

RESOLUTION NUMBER 7777

WHEREAS, the Centers for Medicare and Medicaid Services allows states to establish alternative payment methodologies for certain classes of providers, including ambulance providers; and

WHEREAS, said program allows for higher Medicaid reimbursement for public ambulance services; and

WHEREAS, on November 17, 2025, the City of Beatrice, Nebraska (“City”) entered into a Public Consulting Group Emergency Services Agreement with Public Consulting Group, LLC, to assist the City in analyzing and reporting costs to secure higher Medicaid reimbursement for the City’s ambulance services; and

WHEREAS, pursuant to said agreement, Public Consulting Group, LLC has developed a Ground Emergency Medical Transportation (“GEMT”) Cost Report with proposed adjustments for FY2024; and

WHEREAS, the Mayor and City Council for the City of Beatrice, Nebraska desire to authorize the Fire Chief, Finance Director, and City Administrator to execute the FY2024 GEMT Cost Report, any and all other Cost Reports, and any and all other documents necessary for the Public Consulting Group Emergency Services Agreement with Public Consulting Group, LLC.

NOW, THEREFORE, BE IT RESOLVED BY THE MAYOR AND CITY COUNCIL OF THE CITY OF BEATRICE, NEBRASKA:

SECTION 1. That the Fire Chief, Finance Director, and City Administrator are hereby authorized to execute the FY2024 GEMT Cost Report, any and all other Cost Reports, and any and all other documents necessary for the Public Consulting Group Emergency Services Agreement

with Public Consulting Group, LLC. A copy of said FY2024 GEMT Cost Report, marked as Exhibit "A", is attached hereto and incorporated by reference.

SECTION 2. That all resolutions or parts of resolutions in conflict are hereby repealed.

RESOLUTION PASSED AND ADOPTED this 4th day of May, 2026.

Attest:


Erin Saathoff, MMC, City Clerk


Robert Morgan, Mayor

Exhibit 'A'



MYERS AND STAUFFER LC
CERTIFIED PUBLIC ACCOUNTANTS

April 21, 2026

Brian Daake
Fire Chief
Beatrice Fire & Rescue
115 N 6th St
Beatrice, NE 63810

Re: **Agreed Upon Procedures Adjusted Ground Emergency Medical Transportation Cost Report**

NPI: 1649203720
Provider Name: Beatrice Fire & Rescue
Fiscal Year End: September 30, 2024

Dear Brian Daake:

Enclosed is Beatrice Fire & Rescue’s ground emergency medical transportation (GEMT) cost report proposed adjustments for the year ended September 30, 2024. Procedures agreed upon with the Nebraska Department of Health and Human Services (DHHS) were performed by Myers and Stauffer LC (MSLC), and resulted in the “as-adjusted cost report” totals below and the enclosed proposed adjustment report. The proposed adjustments provide you with the opportunity to seek an explanation or correction of an adjustment prior to the cost report being finalized. A summary of the results are as follows:

		As Filed Cost Report	As Adjusted Cost Report	Proposed Adjustment
1.	Grand total of GEMT Expense	\$3,082,630.22	\$3,082,630.22	\$0
2.	Grand Total Number of Transports	2,305	2,296	(9)
3.	Average Cost per GEMT Transports ¹	\$1,337.37	\$1,342.61	\$5.24

Note: See page 2 for footnotes.

Following your review of the GEMT cost report adjustments, please respond as follows:

1. If no disagreements exist, indicate this and state no further documentation is needed. Sign, date, and submit the enclosed representation letter.
2. If disagreements exist, submit a letter detailing any additional concerns or issues that need to be addressed. Include related documentation and rule citations with all disagreements.

Send all documents via the web portal, no later than **May 5, 2026**. The reviewer will review the information and schedule a conference call, if necessary, to discuss any remaining issues.

If no response is received by the above due date, DHHS will be sent the adjusted cost report and related adjustments to be used in the final calculation.

Information and notification should be addressed as follows, and uploaded to the web portal address below:

David Artidiello
Myers and Stauffer LC
Web Portal Site: <https://dsh.mslc.com>
E-mail: mslc-negemt@mslc.com

Thank you for your assistance during the process.

Sincerely,



David Artidiello
Enclosure

Footnote¹: Line 3 above is calculated by dividing line 1 by line 2. The average cost per GEMT Transports will be used by DHHS to calculate the capitation payment applicable to the cost report year under review.

**GROUND EMERGENCY MEDICAL TRANSPORTATION
 MEDICAID COST REPORT
 GENERAL INFORMATION AND CERTIFICATION**

1. Name of Fire Department / Agency: Beatrice Fire & Rescue		2. EIN 47-6006092	3. National Provider Identification (NPI): 1649203720
4. Doing Business As (DBA): 0		5. Tax ID 0	6. Facility Business Phone: (402) 228-5246
7. Fire District/Agency Street Address: 115 N 6th St		8. City: Beatrice	9. Zip Code: 63810
10. Mailing Address - Street or P.O. Box (if different): 0		11. City: 0	12. Zip Code: 00000
13. Name of Person Signing and Certifying Report: Brian Daake			
14. Report Contact Person: Brian Daake		15. Phone Number: (402) 228-5246	Phone Ext: -
16. Mailing Address - Street or P. O. Box: 115 N 6th St		17. City: Beatrice	18. State: NE
			19. Zip Code: 63810
20. Previous Name of Fire District/Agency if Changed Since Previous Report: N/A			21. Date of Change: N/A
22. Does your organization use another entity to provide Ambulance services? No		23. Date Range of Ambulance Service Agreement: No	
24. Does your organization use another entity to provide billing for Ambulance services? No		25. Are billing services paid on a Flat Rate or a Percentage: N/A	
26. Reporting Period Begin: October 1, 2023		27. Reporting Period End: September 30, 2024	
28. Average Cost Per GEMT Transport \$ 1,342.61			

0
0

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.

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 state statutes.

January 0, 1900
 Date of Signature

Beatrice Fire & Rescue
 Name of Fire District/Agency

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

Title: Fire Chief
 Address: 115 N 6th St
 Beatrice, NE, 63810
 0
 Email: bdaake@beatrice.ne.gov

NOTICE

Please be advised that submission of cost reports for items or services which were not provided; are not reimbursable under the Medicaid Managed Care 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 state Statutes.

