

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

1. Name of Fire Department / Agency: AURORA FIRE DEPARTMENT		2. Medicaid #: 366005778001	3. National Provider ID (NPI): 1114133246
4. Doing Business As (DBA):		5. Facility Business Phone:	
6. Fire District/Agency Street Address: 75 N BROADWAY	7. City: AURORA	8. Zip Code: 60505	
9. Mailing Address - Street or P.O. Box (if different):	10. City:	11. Zip Code:	
12. Name of Person Signing and Certifying Report: FIRE CHIEF DAVID MC CABE			
13. Report Contact Person: DAVID MC CABE		14. Phone Number and Extension: 630-256-4000	
15. Mailing Address - Street or P. O. Box:	16. City:	17. State:	18. Zip Code:
19. Previous Name of Fire District/Agency if Changed Since Previous Report:			20. Date of Change:
21. Does your organization use another entity to provide EMT services? NO		22. Date Range of EMT Service Agreement:	
23. Does your organization use another entity to provide billing for EMT services? YES		24. Are billing services paid on a Flat Rate or a Percentage: PERCENTAGE	
25. Reporting Period Began: January 1, 2023		26. Reporting Period Ended: December 31, 2023	

For the purpose of this document, "provider" is a Publicly Owned or Operated Emergency Medical Transportation Services provider.

To be Executed by Officer or Administrator of the Fire Department / Agency

I, DAVID MCCABE, state 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 Department of Healthcare and Family Services.

The provider acknowledges and understands that the Department of Healthcare and Family Services must deny payments for any claim submitted if it is determined that the report is not adequately supported for purposes of Federal Financial Participation.

I certify that I am the responsible person of the subject Fire Department / Agency and am duly authorized to sign this document and that, to the best of my knowledge and information, each statement and amount in the accompanying schedules are true and correct.

Date of Signature

Name of Fire District/Agency

E-mail the signed PDF electronic version of the completed cost report and the completed cost report Excel file to:
HFS.GEMT@illinois.gov

By: _____
(Signature)
Title: **Fire Chief**
Address: **75 N. Broadway**
Aurora, IL 60505

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 .

CHECK FIGURE

Total Reported Expenses (Before Allocation of Expenses - From Sch 1)	\$50,638,709
Total Reported Expenses (After Allocation of Expenses - From Sch 2 thru 5)	<u>50,638,709</u>
Variance	<u>\$-</u>

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

PROVIDER COST REPORT REIMBURSEMENT QUESTIONNAIRE	YES	NO	N/A
<p>A. <u>Provider Organization and Operation</u></p> <p>1. Describe the type of organization providing the service (include if nonprofit, public, private, etc.):</p> <ul style="list-style-type: none"> a. Non-Profit b. Public c. Private d. Other, please specify: _____ <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> <ul style="list-style-type: none"> 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>4. <i>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.</i></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>	

PROVIDER COST REPORT REIMBURSEMENT QUESTIONNAIRE	YES	NO	N/A
<p>B. <u>Financial Data and Reports</u></p> <p>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> <ul style="list-style-type: none"> a. Audited; b. Compiled; and c. Reviewed. <p><i>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.</i></p> <p>2. Cost report total expenses and total revenues differ from those on the filed financial statement. If "yes", submit reconciliation.</p>	<p>X</p>	<p>X</p>	
<p>C. <u>Emergency Transport Data</u></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. <u>If the detail documentation was previously supplied, submit only necessary updated documentation.</u></p> <p>1. Provider used 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>		

SCHEDULE 1 - TOTAL EXPENSE

Fire Department / Agency Name **AURORA FIRE DEPARTMENT**
National Provider Identification: **1114133246**

