



**VILLAGE OF VILLA PARK**  
**Village Hall, Board Chambers**  
**20 South Ardmore Avenue**  
**Villa Park, IL 60181**

**Village Board of Trustees - Committee of the Whole**

**February 9, 2026**

**6:00 PM**

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Village President Kevin Patrick  
Village Clerk Rolf Laukant

Village Trustees Cari Alfano, Jorge Cordova, Tina Konstatos, Jack Kozar, Deepa Kumar, Khalid Sabri

Public participation is invited. When called upon, please approach the microphone and state your name. Kindly limit your remarks to 3 minutes.

- 1. Call to Order - Roll Call**
- 2. Pledge of Allegiance**
- 3. Discussion**
  - a. GEMT and Ambulance Billing
  - b. PW-Parks to go over status of projects
  - c. CED and Engineering - Project Map
- 4. Public Comments**
- 5. Adjournment**



# Ambulance Billing 101

**Villa Park Fire Department  
February 9, 2026**



# History of Rates



- Set by ordinance as a static number
- No actual cost analysis
- What are our neighbors charging?

Lombard - \$600

Addison- \$800

Oakbrook Terrace - \$400

So, Villa Park will charge - \$550

# Current Rates



- Set by ordinance in 2022
- Based on GEMT Cost Report rate
  - Residents – 50%
  - Non-residents – 75%
- Automatic annual increases based on Cost Report

# What is GEMT?



- Ground Emergency Medical Transport (GEMT)
- Federally funded Medicaid program in existence for many years
- Over 36 states participate in GEMT
- Each state designs their own program
- Introduced to Illinois via legislation in 2019, Villa Park joined in 2021
- Administered by IL Department of Healthcare and Family Services (HFS)
- Provides additional reimbursement above the Medicaid base rate

# GEMT Cost Reporting



- Annually submit a Cost Report based on the previous complete fiscal year
  - Salary and benefits
  - Supplies, fuel, parts, and equipment
  - Repair costs and labor
  - Contractual service
  - Building and vehicle
- Uses a ratio of transport versus non-transport costs

Healthcare and Family Services  
Emergency Medical Transportation

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

|  |  |                |   |                                |               |
|--|--|----------------|---|--------------------------------|---------------|
| 1. Name of Fire Department / Agency:   |  | 2. Medicaid #: |   | 3. National Provider ID (NPI): |               |
| 4. Doing Business As (DBA):  |  | N/A            |   | 5. Facility Business Phone:    |               |
| 6. Fire District/Agency Street Address:  |  | 7. City:       |   | 8. Zip Code:                   |               |
| 9. Mailing Address - Street or P.O. Box (if different):                            |  | 10. City:      |   | 11. Zip Code:                  |               |
| 12. Name of Person Signing and Certifying Report:                                  |  |                |   |                                |               |
| 13. Report Contact Person:   |  |                | 14. Phone Number and Extension:                               |                                |               |
| 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?             |  |                | 22. Date Range of EMT Service Agreement:                      |                                |               |
| 23. Does your organization use another entity to provide billing for EMT services? |  |                | 24. Are billing services paid on a Flat Rate or a Percentage: |                                |               |
| 25. Reporting Period Began:  |  |                | 26. Reporting Period Ended:                                   |                                |               |

# GEMT Rate



- The Cost Report is reviewed, and the state determines the final rate
- The GEMT program requires providers to charge the full final rate
  - The state expects 50% of the final rate to be paid back
  - Providers repaying less than 50% of the final rate will be held liable for the difference, and can be excluded from the program
  - Providers cannot charge different rates based on residency

# Medicaid



| MEDICAID BILLING EXAMPLE                  | AMOUNT         |
|---|----------------|
| TOTAL TRANSPORT COST/GEMT RATE            | \$3,555        |
| IL BASE RATE RECEIVED                     | \$555          |
| GEMT AMOUNT PAID                          | \$3,000        |
| <b>TOTAL PAID</b>                         | <b>\$3,555</b> |
| <b>50% OF GEMT AMOUNT PAID BACK TO IL</b> | <b>\$1,500</b> |
| <b>NET REVENUE WITH GEMT PROGRAM</b>      | <b>\$2,055</b> |

# Commercial



- No rate negotiation
- Amount paid varies by insurance provider
- Co-pays, co-insurance, and deductibles still apply
- Starting in 2027, marketplace commercial insurance plans will be required to pay a rate of 85% of the ordinance rate

# Other Payors



- Medicare
  - Changes annually
  - Rate is based on region/county
- Private Pay
  - No insurance

