



May 7, 2025

Cheryl Anderson Ellis
Assistant Director
Alachua County Fire Rescue
PO Box 5038
Gainesville, Florida 32627

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

Medicaid Provider Number:	088173200
Provider Name:	Alachua County Fire Rescue
Fiscal Year End:	June 30, 2016

Dear Cheryl Anderson Ellis:

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, 2016. 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 2016 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	\$41,758.18	\$232,821.29	\$191,063.11

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

**EMERGENCY MEDICAL TRANSPORTATION
INTEGRATED DISCLOSURE AND MEDICAID COST REPORT
GENERAL INFORMATION AND CERTIFICATION**

1. Name of Fire Department / Agency: Alachua County Fire Rescue		2. EIN: 88173200	3. National Provider Identification (NPI): 1780610287
4. Doing Business As (DBA): 0		5. Facility Business Phone: (352)384-3101	
6. Fire District/Agency Street Address: 911 SE 5th St	7. City: Gainesville FL	8. Zip Code: 32601	
9. Mailing Address - Street or P.O. Box (if different): PO Box 5038	10. City: Gainesville FL	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: FL	18. Zip Code: 32627
19. Previous Name of Fire District/Agency if Changed Since Previous Report: N/A			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: October 1, 2015		26. Reporting Period End: June 30, 2016	
27. Net Cost of Transports \$ 381,736.82			

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.

January 0, 1900	Alachua County Fire Rescue
Date of Signature	Name of Fire District/Agency

E-mail the signed PDF electronic version of the completed By: 0
cost report to: (Signature)

LIPProvidersReports@ahca.myflorida.com

Title: 0

Address: 911 SE 5th St
Gainesville FL 32601
0

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)	\$ 21,192,128
Total Reported Expenses (After Allocation of Expenses - From Sch 2 thru 5)	\$ 21,192,128
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:</p> <p>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.</p> <p>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>x</p> <p>x</p> <p>x</p> <p>x</p>	
<p>PROVIDER COST REPORT REIMBURSEMENT QUESTIONNAIRE</p>	YES	NO	N/A

B. Financial Data and Reports

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.</p> <p>If "yes", submit reconciliation.</p>		x	
<p>C. Emergency Transport Data</p>			
<p>Provider records only were used to complete the cost report?</p> <p>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>x</p>		
<p>1. Provider use a specific system to report claimed Medicaid emergency transports?</p> <p>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>		

SCHEDULE 1 - TOTAL EXPENSE

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

Fiscal Year Ended: **June 30, 2016**

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		\$ 179,682	\$ 153,433	\$ 26,249	
2.00	Depreciation - Leasehold Improvements		\$ -	\$ -	\$ -	
3.00	Depreciation - Equipment		\$ 1,100,221	\$ 592,949	\$ 507,272	
4.00	Depreciation and Amortization - Other		\$ -	\$ -	\$ -	
5.00	Leases and Rentals		\$ 884,611	\$ 810,243	\$ 74,368	
6.00	Property Taxes		\$ -	\$ -	\$ -	
7.00	Property Insurance		\$ -	\$ -	\$ -	
8.00	Interest - Property, Plant, and Equipment		\$ -	\$ -	\$ -	
9.00	Other- (Specify)		\$ -	\$ -	\$ -	
10.00	Other- (Specify)		\$ -	\$ -	\$ -	
10.01	Total Capital Related (Lines 1.00 thru 10.00)		\$ 2,164,514	\$ 1,556,625	\$ 607,889	
Salaries						
11.00	Administrative Chief		\$ -	\$ -	\$ -	
12.00	Chief		\$ -	\$ -	\$ -	
13.00	Non-MTS Salaries		\$ 350,809	\$ -	\$ 350,809	
14.00	MTS Salaries		\$ 2,844,849	\$ 2,844,849	\$ -	
15.00	Other- (Specify)		\$ 3,860,166	\$ 3,321,414	\$ 538,752	
16.00	Other- (Specify)		\$ -	\$ -	\$ -	
17.00	Other- (Specify)		\$ -	\$ -	\$ -	
18.00	Other- (Specify)		\$ -	\$ -	\$ -	
18.01	Subtotal Salaries (Lines 11.00 thru 18.00)		\$ 7,055,824	\$ 6,166,264	\$ 889,560	
Fringe Benefits						
19.00	Administrative Chief		\$ -	\$ -	\$ -	
20.00	Chief		\$ -	\$ -	\$ -	
21.00	Non-MTS Salaries		\$ 94,873	\$ -	\$ 94,873	
22.00	MTS Salaries		\$ 3,135,406	\$ 3,135,406	\$ -	
23.00	Other- (Specify)		\$ 4,275,162	\$ 3,678,491	\$ 596,671	
24.00	Other- (Specify)		\$ -	\$ -	\$ -	
25.00	Other- (Specify)		\$ -	\$ -	\$ -	
26.00	Other- (Specify)		\$ -	\$ -	\$ -	
26.01	Subtotal Fringe Benefits (Lines 19.00 thru 26.00)		\$ 7,505,441	\$ 6,813,897	\$ 691,545	
26.02	Total Salaries & Fringe Benefits		\$ 14,561,265	\$ 12,980,160	\$ 1,581,105	
26.03	Total Capital Related, Salaries, and Fringe Benefits		\$ 16,725,779	\$ 14,536,785	\$ 2,188,994	
Administrative and General						
27.00	Administrative		\$ -	\$ -	\$ -	\$ -
28.00	Legal		\$ 146	\$ 146	\$ -	\$ -
29.00	Accounting		\$ -	\$ -	\$ -	\$ -
30.00	Advertising		\$ 2,194	\$ 717	\$ 334	\$ 1,143
31.00	Consulting Expenses		\$ -	\$ -	\$ -	\$ -
32.00	Contracted Labor		\$ -	\$ -	\$ -	\$ -
33.00	Interest - Other		\$ -	\$ -	\$ -	\$ -
34.00	Training		\$ 38,432	\$ 9,389	\$ 18,502	\$ 10,541
35.00	General Insurance		\$ 569,253	\$ 238,143	\$ 13,121	\$ 317,989
36.00	Supplies		\$ 686,746	\$ 507,050	\$ 11,054	\$ 168,641
37.00	Bad Debt		\$ -	\$ -	\$ -	\$ -
38.00	Plant Operations and Maintenance		\$ 179,366	\$ 60,688	\$ 109,835	\$ 8,844
39.00	Housekeeping		\$ -	\$ -	\$ -	\$ -
40.00	Utilities		\$ -	\$ -	\$ -	\$ -
41.00	Medical Supplies		\$ -	\$ -	\$ -	\$ -
42.00	Minor Medical Equipment		\$ 7,037	\$ 7,037	\$ -	\$ -
43.00	Minor Equipment		\$ 255,044	\$ 67,602	\$ 149,503	\$ 37,939
44.00	Fines and Penalties		\$ -	\$ -	\$ -	\$ -
45.00	Fleet Maintenance		\$ 509,033	\$ 319,726	\$ 2,740	\$ 186,567
46.00	Communications		\$ 535,141	\$ 34,655	\$ 353,396	\$ 147,090
47.00	Recruit Academy		\$ -	\$ -	\$ -	\$ -
48.00	Dispatch Service		\$ -	\$ -	\$ -	\$ -
49.00	Logistics		\$ -	\$ -	\$ -	\$ -
50.00	Postage		\$ 34,222	\$ 19,881	\$ 3,339	\$ 11,002
51.00	Dues and Subscriptions		\$ 8,579	\$ 3,406	\$ 776	\$ 4,397
52.00	Other - Capital Related Costs		\$ -	\$ -	\$ -	\$ -
53.00	Contracted Services - MTS		\$ 900,712	\$ 99,534	\$ 40,534	\$ 760,645
54.00	Contracted Services - MTS Billing		\$ -	\$ -	\$ -	\$ -
55.00	Other- (Specify) - TRAVEL		\$ 740,443	\$ 212,918	\$ 49,672	\$ 477,852
56.00	Other- (Specify) - RENTALS AND LEASES		\$ -	\$ -	\$ -	\$ -
57.00	Other- (Specify)-Other Current Charges		\$ -	\$ -	\$ -	\$ -
57.01	Total Administrative & General		\$ 4,466,349	\$ 1,580,893	\$ 752,805	\$ 2,132,651
58.00	Total Fire District / Agency		\$ 21,192,128	\$ 16,117,678	\$ 2,941,799	\$ 2,132,651

