

# Memo

To: Village Board

Fr: Julie Beauchamp, Finance Director

Re: BILLING RATES FOR AMBULANCE SERVICE

Date: April 25, 2018

As noted in the attached memo provided to the Green Bay Finance Committee, Fire Chief David Litton had their ambulance billing company review the ambulance rates to determine if Medicare and Medicaid reimbursements are being maximized. The review resulted in a recommendation to raise, and align, the rates of the two communities.

The City of Green Bay increased its rates effective March 21, 2018. Village staff met with Chief Litton and is recommending that the Village adjust its rates to replicate those of the City. While the increases may be significant, it should be noted that the rates are now bundled with "disposables" which were billed separately in the past. In addition, the Village's last ambulance rate increase was effective February 1, 2011. Going forward, Chief Litton will review the rates on a routine basis to allow for incremental rate increases to keep pace with any increases in the cost of providing the service as well as maximizing reimbursements.

The City has a process in place for those on a fixed income or otherwise unable to pay due to hardship. Staff recommends that such a policy be put in place in the Village.





"BETTER BY THE BAY"



## MEMORANDUM

To: Joe Moore, Chairperson  
Finance Committee

From: David W. Litton, Fire Chief

Date: March 9, 2018

Re: Billing Rates for Ambulance Service

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I asked our ambulance billing company (LifeQuest) to review our ambulance rates to determine if we were maximizing our reimbursement from Medicare and Medicaid. These two agencies comprise approximately 65% of the payer mix in Green Bay. After the review, LifeQuest is recommending that we raise our base rates on all levels by \$200. Part of their recommendation was to bundle our charge for disposable supplies in order to simplify the billing process. The net increase then would amount to \$107.83.

Additionally, the rates that the Village of Allouez charges differ from our rates and this does not make any sense in that we provide (under contract) their ambulance service. I will be working with the Village of Allouez to align their rates with ours.

I have attached a spreadsheet that was compiled by the billing company to show the various rates in our area as well as several others that they bill for. It should be emphasized that the purpose of the increase is to maximize our reimbursement from Medicare, Medicaid and the various private insurers that our citizens have.

The ambulance rates were last increased in 2010 and our costs for service have risen on a year to year basis with the cost of salaries, supplies, medical equipment, and ambulances.



