total Hrs	Col 2 Factor
26.03 Hours Logged for MTS Duty	32,808	89.98%
26.04 Hours Logged for NON-MTS Duty	3,653	10.02%
26.05 Total Hours to be Apportioned	36,461	100.00%

SCHEDULE 5 - ALLOCATION OF ADMINISTRATIVE & GENERAL

Fire Department / Agency Name: **Alachua**

Fiscal Year Ended: **June 30, 2017**

National Provider Identification: **1780610287**

Line No.	Cost Center	General Ledger Account Number	Col 1 Expense to be Apportioned ** See Note Below	Col 2 Total Reclassifications Fr Sch 6, Cols 4 & 7	Col 3 Total Adjustments Fr Sch 7, Col 1	Col 4 Net Expense to be Apportioned	Col 5 MTS Allocation 89.69%	Col 6 NON-MTS Allocation 10.31%
Administrative and General								
27.00	Administrative	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
28.00	Legal	0	\$ 610	\$ -	\$ -	\$ 610	\$ 547	\$ 63
29.00	Accounting	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
30.00	Advertising	0	\$ 363	\$ -	\$ -	\$ 363	\$ 326	\$ 37
31.00	Consulting Expenses	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
32.00	Contracted Labor	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
33.00	Interest - Other	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
34.00	Training	0	\$ 29,847	\$ -	\$ -	\$ 29,847	\$ 26,770	\$ 3,078
35.00	General Insurance	0	\$ 222,239	\$ -	\$ -	\$ 222,239	\$ 199,324	\$ 22,915
36.00	Supplies	0	\$ 221,255	\$ -	\$ -	\$ 221,255	\$ 198,441	\$ 22,814
37.00	Bad Debt	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
38.00	Plant Operations and Maintenance	0	\$ 12,401	\$ -	\$ -	\$ 12,401	\$ 11,123	\$ 1,279
39.00	Housekeeping	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
40.00	Utilities	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
41.00	Medical Supplies	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
42.00	Minor Medical Equipment	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
43.00	Minor Equipment	0	\$ 161,720	\$ -	\$ (60,888)	\$ 100,832	\$ 90,435	\$ 10,397
44.00	Fines and Penalties	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
45.00	Fleet Maintenance	0	\$ 247,271	\$ -	\$ -	\$ 247,271	\$ 221,775	\$ 25,497
46.00	Communications	0	\$ 524,169	\$ -	\$ (319,178)	\$ 204,991	\$ 183,854	\$ 21,137
47.00	Recruit Academy	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
48.00	Dispatch Service	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
49.00	Logistics	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
50.00	Postage	0	\$ 12,515	\$ -	\$ -	\$ 12,515	\$ 11,224	\$ 1,290
51.00	Dues and Subscriptions	0	\$ 4,179	\$ -	\$ -	\$ 4,179	\$ 3,748	\$ 431
52.00	Other - Capital Related Costs	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
53.00	Contracted Services - MTS	0	\$ 1,099,685	\$ -	\$ -	\$ 1,099,685	\$ 986,295	\$ 113,391
54.00	Contracted Services - MTS Billing	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
55.00	Other A&G Costs	0	\$ 109,369	\$ -	\$ -	\$ 109,369	\$ 98,092	\$ 11,277
56.00	Other- (Specify)	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
57.00	Other- (Specify)	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
57.01	Total Administrative & General		\$ 2,645,624	\$ -	\$ (380,066)	\$ 2,265,558	\$ 2,031,952	\$ 233,606

Selection of Allocation Statistic:

Any variation of the allocation statistic must be approved prior to implementation and documentation MUST be readily available for review.

Allocation Statistics for Administration and General Expense		
Description	Accum Expense	Factor
Accumulated Cost of MTS Services (from Sch 2, Col 5)	\$ 22,687,446	89.69%
Accumulated Cost of NON-MTS Services (from Sch 3, Col 5)	\$ 2,608,291	10.31%
Total Accumulated Cost of Ambulance and Fire Services	\$ 25,295,737	100.00%