SCHEDULE 2 - MEDICAL TRANSPORTATION SERVICES (MTS) EXPENSE

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

Fiscal Year Ended: **June 30, 2016**

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
Capital Related							
1.00	Depreciation - Buildings and Improvements	0	\$ 61,523	\$ 91,910	\$ -	\$ -	\$ 153,433
2.00	Depreciation - Leasehold Improvements	0	\$ -	\$ -	\$ -	\$ -	\$ -
3.00	Depreciation - Equipment	0	\$ 381,738	\$ 200,347	\$ -	\$ 10,864	\$ 592,949
4.00	Depreciation and Amortization - Other	0	\$ -	\$ -	\$ -	\$ -	\$ -
5.00	Leases and Rentals	0	\$ 410,569	\$ 399,674	\$ -	\$ -	\$ 810,243
6.00	Property Taxes	0	\$ -	\$ -	\$ -	\$ -	\$ -
7.00	Property Insurance	0	\$ -	\$ -	\$ -	\$ -	\$ -
8.00	Interest - Property, Plant, and Equipment	0	\$ -	\$ -	\$ -	\$ -	\$ -
9.00	Other- (Specify)	0	\$ -	\$ -	\$ -	\$ -	\$ -
10.00	Other- (Specify)	0	\$ -	\$ -	\$ -	\$ -	\$ -
10.01	Total Capital Related (Lines 1.00 thru 10.00)		\$ 853,830	\$ 691,931	\$ -	\$ 10,864	\$ 1,556,625
Salaries							
11.00	Administrative Chief	0	\$ -	\$ -	\$ -	\$ -	\$ -
12.00	Chief	0	\$ -	\$ -	\$ -	\$ -	\$ -
13.00	Non-MTS Salaries	0	\$ -	\$ -	\$ -	\$ -	\$ -
14.00	MTS Salaries	0	\$ 2,844,849	\$ -	\$ -	\$ -	\$ 2,844,849
15.00	Other- (Specify)	0	\$ -	\$ 3,321,414	\$ -	\$ -	\$ 3,321,414
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)		\$ 2,844,849	\$ 3,321,414	\$ -	\$ -	\$ 6,166,264
Fringe Benefits							
19.00	Administrative Chief	0	\$ -	\$ -	\$ -	\$ -	\$ -
20.00	Chief	0	\$ -	\$ -	\$ -	\$ -	\$ -
21.00	Non-MTS Salaries	0	\$ -	\$ -	\$ -	\$ -	\$ -
22.00	MTS Salaries	0	\$ 3,135,406	\$ -	\$ -	\$ -	\$ 3,135,406
23.00	Other- (Specify)	0	\$ -	\$ 3,678,491	\$ -	\$ -	\$ 3,678,491
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)		\$ 3,135,406	\$ 3,678,491	\$ -	\$ -	\$ 6,813,897
26.02	Total Salaries & Fringe Benefits		\$ 5,980,256	\$ 6,999,905	\$ -	\$ -	\$ 12,980,160
26.03	Total Capital Related, Salaries, and Fringe Benefits		\$ 6,834,085	\$ 7,691,836	\$ -	\$ 10,864	\$ 14,536,785
Administrative and General							
27.00	Administrative	0	\$ -		\$ -	\$ -	\$ -
28.00	Legal	0	\$ 146		\$ -	\$ -	\$ 146
29.00	Accounting	0	\$ -		\$ -	\$ -	\$ -
30.00	Advertising	0	\$ 717		\$ -	\$ -	\$ 717
31.00	Consulting Expenses	0	\$ -		\$ -	\$ -	\$ -
32.00	Contracted Labor	0	\$ -		\$ -	\$ -	\$ -
33.00	Interest - Other	0	\$ -		\$ -	\$ -	\$ -
34.00	Training	0	\$ 9,389		\$ -	\$ -	\$ 9,389
35.00	General Insurance	0	\$ 238,143		\$ -	\$ -	\$ 238,143
36.00	Supplies	0	\$ 507,050		\$ -	\$ -	\$ 507,050
37.00	Bad Debt	0	\$ -		\$ -	\$ -	\$ -
38.00	Plant Operations and Maintenance	0	\$ 60,688		\$ -	\$ -	\$ 60,688
39.00	Housekeeping	0	\$ -		\$ -	\$ -	\$ -
40.00	Utilities	0	\$ -		\$ -	\$ -	\$ -
41.00	Medical Supplies	0	\$ -		\$ -	\$ -	\$ -
42.00	Minor Medical Equipment	0	\$ 7,037		\$ -	\$ -	\$ 7,037
43.00	Minor Equipment	0	\$ 230,558		\$ -	\$ (162,955)	\$ 67,602
44.00	Fines and Penalties	0	\$ -		\$ -	\$ -	\$ -
45.00	Fleet Maintenance	0	\$ 319,726		\$ -	\$ -	\$ 319,726
46.00	Communications	0	\$ 34,655		\$ -	\$ -	\$ 34,655
47.00	Recruit Academy	0	\$ -		\$ -	\$ -	\$ -
48.00	Dispatch Service	0	\$ -		\$ -	\$ -	\$ -
49.00	Logistics	0	\$ -		\$ -	\$ -	\$ -
50.00	Postage	0	\$ 19,881		\$ -	\$ -	\$ 19,881
51.00	Dues and Subscriptions	0	\$ 3,406		\$ -	\$ -	\$ 3,406
52.00	Other - Capital Related Costs	0	\$ -		\$ -	\$ -	\$ -
53.00	Contracted Services - MTS	0	\$ 99,534		\$ -	\$ -	\$ 99,534
54.00	Contracted Services - MTS Billing	0	\$ -		\$ -	\$ -	\$ -
55.00	Other- (Specify) - TRAVEL	0	\$ 212,918		\$ -	\$ -	\$ 212,918
56.00	Other- (Specify) - RENTALS AND LEASES	0	\$ -		\$ -	\$ -	\$ -
57.00	Other- (Specify)-Other Current Charges	0	\$ -		\$ -	\$ -	\$ -
57.01	Total Administrative & General		\$ 1,743,848		\$ -	\$ (162,955)	\$ 1,580,893
58.00	Total Fire District / Agency		\$ 8,577,933	\$ 7,691,836	\$ -	\$ (152,091)	\$ 16,117,678