Fiscal Year Ended: **December 31, 2023**

Line No.	Cost Center	General Ledger Account Number	1	2	3	4
			Total Expense	MTS Expense	NON-MTS Expense	Administration & General
			Col 2 + Col 3	Fr Sch 2, Col 5	Fr Sch 3, Col 5	Fr Sch 5, Col 1
Capital Related						
1.00	Depreciation - Buildings and Improvements		\$ 212,658	\$ 148,861	63,797	
2.00	Depreciation - Leasehold Improvements		-	-	-	
3.00	Depreciation - Equipment		819,529	326,838	492,690	
4.00	Depreciation and Amortization - Other		38,778	-	38,778	
5.00	Leases and Rentals		-	-	-	
6.00	Property Taxes		-	-	-	
7.00	Property Insurance		-	-	-	
8.00	Interest - Property, Plant, and Equipment		-	-	-	
9.00	Other- (Specify)		-	-	-	
10.00	Other- (Specify)		-	-	-	
	Total Capital Related (Lines 1.00 thru 10.00)		\$ 1,070,964	\$ 475,699	\$ 595,265	
Salaries						
11.00	Administrative Chief		\$ 5,265,738	\$ 4,212,590	\$ 1,053,148	
12.00	Chief		-	-	-	
13.00	Non-MTS Salaries		13,350,250	-	13,350,250	
14.00	MTS Salaries		12,215,578	12,215,578	-	
15.00	Other- (Specify)		-	-	-	
16.00	Other- (Specify)		-	-	-	
17.00	Other- (Specify)		-	-	-	
18.00	Other- (Specify)		-	-	-	
	Subtotal Salaries (Lines 11.00 thru 18.00)		\$ 30,831,566	\$ 16,428,168	\$ 14,403,398	
Fringe Benefits						
19.00	Administrative Chief		\$ 2,915,500	\$ 2,332,400	\$ 583,100	
20.00	Chief		-	-	-	
21.00	Non-MTS Salaries		6,993,507	-	6,993,507	
22.00	MTS Salaries		6,296,436	6,296,436	-	
23.00	Other- (Specify)		-	-	-	
24.00	Other- (Specify)		-	-	-	
25.00	Other- (Specify)		-	-	-	
26.00	Other- (Specify)		-	-	-	
	Subtotal Fringe Benefits (Lines 19.00 thru 26.00)		\$ 16,205,442	\$ 8,628,836	\$ 7,576,607	
	Total Salaries & Fringe Benefits		\$ 47,037,009	\$ 25,057,004	\$ 21,980,005	
	Total Capital Related, Salaries, and Fringe Benefits		\$ 48,107,973	\$ 25,532,703	\$ 22,575,270	
Administrative and General						
27.00	Administrative		\$ 15,653	\$ -	\$ -	\$ 15,653
28.00	Legal		-	-	-	-
29.00	Accounting		-	-	-	-
30.00	Advertising		-	-	-	-
31.00	Consulting Expenses		16,260	-	-	16,260
32.00	Contracted Labor		-	-	-	-
33.00	Interest - Other		-	-	-	-
34.00	Training		290,131	-	-	290,131
35.00	General Insurance		84,000	-	-	84,000
36.00	Supplies		147,733	-	-	147,733
37.00	Bad Debt		-	-	-	-
38.00	Plant Operations and Maintenance		1,241,181	-	-	1,241,181
39.00	Housekeeping		17,570	-	-	17,570
40.00	Utilities		249,201	-	-	249,201
41.00	Medical Supplies		106,431	106,431	-	-
42.00	Minor Medical Equipment		-	-	-	-
43.00	Minor Equipment		-	-	-	-
44.00	Fines and Penalties		-	-	-	-
45.00	Fleet Maintenance		-	-	-	-
46.00	Communications		71,737	-	-	71,737
47.00	Recruit Academy		-	-	-	-
48.00	Dispatch Service		-	-	-	-
49.00	Logistics		-	-	-	-
50.00	Postage		971	-	-	971
51.00	Dues and Subscriptions		27,284	-	-	27,284
52.00	Other - Capital Related Costs		-	-	-	-
53.00	Contracted Services - MTS		-	-	-	-
54.00	Contracted Services - MTS Billing		262,583	262,583	-	-
55.00	Other- (Specify)		-	-	-	-
56.00	Other- (Specify)		-	-	-	-
57.00	Other- (Specify)		-	-	-	-
	Total Administrative & General		\$ 2,530,736	\$ 369,014	\$ -	\$ 2,161,721
	Total Fire District / Agency		\$ 50,638,709	\$ 25,901,717	\$ 22,575,270	\$ 2,161,721

