

**VILLAGE OF WESTON, WISCONSIN
AGENDA ITEM COVER SHEET**

MTG/DATE: Board of Trustees - 01/15/2018

FROM: Loren White, SAFER Board of Directors, Trustee

DESCRIPTION: **RESOLUTION 2018-002 A RESOLUTION SETTING FORTH THE FEE SCHEDULE FOR S.A.F.E.R. FIRE DEPARTMENT FEES**
2018 SAFER Board of Directors Fire and EMS Fees

| | | | |
|----------------|--|---|---|
| ACTION: | <input checked="" type="checkbox"/> Approve | <input type="checkbox"/> Ordinance | <input type="checkbox"/> Proclamation |
| | <input type="checkbox"/> Deny | <input type="checkbox"/> Policy | <input type="checkbox"/> Report |
| | <input type="checkbox"/> Expenditure | <input type="checkbox"/> Procedure | <input checked="" type="checkbox"/> Resolution |

QUESTION: Should the Village Board acknowledge the 2018 fee schedule established by the SAFER Board of Directors at its 01/09/2018 meeting (Exhibit A attached) and approve RESOLUTION 2018-002.

BRIEF: During the January 9, 2018 meeting of the SAFER Board of Directors a fee schedule was presented to the directors. The modification of the fee schedule resulted from a recommendation of SAFER's ambulance billing service, LIFEQUEST, as they reported that SAFER's rate could be acceptably higher in rates for BLS, ALS1 Emergency, ALS2 Base, SCT (interfacility transports) for residents and non-residents alike in comparison with other EMS services in SAFER's area.

Upon reviewing the suggested rates and all other current charge rates, management of SAFER recommended increases for:

BLS Emergency-Resident from \$625.00 to **\$675.00** LIFEQUEST recommended \$725.00
BLS Emergency-Non-Resident from \$750.00 to **\$850.00**
ALS1 Emergency-Resident from \$700.00 to **\$800.00**
ALS1 Emergency-Non-Resident from \$850.00 to **\$950.00**
ALS2 Emergency-Resident from \$725.00 to **\$825.00**
ALS2 Emergency-Resident from \$1,200.00 to **\$1,300.00**
BLS On scene care-Resident from \$175.00 to **\$225.00**
BLS On scene care-Non-resident from \$225.00 to **\$325.00**
ALS On scene care-Resident from \$625.00 to **\$675.00**
ALS On scene care-Non-resident from \$700.00 to **\$800.00**
MILEAGE Resident \$13.50/mile to **\$15.00/mile**
MILEAGE Non-resident \$16.00/mile to **\$16.50/mile**

FISCAL IMPACT: None

RECOMMEND: Approval of **RESOLUTION 2018-002** acknowledging the charges instituted by the Board of Directors of SAFER (Exhibit A attached) and place in the Village of Weston Schedule of Fees.

COMMITTEE: None

REQUEST: Approval of **RESOLUTION 2018-002**

- Is there an additional briefer with this agenda item?
- Additional reference documents

RESOLUTION 2018-002
EXHIBIT A, SAFER 2018 Schedule of Fees
Correspondence from LIFEQUEST



VILLAGE OF WESTON, MARATHON COUNTY

RESOLUTION NO. 2018-002

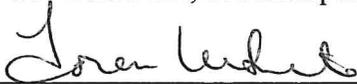
A RESOLUTION SETTING FORTH THE FEE SCHEDULE FOR S.A.F.E.R. FIRE DEPARTMENT EMERGENCY MEDICAL SERVICES FEES

WHEREAS, the Village Board has determined that the fees set forth in the fee schedule attached as Exhibit A to this resolution are appropriate and reasonably approximate to S.A.F.E.R.'s cost in providing Emergency Medical Services as set by the S.A.F.E.R. Board of Directors within the Village of Weston and

NOW, THEREFORE, BE IT RESOLVED, the Board of Trustees for the Village of Weston hereby adopts the fee schedule attached as Exhibit A and fees set forth therein for S.A.F.E.R Fire Department fees and direct the Village Clerk to add it to the Village Fee Schedule.

PASSED BY THE BOARD OF TRUSTEES OF THE VILLAGE OF WESTON, at a regular meeting thereof, this 15th day of the month of January, 2018.

VILLAGE OF WESTON, a Municipal Corporation of the State of Wisconsin.