# Green Bay Metro Fire Department 2018 Rate Survey

| Description Charge           | City of Wausau Fire<br>Level of Service: EMT-P | De Pere Fire Rescue<br>Level of Service: EMT-P | Beaver Dam Fire<br>Level of Service: EMT-P | N. Fond du Lac EMS<br>Level of Service: EMT-P | Oshkosh Fire Dept<br>Level of Service: EMT-P | Ashwaubenon Public<br>Safety<br>Level of Service: EMT-P | Green Bay Metro Fire<br>Department<br>Level of Service: EMT-P | Green Bay Metro Fire<br>Dept- Allouez Rates | Average     |
|------------------------------|--|--|--|---|--|---|---|---|-------------|
| BLS - Resident               | \$ 875.00                                      | \$ 590.00                                      | \$ 700.00                                  | \$ 725.00                                     | \$ 600.00                                    | \$ 650.00   | \$ 500.00   | \$ 525.00                                   | \$ 645.63   |
| BLS - Non Resident           | \$ 1,025.00                                    | \$ 780.00                                      | \$ 800.00                                  | \$ 900.00                                     | \$ 700.00                                    | \$ 850.00   | \$ 600.00   | \$ 630.00                                   | \$ 785.63   |
| ALS1 - Resident              | \$ 975.00                                      | \$ 710.00                                      | \$ 875.00                                  | \$ 825.00                                     | \$ 675.00                                    | \$ 750.00   | \$ 625.00   | \$ 625.00                                   | \$ 757.50   |
| ALS1 - Non Resident          | \$ 1,125.00                                    | \$ 838.00                                      | \$ 975.00                                  | \$ 1,000.00                                   | \$ 800.00                                    | \$ 900.00   | \$ 700.00   | \$ 750.00                                   | \$ 886.00   |
| ALS2 - Resident              | \$ 1,075.00                                    | \$ 870.00                                      | \$ 1,390.00                                | \$ 950.00                                     | \$ 750.00                                    | \$ 875.00   | \$ 725.00   | \$ 650.00                                   | \$ 910.63   |
| ALS2 - Non Resident          | \$ 1,225.00                                    | \$ 1,000.00                                    | \$ 1,490.00                                | \$ 1,100.00                                   | \$ 850.00                                    | \$ 1,000.00   | \$ 875.00   | \$ 780.00                                   | \$ 1,040.00 |
| Mileage - Resident           | \$ 20.00                                       | \$ 16.00                                       | \$ 15.50                                   | \$ 15.00                                      | \$ 15.00                                     | \$ 15.00  | \$ 12.00  | \$ 13.00                                    | \$ 15.19    |
| Mileage - Non Resident       | \$ 20.00                                       | \$ 16.00                                       | \$ 16.00                                   | \$ 17.00                                      | \$ 15.00                                     | \$ 16.00  | \$ 12.00  | \$ 13.00                                    | \$ 15.63    |
| Oxygen                       | \$ 75.00                                       | \$ 75.00                                       | B/P  | B/P   | \$ 60.00                                     | \$ 75.00  | \$ 75.00  | N/S/R                                       | \$ 72.00    |
| Spinal Immobilization        | \$ 155.00                                      | \$ 25.00                                       | B/P  | B/P   | \$ 125.00                                    | N/S/R   | N/S/R   | N/S/R                                       | \$ 101.67   |
| BLS On Scene Care - Resident | \$ 300.00                                      | \$ 255.00                                      | \$ 300.00                                  | \$ 400.00                                     | \$ 90.00                                     | \$ 250.00   | N/S/R   | N/S/R                                       | \$ 265.83   |
| BLS On Scene Care-Non Res.   | \$ 375.00                                      | \$ 255.00                                      | \$ 425.00                                  | \$ 400.00                                     | \$ 250.00                                    | \$ 300.00   | N/S/R   | N/S/R                                       | \$ 334.17   |
| ALS On Scene Care - Res.     | \$ 400.00                                      | \$ 485.00                                      | \$ 700.00                                  | \$ 825.00                                     | \$ 250.00                                    | \$ 400.00   | \$ 75.00  | \$ 75.00                                    | \$ 401.25   |
| ALS On Scene Care - Non Res. | \$ 475.00                                      | \$ 485.00                                      | \$ 850.00                                  | \$ 925.00                                     | \$ 550.00                                    | \$ 600.00   | \$ 90.00  | \$ 90.00                                    | \$ 508.13   |

N/S/R = No Specific Rate Provided

B/P = Bundled Pricing

updated 1/22/18 rrb



# Green Bay Metro

## Recommended Rates With Bundled Disposables

See Attached Survey for Comparisons in Your Area

| <u>BLS Base Rate</u>  | <u>Current</u> | <u>Recommended New Rate</u> |
|---|----------------|-----------------------------|
| ➤ Resident  | \$ 500         | \$ 725                      |
| ➤ Non-Resident  | \$ 600         | \$ 830                      |
| ▪ Non-Resident rates are reimbursed by virtually all-private insurance companies. |                |                             |

**ALS1 Rates** – ALS1 Base Rate would be charged when it is medically necessary or an assessment by an advanced life support (ALS) provider is given and does one or more ALS interventions.

|   |        |        |
|---|--------|--------|
| ➤ Resident  | \$ 625 | \$ 825 |
| ➤ Non-Resident  | \$ 700 | \$ 950 |
| ▪ Non-Resident rates are reimbursed by virtually all-private insurance companies. |        |        |

**ALS2 Base Rates** – ALS2 Base Rate would be charged when it is medically necessary to administer at least three different medications by intravenous push/bolus or continuous infusion or provide one or more of the following ALS procedures; manual defibrillation/cardioversion, endotracheal intubation, central venous line, cardiac pacing, chest compression, surgical airway, intraosseous line.

|                |        |         |
|----------------|--------|---------|
| ➤ Resident     | \$ 725 | \$ 950  |
| ➤ Non-Resident | \$ 875 | \$ 1080 |

**Mileage** – Charges for mileage must be based on loaded mileage only, from the pickup of a patient to arrival at the destination.

|                |          |          |
|----------------|----------|----------|
| ➤ Resident     | \$ 12.00 | \$ 13.00 |
| ➤ Non-Resident | \$ 12.00 | \$ 13.00 |

**BLS On Scene Care** – This is charged when your service responds to a call, provides treatment, and the patient refuses transport and/or is simply not transported.

|                |    |        |
|----------------|----|--------|
| ➤ Resident     | \$ | \$ 350 |
| ➤ Non-Resident | \$ | \$ 450 |

**ALS On Scene Care** – This is charged when your service responds to a call, provides treatment including an ALS assessment or at least one ALS intervention. The rate should equal the ALS base rate because of the level of service given, example being, treating a diabetic who then does not require transport.

|                |       |        |
|----------------|-------|--------|
| ➤ Resident     | \$ 75 | \$ 450 |
| ➤ Non-Resident | \$ 90 | \$ 550 |

**Reminder** – By increasing your rates; with insurance companies, your service's approved reimbursable rates should increase.