SCHEDULE 2 - MEDICAL TRANSPORTATION SERVICES (MTS) EXPENSE

Fire Department / Agency Name: AURORA FIRE DEPARTMENT
National Provider Identification: 1114133246

Fiscal Year Ended: December 31, 2023

Line No.	Cost Center	General Ledger Account Number	1 MTS Expense	2 Allocated Direct Service Cost <i>Fr Sch 4, Col 5</i>	3 Total Reclassifications <i>Fr Sch 6, Cols 4 & 7</i>	4 Total Adjustments <i>Fr Sch 7, Col 1</i>	5 Total MTS Expense <i>To Sch 1, Col 2</i>
Capital Related							
1.00	Depreciation - Buildings and Improvements		\$ 148,861	\$ -	\$ -	\$ -	\$ 148,861
2.00	Depreciation - Leasehold Improvements		-	-	-	-	-
3.00	Depreciation - Equipment		326,838	-	-	-	326,838
4.00	Depreciation and Amortization - Other		-	-	-	-	-
5.00	Leases and Rentals		-	-	-	-	-
6.00	Property Taxes		-	-	-	-	-
7.00	Property Insurance		-	-	-	-	-
8.00	Interest - Property, Plant, and Equipment		-	-	-	-	-
9.00	Other- (Specify)		-	-	-	-	-
10.00	Other- (Specify)		-	-	-	-	-
	Total Capital Related (Lines 1.00 thru 10.00)		\$ 475,699	\$ -	\$ -	\$ -	\$ 475,699
Salaries							
11.00	Administrative Chief		\$ -	\$ 4,212,590	\$ -	\$ -	\$ 4,212,590
12.00	Chief		-	-	-	-	-
13.00	Non-MTS Salaries		-	-	-	-	-
14.00	MTS Salaries		12,215,578	-	-	-	12,215,578
15.00	Other- (Specify)		-	-	-	-	-
16.00	Other- (Specify)		-	-	-	-	-
17.00	Other- (Specify)		-	-	-	-	-
18.00	Other- (Specify)		-	-	-	-	-
	Subtotal Salaries (Lines 11.00 thru 18.00)		\$ 12,215,578	\$ 4,212,590	\$ -	\$ -	\$ 16,428,168
Fringe Benefits							
19.00	Administrative Chief		\$ -	\$ 2,332,400	\$ -	\$ -	\$ 2,332,400
20.00	Chief		-	-	-	-	-
21.00	Non-MTS Salaries		-	-	-	-	-
22.00	MTS Salaries		6,296,436	-	-	-	6,296,436
23.00	Other- (Specify)		-	-	-	-	-
24.00	Other- (Specify)		-	-	-	-	-
25.00	Other- (Specify)		-	-	-	-	-
26.00	Other- (Specify)		-	-	-	-	-
	Subtotal Fringe Benefits (Lines 19.00 thru 26.00)		\$ 6,296,436	\$ 2,332,400	\$ -	\$ -	\$ 8,628,836
	Total Salaries & Fringe Benefits		\$ 18,512,014	\$ 6,544,990	\$ -	\$ -	\$ 25,057,004
	Total Capital Related, Salaries, and Fringe Benefits		\$ 18,987,713	\$ 6,544,990	\$ -	\$ -	\$ 25,532,703
Administrative and General							
27.00	Administrative		\$ -	-	\$ -	\$ -	\$ -
28.00	Legal		-	-	-	-	-
29.00	Accounting		-	-	-	-	-
30.00	Advertising		-	-	-	-	-
31.00	Consulting Expenses		-	-	-	-	-
32.00	Contracted Labor		-	-	-	-	-
33.00	Interest - Other		-	-	-	-	-
34.00	Training		-	-	-	-	-
35.00	General Insurance		-	-	-	-	-
36.00	Supplies		-	-	-	-	-
37.00	Bad Debt		-	-	-	-	-
38.00	Plant Operations and Maintenance		-	-	-	-	-
39.00	Housekeeping		-	-	-	-	-
40.00	Utilities		-	-	-	-	-
41.00	Medical Supplies		106,431	-	-	-	106,431
42.00	Minor Medical Equipment		-	-	-	-	-
43.00	Minor Equipment		-	-	-	-	-
44.00	Fines and Penalties		-	-	-	-	-
45.00	Fleet Maintenance		-	-	-	-	-
46.00	Communications		-	-	-	-	-
47.00	Recruit Academy		-	-	-	-	-
48.00	Dispatch Service		-	-	-	-	-
49.00	Logistics		-	-	-	-	-
50.00	Postage		-	-	-	-	-
51.00	Dues and Subscriptions		-	-	-	-	-
52.00	Other - Capital Related Costs		-	-	-	-	-
53.00	Contracted Services - MTS		-	-	-	-	-
54.00	Contracted Services - MTS Billing		262,583	-	-	-	262,583
55.00	Other- (Specify)		-	-	-	-	-
56.00	Other- (Specify)		-	-	-	-	-
57.00	Other- (Specify)		-	-	-	-	-
	Total Administrative & General		\$ 369,014	\$ -	\$ -	\$ -	\$ 369,014
	Total Fire District / Agency		\$ 19,356,728	\$ 6,544,990	\$ -	\$ -	\$ 25,901,717