SCHEDULE 3 - NON-MTS EXPENSE

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

Fiscal Year Ended: **June 30, 2016**

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
Capital Related							
1.00	Depreciation - Buildings and Improvements	0	\$ 11,342	\$ 14,907	\$ -	\$ -	\$ 26,249
2.00	Depreciation - Leasehold Improvements	0	\$ -	\$ -	\$ -	\$ -	\$ -
3.00	Depreciation - Equipment	0	\$ 474,779	\$ 32,493	\$ -	\$ -	\$ 507,272
4.00	Depreciation and Amortization - Other	0	\$ -	\$ -	\$ -	\$ -	\$ -
5.00	Leases and Rentals	0	\$ 9,547	\$ 64,821	\$ -	\$ -	\$ 74,368
6.00	Property Taxes	0	\$ -	\$ -	\$ -	\$ -	\$ -
7.00	Property Insurance	0	\$ -	\$ -	\$ -	\$ -	\$ -
8.00	Interest - Property, Plant, and Equipment	0	\$ -	\$ -	\$ -	\$ -	\$ -
9.00	Other- (Specify)	0	\$ -	\$ -	\$ -	\$ -	\$ -
10.00	Other- (Specify)	0	\$ -	\$ -	\$ -	\$ -	\$ -
10.01	Total Capital Related (Lines 1.00 thru 10.00)		\$ 495,668	\$ 112,221	\$ -	\$ -	\$ 607,889
Salaries							
11.00	Administrative Chief	0	\$ -	\$ -	\$ -	\$ -	\$ -
12.00	Chief	0	\$ -	\$ -	\$ -	\$ -	\$ -
13.00	Non-MTS Salaries	0	\$ 350,809	\$ -	\$ -	\$ -	\$ 350,809
14.00	MTS Salaries	0	\$ -	\$ -	\$ -	\$ -	\$ -
15.00	Other- (Specify)	0	\$ -	\$ 538,752	\$ -	\$ -	\$ 538,752
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)		\$ 350,809	\$ 538,752	\$ -	\$ -	\$ 889,560
Fringe Benefits							
19.00	Administrative Chief	0	\$ -	\$ -	\$ -	\$ -	\$ -
20.00	Chief	0	\$ -	\$ -	\$ -	\$ -	\$ -
21.00	Non-MTS Salaries	0	\$ 94,873	\$ -	\$ -	\$ -	\$ 94,873
22.00	MTS Salaries	0	\$ -	\$ -	\$ -	\$ -	\$ -
23.00	Other- (Specify)	0	\$ -	\$ 596,671	\$ -	\$ -	\$ 596,671
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)		\$ 94,873	\$ 596,671	\$ -	\$ -	\$ 691,545
26.02	Total Salaries & Fringe Benefits		\$ 445,682	\$ 1,135,423	\$ -	\$ -	\$ 1,581,105
26.03	Total Capital Related, Salaries, and Fringe Benefits		\$ 941,350	\$ 1,247,644	\$ -	\$ -	\$ 2,188,994
Administrative and General							
27.00	Administrative	0	\$ -	\$ -	\$ -	\$ -	\$ -
28.00	Legal	0	\$ -	\$ -	\$ -	\$ -	\$ -
29.00	Accounting	0	\$ -	\$ -	\$ -	\$ -	\$ -
30.00	Advertising	0	\$ 334	\$ -	\$ -	\$ -	\$ 334
31.00	Consulting Expenses	0	\$ -	\$ -	\$ -	\$ -	\$ -
32.00	Contracted Labor	0	\$ -	\$ -	\$ -	\$ -	\$ -
33.00	Interest - Other	0	\$ -	\$ -	\$ -	\$ -	\$ -
34.00	Training	0	\$ 18,502	\$ -	\$ -	\$ -	\$ 18,502
35.00	General Insurance	0	\$ 13,121	\$ -	\$ -	\$ -	\$ 13,121
36.00	Supplies	0	\$ 11,054	\$ -	\$ -	\$ -	\$ 11,054
37.00	Bad Debt	0	\$ -	\$ -	\$ -	\$ -	\$ -
38.00	Plant Operations and Maintenance	0	\$ 109,835	\$ -	\$ -	\$ -	\$ 109,835
39.00	Housekeeping	0	\$ -	\$ -	\$ -	\$ -	\$ -
40.00	Utilities	0	\$ -	\$ -	\$ -	\$ -	\$ -
41.00	Medical Supplies	0	\$ -	\$ -	\$ -	\$ -	\$ -
42.00	Minor Medical Equipment	0	\$ -	\$ -	\$ -	\$ -	\$ -
43.00	Minor Equipment	0	\$ 149,503	\$ -	\$ -	\$ -	\$ 149,503
44.00	Fines and Penalties	0	\$ -	\$ -	\$ -	\$ -	\$ -
45.00	Fleet Maintenance	0	\$ 2,740	\$ -	\$ -	\$ -	\$ 2,740
46.00	Communications	0	\$ 353,396	\$ -	\$ -	\$ -	\$ 353,396
47.00	Recruit Academy	0	\$ -	\$ -	\$ -	\$ -	\$ -
48.00	Dispatch Service	0	\$ -	\$ -	\$ -	\$ -	\$ -
49.00	Logistics	0	\$ -	\$ -	\$ -	\$ -	\$ -
50.00	Postage	0	\$ 3,339	\$ -	\$ -	\$ -	\$ 3,339
51.00	Dues and Subscriptions	0	\$ 776	\$ -	\$ -	\$ -	\$ 776
52.00	Other - Capital Related Costs	0	\$ -	\$ -	\$ -	\$ -	\$ -
53.00	Contracted Services - MTS	0	\$ 40,534	\$ -	\$ -	\$ -	\$ 40,534
54.00	Contracted Services - MTS Billing	0	\$ -	\$ -	\$ -	\$ -	\$ -
55.00	Other- (Specify) - TRAVEL	0	\$ 49,672	\$ -	\$ -	\$ -	\$ 49,672
56.00	Other- (Specify) - RENTALS AND LEASES	0	\$ -	\$ -	\$ -	\$ -	\$ -
57.00	Other- (Specify) Other Current Charges	0	\$ -	\$ -	\$ -	\$ -	\$ -
57.01	Total Administrative & General		\$ 752,805	\$ -	\$ -	\$ -	\$ 752,805
58.00	Total Fire District / Agency		\$ 1,694,155	\$ 1,247,644	\$ -	\$ -	\$ 2,941,799

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

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

Fiscal Year Ended: **June 30, 2016**

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>86.04%</i>	Col 6 NON-MTS Allocation <i>13.96%</i>
Capital Related								
1.00	Depreciation - Buildings and Improvements	0	\$ 106,817	\$ -	\$ -	\$ 106,817	\$ 91,910	\$ 14,907
2.00	Depreciation - Leasehold Improvements	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
3.00	Depreciation - Equipment	0	\$ 228,309	\$ -	\$ 4,531	\$ 232,840	\$ 200,347	\$ 32,493
4.00	Depreciation and Amortization - Other	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5.00	Leases and Rentals	0	\$ 464,495	\$ -	\$ -	\$ 464,495	\$ 399,674	\$ 64,821
6.00	Property Taxes	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
7.00	Property Insurance	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
8.00	Interest - Property, Plant, and Equipment	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9.00	Other- (Specify)	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10.00	Other- (Specify)	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10.01	Total Capital Related (Lines 1.00 thru 10.00)		\$ 799,621	\$ -	\$ 4,531	\$ 804,152	\$ 691,931	\$ 112,221