CHECK FIGURE

Total Reported Expenses (Before Allocation of Expenses - From Sch 1)	\$	3,463,537
Total Reported Expenses (After Allocation of Expenses - From Sch 2 thru 5)	\$	3,463,537
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.):</p> <p>Public</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>		X	

PROVIDER COST REPORT REIMBURSEMENT QUESTIONNAIRE			
	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:

- a. Audited; X
- b. Compiled; and X
- c. Reviewed. X

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

2. Cost report total expenses and total revenues differ from those on the filed financial statement. If "yes", submit reconciliation. X

C. Emergency Transport Data

Provider records only were used to complete the cost report? X

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.

1. Provider use a specific system to report claimed Medicaid emergency transports? X
If yes, upon request, provide the Medicaid recipient details of the emergency transports (such as driver manifest, call operator logs, etc.).

SCHEDULE 1 - TOTAL EXPENSE

Fire Department / Agency Name: Beatrice Fire & Rescue
National Provider Identification: 1649203720

Fiscal Year Ended: September 30, 2024

Line No.	Cost Center	General Ledger Account	Col 1	Col 2	Col 3	Col 4
			Total Expense	GEMT Expense	NON-GEMT 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		\$ 203,459	\$ 189,917	\$ 13,542	
2.00	Depreciation - Leasehold Improvements		\$ -	\$ -	\$ -	
3.00	Depreciation - Equipment		\$ 192,892	\$ 87,573	\$ 105,318	
4.00	Depreciation and Amortization - Other		\$ -	\$ -	\$ -	
5.00	Leases and Rentals		\$ 4,063	\$ 3,818	\$ 245	
6.00	Property Taxes		\$ -	\$ -	\$ -	
7.00	Property Insurance		\$ -	\$ -	\$ -	
8.00	Interest - Property, Plant, and Equipment		\$ -	\$ -	\$ -	
9.00	Other Capital Costs		\$ 26,410	\$ 5,867	\$ 20,543	
10.00	Other - (Specify)		\$ -	\$ -	\$ -	
10.01	<i>Total Capital Related (Lines 1.00 thru 10.00)</i>		\$ 426,824	\$ 287,176	\$ 139,648	
Salaries						
11.00	Administrative Chief		\$ -	\$ -	\$ -	
12.00	Chief		\$ -	\$ -	\$ -	
13.00	Non-GEMT Salaries		\$ 1,862,366	\$ 1,748,095	\$ 114,272	
14.00	GEMT Salaries		\$ 37,342	\$ 35,089	\$ 2,253	
15.00	Other - (Specify)		\$ -	\$ -	\$ -	
16.00	Other - (Specify)		\$ -	\$ -	\$ -	
17.00	Other - (Specify)		\$ -	\$ -	\$ -	
18.00	Other - (Specify)		\$ -	\$ -	\$ -	
18.01	<i>Subtotal Salaries (Lines 11.00 thru 18.00)</i>		\$ 1,899,709	\$ 1,783,184	\$ 116,525	
Fringe Benefits						
19.00	Administrative Chief		\$ -	\$ -	\$ -	
20.00	Chief		\$ -	\$ -	\$ -	
21.00	Non-GEMT Salaries		\$ 866,345	\$ 814,075	\$ 52,270	
22.00	GEMT Salaries		\$ -	\$ -	\$ -	
23.00	Other - (Specify)		\$ -	\$ -	\$ -	
24.00	Other - (Specify)		\$ -	\$ -	\$ -	
25.00	Other - (Specify)		\$ -	\$ -	\$ -	
26.00	Other - (Specify)		\$ -	\$ -	\$ -	
26.01	<i>Subtotal Fringe Benefits (Lines 19.00 thru 26.00)</i>		\$ 866,345	\$ 814,075	\$ 52,270	
26.02	<i>Total Salaries & Fringe Benefits</i>		\$ 2,766,053	\$ 2,597,259	\$ 168,795	
26.03	<i>Total Capital Related, Salaries, and Fringe Benefits</i>		\$ 3,192,877	\$ 2,884,435	\$ 308,443	
Administrative and General						
27.00	Administrative		\$ 8,142	\$ -	\$ -	\$ 8,142
28.00	Legal		\$ -	\$ -	\$ -	\$ -
29.00	Accounting		\$ -	\$ -	\$ -	\$ -
30.00	Advertising		\$ -	\$ -	\$ -	\$ -
31.00	Consulting Expenses		\$ -	\$ -	\$ -	\$ -
32.00	Contracted Labor		\$ 9,826	\$ -	\$ 4,289	\$ 5,537
33.00	Interest - Other		\$ -	\$ -	\$ -	\$ -
34.00	Training		\$ 24,847	\$ 18,217	\$ -	\$ 6,629
35.00	General Insurance		\$ 9,412	\$ -	\$ -	\$ 9,412
36.00	Supplies		\$ 47,313	\$ 7,402	\$ 37,055	\$ 2,856
37.00	Bad Debt		\$ -	\$ -	\$ -	\$ -

SCHEDULE 1 - TOTAL EXPENSE

Fire Department / Agency Name: Beatrice Fire & Rescue
 National Provider Identification: 1649203720

Fiscal Year Ended: September 30, 2024

Line No.	Cost Center	General Ledger Account	Col 1	Col 2	Col 3	Col 4
			Total Expense	GEMT Expense	NON-GEMT Expense	Administration & General
			Col 2 + Col 3 + Col 4	Fr Sch 2, Col 5	Fr Sch 3, Col 5	Fr Sch 5, Col 1
38.00	Plant Operations and Maintenance		\$ -	\$ -	\$ -	\$ -
39.00	Housekeeping		\$ -	\$ -	\$ -	\$ -
40.00	Utilities		\$ 8,220	\$ -	\$ 920	\$ 7,300
41.00	Medical Supplies		\$ 55,934	\$ 55,934	\$ -	\$ -
42.00	Minor Medical Equipment		\$ -	\$ -	\$ -	\$ -
43.00	Minor Equipment		\$ 33,623	\$ 24,146	\$ 9,477	\$ -
44.00	Fines and Penalties		\$ -	\$ -	\$ -	\$ -
45.00	Fleet Maintenance		\$ 65,025	\$ 48,738	\$ 16,287	\$ -
46.00	Communications		\$ -	\$ -	\$ -	\$ -
47.00	Recruit Academy		\$ -	\$ -	\$ -	\$ -
48.00	Dispatch Service		\$ -	\$ -	\$ -	\$ -
49.00	Logistics		\$ 1,771	\$ 1,771	\$ -	\$ -
50.00	Postage		\$ -	\$ -	\$ -	\$ -
51.00	Dues and Subscriptions		\$ 617	\$ 163	\$ -	\$ 454
52.00	Other - Capital Related Costs		\$ -	\$ -	\$ -	\$ -
53.00	Contracted Services - GEMT		\$ 5,929	\$ 5,929	\$ -	\$ -
54.00	Contracted Services - GEMT Billing		\$ -	\$ -	\$ -	\$ -
55.00	Other - (Specify)		\$ -	\$ -	\$ -	\$ -
56.00	Other - (Specify)		\$ -	\$ -	\$ -	\$ -
57.00	Other - (Specify)		\$ -	\$ -	\$ -	\$ -
57.01	<i>Total Administrative & General</i>		\$ 270,659	\$ 162,302	\$ 68,029	\$ 40,329
58.00	<i>Total GEMT Provider</i>		\$ 3,463,537	\$ 3,046,736	\$ 376,471	\$ 40,329