SCHEDULE 3 - NON-MTS EXPENSE

Fire Department / Agency Name: AURORA FIRE DEPARTMENT
National Provider Identification: 1114133246

Fiscal Year Ended: December 31, 2023

Line No.	Cost Center	General Ledger Account Number	1 NON-MTS Expense	2 Allocated Direct Service Costs <i>Fr Sch 4, Col 6</i>	3 Total Reclassifications <i>Fr Sch 6, Cols 4 & 7</i>	4 Total Adjustments <i>Fr Sch 7, Col 1</i>	5 Total NON-MTS Expense <i>To Sch 1, Col 3</i>
Capital Related							
1.00	Depreciation - Buildings and Improvements		\$ 63,797	\$ -	\$ -	\$ -	\$ 63,797
2.00	Depreciation - Leasehold Improvements		-	-	-	-	-
3.00	Depreciation - Equipment		492,690	-	-	-	492,690
4.00	Depreciation and Amortization - Other		38,778	-	-	-	38,778
5.00	Leases and Rentals		-	-	-	-	-
6.00	Property Taxes		-	-	-	-	-
7.00	Property Insurance		-	-	-	-	-
8.00	Interest - Property, Plant, and Equipment		-	-	-	-	-
9.00	Other- (Specify)		-	-	-	-	-
10.00	Other- (Specify)		-	-	-	-	-
	Total Capital Related (Lines 1.00 thru 10.00)		\$ 595,265	\$ -	\$ -	\$ -	\$ 595,265
Salaries							
11.00	Administrative Chief		\$ -	\$ 1,053,148	\$ -	\$ -	\$ 1,053,148
12.00	Chief		-	-	-	-	-
13.00	Non-MTS Salaries		13,350,250	-	-	-	13,350,250
14.00	MTS Salaries		-	-	-	-	-
15.00	Other- (Specify)		-	-	-	-	-
16.00	Other- (Specify)		-	-	-	-	-
17.00	Other- (Specify)		-	-	-	-	-
18.00	Other- (Specify)		-	-	-	-	-
	Subtotal Salaries (Lines 11.00 thru 18.00)		\$ 13,350,250	\$ 1,053,148	\$ -	\$ -	\$ 14,403,398
Fringe Benefits							
19.00	Administrative Chief		\$ -	\$ 583,100	\$ -	\$ -	\$ 583,100
20.00	Chief		-	-	-	-	-
21.00	Non-MTS Salaries		6,993,507	-	-	-	6,993,507
22.00	MTS Salaries		-	-	-	-	-
23.00	Other- (Specify)		-	-	-	-	-
24.00	Other- (Specify)		-	-	-	-	-
25.00	Other- (Specify)		-	-	-	-	-
26.00	Other- (Specify)		-	-	-	-	-
	Subtotal Fringe Benefits (Lines 19.00 thru 26.00)		\$ 6,993,507	\$ 583,100	\$ -	\$ -	\$ 7,576,607
	Total Salaries & Fringe Benefits		\$ 20,343,757	\$ 1,636,247	\$ -	\$ -	\$ 21,980,005
	Total Capital Related, Salaries, and Fringe Benefits		\$ 20,939,023	\$ 1,636,247	\$ -	\$ -	\$ 22,575,270
Administrative and General							
27.00	Administrative		\$ -	-	\$ -	\$ -	\$ -
28.00	Legal		-	-	-	-	-
29.00	Accounting		-	-	-	-	-
30.00	Advertising		-	-	-	-	-
31.00	Consulting Expenses		-	-	-	-	-
32.00	Contracted Labor		-	-	-	-	-
33.00	Interest - Other		-	-	-	-	-
34.00	Training		-	-	-	-	-
35.00	General Insurance		-	-	-	-	-
36.00	Supplies		-	-	-	-	-
37.00	Bad Debt		-	-	-	-	-
38.00	Plant Operations and Maintenance		-	-	-	-	-
39.00	Housekeeping		-	-	-	-	-
40.00	Utilities		-	-	-	-	-
41.00	Medical Supplies		-	-	-	-	-
42.00	Minor Medical Equipment		-	-	-	-	-
43.00	Minor Equipment		-	-	-	-	-
44.00	Fines and Penalties		-	-	-	-	-
45.00	Fleet Maintenance		-	-	-	-	-
46.00	Communications		-	-	-	-	-
47.00	Recruit Academy		-	-	-	-	-
48.00	Dispatch Service		-	-	-	-	-
49.00	Logistics		-	-	-	-	-
50.00	Postage		-	-	-	-	-
51.00	Dues and Subscriptions		-	-	-	-	-
52.00	Other - Capital Related Costs		-	-	-	-	-
53.00	Contracted Services - MTS		-	-	-	-	-
54.00	Contracted Services - MTS Billing		-	-	-	-	-
55.00	Other- (Specify)		-	-	-	-	-
56.00	Other- (Specify)		-	-	-	-	-
57.00	Other- (Specify)		-	-	-	-	-
	Total Administrative & General		\$ -	\$ -	\$ -	\$ -	\$ -
	Total Fire District / Agency		\$ 20,939,023	\$ 1,636,247	\$ -	\$ -	\$ 22,575,270