Capital Related Allocation Statistics for Direct Service Cost Allocation		
Description	Col 1 Square Ft	Col 2 Factor
10.02 MTS Square Footage	72,267	86.04%
10.03 Non-MTS Square Footage	11,721	13.96%
10.04 Total Square Feet to be Apportioned	83,988	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>86.04%</i>	Col 6 NON-MTS Allocation <i>13.96%</i>
Salaries								
11.00	Administrative Chief	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
12.00	Chief	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13.00	Non-MTS Salaries	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
14.00	MTS Salaries	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
15.00	Other- (Specify)	0	\$ 3,860,166	\$ -	\$ -	\$ 3,860,166	\$ 3,321,414	\$ 538,752
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)		\$ 3,860,166	\$ -	\$ -	\$ 3,860,166	\$ 3,321,414	\$ 538,752
Fringe Benefits								
19.00	Administrative Chief	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
20.00	Chief	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
21.00	Non-MTS Salaries	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
22.00	MTS Salaries	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
23.00	Other- (Specify)	0	\$ 4,275,162	\$ -	\$ -	\$ 4,275,162	\$ 3,678,491	\$ 596,671
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)		\$ 4,275,162	\$ -	\$ -	\$ 4,275,162	\$ 3,678,491	\$ 596,671
26.02	Total Salaries & Fringe Benefits		\$ 8,135,328	\$ -	\$ -	\$ 8,135,328	\$ 6,999,905	\$ 1,135,423

Salaries/Benefits Allocation Statistics for Direct Service Cost Allocation		
Description	Col 1 Total Hrs	Col 2 Factor
26.03 Hours Logged for MTS Duty	22,453	86.04%
26.04 Hours Logged for NON-MTS Duty	3,642	13.96%
26.05 Total Hours to be Apportioned	26,095	100.00%

SCHEDULE 5 - ALLOCATION OF ADMINISTRATIVE & GENERAL

Fire Department / Agency Name: **Alachua County Fire Rescue**

Fiscal Year Ended: **June 30, 2016**

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 84.57%	Col 6 NON-MTS Allocation 15.43%
Administrative and General								
27.00	Administrative	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
28.00	Legal	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
29.00	Accounting	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
30.00	Advertising	0	\$ 1,143	\$ -	\$ -	\$ 1,143	\$ 967	\$ 176
31.00	Consulting Expenses	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
32.00	Contracted Labor	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
33.00	Interest - Other	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
34.00	Training	0	\$ 10,541	\$ -	\$ -	\$ 10,541	\$ 8,914	\$ 1,627
35.00	General Insurance	0	\$ 317,989	\$ -	\$ -	\$ 317,989	\$ 268,908	\$ 49,081
36.00	Supplies	0	\$ 168,641	\$ -	\$ -	\$ 168,641	\$ 142,612	\$ 26,029
37.00	Bad Debt	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
38.00	Plant Operations and Maintenance	0	\$ 8,844	\$ -	\$ -	\$ 8,844	\$ 7,479	\$ 1,365
39.00	Housekeeping	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
40.00	Utilities	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
41.00	Medical Supplies	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
42.00	Minor Medical Equipment	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
43.00	Minor Equipment	0	\$ 105,900	\$ -	\$ (67,961)	\$ 37,939	\$ 32,083	\$ 5,856
44.00	Fines and Penalties	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
45.00	Fleet Maintenance	0	\$ 186,567	\$ -	\$ -	\$ 186,567	\$ 157,770	\$ 28,796
46.00	Communications	0	\$ 594,279	\$ -	\$ (447,189)	\$ 147,090	\$ 124,387	\$ 22,703
47.00	Recruit Academy	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
48.00	Dispatch Service	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
49.00	Logistics	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
50.00	Postage	0	\$ 11,002	\$ -	\$ -	\$ 11,002	\$ 9,304	\$ 1,698
51.00	Dues and Subscriptions	0	\$ 4,397	\$ -	\$ -	\$ 4,397	\$ 3,718	\$ 679
52.00	Other - Capital Related Costs	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
53.00	Contracted Services - MTS	0	\$ 760,645	\$ -	\$ -	\$ 760,645	\$ 643,240	\$ 117,404
54.00	Contracted Services - MTS Billing	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
55.00	Other- (Specify) - TRAVEL	0	\$ 477,852	\$ -	\$ -	\$ 477,852	\$ 404,097	\$ 73,756
56.00	Other- (Specify) - RENTALS AND LEASES	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
57.00	Other- (Specify)-Other Current Charges	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
57.01	Total Administrative & General		\$ 2,647,801	\$ -	\$ (515,150)	\$ 2,132,651	\$ 1,803,479	\$ 329,171

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)	\$ 16,117,678	84.57%
Accumulated Cost of NON-MTS Services (from Sch 3, Col 5)	\$ 2,941,799	15.43%
Total Accumulated Cost of Ambulance and Fire Services	\$ 19,059,477	100.00%

SCHEDULE 6 - RECLASSIFICATION OF EXPENSES

Fire Department / Agency: **Alachua County Fire Rescue**
National Provider Identification: **1780610287**