SCHEDULE 2 - GROUND EMERGENCY MEDICAL TRANSPORT (GEMT) EXPENSE

Fire Department / Agency Name: Beatrice Fire & Rescue
National Provider Identification: 1649203720

Fiscal Year Ended: September 30, 2024

Line No.	Cost Center	General Ledger	Col 1	Col 2	Col 3	Col 4	Col 5
			GEMT Expense	Allocated Direct Service Cost	Total Reclassifications	Total Adjustments	Total GEMT Expense
				Fr Sch 4, Col 5	Fr Sch 6, Cols 4 & 7	Fr Sch 7, Col 1	To Sch 1, Col 2
Capital Related							
1.00	Depreciation - Buildings and Improvements	0	\$ -	\$ 189,917	\$ -	\$ -	\$ 189,917
2.00	Depreciation - Leasehold Improvements	0	\$ -	\$ -	\$ -	\$ -	\$ -
3.00	Depreciation - Equipment	0	\$ 77,658	\$ 9,915	\$ -	\$ -	\$ 87,573
4.00	Depreciation and Amortization - Other	0	\$ -	\$ -	\$ -	\$ -	\$ -
5.00	Leases and Rentals	0	\$ -	\$ 3,818	\$ -	\$ -	\$ 3,818
6.00	Property Taxes	0	\$ -	\$ -	\$ -	\$ -	\$ -
7.00	Property Insurance	0	\$ -	\$ -	\$ -	\$ -	\$ -
8.00	Interest - Property, Plant, and Equipment	0	\$ -	\$ -	\$ -	\$ -	\$ -
9.00	Other Capital Costs	0	\$ 329,786	\$ -	\$ -	\$ (323,918)	\$ 5,867
10.00	Other - (Specify)	0	\$ -	\$ -	\$ -	\$ -	\$ -
10.01	<i>Total Capital Related (Lines 1.00 thru 10.00)</i>		\$ 407,444	\$ 203,651	\$ -	\$ (323,918)	\$ 287,176
Salaries							
11.00	Administrative Chief	0	\$ -	\$ -	\$ -	\$ -	\$ -
12.00	Chief	0	\$ -	\$ -	\$ -	\$ -	\$ -
13.00	Non-GEMT Salaries	0	\$ -	\$ 1,748,095	\$ -	\$ -	\$ 1,748,095
14.00	GEMT Salaries	0	\$ -	\$ 35,089	\$ -	\$ -	\$ 35,089
15.00	Other - (Specify)	0	\$ -	\$ -	\$ -	\$ -	\$ -
16.00	Other - (Specify)	0	\$ -	\$ -	\$ -	\$ -	\$ -
17.00	Other - (Specify)	0	\$ -	\$ -	\$ -	\$ -	\$ -
18.00	Other - (Specify)	0	\$ -	\$ -	\$ -	\$ -	\$ -
18.01	<i>Subtotal Salaries (Lines 11.00 thru 18.00)</i>		\$ -	\$ 1,783,184	\$ -	\$ -	\$ 1,783,184
Fringe Benefits							
19.00	Administrative Chief	0	\$ -	\$ -	\$ -	\$ -	\$ -
20.00	Chief	0	\$ -	\$ -	\$ -	\$ -	\$ -
21.00	Non-GEMT Salaries	0	\$ -	\$ 814,075	\$ -	\$ -	\$ 814,075
22.00	GEMT Salaries	0	\$ -	\$ -	\$ -	\$ -	\$ -
23.00	Other - (Specify)	0	\$ -	\$ -	\$ -	\$ -	\$ -
24.00	Other - (Specify)	0	\$ -	\$ -	\$ -	\$ -	\$ -
25.00	Other - (Specify)	0	\$ -	\$ -	\$ -	\$ -	\$ -
26.00	Other - (Specify)	0	\$ -	\$ -	\$ -	\$ -	\$ -
26.01	<i>Subtotal Fringe Benefits (Lines 19.00 thru 26.00)</i>		\$ -	\$ 814,075	\$ -	\$ -	\$ 814,075
26.02	<i>Total Salaries & Fringe Benefits</i>		\$ -	\$ 2,597,259	\$ -	\$ -	\$ 2,597,259
26.03	<i>Total Capital Related, Salaries, and Fringe Benefits</i>		\$ 407,444	\$ 2,800,909	\$ -	\$ (323,918)	\$ 2,884,435
Administrative and General							
27.00	Administrative	0	\$ -		\$ -	\$ -	\$ -
28.00	Legal	0	\$ -		\$ -	\$ -	\$ -
29.00	Accounting	0	\$ -		\$ -	\$ -	\$ -
30.00	Advertising	0	\$ -		\$ -	\$ -	\$ -
31.00	Consulting Expenses	0	\$ -		\$ -	\$ -	\$ -
32.00	Contracted Labor	0	\$ -		\$ -	\$ -	\$ -
33.00	Interest - Other	0	\$ -		\$ -	\$ -	\$ -
34.00	Training	0	\$ 18,217		\$ -	\$ -	\$ 18,217
35.00	General Insurance	0	\$ -		\$ -	\$ -	\$ -
36.00	Supplies	0	\$ 7,402		\$ -	\$ -	\$ 7,402
37.00	Bad Debt	0	\$ -		\$ -	\$ -	\$ -
38.00	Plant Operations and Maintenance	0	\$ -		\$ -	\$ -	\$ -
39.00	Housekeeping	0	\$ -		\$ -	\$ -	\$ -
40.00	Utilities	0	\$ -		\$ -	\$ -	\$ -
41.00	Medical Supplies	0	\$ 55,934		\$ -	\$ -	\$ 55,934
42.00	Minor Medical Equipment	0	\$ -		\$ -	\$ -	\$ -