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

Fire Department / Agency Name: AURORA FIRE DEPARTMENT
National Provider Identification: 1114133246

Fiscal Year Ended: December 31, 2023

Line No.	Cost Center	General Ledger Account Number	1 Expense to be Apportioned	2 Total Reclassifications (A) Fr Sch 6, Cols 4 & 7	3 Total Adjustments (B) Fr Sch 7, Col 1	4 Net Expense to be Apportioned	5 MTS Allocation 0.00%	6 NON-MTS Allocation 0.00%
Capital Related								
1.00	Depreciation - Buildings and Improvements		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
2.00	Depreciation - Leasehold Improvements		-	-	-	-	-	-
3.00	Depreciation - Equipment		-	-	-	-	-	-
4.00	Depreciation and Amortization - Other		-	-	-	-	-	-
5.00	Leases and Rentals		-	-	-	-	-	-
6.00	Property Taxes		-	-	-	-	-	-
7.00	Property Insurance		-	-	-	-	-	-
8.00	Interest - Property, Plant, and Equipment		-	-	-	-	-	-
9.00	Other- (Specify)		-	-	-	-	-	-
10.00	Other- (Specify)		-	-	-	-	-	-
Total Capital Related (Lines 1.00 thru 10.00)			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Capital Related Allocation Statistics for Direct Service Cost Allocation		
Description	Square Ft	Factor
MTS Square Footage	-	0.00%
Non-MTS Square Footage	-	0.00%
Total Square Feet to be Apportioned	-	0.00%