SCHEDULE 6 - RECLASSIFICATION OF EXPENSES

Fire Department / Agency: Alachua
National Provider Identification: 1780610287

Fiscal Year Ended: June 30, 2017

EXPLANATION OF ENTRY		Code	INCREASE				DECREASE			
			Cost Center	Line Number	Schedule	Amount	Cost Center	Line Number	Schedule	Amount
			Col 1	Col 2	Col 3	Col 4	Col 5	Col 6	Col 7	Col 8
1.	0	0	0	0.00	0	\$ -	0	0.00	0	\$ -
2.	0	0	0	0.00	0	\$ -	0	0.00	0	\$ -
3.	0	0	0	0.00	0	\$ -	0	0.00	0	\$ -
4.	0	0	0	0.00	0	\$ -	0	0.00	0	\$ -
5.	0	0	0	0.00	0	\$ -	0	0.00	0	\$ -
6.	0	0	0	0.00	0	\$ -	0	0.00	0	\$ -
7.	0	0	0	0.00	0	\$ -	0	0.00	0	\$ -
8.	0	0	0	0.00	0	\$ -	0	0.00	0	\$ -
9.	0	0	0	0.00	0	\$ -	0	0.00	0	\$ -
10.	0	0	0	0.00	0	\$ -	0	0.00	0	\$ -
11.	0	0	0	0.00	0	\$ -	0	0.00	0	\$ -
12.	0	0	0	0.00	0	\$ -	0	0.00	0	\$ -
13.	0	0	0	0.00	0	\$ -	0	0.00	0	\$ -
14.	0	0	0	0.00	0	\$ -	0	0.00	0	\$ -
15.	0	0	0	0.00	0	\$ -	0	0.00	0	\$ -
16.	0	0	0	0.00	0	\$ -	0	0.00	0	\$ -
17.	0	0	0	0.00	0	\$ -	0	0.00	0	\$ -
18.	0	0	0	0.00	0	\$ -	0	0.00	0	\$ -
19.	0	0	0	0.00	0	\$ -	0	0.00	0	\$ -
20.	0	0	0	0.00	0	\$ -	0	0.00	0	\$ -
21.	0	0	0	0.00	0	\$ -	0	0.00	0	\$ -
22.	0	0	0	0.00	0	\$ -	0	0.00	0	\$ -
23.	0	0	0	0.00	0	\$ -	0	0.00	0	\$ -
24.	0	0	0	0.00	0	\$ -	0	0.00	0	\$ -
25.	0	0	0	0.00	0	\$ -	0	0.00	0	\$ -
26.	0	0	0	0.00	0	\$ -	0	0.00	0	\$ -
27.	0	0	0	0.00	0	\$ -	0	0.00	0	\$ -
28.	0	0	0	0.00	0	\$ -	0	0.00	0	\$ -
29.	0	0	0	0.00	0	\$ -	0	0.00	0	\$ -
30.	0	0	0	0.00	0	\$ -	0	0.00	0	\$ -
31.	0	0	0	0.00	0	\$ -	0	0.00	0	\$ -
32.	0	0	0	0.00	0	\$ -	0	0.00	0	\$ -
33.	0	0	0	0.00	0	\$ -	0	0.00	0	\$ -
34.	0	0	0	0.00	0	\$ -	0	0.00	0	\$ -
35.	0	0	0	0.00	0	\$ -	0	0.00	0	\$ -
36.	0	0	0	0.00	0	\$ -	0	0.00	0	\$ -
37.	0	0	0	0.00	0	\$ -	0	0.00	0	\$ -
38.	0	0	0	0.00	0	\$ -	0	0.00	0	\$ -
39.	0	0	0	0.00	0	\$ -	0	0.00	0	\$ -
40.	0	0	0	0.00	0	\$ -	0	0.00	0	\$ -
41.	0	0	0	0.00	0	\$ -	0	0.00	0	\$ -
42.	0	0	0	0.00	0	\$ -	0	0.00	0	\$ -
43.	0	0	0	0.00	0	\$ -	0	0.00	0	\$ -
44.	0	0	0	0.00	0	\$ -	0	0.00	0	\$ -
45.	0	0	0	0.00	0	\$ -	0	0.00	0	\$ -
46.	0	0	0	0.00	0	\$ -	0	0.00	0	\$ -
47.	0	0	0	0.00	0	\$ -	0	0.00	0	\$ -
48.	0	0	0	0.00	0	\$ -	0	0.00	0	\$ -
49.	0	0	0	0.00	0	\$ -	0	0.00	0	\$ -
50.	0	0	0	0.00	0	\$ -	0	0.00	0	\$ -
51.	0	0	0	0.00	0	\$ -	0	0.00	0	\$ -
52.	0	0	0	0.00	0	\$ -	0	0.00	0	\$ -
53.	0	0	0	0.00	0	\$ -	0	0.00	0	\$ -
54.	0	0	0	0.00	0	\$ -	0	0.00	0	\$ -
55.	0	0	0	0.00	0	\$ -	0	0.00	0	\$ -
56.	0	0	0	0.00	0	\$ -	0	0.00	0	\$ -
57.	0	0	0	0.00	0	\$ -	0	0.00	0	\$ -
58.	0	0	0	0.00	0	\$ -	0	0.00	0	\$ -
59.	0	0	0	0.00	0	\$ -	0	0.00	0	\$ -
60.	0	0	0	0.00	0	\$ -	0	0.00	0	\$ -
61.	Total Reclassifications (Col. 4 & 7 must equal)					\$ -				\$ -

Column 1: Use sequential lettering system to identify individual reclassifications; i.e. A. B. C...