SCHEDULE 2 - GROUND EMERGENCY MEDICAL TRANSPORT (GEMT) EXPENSE

Fire Department / Agency Name: Beatrice Fire & Rescue
 National Provider Identification: 1649203720

Fiscal Year Ended: September 30, 2024

Line No.	Cost Center	General Ledger	Col 1	Col 2	Col 3	Col 4	Col 5
			GEMT Expense	Allocated Direct Service Cost <i>Fr Sch 4, Col 5</i>	Total Reclassifications <i>Fr Sch 6, Cols 4 & 7</i>	Total Adjustments <i>Fr Sch 7, Col 1</i>	Total GEMT Expense <i>To Sch 1, Col 2</i>
43.00	Minor Equipment	0	\$ 24,146		\$ -	\$ -	\$ 24,146
44.00	Fines and Penalties	0	\$ -		\$ -	\$ -	\$ -
45.00	Fleet Maintenance	0	\$ 48,738		\$ -	\$ -	\$ 48,738
46.00	Communications	0	\$ -		\$ -	\$ -	\$ -
47.00	Recruit Academy	0	\$ -		\$ -	\$ -	\$ -
48.00	Dispatch Service	0	\$ -		\$ -	\$ -	\$ -
49.00	Logistics	0	\$ 1,771		\$ -	\$ -	\$ 1,771
50.00	Postage	0	\$ -		\$ -	\$ -	\$ -
51.00	Dues and Subscriptions	0	\$ 163		\$ -	\$ -	\$ 163
52.00	Other - Capital Related Costs	0	\$ -		\$ -	\$ -	\$ -
53.00	Contracted Services - GEMT	0	\$ 5,929		\$ -	\$ -	\$ 5,929
54.00	Contracted Services - GEMT Billing	0	\$ -		\$ -	\$ -	\$ -
55.00	Other - (Specify)	0	\$ -		\$ -	\$ -	\$ -
56.00	Other - (Specify)	0	\$ -		\$ -	\$ -	\$ -
57.00	Other - (Specify)	0	\$ -		\$ -	\$ -	\$ -
57.01	<i>Total Administrative & General</i>		\$ 162,302		\$ -	\$ -	\$ 162,302
58.00	Total GEMT Provider		\$ 569,745	\$ 2,800,909	\$ -	\$ (323,918)	\$ 3,046,736

SCHEDULE 3 - NON-GEMT EXPENSE

Fire Department / Agency Name: **Beatrice Fire & Rescue**
National Provider Identification: **1649203720**

Fiscal Year Ended: **September 30, 2024**

Line No.	Cost Center	General Ledger Account	Col 1 NON-GEMT 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-GEMT Expense To Sch 1, Col 3
Capital Related							
1.00	Depreciation - Buildings and Improvements	0	\$ 1,347	\$ 12,194	\$ -	\$ -	\$ 13,542
2.00	Depreciation - Leasehold Improvements	0	\$ -	\$ -	\$ -	\$ -	\$ -
3.00	Depreciation - Equipment	0	\$ 104,682	\$ 637	\$ -	\$ -	\$ 105,318
4.00	Depreciation and Amortization - Other	0	\$ -	\$ -	\$ -	\$ -	\$ -
5.00	Leases and Rentals	0	\$ -	\$ 245	\$ -	\$ -	\$ 245
6.00	Property Taxes	0	\$ -	\$ -	\$ -	\$ -	\$ -
7.00	Property Insurance	0	\$ -	\$ -	\$ -	\$ -	\$ -
8.00	Interest - Property, Plant, and Equipment	0	\$ -	\$ -	\$ -	\$ -	\$ -
9.00	Other Capital Costs	0	\$ 87,467	\$ -	\$ -	\$ (66,924)	\$ 20,543
10.00	Other - (Specify)	0	\$ -	\$ -	\$ -	\$ -	\$ -
10.01	<i>Total Capital Related (Lines 1.00 thru 10.00)</i>		\$ 193,496	\$ 13,076	\$ -	\$ (66,924)	\$ 139,648
Salaries							
11.00	Administrative Chief	0	\$ -	\$ -	\$ -	\$ -	\$ -
12.00	Chief	0	\$ -	\$ -	\$ -	\$ -	\$ -
13.00	Non-GEMT Salaries	0	\$ 2,031	\$ 112,241	\$ -	\$ -	\$ 114,272
14.00	GEMT Salaries	0	\$ -	\$ 2,253	\$ -	\$ -	\$ 2,253
15.00	Other - (Specify)	0	\$ -	\$ -	\$ -	\$ -	\$ -
16.00	Other - (Specify)	0	\$ -	\$ -	\$ -	\$ -	\$ -
17.00	Other - (Specify)	0	\$ -	\$ -	\$ -	\$ -	\$ -
18.00	Other - (Specify)	0	\$ -	\$ -	\$ -	\$ -	\$ -
18.01	<i>Subtotal Salaries (Lines 11.00 thru 18.00)</i>		\$ 2,031	\$ 114,494	\$ -	\$ -	\$ 116,525
Fringe Benefits							
19.00	Administrative Chief	0	\$ -	\$ -	\$ -	\$ -	\$ -
20.00	Chief	0	\$ -	\$ -	\$ -	\$ -	\$ -
21.00	Non-GEMT Salaries	0	\$ -	\$ 52,270	\$ -	\$ -	\$ 52,270
22.00	GEMT Salaries	0	\$ -	\$ -	\$ -	\$ -	\$ -
23.00	Other - (Specify)	0	\$ -	\$ -	\$ -	\$ -	\$ -
24.00	Other - (Specify)	0	\$ -	\$ -	\$ -	\$ -	\$ -
25.00	Other - (Specify)	0	\$ -	\$ -	\$ -	\$ -	\$ -
26.00	Other - (Specify)	0	\$ -	\$ -	\$ -	\$ -	\$ -
26.01	<i>Subtotal Fringe Benefits (Lines 19.00 thru 26.00)</i>		\$ -	\$ 52,270	\$ -	\$ -	\$ 52,270
26.02	<i>Total Salaries & Fringe Benefits</i>		\$ 2,031	\$ 166,764	\$ -	\$ -	\$ 168,795
26.03	<i>Total Capital Related, Salaries, and Fringe Benefits</i>		\$ 195,527	\$ 179,840	\$ -	\$ (66,924)	\$ 308,443
Administrative and General							
27.00	Administrative	0	\$ -	\$ -	\$ -	\$ -	\$ -
28.00	Legal	0	\$ -	\$ -	\$ -	\$ -	\$ -
29.00	Accounting	0	\$ -	\$ -	\$ -	\$ -	\$ -
30.00	Advertising	0	\$ -	\$ -	\$ -	\$ -	\$ -
31.00	Consulting Expenses	0	\$ -	\$ -	\$ -	\$ -	\$ -
32.00	Contracted Labor	0	\$ 4,289	\$ -	\$ -	\$ -	\$ 4,289
33.00	Interest - Other	0	\$ -	\$ -	\$ -	\$ -	\$ -
34.00	Training	0	\$ -	\$ -	\$ -	\$ -	\$ -
35.00	General Insurance	0	\$ -	\$ -	\$ -	\$ -	\$ -
36.00	Supplies	0	\$ 37,055	\$ -	\$ -	\$ -	\$ 37,055
37.00	Bad Debt	0	\$ -	\$ -	\$ -	\$ -	\$ -
38.00	Plant Operations and Maintenance	0	\$ -	\$ -	\$ -	\$ -	\$ -
39.00	Housekeeping	0	\$ -	\$ -	\$ -	\$ -	\$ -
40.00	Utilities	0	\$ 920	\$ -	\$ -	\$ -	\$ 920
41.00	Medical Supplies	0	\$ -	\$ -	\$ -	\$ -	\$ -
42.00	Minor Medical Equipment	0	\$ -	\$ -	\$ -	\$ -	\$ -
43.00	Minor Equipment	0	\$ 9,477	\$ -	\$ -	\$ -	\$ 9,477
44.00	Fines and Penalties	0	\$ -	\$ -	\$ -	\$ -	\$ -
45.00	Fleet Maintenance	0	\$ 16,287	\$ -	\$ -	\$ -	\$ 16,287
46.00	Communications	0	\$ -	\$ -	\$ -	\$ -	\$ -