# 2026 Rate Structure



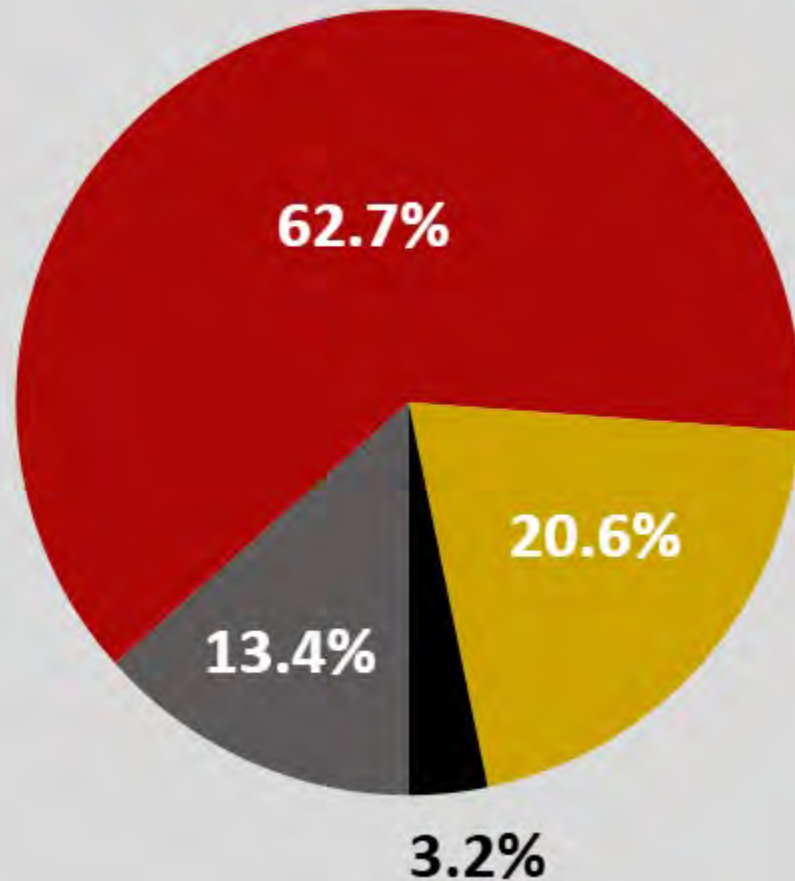
| <b>2026 RATES</b>        | <b>CURRENT<br/>RES 50%/NON-RES 75%</b> | <b>PROPOSED<br/>RES/NON-RES 100%</b> |
|--------------------------|--|--------------------------------------|
| <b>RESIDENT RATE</b>     | <b>\$1,777.50</b>                      | <b>\$3,555.00</b>                    |
| <b>NON-RESIDENT RATE</b> | <b>\$2,666.25</b>                      | <b>\$3,555.00</b>                    |

# Proposed Rate Comparison



| Department        | Resident Rate     | Non-Resident Rate |
|-------------------|-------------------|-------------------|
| Lombard           | \$2,672.39        | \$2,969.32        |
| Oakbrook Terrace  | \$2,909.80        | \$2,909.80        |
| Addison           | \$3,264.00        | \$3,264.00        |
| Elmhurst          | \$3,486.60        | \$3,873.98        |
| <b>Villa Park</b> | <b>\$3,555.00</b> | <b>\$3,555.00</b> |
| York Center       | \$3,734.00        | \$3,734.00        |
| Wood Dale         | \$5,116.05        | \$5,776.13        |
| Itasca            | \$5,390.00        | \$5,390.00        |

# 2025 Payor Mix



- Medicaid
- Commercial
- Medicare
- Private

# 2026 Projected Revenue



| <b>PAYOR TYPE</b> | <b>2025 EMS TRANSPORTS</b> | <b>CURRENT RATE STRUCTURE<br/>RES 50%/NON-RES 75%</b> | <b>PROPOSED RATE STRUCTURE<br/>RES/NON-RES 100%</b> | <b>REVENUE INCREASE</b> |
|-------------------|----------------------------|---|---|-------------------------|
| MEDICAID          | 456                        | \$1,472,827.68  | \$1,472,827.68                                      | \$0.00*                 |
| COMMERCIAL        | 343                        | \$447,260.58  | \$715,447.02  | \$268,186.44            |
| MEDICARE          | 730                        | \$319,535.24  | \$327,716.94  | \$8,181.70              |
| PRIVATE           | 146                        | \$11,625.86   | \$15,696.23   | \$4,070.37              |
| <b>TOTAL</b>      | <b>1,675</b>               | <b>\$2,251,249.36</b>                                 | <b>\$2,531,687.87</b>                               | <b>\$280,438.51</b>     |

Using 2025 EMS transports and payor types, an estimated annual revenue increase of over \$280,000 is projected.

\*Currently billing at 50%/75% of the GEMT rate but being reimbursed at the full GEMT rate.

# THANK YOU!

- Questions?