Fiscal Year Ended: **June 30, 2016**

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	0.00	0	\$ - 0	0.00	0	\$ -		
2.	0	0	0.00	0	\$ - 0	0.00	0	\$ -		
3.	0	0	0.00	0	\$ - 0	0.00	0	\$ -		
4.	0	0	0.00	0	\$ - 0	0.00	0	\$ -		
5.	0	0	0.00	0	\$ - 0	0.00	0	\$ -		
6.	0	0	0.00	0	\$ - 0	0.00	0	\$ -		
7.	0	0	0.00	0	\$ - 0	0.00	0	\$ -		
8.	0	0	0.00	0	\$ - 0	0.00	0	\$ -		
9.	0	0	0.00	0	\$ - 0	0.00	0	\$ -		
10.	0	0	0.00	0	\$ - 0	0.00	0	\$ -		
11.	0	0	0.00	0	\$ - 0	0.00	0	\$ -		
12.	0	0	0.00	0	\$ - 0	0.00	0	\$ -		
13.	0	0	0.00	0	\$ - 0	0.00	0	\$ -		
14.	0	0	0.00	0	\$ - 0	0.00	0	\$ -		
15.	0	0	0.00	0	\$ - 0	0.00	0	\$ -		
16.	0	0	0.00	0	\$ - 0	0.00	0	\$ -		
17.	0	0	0.00	0	\$ - 0	0.00	0	\$ -		
18.	0	0	0.00	0	\$ - 0	0.00	0	\$ -		
19.	0	0	0.00	0	\$ - 0	0.00	0	\$ -		
20.	0	0	0.00	0	\$ - 0	0.00	0	\$ -		
21.	0	0	0.00	0	\$ - 0	0.00	0	\$ -		
22.	0	0	0.00	0	\$ - 0	0.00	0	\$ -		
23.	0	0	0.00	0	\$ - 0	0.00	0	\$ -		
24.	0	0	0.00	0	\$ - 0	0.00	0	\$ -		
25.	0	0	0.00	0	\$ - 0	0.00	0	\$ -		
26.	0	0	0.00	0	\$ - 0	0.00	0	\$ -		
27.	0	0	0.00	0	\$ - 0	0.00	0	\$ -		
28.	0	0	0.00	0	\$ - 0	0.00	0	\$ -		
29.	0	0	0.00	0	\$ - 0	0.00	0	\$ -		
30.	0	0	0.00	0	\$ - 0	0.00	0	\$ -		
31.	0	0	0.00	0	\$ - 0	0.00	0	\$ -		
32.	0	0	0.00	0	\$ - 0	0.00	0	\$ -		
33.	0	0	0.00	0	\$ - 0	0.00	0	\$ -		
34.	0	0	0.00	0	\$ - 0	0.00	0	\$ -		
35.	0	0	0.00	0	\$ - 0	0.00	0	\$ -		
36.	0	0	0.00	0	\$ - 0	0.00	0	\$ -		
37.	0	0	0.00	0	\$ - 0	0.00	0	\$ -		
38.	0	0	0.00	0	\$ - 0	0.00	0	\$ -		
39.	0	0	0.00	0	\$ - 0	0.00	0	\$ -		
40.	0	0	0.00	0	\$ - 0	0.00	0	\$ -		
41.	0	0	0.00	0	\$ - 0	0.00	0	\$ -		
42.	0	0	0.00	0	\$ - 0	0.00	0	\$ -		
43.	0	0	0.00	0	\$ - 0	0.00	0	\$ -		
44.	0	0	0.00	0	\$ - 0	0.00	0	\$ -		
45.	0	0	0.00	0	\$ - 0	0.00	0	\$ -		
46.	0	0	0.00	0	\$ - 0	0.00	0	\$ -		
47.	0	0	0.00	0	\$ - 0	0.00	0	\$ -		
48.	0	0	0.00	0	\$ - 0	0.00	0	\$ -		
49.	0	0	0.00	0	\$ - 0	0.00	0	\$ -		
50.	0	0	0.00	0	\$ - 0	0.00	0	\$ -		
51.	0	0	0.00	0	\$ - 0	0.00	0	\$ -		
52.	0	0	0.00	0	\$ - 0	0.00	0	\$ -		
53.	0	0	0.00	0	\$ - 0	0.00	0	\$ -		
54.	0	0	0.00	0	\$ - 0	0.00	0	\$ -		
55.	0	0	0.00	0	\$ - 0	0.00	0	\$ -		
56.	0	0	0.00	0	\$ - 0	0.00	0	\$ -		
57.	0	0	0.00	0	\$ - 0	0.00	0	\$ -		
58.	0	0	0.00	0	\$ - 0	0.00	0	\$ -		
59.	0	0	0.00	0	\$ - 0	0.00	0	\$ -		
60.	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: **Alachua County Fire Rescue**
National Provider Identification: **1780610287**

Fiscal Year Ended: **June 30, 2016**

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 & Equip > \$5000 Furniture &	A	\$ (162,955)	Minor Equipment	2	43.00
2. Machinery & Equip > \$5000 Furniture &	A	\$ (67,961)	Minor Equipment	5	43.00
3. Machinery & Equip > \$5000 Furniture &	A	\$ 10,864	Depreciation - Equipment	2	3.00
4. Machinery & Equip > \$5000 Furniture &	A	\$ 4,531	Depreciation - Equipment	4	3.00
5. Operating Transfers Out	A	\$ (447,189)	Communications	5	46.00
6. 0	0	\$ -	0	0	-
7. 0	0	\$ -	0	0	-
8. 0	0	\$ -	0	0	-
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		\$ (662,710.37)			

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 County Fire Rescue**
National Provider Identification: **1780610287**

Fiscal Year Ended: **June 30, 2016**

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	\$ -	\$ 33,704	\$ 33,670	\$ 29,119	\$ 96,493
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)	\$ -	\$ 33,704	\$ 33,670	\$ 29,119	\$ 96,493
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	\$ -	\$ 240,717	\$ 243,914	\$ 242,336	\$ 726,966
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	\$ -	\$ 240,717	\$ 243,914	\$ 242,336	\$ 726,966
C	Col 1			Col 2	Col 3	Col 4
	OTHER REVENUE / FUNDING SOURCES			MTS	NON-MTS	Total
13.	Non-Medicaid Revenue (Insurance & patient collections)			\$ 5,872,195	\$ 213,080	\$ 6,085,274
14.	General fund subsidy (Revenue less total collections)			\$ -	\$ 2,602,325	\$ 2,602,325
15.	Non-MTS collections (fire inspections)			\$ -	\$ 20,075	\$ 20,075
16.	MSTU subsidy			\$ -	\$ 6,289,726	\$ 6,289,726
17.	0			\$ -	\$ -	\$ -
18.	0			\$ -	\$ -	\$ -
19.	0			\$ -	\$ -	\$ -
20.	0			\$ -	\$ -	\$ -
21.	0			\$ -	\$ -	\$ -
22.	0			\$ -	\$ -	\$ -
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			\$ 5,872,195	\$ 9,125,205	\$ 14,997,400
42.	GRAND TOTAL [A+B+C]					\$ 15,820,859

SCHEDULE 9 - FINAL SETTLEMENT CALCULATION

Fire Department / Agency: Alachua County Fire Rescue
National Provider Identification: 1780610287

Fiscal Year Ended: June 30, 2016

Line #	Average Cost per EMT Service	Col 1	Col 2	Col 3
1. Cost of Ambulance Services (from Sch 2)				\$ 16,117,677.93
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			\$ 1,803,479	
6. Administration & General to be included				1,803,479.49
7. Grand Total of Ambulance Expense (Sum Lines 1 thru 4)				17,921,157.42
8. Number of MTS Transports		Col 1	Col 2	Col 3
8.01		0		
8.02 Quarter 1		0		
8.03 Quarter 2		0		
8.04 Quarter 3		0		
8.05 Quarter 4		0		
8.06 Total Number of Ambulance Transports for Each Payer		0		
8.07 Total Number of Ambulance Transports		20,236		
9. Average Cost per MTS Transports (Line 7/Line 8)		\$ 885.61		

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	-	191	186	163	540
11. Total Cost of Medicaid EMT Transports (Line 9 x Line 10)	-	169,151.51	164,723.46	144,354.43	478,229.40
12. Less Total Medicaid Revenue from Transports (Fr Sch 8)	-	(33,704.00)	(33,670.00)	(29,118.58)	(96,492.58)
13. Net Cost of Transports	-	135,447.51	131,053.46	115,235.85	381,736.82
14. Non Federal Share Reduction (Line 13 X 39.01%/39.01%)	-	52,838.07	51,123.95	44,953.51	148,915.53
15. Net Federal Participation Amount (FL FMAP 60.99%/60.99%)	-	82,609.44	79,929.51	70,282.34	232,821.29

Note:

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

FMAP Quarter 1: 60.99%
FMAP Quarters 2-4: 60.99%

SCHEDULE 10 - NOTES

Fire Department / Agency: Alachua County Fire Rescue
National Provider Identification: 1780610287

Fiscal Year Ended: June 30, 2016

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

Sch	Line	Contract Arrangements	Amount
-	-	N/A	\$ -
-	-		\$ -
-	-		\$ -
-	-		\$ -
-	-		\$ -
-	-		\$ -
-	-		\$ -
-	-		\$ -
-	-		\$ -
-	-		\$ -
-	-		\$ -
-	-		\$ -
-	-		\$ -
-	-		\$ -
-	-		\$ -

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

Sch	Line	Allocation Basis	Amount
4	25-26	Square footage information was obtained from the Alachua County Facilities Department. E	0.00
-	-		0.00
-	-		0.00
-	60-61	Hours logged for staff was determined by primary assignment/function for the hours recorded	0.00
-	-		0.00
5	56-57	Expenses were assigned to a schedule based on the associated division. Considerations w	0.00
-	-		0.00
-	-		0.00
-	-		0.00
-	-		0.00
-	-		0.00
-	-		0.00
-	-		0.00
-	-		0.00

If any schedules were left blank, please explain why.

Sch	Explanation
6	Reclassifications are posted in the Accounting System. The methodology used for calculating expenses includ
-	-
-	-
7	Adjustments are posted in the General Accounting System. The methodology used for calculating expenses in
-	-
-	-

PEMT COST REPORT ADJUSTMENTS

Fire Department / Agency Name: Alachua County Fire Rescue

National Provider Identification: 1780610287

Fiscal Year Ended: 6/30/2016

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.	\$ 68,829	\$ 312,908	\$ 381,737	Various
2	Sch 2 - EMR Expense	1.00	Depreciation - Buildings and Improvements	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.	\$ 103,325	\$ (41,802)	\$ 61,523	3003
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.	\$ 147,934	\$ 233,804	\$ 381,738	3003
2	Sch 2 - EMR Expense	5.00	Leases and Rentals	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 WTB.	\$ -	\$ 410,569	\$ 410,569	3003
2	Sch 2 - EMR Expense	14.00	MTS Salaries	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 WTB.	\$ 2,897,303	\$ (52,453)	\$ 2,844,849	3003
2	Sch 2 - EMR Expense	22.00	MTS Salaries	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 WTB.	\$ 1,234,022	\$ 1,901,384	\$ 3,135,406	3003
2	Sch 2 - EMR Expense	28.00	Legal	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 WTB.	\$ -	\$ 146	\$ 146	3003
2	Sch 2 - EMR Expense	30.00	Advertising	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 WTB.	\$ -	\$ 717	\$ 717	3003
2	Sch 2 - EMR Expense	31.00	Consulting Expenses	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 WTB.	\$ 72,139	\$ (72,139)	\$ -	3003
2	Sch 2 - EMR Expense	34.00	Training	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 WTB.	\$ 10,419	\$ (1,030)	\$ 9,389	3003
2	Sch 2 - EMR Expense	35.00	General Insurance	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 WTB.	\$ 211,781	\$ 26,362	\$ 238,143	3003
2	Sch 2 - EMR Expense	36.00	Supplies	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 WTB.	\$ 217,565	\$ 289,485	\$ 507,050	3003
2	Sch 2 - EMR Expense	38.00	Plant Operations and Maintenance	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 WTB.	\$ 78,481	\$ (17,793)	\$ 60,688	3003
2	Sch 2 - EMR Expense	39.00	Housekeeping	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 WTB.	\$ 1,757	\$ (1,757)	\$ -	3003
2	Sch 2 - EMR Expense	41.00	Medical Supplies	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 WTB.	\$ 365,590	\$ (365,590)	\$ -	3003
2	Sch 2 - EMR Expense	42.00	Minor Medical 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 WTB.	\$ 9,397	\$ (2,360)	\$ 7,037	3003
2	Sch 2 - EMR Expense	43.00	Minor 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 WTB.	\$ -	\$ 230,558	\$ 230,558	3003
2	Sch 2 - EMR Expense	45.00	Fleet Maintenance	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 WTB.	\$ 268,764	\$ 50,962	\$ 319,726	3003
2	Sch 2 - EMR Expense	46.00	Communications	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 WTB.	\$ 62,513	\$ (27,858)	\$ 34,655	3003
2	Sch 2 - EMR Expense	50.00	Postage	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 WTB.	\$ 15,199	\$ 4,682	\$ 19,881	3003
2	Sch 2 - EMR Expense	51.00	Dues and Subscriptions	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 WTB.	\$ 1,921	\$ 1,485	\$ 3,406	3003
2	Sch 2 - EMR Expense	52.00	Other - Capital Related Costs	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 WTB.	\$ 186,886	\$ (186,886)	\$ -	3003
2	Sch 2 - EMR Expense	53.00	Contracted Services - MTS	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 WTB.	\$ -	\$ 99,534	\$ 99,534	3003
2	Sch 2 - EMR Expense	55.00	Other- (Specify) - TRAVEL	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 WTB.	\$ 2,907	\$ 210,011	\$ 212,918	3003
2	Sch 2 - EMR Expense	56.00	Other- (Specify) - RENTALS AND LEASES	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 WTB.	\$ 283,056	\$ (283,056)	\$ -	3003
2	Sch 2 - EMR Expense	57.00	Other- (Specify)-Other Current Charges	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 WTB.	\$ 7,776	\$ (7,776)	\$ -	3003
3	Sch 3 - Non EMR Expense	1.00	Depreciation - Buildings and Improvements	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.	\$ 53,144	\$ (41,802)	\$ 11,342	3004
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.	\$ 189,093	\$ 285,686	\$ 474,779	3004
3	Sch 3 - Non EMR Expense	5.00	Leases and Rentals	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 WTB.	\$ -	\$ 9,547	\$ 9,547	3004
3	Sch 3 - Non EMR Expense	13.00	Non-MTS Salaries	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 WTB.	\$ 3,700,555	\$ (3,349,746)	\$ 350,809	3004
3	Sch 3 - Non EMR Expense	21.00	Non-MTS Salaries	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 WTB.	\$ 1,579,222	\$ (1,484,349)	\$ 94,873	3004
3	Sch 3 - Non EMR Expense	28.00	Legal	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 WTB.	\$ 78	\$ (78)	\$ -	3004
3	Sch 3 - Non EMR Expense	30.00	Advertising	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 WTB.	\$ -	\$ 334	\$ 334	3004

PEMT COST REPORT ADJUSTMENTS

Fire Department / Agency Name: Alachua County Fire Rescue
National Provider Identification: 1780610287
Fiscal Year Ended: 6/30/2016