SCHEDULE 3 - NON-GEMT EXPENSE

Fire Department / Agency Name: Beatrice Fire & Rescue
National Provider Identification: 1649203720

Fiscal Year Ended: September 30, 2024

Line No.	Cost Center	General Ledger Account	Col 1	Col 2	Col 3	Col 4	Col 5
			NON-GEMT Expense	Allocated Direct Service Costs <i>Fr Sch 4, Col 6</i>	Total Reclassifications <i>Fr Sch 6, Cols 4 & 7</i>	Total Adjustments <i>Fr Sch 7, Col 1</i>	Total NON-GEMT Expense <i>To Sch 1, Col 3</i>
47.00	Recruit Academy	0	\$ -		\$ -	\$ -	\$ -
48.00	Dispatch Service	0	\$ -		\$ -	\$ -	\$ -
49.00	Logistics	0	\$ -		\$ -	\$ -	\$ -
50.00	Postage	0	\$ -		\$ -	\$ -	\$ -
51.00	Dues and Subscriptions	0	\$ -		\$ -	\$ -	\$ -
52.00	Other - Capital Related Costs	0	\$ -		\$ -	\$ -	\$ -
53.00	Contracted Services - GEMT	0	\$ -		\$ -	\$ -	\$ -
54.00	Contracted Services - GEMT Billing	0	\$ -		\$ -	\$ -	\$ -
55.00	Other - (Specify)	0	\$ -		\$ -	\$ -	\$ -
56.00	Other - (Specify)	0	\$ -		\$ -	\$ -	\$ -
57.00	Other - (Specify)	0	\$ -		\$ -	\$ -	\$ -
57.01	<i>Total Administrative & General</i>		\$ 68,029	\$ -	\$ -	\$ -	\$ 68,029
58.00	Total GEMT Provider		\$ 263,555	\$ 179,840	\$ -	\$ (66,924)	\$ 376,471

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

Fire Department / Agency Name: Beatrice Fire & Rescue
 National Provider Identification: 1649203720

Fiscal Year Ended: September 30, 2024

Line No.	Cost Center	General Ledger Account Number	Col 1	Col 2	Col 3	Col 4	Col 5	Col 6
			Expense to be Apportioned	Total Reclassifications (A) <i>Fr Sch 6, Cols 4 & 7</i>	Total Adjustments (B) <i>Fr Sch 7, Col 1</i>	Net Expense to be Apportioned	GEMT Allocation <i>93.97%</i>	NON-GEMT Allocation <i>6.03%</i>
Capital Related								
1.00	Depreciation - Buildings and Improvements	0	\$ 202,112	\$ -	\$ -	\$ 202,112	\$ 189,917	\$ 12,194
2.00	Depreciation - Leasehold Improvements	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
3.00	Depreciation - Equipment	0	\$ 10,552	\$ -	\$ -	\$ 10,552	\$ 9,915	\$ 637
4.00	Depreciation and Amortization - Other	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5.00	Leases and Rentals	0	\$ 4,063	\$ -	\$ -	\$ 4,063	\$ 3,818	\$ 245
6.00	Property Taxes	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
7.00	Property Insurance	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
8.00	Interest - Property, Plant, and Equipment	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9.00	Other Capital Costs	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10.00	Other - (Specify)	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10.01	Total Capital Related (Lines 1.00 thru 10.00)		\$ 216,727	\$ -	\$ -	\$ 216,727	\$ 203,651	\$ 13,076

Description	Col 1 Square Ft	Col 2 Factor
10.02 GEMT Square Footage	35,339	93.97%
10.03 Non GEMT Square Footage	2,269	6.03%
10.04 Total Square Feet to be Apportioned	37,608	100.00%