By: 
LOREN WHITE, Village Vice President

ATTEST:
By: 
SHERRY WEINKAUF, Village Clerk

Vote: 5-0

EXHIBIT A

| Service | Fee |
|---|--|
| BLS Emergency-Resident | \$ 675.00 |
| BLS Emergency-Non Resident | \$ 850.00 |
| ALS Emergency-Resident | \$ 750.00 |
| ALS Emergency-Non Resident | \$ 950.00 |
| ALS 2-Resident | \$ 775.00 |
| ALS 2-Non Resident | \$ 1,050.00 |
| SCT-Resident | \$ 1,050.00 |
| SCT-Non Resident | \$ 1,300.00 |
| NICU | \$ 3,000.00 |
| Intercept | \$ 150.00 |
| No Transport BLS Resident | \$ 225.00 |
| No Transport BLS Non Resident | \$ 325.00 |
| No Transport ALS Resident | \$ 675.00 |
| No Transport ALS Non Resident | \$ 800.00 |
| BLS Care at Standby Event | \$ 50.00 |
| ALS Care at Standby Event | \$ 100.00 |
| Mileage-Resident | \$ 15.00 |
| Mileage-Non Resident | \$ 16.50 |
| Mileage IFT | \$ 14.25 |
| Oxygen | \$ 65.00 |
| EMS Standby-Ambulance | 100.00/hr |
| EMS Standby-SUV/UTV | 75.00/hr |
| Wait Time | 100.00/hr |
| Fire Standby (Engine or Truck crew of 3) | 350.00/hr |
| Haz Mat Response/Large Fuel Spill Cleanup | \$500.00/per truck per hr. \$25/per FF per hr. |
| Fire Inspection 3rd and Subsequent | \$ 30.00 |
| Fire Response (working structure fire) | \$ 500.00 |
| Crash Response | \$ 500.00 |
| CPR Full | \$ 50.00 |
| CPR Refresher | \$ 35.00 |
| ACLS Full | \$ 150.00 |
| ACLS Refresher | \$ 75.00 |
| ACLS-EP | \$ 100.00 |
| PALS Full | \$ 150.00 |
| PALS Refresher | \$ 75.00 |
| PHTLS Full | \$ 275.00 |
| PHTLS Refresher | \$ 100.00 |
| CPR/First Aid | \$ 75.00 |
| EMS/Fire Report Admin Fee | \$ 25.00 |
| False Fire Alarms (30 Day Period) | |
| First and Second Alarms | No Fee |
| Third and Fourth Alarms | \$ 55.00 |
| Fifth thru Eighth Alarms | \$ 400.00 |
| Ninth and Subsequent Alarms | \$ 800.00 |
| Training Center Fees | |
| EMR | \$ 250.00 |

EXHIBIT A

| | | |
|---------------------|----|--------|
| EMR Refresher | \$ | 70.00 |
| EMT Basic | \$ | 700.00 |
| EMT Basic Refresher | \$ | 110.00 |
| AEMT | \$ | 600.00 |
| AEMT Refresher | \$ | 50.00 |
| CCEMT | \$ | 600.00 |
| CCEMT Refresher | \$ | 100.00 |
| Paramedic Refresher | \$ | 175.00 |

South Area Fire & Emergency District

Initial Recommended Rates With Bundled Disposables

See Attached Survey for Comparisons in Your Area

| <u>BLS Base Rate</u> | <u>Current</u> | <u>Recommendation</u> |
|---|----------------|-----------------------|
| ➤ Resident | \$ 625.00 | \$ 725.00 |
| ➤ Non-Resident | \$ 750.00 | \$ 850.00 |
| ▪ Non-Resident rates are reimbursed by virtually all-private insurance companies. | | |

ALS1 Emergency 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 | \$ 700.00 | \$ 800.00 |
| ➤ Non-Resident | \$ 850.00 | \$ 950.00 |
| ▪ 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 | \$ 725.00 | \$ 825.00 |
| ➤ Non-Resident | \$ 950.00 | \$ 1050.00 |

SCT Base Rate - SCT Base Rate would be charged when it is medically necessary for a critically injured or ill patient to be transferred from one hospital to another hospital. The level of service being provided has to be beyond the scope of the paramedic. This is necessary when a beneficiary's condition requires ongoing care that must be provided by one or more health professionals in an appropriate specialty area, e.g., nursing, medical respiratory care, cardiovascular care, or a paramedic with additional training.

| | | |
|----------------|------------|------------|
| ➤ Resident | \$ 950.00 | \$ 1050.00 |
| ➤ Non-Resident | \$ 1200.00 | \$ 1300.00 |

IFT
\$ 14.25

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

| | | |
|----------------|----------|--------------------------------------|
| ➤ Resident | \$ 13.50 | \$ 14.50 ^{15.00} |
| ➤ Non-Resident | \$ 16.00 | \$ 16.00 ^{16.50} |

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 | \$ 175.00 | \$ 275.00 |
| ➤ Non-Resident | \$ 225.00 | \$ 325.00 |

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 | \$ 625.00 | \$ 725.00 |
| ➤ Non-Resident | \$ 700.00 | \$ 800.00 |

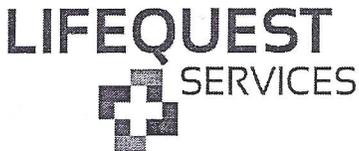
Reminder – By increasing your rates; with insurance companies, your service's approved reimbursable rates should increase.

- 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



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