SCHEDULE 7 - ADJUSTMENTS TO EXPENSES

Fire Department / Agency:
National Provider Identification:

Alachua
1780610287

Fiscal Year Ended: **June 30, 2017**

	Description	Basis for Adjustment (A or B)	Amount Increase / (Decrease)		Cost Center	Schedule	C/R Line No.
		Col 1	Col 2		Col 3	Col 4	Col 5
1.	Machinery & Equipment	A	\$ (96,023)		Minor Equipment	2	43.00
2.	0	0	\$ -	0		0	-
3.	Machinery & Equipment	A	\$ (60,888)		Minor Equipment	5	43.00
4.	Transfers	A	\$ (319,178)		Communications	5	46.00
5.	0	0	\$ -	0		0	-
6.	0	0	\$ -	0		0	-
7.	A0999 Services	B	\$ (45,611)		Fleet Maintenance	2	45.00
8.	5480 Fire Prevention Revenues	B	\$ (210,606)		Non-MTS Salaries	4	13.00
9.	0	0	\$ -	0		0	-
10.	0	0	\$ -	0		0	-
11.	0	0	\$ -	0		0	-
12.	0	0	\$ -	0		0	-
13.	0	0	\$ -	0		0	-
14.	0	0	\$ -	0		0	-
15.	0	0	\$ -	0		0	-
16.	0	0	\$ -	0		0	-
17.	0	0	\$ -	0		0	-
18.	0	0	\$ -	0		0	-
19.	0	0	\$ -	0		0	-
20.	0	0	\$ -	0		0	-
21.	0	0	\$ -	0		0	-
22.	0	0	\$ -	0		0	-
23.	0	0	\$ -	0		0	-
24.	0	0	\$ -	0		0	-
25.	0	0	\$ -	0		0	-
26.	0	0	\$ -	0		0	-
27.	0	0	\$ -	0		0	-
28.	0	0	\$ -	0		0	-
29.	0	0	\$ -	0		0	-
30.	0	0	\$ -	0		0	-
31.	Total		\$ (732,305.85)				

Basis for Adjustment

A = Cost (if cost, including applicable overhead, can be determined)

B = Amount received (if cost cannot be determined)