Line No.	Cost Center	Account Number	Col 1	Col 2	Col 3	Col 4	Col 5	Col 6
			Expense to be Apportioned	Total Reclassifications <i>Fr Sch 6, Cols 4 & 7</i>	Total Adjustments <i>Fr Sch 7, Col 1</i>	Net Expense to be Apportioned	GEMT Allocation <i>93.97%</i>	NON-GEMT Allocation <i>6.03%</i>
Salaries								
11.00	Administrative Chief	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
12.00	Chief	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13.00	Non-GEMT Salaries	0	\$ 1,890,134	\$ -	\$ (29,799)	\$ 1,860,336	\$ 1,748,095	\$ 112,241
14.00	GEMT Salaries	0	\$ 37,342	\$ -	\$ -	\$ 37,342	\$ 35,089	\$ 2,253
15.00	Other - (Specify)	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
16.00	Other - (Specify)	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
17.00	Other - (Specify)	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
18.00	Other - (Specify)	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
18.01	Subtotal Salaries (Lines 11.00 thru 18.00)		\$ 1,927,477	\$ -	\$ (29,799)	\$ 1,897,678	\$ 1,783,184	\$ 114,494
Fringe Benefits								
19.00	Administrative Chief	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
20.00	Chief	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
21.00	Non-GEMT Salaries	0	\$ 866,345	\$ -	\$ -	\$ 866,345	\$ 814,075	\$ 52,270
22.00	GEMT Salaries	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
23.00	Other - (Specify)	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
24.00	Other - (Specify)	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
25.00	Other - (Specify)	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
26.00	Other - (Specify)	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
26.01	Subtotal Fringe Benefits (Lines 19.00 thru 26.00)		\$ 866,345	\$ -	\$ -	\$ 866,345	\$ 814,075	\$ 52,270
26.02	Total Salaries & Fringe Benefits		\$ 2,793,821	\$ -	\$ (29,799)	\$ 2,764,023	\$ 2,597,259	\$ 166,764

Description	Col 1 Total Hrs	Col 2 Factor
26.03 Hours Logged for GEMT Duty	6,297	93.97%
26.04 Hours Logged for Non GEMT Duty	404	6.03%
26.05 Total Hours to be Apportioned	6,701	100.00%

SCHEDULE 5 - ALLOCATION OF ADMINISTRATIVE & GENERAL

Fire Department / Agency Name: **Beatrice Fire & Rescue**
National Provider Identification: **1649203720**

Fiscal Year Ended: **September 30, 2024**

Line No.	Cost Center	General Ledger Account Number	Col 1	Col 2	Col 3	Col 4	Col 5	Col 6
			Expense to be Apportioned <i>** See Note Below</i>	Total Reclassifications <i>Fr Sch 6, Cols 4 & 7</i>	Total Adjustments <i>Fr Sch 7, Col 1</i>	Net Expense to be Apportioned	GEMT Allocation <i>89.00%</i>	NON-GEMT Allocation <i>11.00%</i>
Administrative and General								
27.00	Administrative	0	\$ 8,142	\$ -	\$ -	\$ 8,142	\$ 7,247	\$ 895
28.00	Legal	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
29.00	Accounting	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
30.00	Advertising	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
31.00	Consulting Expenses	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
32.00	Contracted Labor	0	\$ 5,537	\$ -	\$ -	\$ 5,537	\$ 4,928	\$ 609
33.00	Interest - Other	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
34.00	Training	0	\$ 6,629	\$ -	\$ -	\$ 6,629	\$ 5,900	\$ 729
35.00	General Insurance	0	\$ 45,643	\$ -	\$ (36,231)	\$ 9,412	\$ 8,377	\$ 1,035
36.00	Supplies	0	\$ 2,856	\$ -	\$ -	\$ 2,856	\$ 2,541	\$ 314
37.00	Bad Debt	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
38.00	Plant Operations and Maintenance	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
39.00	Housekeeping	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
40.00	Utilities	0	\$ 7,300	\$ -	\$ -	\$ 7,300	\$ 6,497	\$ 803
41.00	Medical Supplies	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
42.00	Minor Medical Equipment	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
43.00	Minor Equipment	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
44.00	Fines and Penalties	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
45.00	Fleet Maintenance	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
46.00	Communications	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
47.00	Recruit Academy	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
48.00	Dispatch Service	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
49.00	Logistics	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
50.00	Postage	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
51.00	Dues and Subscriptions	0	\$ 454	\$ -	\$ -	\$ 454	\$ 404	\$ 50
52.00	Other - Capital Related Costs	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
53.00	Contracted Services - GEMT	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
54.00	Contracted Services - GEMT Billing	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
55.00	Other - (Specify)	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
56.00	Other - (Specify)	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
57.00	Other - (Specify)	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
57.01	Total Administrative & General		\$ 76,560	\$ -	\$ (36,231)	\$ 40,329	\$ 35,894	\$ 4,435

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 GEMT Services (from Sch 2, Col 5)	\$ 3,046,736	89.00%
Accumulated Cost of NON-GEMT Services (from Sch 3, Col 5)	\$ 376,471	11.00%
Total Accumulated Cost of GEMT and NON-GEMT Services	\$ 3,423,207	100.00%

SCHEDULE 6 - RECLASSIFICATION OF EXPENSES

Fire Department / Agency: Beatrice Fire & Rescue
National Provider Identification: 1649203720