Line No.	Cost Center	Account Number	1 Expense to be Apportioned	2 Total Reclassifications (A) Fr Sch 6, Cols 4 & 7	3 Total Adjustments (B) Fr Sch 7, Col 1	4 Net Expense to be Apportioned	5 MTS Allocation 80.00%	6 NON-MTS Allocation 20.00%
Salaries								
11.00	Administrative Chief		\$ 5,265,738	\$ -	\$ -	\$ 5,265,738	\$ 4,212,590	\$ 1,053,148
12.00	Chief		-	-	-	-	-	-
13.00	Non-MTS Salaries		-	-	-	-	-	-
14.00	MTS Salaries		-	-	-	-	-	-
15.00	Other- (Specify)		-	-	-	-	-	-
16.00	Other- (Specify)		-	-	-	-	-	-
17.00	Other- (Specify)		-	-	-	-	-	-
18.00	Other- (Specify)		-	-	-	-	-	-
Subtotal Salaries (Lines 11.00 thru 18.00)			\$ 5,265,738	\$ -	\$ -	\$ 5,265,738	\$ 4,212,590	\$ 1,053,148
Fringe Benefits								
19.00	Administrative Chief		\$ 2,915,500	\$ -	\$ -	\$ 2,915,500	\$ 2,332,400	\$ 583,100
20.00	Chief		-	-	-	-	-	-
21.00	Non-MTS Salaries		-	-	-	-	-	-
22.00	MTS Salaries		-	-	-	-	-	-
23.00	Other- (Specify)		-	-	-	-	-	-
24.00	Other- (Specify)		-	-	-	-	-	-
25.00	Other- (Specify)		-	-	-	-	-	-
26.00	Other- (Specify)		-	-	-	-	-	-
Subtotal Fringe Benefits (Lines 19.00 thru 26.00)			\$ 2,915,500	\$ -	\$ -	\$ 2,915,500	\$ 2,332,400	\$ 583,100
Total Salaries & Fringe Benefits			\$ 8,181,237	\$ -	\$ -	\$ 8,181,237	\$ 6,544,990	\$ 1,636,247

Salaries/Benefits Allocation Statistics for Direct Service Cost Allocation		
Description	Total Hrs	Factor
Hours Logged for MTS Duty	80	80.00%
Hours Logged for NON-MTS Duty	20	20.00%
Total Hours to be Apportioned	100	100.00%

SCHEDULE 5 - ALLOCATION OF ADMINISTRATION & GENERAL

Fire Department / Agency Name: AURORA FIRE DEPARTMENT
National Provider Identification: 1114133246

Fiscal Year Ended: December 31, 2023

Line No.	Cost Center	General Ledger Account Number	1 Expense to be Apportioned ** See Note Below	2 Total Reclassifications Fr Sch 6, Cols 4 & 7	3 Total Adjustments Fr Sch 7, Col 1	4 Net Expense to be Apportioned	5 MTS Allocation 53.43%	6 NON-MTS Allocation 46.57%
Administrative and General								
27.00	Administrative		\$ 15,653	\$ -	\$ -	\$ 15,653	\$ 8,364	\$ 7,290
28.00	Legal			-	-	-	-	-
29.00	Accounting			-	-	-	-	-
30.00	Advertising			-	-	-	-	-
31.00	Consulting Expenses		16,260	-	-	16,260	8,688	7,572
32.00	Contracted Labor			-	-	-	-	-
33.00	Interest - Other			-	-	-	-	-
34.00	Training		290,131	-	-	290,131	155,020	135,111
35.00	General Insurance		84,000	-	-	84,000	44,882	39,118
36.00	Supplies		147,733	-	-	147,733	78,935	68,798
37.00	Bad Debt			-	-	-	-	-
38.00	Plant Operations and Maintenance		1,241,181	-	-	1,241,181	663,175	578,006
39.00	Housekeeping		17,570	-	-	17,570	9,388	8,182
40.00	Utilities		249,201	-	-	249,201	133,150	116,050
41.00	Medical Supplies			-	-	-	-	-
42.00	Minor Medical Equipment			-	-	-	-	-
43.00	Minor Equipment			-	-	-	-	-
44.00	Fines and Penalties			-	-	-	-	-
45.00	Fleet Maintenance			-	-	-	-	-
46.00	Communications		71,737	-	-	71,737	38,330	33,407
47.00	Recruit Academy			-	-	-	-	-
48.00	Dispatch Service			-	-	-	-	-
49.00	Logistics			-	-	-	-	-
50.00	Postage		971	-	-	971	519	452
51.00	Dues and Subscriptions		27,284	-	-	27,284	14,578	12,706
52.00	Other - Capital Related Costs			-	-	-	-	-
53.00	Contracted Services - MTS			-	-	-	-	-
54.00	Contracted Services - MTS Billing			-	-	-	-	-
55.00	Other- (Specify)			-	-	-	-	-
56.00	Other- (Specify)			-	-	-	-	-
57.00	Other- (Specify)			-	-	-	-	-
Total Administrative & General			\$ 2,161,721	\$ -	\$ -	\$ 2,161,721	\$ 1,155,028	\$ 1,006,693