- Yes, we would like to adopt the recommended rates effective \_\_\_\_\_, 2018.
- No, we would not like to adopt the recommended rates.
- Yes, we would like to adopt the rates with the changes we have indicated, effective \_\_\_\_\_, 2018.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date



# Green Bay Metro Allouez

## Recommended Rates With Bundled Disposables

See Attached Survey for Comparisons in Your Area

**BLS Base Rate** **Current** **Recommended New Rate**

- |   |        |        |
|---|--------|--------|
| ➤ Resident  | \$ 525 | \$ 725 |
| ➤ Non-Resident  | \$ 630 | \$ 830 |
| ▪ Non-Resident rates are reimbursed by virtually all-private insurance companies. |        |        |

**ALS1 Rates** – ALS1 Base Rate would be charged when it is medically necessary or an assessment by an advanced life support (ALS) provider is given and does one or more ALS interventions.

- |   |        |        |
|---|--------|--------|
| ➤ Resident  | \$ 625 | \$ 825 |
| ➤ Non-Resident  | \$ 750 | \$ 950 |
| ▪ Non-Resident rates are reimbursed by virtually all-private insurance companies. |        |        |

**ALS2 Base Rates** – ALS2 Base Rate would be charged when it is medically necessary to administer at least three different medications by intravenous push/bolus or continuous infusion or provide one or more of the following ALS procedures; manual defibrillation/cardioversion, endotracheal intubation, central venous line, cardiac pacing, chest compression, surgical airway, intraosseous line.

- |                |        |         |
|----------------|--------|---------|
| ➤ Resident     | \$ 650 | \$ 950  |
| ➤ Non-Resident | \$ 780 | \$ 1080 |

**Mileage** – Charges for mileage must be based on loaded mileage only, from the pickup of a patient to arrival at the destination.

|                |          |          |
|----------------|----------|----------|
| ➤ Resident     | \$ 13.00 | \$ 13.00 |
| ➤ Non-Resident | \$ 13.00 | \$ 13.00 |

**BLS On Scene Care** – This is charged when your service responds to a call, provides treatment, and the patient refuses transport and/or is simply not transported.

|                |    |        |
|----------------|----|--------|
| ➤ Resident     | \$ | \$ 350 |
| ➤ Non-Resident | \$ | \$ 450 |

**ALS On Scene Care** – This is charged when your service responds to a call, provides treatment including an ALS assessment or at least one ALS intervention. The rate should equal the ALS base rate because of the level of service given, example being, treating a diabetic who then does not require transport.

|                |       |        |
|----------------|-------|--------|
| ➤ Resident     | \$ 75 | \$ 450 |
| ➤ Non-Resident | \$ 90 | \$ 550 |

**Reminder** – By increasing your rates; with insurance companies, your service's approved reimbursable rates should increase.

Yes, we would like to adopt the recommended rates effective \_\_\_\_\_, 2018.

No, we would not like to adopt the recommended rates.

Yes, we would like to adopt the rates with the changes we have indicated, effective \_\_\_\_\_, 2018.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

VILLAGE OF ALLOUEZ - 2011 RESCUE SQUAD FEES

| Service                                | Rate   | Effective Date   |
|--|--|------------------|
| BLS Transport Rate - Resident          | \$525.00   | February 1, 2011 |
| BLS Transport Rate - Non Resident      | \$630.00   | February 1, 2011 |
| ALS1 Transport Base Rate Resident      | \$625.00   | February 1, 2011 |
| ALS1 Transport Base Rate Non Resident  | \$750.00   | February 1, 2011 |
| ALS2 Base Transport Rate Resident      | \$650.00   | February 1, 2011 |
| ALS2 Base Transport Rate Non Resident  | \$780.00   | February 1, 2011 |
| Mileage - Resident                     | \$13.00  | February 1, 2011 |
| Mileage - Non Resident                 | \$13.00  | February 1, 2011 |
| BLS On Scene Care - Resident           | \$50.00  | February 1, 2011 |
| BLS On Scene Care - Non Resident       | \$60.00  | February 1, 2011 |
| ALS On Scene Care - Resident           | \$75.00  | February 1, 2011 |
| ALS On Scene Care - Non Resident       | \$90.00  | February 1, 2011 |
| Lifting Assistance - Institutional     | \$50.00  | March 1, 2011    |
| Lifting Assistance - Non-institutional | \$50 5th and subsequent in rolling 12 month period | March 1, 2011    |
| Medications over \$50                  | actual cost  | March 1, 2011    |
| Intraosseous                           | \$125.00   | February 1, 2011 |
| Intubation                             | \$50.00  | February 1, 2011 |
| Pacer pads                             | \$40.00  | February 1, 2011 |