SCHEDULE 8 - REVENUE / FUNDING SOURCES

Fire Department / Agency: Alachua
National Provider Identification: 1780610287

Fiscal Year Ended: June 30, 2017

A	Col 1	Col 2	Col 3	Col 4	Col 5	Col 6
		Qtr 1	Qtr 2	Qtr 3	Qtr 4	
	FEE FOR SERVICE (FFS) MEDICAID REVENUE FROM TRANSPORTS	July 1 through September 30	October 1 through December 31	January 1 through March 31	April 1 through June 30	Total
1.	Medicaid Fee for Service	\$ 23,878	\$ 19,996	\$ 16,409	\$ 22,617	\$ 82,900
2.	Medicaid Fee for Service Other - (Specify) *	\$ -	\$ -	\$ -	\$ -	\$ -
3.	Medicaid Fee for Service Other - (Specify) *	\$ -	\$ -	\$ -	\$ -	\$ -
4.	Medicaid Fee for Service Other - (Specify) *	\$ -	\$ -	\$ -	\$ -	\$ -
5.	Medicaid Fee for Service Other - (Specify) *	\$ -	\$ -	\$ -	\$ -	\$ -
6.	Medicaid Fee for Service Other - (Specify) *	\$ -	\$ -	\$ -	\$ -	\$ -
6.01	Total Ambulance Revenue from Transports (To Sch 9, Line 12)	\$ 23,878	\$ 19,996	\$ 16,409	\$ 22,617	\$ 82,900
B	Col 1	Col 2	Col 3	Col 4	Col 5	Col 6
		Qtr 1	Qtr 2	Qtr 3	Qtr 4	
	OTHER MEDICAID REVENUE FROM TRANSPORTS	July 1 through September 30	October 1 through December 31	January 1 through March 31	April 1 through June 30	Total
7.	Medicaid Managed Care	\$ 197,803	\$ 176,617	\$ 183,146	\$ 425,682	\$ 983,248
8.	Medicaid Managed Care Other - (Specify) **	\$ -	\$ -	\$ -	\$ -	\$ -
9.	Medicaid Managed Care Other - (Specify) **	\$ -	\$ -	\$ -	\$ -	\$ -
10.	Medicaid Managed Care Other - (Specify) **	\$ -	\$ -	\$ -	\$ -	\$ -
11.	Medicaid Managed Care Other - (Specify) **	\$ -	\$ -	\$ -	\$ -	\$ -
12.	Medicaid Managed Care Other - (Specify) **	\$ -	\$ -	\$ -	\$ -	\$ -
12.01	Total Other Revenue from Other Transports by Department	\$ 197,803	\$ 176,617	\$ 183,146	\$ 425,682	\$ 983,248
C	Col 1	Col 2	Col 3	Col 4		
	OTHER REVENUE / FUNDING SOURCES	MTS	NON-MTS	Total		
13.	OoS Medicaid FFS	\$ -	\$ -	\$ -		
14.	OoS Medicaid MCO	\$ -	\$ -	\$ -		
15.	Auto Insurance	\$ 373,000	\$ -	\$ 373,000		
16.	Medicare	\$ 4,064,303	\$ -	\$ 4,064,303		
17.	Medicare Dual	\$ 622,861	\$ -	\$ 622,861		
18.	Private Insurance	\$ 1,487,922	\$ -	\$ 1,487,922		
19.	Self Pay	\$ 93,532	\$ -	\$ 93,532		
20.	Workers Comp	\$ 51,815	\$ -	\$ 51,815		
21.	Veterans Affairs	\$ 680,619	\$ -	\$ 680,619		
22.	Special	\$ 1,113,315	\$ -	\$ 1,113,315		
23.	0	\$ -	\$ -	\$ -		
24.	0	\$ -	\$ -	\$ -		
25.	0	\$ -	\$ -	\$ -		
26.	0	\$ -	\$ -	\$ -		
27.	0	\$ -	\$ -	\$ -		
28.	0	\$ -	\$ -	\$ -		
29.	0	\$ -	\$ -	\$ -		
30.	0	\$ -	\$ -	\$ -		
31.	0	\$ -	\$ -	\$ -		
32.	0	\$ -	\$ -	\$ -		
33.	0	\$ -	\$ -	\$ -		
34.	0	\$ -	\$ -	\$ -		
35.	0	\$ -	\$ -	\$ -		
36.	0	\$ -	\$ -	\$ -		
37.	0	\$ -	\$ -	\$ -		
38.	0	\$ -	\$ -	\$ -		
39.	0	\$ -	\$ -	\$ -		
40.	0	\$ -	\$ -	\$ -		
41.	Total Other Revenue	\$ 8,487,365	\$ -	\$ 8,487,365		
42.	GRAND TOTAL [A+B+C]			\$ 9,553,513		

State of Florida
Public Emergency Medical Transportation
Medicaid Cost Report

SCHEDULE 9 - FINAL SETTLEMENT CALCULATION

Fire Department / Agency: Alachua
National Provider Identification: 1780610287

Fiscal Year Ended: June 30, 2017

Line #	Average Cost per EMT Service	Col 1	Col 2	Col 3
1. Cost of Ambulance Services (from Sch 2)				\$ 22,687,445.53
2. Indirect Cost Factor Based on Services? (please use drop-down box to select Yes or No)		No		
3. If no, please enter the total cost to be used for calculating the Indirect Cost		\$ -		
4. Indirect Cost Factor Percentage (please see notes below)		0.00%		-
5. Administration & General Allocation from Sch 5			\$ 2,031,952	
6. Administration & General to be included				2,031,951.64
7. Grand Total of Ambulance Expense (Sum Lines 1 thru 4)				24,719,397.17
8. Number of MTS Transports		Col 1	Col 2	Col 3
8.01		FL Medicaid		Other Payor Programs
8.02	Quarter 1	Managed Care	Fee for Service	
8.03	Quarter 2	1,099	135	5,715
8.04	Quarter 3	986	115	5,661
8.05	Quarter 4	1,032	92	5,764
8.06	Quarter 4	1,609	123	5,580
8.06 Total Number of Ambulance Transports for Each Payer		4,726	465	22,720
8.07 Total Number of Ambulance Transports				27,911
9. Average Cost per MTS Transports (Line 7/Line 8)				\$ 885.65