Adj #	Schedule	Line #	Line Description	Column #	Column Description	Regulation Reference	Explanation for Adjustment	Original Value	Adjustment	Adjusted Total	WP Ref
3	Sch 3 - Non EMR Expense	31.00	Consulting Expenses	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 WTB.	\$ 632,838	\$ (632,838)	\$ -	3004
3	Sch 3 - Non EMR Expense	34.00	Training	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 WTB.	\$ 15,459	\$ 3,043	\$ 18,502	3004
3	Sch 3 - Non EMR Expense	35.00	General Insurance	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 WTB.	\$ 328,987	\$ (315,865)	\$ 13,121	3004
3	Sch 3 - Non EMR Expense	36.00	Supplies	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 WTB.	\$ 240,713	\$ (229,659)	\$ 11,054	3004
3	Sch 3 - Non EMR Expense	38.00	Plant Operations and Maintenance	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 WTB.	\$ 34,768	\$ 75,067	\$ 109,835	3004
3	Sch 3 - Non EMR Expense	39.00	Housekeeping	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 WTB.	\$ 219	\$ (219)	\$ -	3004
3	Sch 3 - Non EMR Expense	41.00	Medical Supplies	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 WTB.	\$ 45,509	\$ (45,509)	\$ -	3004
3	Sch 3 - Non EMR Expense	42.00	Minor Medical 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 WTB.	\$ 24,756	\$ (24,756)	\$ -	3004
3	Sch 3 - Non EMR Expense	43.00	Minor 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 WTB.	\$ -	\$ 149,503	\$ 149,503	3004
3	Sch 3 - Non EMR Expense	45.00	Fleet Maintenance	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 WTB.	\$ 216,639	\$ (213,899)	\$ 2,740	3004
3	Sch 3 - Non EMR Expense	46.00	Communications	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 WTB.	\$ 78,119	\$ 275,277	\$ 353,396	3004
3	Sch 3 - Non EMR Expense	48.00	Dispatch Service	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 WTB.	\$ 292,361	\$ (292,361)	\$ -	3004
3	Sch 3 - Non EMR Expense	50.00	Postage	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 WTB.	\$ 10,956	\$ (7,618)	\$ 3,339	3004
3	Sch 3 - Non EMR Expense	51.00	Dues and Subscriptions	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 WTB.	\$ 3,529	\$ (2,753)	\$ 776	3004
3	Sch 3 - Non EMR Expense	52.00	Other - Capital Related Costs	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 WTB.	\$ 43,760	\$ (43,760)	\$ -	3004
3	Sch 3 - Non EMR Expense	53.00	Contracted Services - MTS	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 WTB.	\$ -	\$ 40,534	\$ 40,534	3004
3	Sch 3 - Non EMR Expense	55.00	Other- (Specify) - TRAVEL	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 WTB.	\$ 5,931	\$ 43,741	\$ 49,672	3004
3	Sch 3 - Non EMR Expense	56.00	Other- (Specify) - RENTALS AND LEASES	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 WTB.	\$ 339,601	\$ (339,601)	\$ -	3004
3	Sch 3 - Non EMR Expense	57.00	Other- (Specify)-Other Current Charges	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 WTB.	\$ 397,227	\$ (397,227)	\$ -	3004
4	Sch 4 - CRSB	1.00	Depreciation - Buildings and Improvements	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 depreciation support.	\$ 23,213	\$ 83,604	\$ 106,817	3005
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 depreciation support.	\$ 65,800	\$ 162,510	\$ 228,309	3005
4	Sch 4 - CRSB	5.00	Leases and Rentals	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.	\$ -	\$ 464,495	\$ 464,495	3005
4	Sch 4 - CRSB	-		10.02	1.00	Square Feet	CMS Pub 15-1, Section 2304 59G-6.035 Certified Public Expenditures Program for Emergency Transportation Services.	\$ 39,778	\$ 32,489	\$ 72,267	3005
4	Sch 4 - CRSB	-		10.03	1.00	Square Feet	CMS Pub 15-1, Section 2304 59G-6.035 Certified Public Expenditures Program for Emergency Transportation Services.	\$ 44,211	\$ (32,490)	\$ 11,721	3005
4	Sch 4 - CRSB	-		10.02	2.00	Factor	CMS Pub 15-1, Section 2304 59G-6.035 Certified Public Expenditures Program for Emergency Transportation Services.	47.36%	38.68%	86.04%	3005
4	Sch 4 - CRSB	-		10.03	2.00	Factor	CMS Pub 15-1, Section 2304 59G-6.035 Certified Public Expenditures Program for Emergency Transportation Services.	52.64%	-38.68%	13.96%	3005
5	Sch 4 - CRSB	15.00	Other- (Specify)	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.	\$ 835,970	\$ 3,024,196	\$ 3,860,166	3006
5	Sch 4 - CRSB	23.00	Other- (Specify)	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.	\$ 289,810	\$ 3,985,352	\$ 4,275,162	3006
5	Sch 4 - CRSB	-		26.03	1.00	Hours Logged	CMS Pub 15-1, Section 2304 59G-6.035 Certified Public Expenditures Program for Emergency Transportation Services.	\$ 216,380	\$ (193,927)	\$ 22,453	3006
5	Sch 4 - CRSB	-		26.04	1.00	Hours Logged	CMS Pub 15-1, Section 2304 59G-6.035 Certified Public Expenditures Program for Emergency Transportation Services.	\$ 302,638	\$ (298,996)	\$ 3,642	3006
5	Sch 4 - CRSB	-		26.03	2.00	Factor	CMS Pub 15-1, Section 2304 59G-6.035 Certified Public Expenditures Program for Emergency Transportation Services.	41.69%	44.35%	86.04%	3006
5	Sch 4 - CRSB	-		26.04	2.00	Factor	CMS Pub 15-1, Section 2304 59G-6.035 Certified Public Expenditures Program for Emergency Transportation Services.	58.31%	-44.35%	13.96%	3006

PEMT COST REPORT ADJUSTMENTS

Fire Department / Agency Name: Alachua County Fire Rescue
National Provider Identification: 1780610287
Fiscal Year Ended: 6/30/2016