Fiscal Year Ended: September 30, 2024

EXPLANATION OF ENTRY	Code		INCREASE				DECREASE			
			Cost Center	Line Number	Schedule	Amount	Cost Center	Line Number	Schedule	Amount
			Col 1	Col 2	Col 3	Col 4	Col 5	Col 6	Col 7	Col 8
1. 0	0	0	0.00	0	\$ -	0	0.00	0	\$ -	
2. 0	0	0	0.00	0	\$ -	0	0.00	0	\$ -	
3. 0	0	0	0.00	0	\$ -	0	0.00	0	\$ -	
4. 0	0	0	0.00	0	\$ -	0	0.00	0	\$ -	
5. 0	0	0	0.00	0	\$ -	0	0.00	0	\$ -	
6. 0	0	0	0.00	0	\$ -	0	0.00	0	\$ -	
7. 0	0	0	0.00	0	\$ -	0	0.00	0	\$ -	
8. 0	0	0	0.00	0	\$ -	0	0.00	0	\$ -	
9. 0	0	0	0.00	0	\$ -	0	0.00	0	\$ -	
10. 0	0	0	0.00	0	\$ -	0	0.00	0	\$ -	
11. 0	0	0	0.00	0	\$ -	0	0.00	0	\$ -	
12. 0	0	0	0.00	0	\$ -	0	0.00	0	\$ -	
13. 0	0	0	0.00	0	\$ -	0	0.00	0	\$ -	
14. 0	0	0	0.00	0	\$ -	0	0.00	0	\$ -	
15. 0	0	0	0.00	0	\$ -	0	0.00	0	\$ -	
16. 0	0	0	0.00	0	\$ -	0	0.00	0	\$ -	
17. 0	0	0	0.00	0	\$ -	0	0.00	0	\$ -	
18. 0	0	0	0.00	0	\$ -	0	0.00	0	\$ -	
19. 0	0	0	0.00	0	\$ -	0	0.00	0	\$ -	
20. 0	0	0	0.00	0	\$ -	0	0.00	0	\$ -	
21. 0	0	0	0.00	0	\$ -	0	0.00	0	\$ -	
22. 0	0	0	0.00	0	\$ -	0	0.00	0	\$ -	
23. 0	0	0	0.00	0	\$ -	0	0.00	0	\$ -	
24. 0	0	0	0.00	0	\$ -	0	0.00	0	\$ -	
25. 0	0	0	0.00	0	\$ -	0	0.00	0	\$ -	
26. 0	0	0	0.00	0	\$ -	0	0.00	0	\$ -	
27. 0	0	0	0.00	0	\$ -	0	0.00	0	\$ -	
28. 0	0	0	0.00	0	\$ -	0	0.00	0	\$ -	
29. 0	0	0	0.00	0	\$ -	0	0.00	0	\$ -	
30. 0	0	0	0.00	0	\$ -	0	0.00	0	\$ -	
31. 0	0	0	0.00	0	\$ -	0	0.00	0	\$ -	
32. 0	0	0	0.00	0	\$ -	0	0.00	0	\$ -	
33. 0	0	0	0.00	0	\$ -	0	0.00	0	\$ -	
34. 0	0	0	0.00	0	\$ -	0	0.00	0	\$ -	
35. 0	0	0	0.00	0	\$ -	0	0.00	0	\$ -	
36. 0	0	0	0.00	0	\$ -	0	0.00	0	\$ -	
37. 0	0	0	0.00	0	\$ -	0	0.00	0	\$ -	
38. 0	0	0	0.00	0	\$ -	0	0.00	0	\$ -	
39. 0	0	0	0.00	0	\$ -	0	0.00	0	\$ -	
40. 0	0	0	0.00	0	\$ -	0	0.00	0	\$ -	
41. 0	0	0	0.00	0	\$ -	0	0.00	0	\$ -	
42. 0	0	0	0.00	0	\$ -	0	0.00	0	\$ -	
43. 0	0	0	0.00	0	\$ -	0	0.00	0	\$ -	
44. 0	0	0	0.00	0	\$ -	0	0.00	0	\$ -	
45. 0	0	0	0.00	0	\$ -	0	0.00	0	\$ -	
46. 0	0	0	0.00	0	\$ -	0	0.00	0	\$ -	
47. 0	0	0	0.00	0	\$ -	0	0.00	0	\$ -	
48. 0	0	0	0.00	0	\$ -	0	0.00	0	\$ -	
49. 0	0	0	0.00	0	\$ -	0	0.00	0	\$ -	
50. 0	0	0	0.00	0	\$ -	0	0.00	0	\$ -	
51. 0	0	0	0.00	0	\$ -	0	0.00	0	\$ -	
52. 0	0	0	0.00	0	\$ -	0	0.00	0	\$ -	
53. 0	0	0	0.00	0	\$ -	0	0.00	0	\$ -	
54. 0	0	0	0.00	0	\$ -	0	0.00	0	\$ -	
55. 0	0	0	0.00	0	\$ -	0	0.00	0	\$ -	
56. 0	0	0	0.00	0	\$ -	0	0.00	0	\$ -	
57. 0	0	0	0.00	0	\$ -	0	0.00	0	\$ -	
58. 0	0	0	0.00	0	\$ -	0	0.00	0	\$ -	
59. 0	0	0	0.00	0	\$ -	0	0.00	0	\$ -	
60. 0	0	0	0.00	0	\$ -	0	0.00	0	\$ -	
61. Total Reclassifications (Col. 5 & 9 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: Beatrice Fire & Rescue
 National Provider Identification: 1649203720

Fiscal Year Ended: September 30, 2024

	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.	Fire Charges	B	\$ (12,423)	12-Non-GEMT Salaries	4	13.00
2.	Public Safety Misc-Fire	B	\$ (5,907)	12-Non-GEMT Salaries	4	13.00
3.	Fire Alarm Registration/Fines	B	\$ (4,125)	12-Non-GEMT Salaries	4	13.00
4.	Tuition Reimbursement	B	\$ (6,984)	12-Non-GEMT Salaries	4	13.00
5.	Donation-Fire Dept.	B	\$ (36,231)	26-General Insurance	5	35.00
6.	Interest Earnings-Fire Bonds	B	\$ (360)	12-Non-GEMT Salaries	4	13.00
7.	Deprec_8590_2024 Osage Ambulance Super	A	\$ (279,993)	9-Other Capital Costs	2	9.00
8.	Deprec_8591_2023 Dodge Durango	A	\$ (41,849)	9-Other Capital Costs	3	9.00
9.	Deprec_8592_Air-pack X3 Pro SCBA - Standard	A	\$ (12,538)	9-Other Capital Costs	3	9.00
10.	Deprec_8593_Air-pack X3 Pro SCBA - Standard	A	\$ (12,538)	9-Other Capital Costs	3	9.00
11.	Deprec_8594_Xpedition Stair Chair w/battery	A	\$ (15,418)	9-Other Capital Costs	2	9.00
12.	Deprec_8595_Xpedition Stair Chair w/battery	A	\$ (15,418)	9-Other Capital Costs	2	9.00
13.	Deprec_8596_Hamilton T1 Transport Ventilator	A	\$ (13,090)	9-Other Capital Costs	2	9.00
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		\$ (456,872.25)			

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: Beatrice Fire & Rescue
National Provider Identification: 1649203720

Fiscal Year Ended: September 30, 2024

A	Col 1	Col 2	Col 3	Col 4	Col 5	Col 6
		Qtr 1	Qtr 2	Qtr 3	Qtr 4	Total
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	\$ -	\$ -	\$ -	\$ -	\$ -
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)	\$ -	\$ -	\$ -	\$ -	\$ -
B	Col 1	Col 2	Col 3	Col 4	Col 5	Col 6
		Qtr 1	Qtr 2	Qtr 3	Qtr 4	Total
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	\$ 21,968	\$ 19,757	\$ 24,664	\$ 91,384	\$ 157,772
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	\$ 21,968	\$ 19,757	\$ 24,664	\$ 91,384	\$ 157,772
C	Col 1	Col 2	Col 3	Col 4		
		GEMT	NON-GEMT	Total		
OTHER REVENUE / FUNDING SOURCES						
13.	OTHER REVENUE / FUNDING SOURCES			\$ 1,058,786	\$ -	\$ 1,058,786
14.	0			\$ -	\$ -	\$ -
15.	0			\$ -	\$ -	\$ -
16.	0			\$ -	\$ -	\$ -
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			\$ 1,058,786	\$ -	\$ 1,058,786
42.	GRAND TOTAL [A+B+C]					\$ 1,216,559