Average Cost per EMT Service					
	Col 1	Col 2	Col 3	Col 4	Col 5
	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Totals
	July 1 through September 30	October 1 through December 31	January 1 through March 31	April 1 through June 30	
10. Total No. of Medicaid Fee for Service EMT Transports	135	115	92	123	465
11. Total Cost of Medicaid EMT Transports (Line 9 x Line 10)	119,562.75	101,849.75	81,479.80	108,934.95	411,827.25
12. Less Total Medicaid Revenue from Transports (Fr Sch 8)	(23,878.31)	(19,995.78)	(16,409.00)	(22,617.00)	(82,900.09)
13. Net Cost of Transports	95,684.44	81,853.97	65,070.80	86,317.95	328,927.16
14. Non Federal Share Reduction (Line 13 X 38.21%/38.21%)	36,561.02	31,276.40	24,863.55	32,982.09	125,683.07
15. Net Federal Participation Amount (FL FMAP 61.79%/61.79%)	59,123.42	50,577.57	40,207.25	53,335.86	203,244.09

Note:

When using an indirect cost factor, rates must comply with program requirements.

FMAP Quarter 1: 61.79%
FMAP Quarters 2-4: 61.79%

State of Florida
Public Emergency Medical Transportation
Medicaid Cost Report

SCHEDULE 10 - NOTES

Fire Department / Agency: Alachua
National Provider Identification: 1780610287

Fiscal Year Ended: June 30, 2017

Please identify all contracting arrangements noted on Schedules 1, 2, and 3.

Sch	Line	Contract Arrangements	Amount
-	-	-	\$ -
-	-	-	\$ -
-	-	-	\$ -
-	-	-	\$ -
-	-	-	\$ -
-	-	-	\$ -
-	-	-	\$ -
-	-	-	\$ -
-	-	-	\$ -
-	-	-	\$ -
-	-	-	\$ -
-	-	-	\$ -
-	-	-	\$ -
-	-	-	\$ -

Please identify the statistical basis for allocation on Schedules 4 and 5.

Sch	Line	Allocation Basis	Amount
-	-	-	0.00
-	-	-	0.00
-	-	-	0.00
-	-	-	0.00
-	-	-	0.00
-	-	-	0.00
-	-	-	0.00
-	-	-	0.00
-	-	-	0.00
-	-	-	0.00
-	-	-	0.00
-	-	-	0.00
-	-	-	0.00
-	-	-	0.00

State of Florida
Public Emergency Medical Transportation
Medicaid Cost Report

SCHEDULE 10 - NOTES

Fire Department / Agency: Alachua
National Provider Identification: 1780610287

Fiscal Year Ended: June 30, 2017

If any schedules were left blank, please explain why.

Sch	Explanation
-	-
-	-
-	-
-	-
-	-
-	-

PEMT COST REPORT ADJUSTMENTS

Fire Department / Agency Name: Alachua
National Provider Identification: 1780610287
Fiscal Year Ended: 6/30/2017