**** If an Indirect Cost Factor is being applied on W/S 9, the Administration & General cost allocation will not be applied.**

- (A) REMINDER THAT THE AMOUNTS FROM SCH 6 , COLUMNS 4 AND 7 MUST BE MANUALLY TRANSFERRED TO THIS COLUMN**
- (B) REMINDER THAT THE AMOUNTS FROM SCH 7 , COLUMN 1 MUST BE MANUALLY TRANSFERRED TO THIS COLUMN**

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	Accumulated Expense	Factor
Accumulated Cost of MTS Services (from Sch 2, Col 5)	\$ 25,901,717	53.43%
Accumulated Cost of NON-MTS Services (from Sch 3, Col 5)	\$ 22,575,270	46.57%
Total Accumulated Cost of MTS and NON-MTS Services	\$ 48,476,987	100.00%

SCHEDULE 6 - RECLASSIFICATION OF EXPENSES

Fire Department / Agency: AURORA FIRE DEPARTMENT
National Provider Identification: 1114133246

Fiscal Year Ended: December 31, 2023

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

SCHEDULE 7 - ADJUSTMENTS TO EXPENSES

Fire Department / Agency: AURORA FIRE DEPARTMENT
National Provider Identification: 1114133246

Fiscal Year Ended: December 31, 2023

Description	Basis for Adjustment (A or B)	Amount Increase / (Decrease)	Cost Center	Schedule	C/R Line No.
	1	2			
1.		\$ -			
2.		-			
3.		-			
4.		-			
5.		-			
6.		-			
7.		-			
8.		-			
9.		-			
10.		-			
11.		-			
12.		-			
13.		-			
14.		-			
15.		-			
16.		-			
17.		-			
18.		-			
19.		-			
20.		-			
21.		-			
22.		-			
23.		-			
24.		-			
25.		-			
26.		-			
27.		-			
28.		-			
29.		-			
30.		-			
Total		\$ -			

SCHEDULE 8 - REVENUE / FUNDING SOURCES

Fire Department / Agency: AURORA FIRE DEPARTMENT
National Provider Identification: 1114133246

Fiscal Year Ended: December 31, 2023

NOTE - If necessary, Please adjust the Quarter periods in Row 9, Columns 2 thru 5, to your specific cost reporting period

A	1	2	3	4	5	6
		Qtr 1	Qtr 2	Qtr 3	Qtr 4	
MEDICAID FEE FOR SERVICE (FFS) REVENUE FROM TRANSPORTS		January 1 thru March 31	April 1 thru June 30	July 1 thru September 30	October 1 thru December 31	Total
1.	Medicaid Fee for Service	\$ 219,961	\$ 256,561	\$ 226,677	\$ 187,399	\$ 890,598
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) *					-
Total Medicaid FFS Revenue from Transports (To Sch 9, Line 13)		\$ 219,961	\$ 256,561	\$ 226,677	\$ 187,399	\$ 890,598
B	1	2	3	4	5	6
		Qtr 1	Qtr 2	Qtr 3	Qtr 4	
OTHER MEDICAID REVENUE FROM TRANSPORTS		January 1 thru March 31	April 1 thru June 30	July 1 thru September 30	October 1 thru December 31	Total
7.	Medicaid Managed Care			\$ 34	\$ 559	593
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) **					-
Total Other Revenue from Medicaid Managed Care Transports		\$ -	\$ -	\$ 34	\$ 559	\$ 593
C	1	2		3		4
		MTS		NON-MTS		Total
OTHER REVENUE / FUNDING SOURCES						
13.	AUTO INSURANCE			\$ 121,981		\$ 121,981
14.	FACILITY			5,895		5,895
15.	MEDICARE			1,146,712		1,146,712
16.	MEDICARE HMO			950,645		950,645
17.	PATIENT			25,394		25,394
18.	PRIVATE INSURANCE			1,898,604		1,898,604
19.						-
20.						-
21.						-
22.						-
23.						-
24.						-
25.						-
26.						-
27.						-
28.						-
29.						-
30.						-
31.						-
32.						-
33.						-
34.						-
35.						-
36.						-
37.						-
38.						-
39.						-
40.						-
Total Other Revenue				\$ 4,149,231	\$ -	\$4,149,231
GRAND TOTAL [a+b+c]						\$5,040,422