State of Nebraska
Medicaid Managed Care Supplemental Payment Program Cost Report

SCHEDULE 9 - FINAL CALCULATION

Fire Department / Agency: Beatrice Fire & Rescue
 National Provider Identification: 1649203720

Fiscal Year Ended: September 30, 2024

		Col 1	Col 2	Col 3
Line #	Average Cost per GEMT Service			
1.	Cost of GEMT Services (from Sch 2)			\$ 3,046,736.31
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		\$ 35,894	
6.	Administration & General to be included			35,893.91
7.	Grand Total of GEMT Expense (Sum lines 1 thru 4)			3,082,630.22
8.	Number of Ambulance Transports	Col 1	Col 2	Col 3
8.01		NE Medicaid		Other Payor
8.02	Quarter 1	Managed Care	Fee for Service	Programs
8.03	Quarter 2	50	0	518
8.04	Quarter 3	48	0	492
8.05	Quarter 4	51	0	516
8.06	Total Number of Ambulance Transports for Each Payer	61	0	560
8.07	Total Number of Ambulance Transports	210	0	2,086
9.	Average Cost per GEMT Transports (Line 7/Line 8)			2,296
				\$ 1,342.61

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

SCHEDULE 10 - NOTES

Fire Department / Agency: Beatrice Fire & Rescue
 National Provider Identification: 1649203720

Fiscal Year Ended: September 30, 2024

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

Sch	Line	Contract Arrangements	Amount
-	-	Schedule 9 includes all transports and dry runs for the period regardless of billed/paid.	\$ -
-	-	GEMT IGT Fee not applicable for SPY2024.	\$ -
-	-	Provides interfacility transports, included in transport detail.	\$ -
-	-	Provides NEMT services, costs cannot be determined, included in transport detail.	\$ -
-	-	Dept does not incur consulting fees, however fees structured in which the third party receive	\$ -
-	-	Capital Projects fund excluded in expenditures and depreciated instead.	\$ -
-	-		\$ -
-	-		\$ -
-	-		\$ -
-	-		\$ -
-	-		\$ -
-	-		\$ -
-	-		\$ -
-	-		\$ -
-	-		\$ -

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

Sch	Line	Allocation Basis	Amount
4	tal Re	Used Computer Aided Dispatch (CAD) data to apply a metric of total response hours which	0.00
4	es & B	Used Computer Aided Dispatch (CAD) data to apply a metric of total response hours which	0.00
5	n & Ge	Applied the accumulated cost allocation method which is built into this tool.	0.00
-	-		0.00
-	-		0.00
-	-		0.00
-	-		0.00
-	-		0.00
-	-		0.00
-	-		0.00
-	-		0.00
-	-		0.00
-	-		0.00

SCHEDULE 10 - NOTES

Fire Department / Agency: Beatrice Fire & Rescue
National Provider Identification: 1649203720

Fiscal Year Ended: September 30, 2024

If any schedules were left blank, please explain why.

Sch	Explanation
6	Not Applicable
-	-
-	-
-	-
-	-
-	-

COST REPORT ADJUSTMENTS

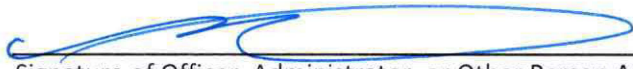
Fire Department / Agency Name: Beatrice Fire & Rescue
 National Provider Identification: 1649203720
 Fiscal Year Ended: 9/30/2024

Adj #	Schedule	Line #	Line Description	Column #	Column Description	Regulation Reference	Explanation for Adjustment	Original Value	Adjustment	Adjusted Total	WP Ref
1	Certification	28.00	Average Cost Per GEMT Transport	1.00	General Information	Various	Calculated value adjusted based on adjustments made throughout the cost report.	\$ 1,337	\$ 5	\$ 1,343	Various
2	Sch 9 - Settlement	8.01	Number of Ambulance Transports Quarter 1	4.00	Other Payor Programs	Ground Emergency Medical Transportation Cost Report Instructions	To reconcile transports per supporting documentation and/or to include dry runs in total transports.	520	(2)	518	3010
2	Sch 9 - Settlement	8.02	Number of Ambulance Transports Quarter 2	4.00	Other Payor Programs	Ground Emergency Medical Transportation Cost Report Instructions	To reconcile transports per supporting documentation and/or to include dry runs in total transports.	494	(2)	492	3010
2	Sch 9 - Settlement	8.03	Number of Ambulance Transports Quarter 3	4.00	Other Payor Programs	Ground Emergency Medical Transportation Cost Report Instructions	To reconcile transports per supporting documentation and/or to include dry runs in total transports.	518	(2)	516	3010
2	Sch 9 - Settlement	8.04	Number of Ambulance Transports Quarter 4	4.00	Other Payor Programs	Ground Emergency Medical Transportation Cost Report Instructions	To reconcile transports per supporting documentation and/or to include dry runs in total transports.	563	(3)	560	3010

Myers and Stauffer LC
700 West 47th Street, Suite 1100
Kansas City, Missouri 64112

We are providing this letter in connection with your cost report agreed-upon procedures of Beatrice Fire & Rescue's cost report for the period ended September 30, 2024. We confirm, to the best of our knowledge and belief, as of the date below, the following representations related to your cost report agreed-upon procedures.

- a. Our management is responsible for the cost report referenced above.
- b. We have provided you with all relevant information and access, as applicable, to records related to your cost report agreed-upon procedures.
- c. All matters and communications with regulatory agencies that would impact the cost report referenced above have been communicated to you.
- d. All known matters contradicting the cost report referenced above have been communicated to you.
- e. We are not aware of any material misstatements in the cost report referenced above.
- f. Any known events subsequent to the cost report completion that would have a material effect on the cost report have been disclosed to you.



Signature of Officer, Administrator, or Other Person Authorized to Sign

Mayor

Title

5-4-26

Date