Adj #	Schedule	Line #	Line Description	Column #	Column Description	Regulation Reference	Explanation for Adjustment	Original Value	Adjustment	Adjusted Total	WP Ref
1	Certification	27.00	Net Cost of Transports	1.00	General Information	Various	Calculated value adjusted based on other adjustments made.	\$ 277,111	\$ 51,816	\$ 328,927	Various
2	Sch 2 - EMR Expense	3.00	Depreciation - Equipment	1.00	EMR Expense	CMS Pub 15-1, Section 2304 59G-6.035 Certified Public Expenditures Program for Emergency Transportation Services.	To reconcile expenses to the depreciation support.	\$ 612,312	\$ 3,265	\$ 615,577	3003
3	Sch 3 - Non EMR Expense	3.00	Depreciation - Equipment	1.00	Non EMR Expense	CMS Pub 15-1, Section 2304 59G-6.035 Certified Public Expenditures Program for Emergency Transportation Services.	To reconcile expenses to the depreciation support.	\$ 468,024	\$ 61,934	\$ 529,958	3004
4	Sch 4 - CRSB	3.00	Depreciation - Equipment	1.00	Expense to be Apportioned	CMS Pub 15-1, Section 2304 59G-6.035 Certified Public Expenditures Program for Emergency Transportation Services.	To reconcile expenses to the WTB.	\$ 371,815	\$ (32,883)	\$ 338,932	3005
5	Sch 5 - A&G	-	Accumulated Cost of MTS Services (from Sch 2, Col 5)	2.00	Factor	Various	Calculated value adjusted based on other adjustments made to Sch. 5.	89.96%	-0.28%	89.69%	Various
5	Sch 5 - A&G	-	Accumulated Cost of NON-MTS Services (from Sch 3, Col 5)	2.00	Factor	Various	Calculated value adjusted based on other adjustments made to Sch. 5.	10.04%	0.28%	10.31%	Various
6	Sch 7 - Adjustments	1.00	Machinery & Equipment	1.00	Basis for Adjustment (A or B)	2 CFR 200, Section 200.2, 200.12, 200.403(e) 42 CFR Section 413.130 CMS Pub 15-1, Section 2300	To remove non-allowable capital expenditures.	0.00	A	A	3009
6	Sch 7 - Adjustments	1.00	Machinery & Equipment	2.00	Amount Increase / (Decrease)	2 CFR 200, Section 200.2, 200.12, 200.403(e) 42 CFR Section 413.130 CMS Pub 15-1, Section 2300	To remove non-allowable capital expenditures.	\$ -	\$ (96,023)	\$ (96,023)	3009
6	Sch 7 - Adjustments	1.00	Machinery & Equipment	3.00	Cost Center	2 CFR 200, Section 200.2, 200.12, 200.403(e) 42 CFR Section 413.130 CMS Pub 15-1, Section 2300	To remove non-allowable capital expenditures.	0.00	Minor Equipment	Minor Equipment	3009
6	Sch 7 - Adjustments	1.00	Machinery & Equipment	4.00	Schedule	2 CFR 200, Section 200.2, 200.12, 200.403(e) 42 CFR Section 413.130 CMS Pub 15-1, Section 2300	To remove non-allowable capital expenditures.	0.00	2.00	2.00	3009
6	Sch 7 - Adjustments	1.00	Machinery & Equipment	5.00	C/R Line No.	2 CFR 200, Section 200.2, 200.12, 200.403(e) 42 CFR Section 413.130 CMS Pub 15-1, Section 2300	To remove non-allowable capital expenditures.	0.00	43.00	43.00	3009
7	Sch 7 - Adjustments	3.00	Machinery & Equipment	1.00	Basis for Adjustment (A or B)	2 CFR 200, Section 200.2, 200.12, 200.403(e) 42 CFR Section 413.130 CMS Pub 15-1, Section 2300	To remove non-allowable capital expenditures.	0.00	A	A	3009
7	Sch 7 - Adjustments	3.00	Machinery & Equipment	2.00	Amount Increase / (Decrease)	2 CFR 200, Section 200.2, 200.12, 200.403(e) 42 CFR Section 413.130 CMS Pub 15-1, Section 2300	To remove non-allowable capital expenditures.	\$ -	\$ (60,888)	\$ (60,888)	3009
7	Sch 7 - Adjustments	3.00	Machinery & Equipment	3.00	Cost Center	2 CFR 200, Section 200.2, 200.12, 200.403(e) 42 CFR Section 413.130 CMS Pub 15-1, Section 2300	To remove non-allowable capital expenditures.	0.00	Minor Equipment	Minor Equipment	3009
7	Sch 7 - Adjustments	3.00	Machinery & Equipment	4.00	Schedule	2 CFR 200, Section 200.2, 200.12, 200.403(e) 42 CFR Section 413.130 CMS Pub 15-1, Section 2300	To remove non-allowable capital expenditures.	0.00	5.00	5.00	3009
7	Sch 7 - Adjustments	3.00	Machinery & Equipment	5.00	C/R Line No.	2 CFR 200, Section 200.2, 200.12, 200.403(e) 42 CFR Section 413.130 CMS Pub 15-1, Section 2300	To remove non-allowable capital expenditures.	0.00	43.00	43.00	3009
8	Sch 7 - Adjustments	4.00	Transfers	1.00	Basis for Adjustment (A or B)	2 CFR 200; 42 CFR 413 59G-6.035 Certified Public Expenditures Program for Emergency Transportation Services.	To adjust to remove non-allowable expenses.	0.00	A	A	3009
8	Sch 7 - Adjustments	4.00	Transfers	2.00	Amount Increase / (Decrease)	2 CFR 200; 42 CFR 413 59G-6.035 Certified Public Expenditures Program for Emergency Transportation Services.	To adjust to remove non-allowable expenses.	\$ -	\$ (319,178)	\$ (319,178)	3009
8	Sch 7 - Adjustments	4.00	Transfers	3.00	Cost Center	2 CFR 200; 42 CFR 413 59G-6.035 Certified Public Expenditures Program for Emergency Transportation Services.	To adjust to remove non-allowable expenses.	0.00	Communications	Communications	3009
8	Sch 7 - Adjustments	4.00	Transfers	4.00	Schedule	2 CFR 200; 42 CFR 413 59G-6.035 Certified Public Expenditures Program for Emergency Transportation Services.	To adjust to remove non-allowable expenses.	0.00	5.00	5.00	3009