# HARDSHIP APPLICATION

Date: \_\_\_\_\_ Account Number: \_\_\_\_\_

Name of responsible party: \_\_\_\_\_  
Last First MI

Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City State Zip Code

Phone Numbers: Home: \_\_\_\_\_

Work: \_\_\_\_\_ Cell: \_\_\_\_\_

*Providing your cell phone number and signing this form gives LifeQuest Services and its agents permission to contact you on your cell phone in reference to this account.*

Marital Status (Please check one):  Married  Single  Life Partner  Separated  Divorced

Name of Spouse: \_\_\_\_\_  
Last First MI

Birth Date: \_\_\_\_\_

Number of dependent children living in your home under the age of 18: \_\_\_\_\_

If you have no source of income, how have you been supporting yourself? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of person supporting you Print Name

Relationship: \_\_\_\_\_ Can we discuss this application with this person?  Yes  No

I certify that the above information is true and accurate to the best of my knowledge. Further, I will take action to apply for any assistance (Medicaid, Medicare, insurance, etc.), which may be applicable for payment of my ambulance/fire department/emergency services charges, and I will take any action reasonably necessary to obtain such assistance and will assign or pay to the service the amount recovered for charges. I authorize LifeQuest Services to verify any and all information presented in this application including but not limited to: employment verification and bank verification. I understand that any false or misleading information will void this application and exclude me from financial assistance. All documentation provided will be shredded upon completion of application.

Applicant's Signature Date of Request

# INCOME VERIFICATION WORKSHEET

## Monthly Expenses

List all monthly expenses for the household

|   |                |                                 |               |
|---|----------------|---------------------------------|---------------|
| Mortgage/rent payment                   | _____          | Childcare expenses              | _____         |
| Lot rent                                | _____          | Child supporty payment          | _____         |
| Federal withholding taxes               | _____          | Clothing                        | _____         |
| # of exemptions                         | _____          | Insurance Premiums              | Health _____  |
| State withholding taxes                 | _____          |                                 | Auto _____    |
| 401K/403B withholding                   | _____          |                                 | Life _____    |
| Property taxes                          | _____          |                                 | Dental _____  |
| Utilities                               | Gas _____      |                                 | Vision _____  |
|   | Electric _____ | Credit cards (minimum payments) | _____         |
|   | Water _____    |                                 | _____         |
|   | Sewer _____    |                                 | _____         |
| Garbage Pickup                          | _____          | Other loan(s) payment           | _____         |
| Cabel TV                                | _____          |                                 | _____         |
| Food                                    | _____          | Entertainment and/or            | _____         |
| Telephone                               | _____          | recreational activites          | _____         |
| Cell Phone                              | _____          | (list specifics)                | _____         |
| Auto loan payment                       | _____          | Meds/medical supplies           | _____         |
| Allmony payment                         | _____          | Other                           | _____         |
|   |                |                                 | _____         |
|   |                |                                 | _____         |
| <b>Total Monthly Household Expenses</b> |                |                                 | <b>\$0.00</b> |

## Income

|                         | Responsible Party |   | Spouse |             |   |   |
|-------------------------|-------------------|---|--------|-------------|---|---|
| Currently employed      | Circle:           | Y | N      | Circle:     | Y | N |
| Employer information    | Employer:         |   |        | Employer:   |   |   |
|                         | Start date:       |   |        | Start Date: |   |   |
| Monthly gross wages     | _____             |   | _____  |             |   |   |
| Social Security income  | _____             |   | _____  |             |   |   |
| Disability income       | _____             |   | _____  |             |   |   |
| pension income          | _____             |   | _____  |             |   |   |
| unemployment benefits   | _____             |   | _____  |             |   |   |
| Allmony/maintenance     | _____             |   | _____  |             |   |   |
| Child support           | _____             |   | _____  |             |   |   |
| Rental income           | _____             |   | _____  |             |   |   |
| Other sources of income | _____             |   | _____  |             |   |   |