Adj #	Schedule	Line #	Line Description	Column #	Column Description	Regulation Reference	Explanation for Adjustment	Original Value	Adjustment	Adjusted Total	WP Ref
6	Sch 5 - A&G	30.00	Advertising	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.	\$ -	\$ 1,143	\$ 1,143	3007
6	Sch 5 - A&G	31.00	Consulting Expenses	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.	\$ 598	\$ (598)	\$ -	3007
6	Sch 5 - A&G	34.00	Training	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.	\$ 1,088	\$ 9,454	\$ 10,541	3007
6	Sch 5 - A&G	35.00	General Insurance	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.	\$ 15,365	\$ 302,624	\$ 317,989	3007
6	Sch 5 - A&G	36.00	Supplies	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.	\$ 63,601	\$ 105,040	\$ 168,641	3007
6	Sch 5 - A&G	38.00	Plant Operations and Maintenance	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.	\$ -	\$ 8,844	\$ 8,844	3007
6	Sch 5 - A&G	43.00	Minor 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.	\$ -	\$ 105,900	\$ 105,900	3007
6	Sch 5 - A&G	45.00	Fleet Maintenance	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.	\$ 132	\$ 186,435	\$ 186,567	3007
6	Sch 5 - A&G	46.00	Communications	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.	\$ 37,560	\$ 556,719	\$ 594,279	3007
6	Sch 5 - A&G	50.00	Postage	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.	\$ -	\$ 11,002	\$ 11,002	3007
6	Sch 5 - A&G	51.00	Dues and Subscriptions	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.	\$ 590	\$ 3,807	\$ 4,397	3007
6	Sch 5 - A&G	52.00	Other - Capital Related Costs	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.	\$ 43,136	\$ (43,136)	\$ -	3007
6	Sch 5 - A&G	53.00	Contracted Services - MTS	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.	\$ -	\$ 760,645	\$ 760,645	3007
6	Sch 5 - A&G	55.00	Other- (Specify) - TRAVEL	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.	\$ 1,398	\$ 476,454	\$ 477,852	3007
6	Sch 5 - A&G	56.00	Other- (Specify) - RENTALS AND LEASES	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.	\$ 13,502	\$ (13,502)	\$ -	3007
6	Sch 5 - A&G	57.00	Other- (Specify)-Other Current Charges	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.	\$ 45	\$ (45)	\$ -	3007
6	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.	42.81%	41.75%	84.57%	3007
6	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.	57.19%	-41.75%	15.43%	3007
7	Sch 7 - Adjustments	1.00	Machinery & Equip > \$5000 Furniture & 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	1.00	Machinery & Equip > \$5000 Furniture & 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.	\$ -	\$ (162,955)	\$ (162,955)	3009
7	Sch 7 - Adjustments	1.00	Machinery & Equip > \$5000 Furniture & 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	1.00	Machinery & Equip > \$5000 Furniture & 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
7	Sch 7 - Adjustments	1.00	Machinery & Equip > \$5000 Furniture & 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	2.00	Machinery & Equip > \$5000 Furniture & 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
8	Sch 7 - Adjustments	2.00	Machinery & Equip > \$5000 Furniture & 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.	\$ -	\$ (67,961)	\$ (67,961)	3009
8	Sch 7 - Adjustments	2.00	Machinery & Equip > \$5000 Furniture & 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
8	Sch 7 - Adjustments	2.00	Machinery & Equip > \$5000 Furniture & 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
8	Sch 7 - Adjustments	2.00	Machinery & Equip > \$5000 Furniture & 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
9	Sch 7 - Adjustments	3.00	Machinery & Equip > \$5000 Furniture & Equipment	1.00	Basis for Adjustment (A or B)	2 CFR 200, Section 200.436(a) 42 CFR Section 413.134 CMS Pub 15-1, Section 2300	To include allowable depreciation expense.	0.00	A	A	3009
9	Sch 7 - Adjustments	3.00	Machinery & Equip > \$5000 Furniture & Equipment	2.00	Amount Increase / (Decrease)	2 CFR 200, Section 200.436(a) 42 CFR Section 413.134 CMS Pub 15-1, Section 2300	To include allowable depreciation expense.	\$ -	\$ 10,864	\$ 10,864	3009
9	Sch 7 - Adjustments	3.00	Machinery & Equip > \$5000 Furniture & Equipment	3.00	Cost Center	2 CFR 200, Section 200.436(a) 42 CFR Section 413.134 CMS Pub 15-1, Section 2300	To include allowable depreciation expense.	0.00	Depreciation - Equipment	Depreciation - Equipment	3009
9	Sch 7 - Adjustments	3.00	Machinery & Equip > \$5000 Furniture & Equipment	4.00	Schedule	2 CFR 200, Section 200.436(a) 42 CFR Section 413.134 CMS Pub 15-1, Section 2300	To include allowable depreciation expense.	0.00	2.00	2.00	3009
9	Sch 7 - Adjustments	3.00	Machinery & Equip > \$5000 Furniture & Equipment	5.00	C/R Line No.	2 CFR 200, Section 200.436(a) 42 CFR Section 413.134 CMS Pub 15-1, Section 2300	To include allowable depreciation expense.	0.00	3.00	3.00	3009
10	Sch 7 - Adjustments	4.00	Machinery & Equip > \$5000 Furniture & Equipment	1.00	Basis for Adjustment (A or B)	2 CFR 200, Section 200.436(a) 42 CFR Section 413.134 CMS Pub 15-1, Section 2300	To include allowable depreciation expense.	0.00	A	A	3009
10	Sch 7 - Adjustments	4.00	Machinery & Equip > \$5000 Furniture & Equipment	2.00	Amount Increase / (Decrease)	2 CFR 200, Section 200.436(a) 42 CFR Section 413.134 CMS Pub 15-1, Section 2300	To include allowable depreciation expense.	\$ -	\$ 4,531	\$ 4,531	3009
10	Sch 7 - Adjustments	4.00	Machinery & Equip > \$5000 Furniture & Equipment	3.00	Cost Center	2 CFR 200, Section 200.436(a) 42 CFR Section 413.134 CMS Pub 15-1, Section 2300	To include allowable depreciation expense.	0.00	Depreciation - Equipment	Depreciation - Equipment	3009
10	Sch 7 - Adjustments	4.00	Machinery & Equip > \$5000 Furniture & Equipment	4.00	Schedule	2 CFR 200, Section 200.436(a) 42 CFR Section 413.134 CMS Pub 15-1, Section 2300	To include allowable depreciation expense.	0.00	4.00	4.00	3009
10	Sch 7 - Adjustments	4.00	Machinery & Equip > \$5000 Furniture & Equipment	5.00	C/R Line No.	2 CFR 200, Section 200.436(a) 42 CFR Section 413.134 CMS Pub 15-1, Section 2300	To include allowable depreciation expense.	0.00	3.00	3.00	3009

PEMT COST REPORT ADJUSTMENTS

Fire Department / Agency Name: Alachua County Fire Rescue
National Provider Identification: 1780610287
Fiscal Year Ended: 6/30/2016

Adj #	Schedule	Line #	Line Description	Column #	Column Description	Regulation Reference	Explanation for Adjustment	Original Value	Adjustment	Adjusted Total	WP Ref
11	Sch 7 - Adjustments	5.00	Operating Transfers Out	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		3009
11	Sch 7 - Adjustments	5.00	Operating Transfers Out	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.	\$ -	\$ (447,189)	\$ (447,189)	3009
11	Sch 7 - Adjustments	5.00	Operating Transfers Out	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
11	Sch 7 - Adjustments	5.00	Operating Transfers Out	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
11	Sch 7 - Adjustments	5.00	Operating Transfers Out	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
12	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.	\$ 32,096	\$ 1,608	\$ 33,704	3010
12	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.	\$ 31,198	\$ 2,472	\$ 33,670	3010
12	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.	\$ 16,344	\$ 12,775	\$ 29,119	3010
13	Sch 9 - Settlement	1.00	Cost of Ambulance Services (from Sch 2)	5.00	-	Various	Calculated value adjusted based on other adjustments made.	\$ 6,690,232	\$ 9,427,446	\$ 16,117,678	Various
13	Sch 9 - Settlement	5.00	Administration & General Allocation from Sch 5	4.00	-	Various	Calculated value adjusted based on other adjustments made.	\$ 75,783	\$ 1,727,696	\$ 1,803,479	Various
13	Sch 9 - Settlement	6.00	Administration & General to be included	5.00	-	Various	Calculated value adjusted based on other adjustments made.	\$ 75,783	\$ 1,727,696	\$ 1,803,479	Various
13	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.	\$ 6,766,015	\$ 11,155,142	\$ 17,921,157	Various
14	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.	182	9	191	3012
14	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.	175	11	186	3012
14	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.	90	73	163	3012
15	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.	4,766	(53)	4,713	3012
15	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.	4,827	(55)	4,772	3012
15	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.	5,098	(120)	4,978	3012