8	Sch 7 - Adjustments	4.00	Transfers	5.00	C/R Line No.	2 CFR 200; 42 CFR 413 59G-6.035 Certified Public Expenditures Program for Emergency Transportation Services.	To adjust to remove non-allowable expenses.	0.00	46.00	46.00	3009
9	Sch 7 - Adjustments	7.00	A0999 Services	1.00	Basis for Adjustment (A or B)	CMS Pub 15-1, Section 2328	To offset revenues received for non-ambulance services provided against non-ambulance costs such as standby and training costs.	0.00	B	B	3009
9	Sch 7 - Adjustments	7.00	A0999 Services	2.00	Amount Increase / (Decrease)	CMS Pub 15-1, Section 2328	To offset revenues received for non-ambulance services provided against non-ambulance costs such as standby and training costs.	\$ -	\$ (45,611)	\$ (45,611)	3009
9	Sch 7 - Adjustments	7.00	A0999 Services	3.00	Cost Center	CMS Pub 15-1, Section 2328	To offset revenues received for non-ambulance services provided against non-ambulance costs such as standby and training costs.	0.00	Fleet Maintenance	Fleet Maintenance	3009
9	Sch 7 - Adjustments	7.00	A0999 Services	4.00	Schedule	CMS Pub 15-1, Section 2328	To offset revenues received for non-ambulance services provided against non-ambulance costs such as standby and training costs.	0.00	2.00	2.00	3009
9	Sch 7 - Adjustments	7.00	A0999 Services	5.00	C/R Line No.	CMS Pub 15-1, Section 2328	To offset revenues received for non-ambulance services provided against non-ambulance costs such as standby and training costs.	0.00	45.00	45.00	3009
10	Sch 7 - Adjustments	8.00	5480 Fire Prevention Revenues	1.00	Basis for Adjustment (A or B)	CMS Pub 15-1, Section 2328	To offset revenues received for non-ambulance services provided against non-ambulance costs such as standby and training costs.	0.00	B	B	3009
10	Sch 7 - Adjustments	8.00	5480 Fire Prevention Revenues	2.00	Amount Increase / (Decrease)	CMS Pub 15-1, Section 2328	To offset revenues received for non-ambulance services provided against non-ambulance costs such as standby and training costs.	\$ -	\$ (210,606)	\$ (210,606)	3009
10	Sch 7 - Adjustments	8.00	5480 Fire Prevention Revenues	3.00	Cost Center	CMS Pub 15-1, Section 2328	To offset revenues received for non-ambulance services provided against non-ambulance costs such as standby and training costs.	0.00	Non-MTS Salaries	Non-MTS Salaries	3009
10	Sch 7 - Adjustments	8.00	5480 Fire Prevention Revenues	4.00	Schedule	CMS Pub 15-1, Section 2328	To offset revenues received for non-ambulance services provided against non-ambulance costs such as standby and training costs.	0.00	4.00	4.00	3009
10	Sch 7 - Adjustments	8.00	5480 Fire Prevention Revenues	5.00	C/R Line No.	CMS Pub 15-1, Section 2328	To offset revenues received for non-ambulance services provided against non-ambulance costs such as standby and training costs.	0.00	13.00	13.00	3009
11	Sch 8 - Revenues	1.00	FEE FOR SERVICE (FFS) MEDICAID REVENUE FROM TRANSPORTS Medicaid Fee for Service	2.00	Qtr 1	59G-6.035 Certified Public Expenditures Program for Emergency Transportation Services.	To adjust Medicaid FFS revenues to the MMIS paid claims data.	\$ 18,734	\$ 5,144	\$ 23,878	3010
11	Sch 8 - Revenues	1.00	FEE FOR SERVICE (FFS) MEDICAID REVENUE FROM TRANSPORTS Medicaid Fee for Service	3.00	Qtr 2	59G-6.035 Certified Public Expenditures Program for Emergency Transportation Services.	To adjust Medicaid FFS revenues to the MMIS paid claims data.	\$ 17,378	\$ 2,618	\$ 19,996	3010
11	Sch 8 - Revenues	1.00	FEE FOR SERVICE (FFS) MEDICAID REVENUE FROM TRANSPORTS Medicaid Fee for Service	4.00	Qtr 3	59G-6.035 Certified Public Expenditures Program for Emergency Transportation Services.	To adjust Medicaid FFS revenues to the MMIS paid claims data.	\$ 15,567	\$ 842	\$ 16,409	3010
11	Sch 8 - Revenues	1.00	FEE FOR SERVICE (FFS) MEDICAID REVENUE FROM TRANSPORTS Medicaid Fee for Service	5.00	Qtr 4	59G-6.035 Certified Public Expenditures Program for Emergency Transportation Services.	To adjust Medicaid FFS revenues to the MMIS paid claims data.	\$ 17,241	\$ 5,376	\$ 22,617	3010
12	Sch 9 - Settlement	1.00	Cost of Ambulance Services (from Sch 2)	5.00	-	Various	Calculated value adjusted based on other adjustments made.	\$ 23,044,909	\$ (357,463)	\$ 22,687,446	Various
12	Sch 9 - Settlement	5.00	Administration & General Allocation from Sch 5	4.00	-	Various	Calculated value adjusted based on other adjustments made.	\$ 2,380,113	\$ (348,161)	\$ 2,031,952	Various
12	Sch 9 - Settlement	6.00	Administration & General to be included	5.00	-	Various	Calculated value adjusted based on other adjustments made.	\$ 2,380,113	\$ (348,161)	\$ 2,031,952	Various
12	Sch 9 - Settlement	7.00	Grand Total of Ambulance Expense (Sum Lines 1 thru 4)	5.00	-	Various	Calculated value adjusted based on other adjustments made.	\$ 25,425,021	\$ (705,624)	\$ 24,719,397	Various