SCHEDULE 9 - FINAL SETTLEMENT CALCULATION

Fire Department / Agency: **AURORA FIRE DEPARTMENT**
National Provider Identification: **1114133246**

Fiscal Year Ended: **December 31, 2023**

Average Cost per EMT Service																																								
1. Cost of MTS Services (from Sch 2)			\$ 25,901,717																																					
2. Indirect Cost Factor Based on MTS 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%	0																																					
5. Administration & General Allocation from Sch 5 (A)			\$ 1,155,028																																					
6. Administration & General to be included			<u>1,155,028</u>																																					
7. Grand Total of MTS Expense (Sum lines 1 thru 4)			<u><u>\$ 27,056,746</u></u>																																					
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" rowspan="2"></th> <th colspan="2" style="text-align: center;">IL Medicaid</th> <th rowspan="2" style="text-align: center;">All Other Payers</th> </tr> <tr> <th style="text-align: center;">Managed Care</th> <th style="text-align: center;">Fee for Service</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">Column 1</td> <td style="text-align: center;">Column 2</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">Qtr 1</td> <td style="text-align: center;">January 1 through March 31</td> <td></td> <td style="text-align: center;">1143</td> <td style="text-align: center;">2160</td> </tr> <tr> <td style="text-align: center;">Qtr 2</td> <td style="text-align: center;">April 1 through June 30</td> <td></td> <td style="text-align: center;">1286</td> <td style="text-align: center;">2158</td> </tr> <tr> <td style="text-align: center;">Qtr 3</td> <td style="text-align: center;">July 1 through September 30</td> <td style="text-align: center;">2</td> <td style="text-align: center;">1252</td> <td style="text-align: center;">2313</td> </tr> <tr> <td style="text-align: center;">Qtr 4</td> <td style="text-align: center;">October 1 through December 31</td> <td style="text-align: center;">2</td> <td style="text-align: center;">1021</td> <td style="text-align: center;">2422</td> </tr> <tr> <td></td> <td style="text-align: center;">TOTAL Transports</td> <td style="text-align: center;">4</td> <td style="text-align: center;">4702</td> <td style="text-align: center;">9053</td> </tr> </tbody> </table> <p style="color: red; margin-top: 5px;"><i>-If necessary, Please adjust the Quarter periods in #8, Column 2, to your specific cost reporting period</i></p>						IL Medicaid		All Other Payers	Managed Care	Fee for Service	Column 1	Column 2				Qtr 1	January 1 through March 31		1143	2160	Qtr 2	April 1 through June 30		1286	2158	Qtr 3	July 1 through September 30	2	1252	2313	Qtr 4	October 1 through December 31	2	1021	2422		TOTAL Transports	4	4702	9053
		IL Medicaid				All Other Payers																																		
		Managed Care	Fee for Service																																					
Column 1	Column 2																																							
Qtr 1	January 1 through March 31		1143	2160																																				
Qtr 2	April 1 through June 30		1286	2158																																				
Qtr 3	July 1 through September 30	2	1252	2313																																				
Qtr 4	October 1 through December 31	2	1021	2422																																				
	TOTAL Transports	4	4702	9053																																				
8. Number of MTS Transports			<u>13,759</u>																																					
9. Average Cost per MTS Transports (Line 7/Line 8)			<u><u>\$ 1,966</u></u>																																					

(A) In most cases, when an Indirect Cost Factor is being applied, there should be no Administration & General cost allocated. If you are allocating expenses from Schedule 5, do not change any of the information for questions 2, 3 and 4.

SCHEDULE 10 - NOTES

Fire Department / Agency: **AURORA FIRE DEPARTMENT**
National Provider Identification: **1114133246**

Fiscal Year Ended: **December 31, 2023**

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

If any schedules were left blank, please explain why.

Sch	Explanation