PEMT COST REPORT ADJUSTMENTS

Fire Department / Agency Name: Alachua
National Provider Identification: 1780610287
Fiscal Year Ended: 6/30/2017

Adj #	Schedule	Line #	Line Description	Column #	Column Description	Regulation Reference	Explanation for Adjustment	Original Value	Adjustment	Adjusted Total	WP Ref
13	Sch 9 - Settlement	8.01	Number of MTS Transports Quarter 1	2.00	Fee for Service	59G-6.035 Certified Public Expenditures Program for Emergency Transportation Services.	To adjust Medicaid FFS transports to the MMIS paid claims data.	104	31	135	3012
13	Sch 9 - Settlement	8.02	Number of MTS Transports Quarter 2	2.00	Fee for Service	59G-6.035 Certified Public Expenditures Program for Emergency Transportation Services.	To adjust Medicaid FFS transports to the MMIS paid claims data.	98	17	115	3012
13	Sch 9 - Settlement	8.03	Number of MTS Transports Quarter 3	2.00	Fee for Service	59G-6.035 Certified Public Expenditures Program for Emergency Transportation Services.	To adjust Medicaid FFS transports to the MMIS paid claims data.	87	5	92	3012
13	Sch 9 - Settlement	8.04	Number of MTS Transports Quarter 4	2.00	Fee for Service	59G-6.035 Certified Public Expenditures Program for Emergency Transportation Services.	To adjust Medicaid FFS transports to the MMIS paid claims data.	93	30	123	3012
14	Sch 9 - Settlement	8.01	Number of MTS Transports Quarter 1	4.00	Other Payor Programs	59G-6.035 Certified Public Expenditures Program for Emergency Transportation Services.	To adjust other payer program transports to include all non-Medicaid transports per supporting documentation.	5,785	(70)	5,715	3012
14	Sch 9 - Settlement	8.02	Number of MTS Transports Quarter 2	4.00	Other Payor Programs	59G-6.035 Certified Public Expenditures Program for Emergency Transportation Services.	To adjust other payer program transports to include all non-Medicaid transports per supporting documentation.	5,717	(56)	5,661	3012
14	Sch 9 - Settlement	8.03	Number of MTS Transports Quarter 3	4.00	Other Payor Programs	59G-6.035 Certified Public Expenditures Program for Emergency Transportation Services.	To adjust other payer program transports to include all non-Medicaid transports per supporting documentation.	5,809	(45)	5,764	3012
14	Sch 9 - Settlement	8.04	Number of MTS Transports Quarter 4	4.00	Other Payor Programs	59G-6.035 Certified Public Expenditures Program for Emergency Transportation Services.	To adjust other payer program transports to include all non-Medicaid transports per supporting documentation.	5,649	(69)	5,580	3012