CITY OF DILLINGHAM, ALASKA

RESOLUTION NO. 2013-14 (AM)

A RESOLUTION OF THE DILLINGHAM CITY COUNCIL APPROVING AN INCREASE IN THE AMBULANCE BILLING RATES EFFECTIVE MAY 1, 2013

WHEREAS, the City of Dillingham has not reviewed nor adjusted the Ambulance Billing Rate since 2001; and

WHEREAS, the City of Dillingham currently charges for Basic Life Support, Advanced Life Support and Mileage; and

WHEREAS, the City of Dillingham Fire Department conducted an Ambulance Billing Rate Comparison comparing rates with over 150 fire departments in Washington and Alaska; and

WHEREAS, the comparison indicated that our billing rates were considerably lower than other fire departments and the City was not billing for all the services that were allowable; and

WHEREAS, the City of Dillingham is considered Super Rural by Medicaid standards which means the Medicaid reimbursement rate is higher than urban areas; and

WHEREAS, the current rates that are being charged are below the rate that Medicaid allows for reimbursement; and

WHEREAS, the Fire Department Executive Committee is recommending the rate increase; and

WHEREAS, the Fire Department Executive Committee indicated that the funds generated from the Ambulance Billing will be used to enhance the Fire Department by replacing or repairing equipment or supplies, replacing or repairing the ambulance and fire trucks, provide a Volunteer Stipend, and to be used to replace the building they are currently located in;

NOW, THEREFORE, BE IT RESOLVED that the Dillingham City Council hereby authorizes the increase of the Ambulance Billing Rates **effective May 1, 2013**, as follows:

Non Transport (Non-TX)	$200
Basic Life Support - Non Emergency (BLS-NE)	$400
Basic Life Support - Emergency (BLS-E)	$450
Advanced Life Support Level One – Emergency (ADLS1-E)	$550
Advanced Life Support Level Two – Emergency (ADLS2-E)	$650
Special Care Transport (SCT)	$750
Mileage per mile with patient on board	$13

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Special Care Transport (SCT)	$750
Mileage per mile with patient on board	$13

PASSED and ADOPTED by a duly constituted quorum of the Dillingham City Council on April 11, 2013.

SEAL:

ATTEST:

Janice Williams, City Clerk

Alice Ruby, Mayor

City of Dillingham Information Memorandum No. R2013-14

Subject: A resolution of the Dillingham City Council approving an increase in the ambulance billing rates

Agenda of: April 11, 2013

Council Action:

Manager: Recommend approval.

City Manager: Carol Shade, Acting
Rose Loera

Route To:	Department / Individual	Initials	Remarks
X	Fire Department		
X	City Clerk / Janice Williams	JW	

Fiscal Note: Yes _____ No ___X___ Funds Available: Yes _____ No _____

Other Attachment(s):

- Ambulance Billing Rate Comparison Report

Summary Statement.

This resolution was vetted through the Finance and Budget Committee and the Fire Department Executive Committee and is being recommended for adoption.

Ambulance Billing Rate Comparison

The Dillingham Fire Department currently only charges for BLS at $300, ALS at $400, and Mileage at $7.50 per mile with patient on board. We are considered super rural by Medicaid in the Dillingham area as many parts of Alaska are due to the distance from major hospitals for critical care. I have received from a Native American contact that works with Indian Health Services (IHS) from the lower 48 states, and they provided me with some very useful information on rural Medicaid payables.

Rural Medicaid payables:
BLS - $366.43
ALS1 - $435.14
ALS2 - $629.80
Mileage - $7.03 per mile with patient on board

I suggest achieving a little above what Medicaid charges in order to help better evaluate the ambulance-billing rate for this coming year. After the allotted amounts are agreed upon I suggest we reevaluate the ambulance rates and possibly increasing them from $25 to $50 across the board because Medicaid raises their rates every year. This will allow us to stay as close as we can to Medicaid on our ambulance rates.

My suggestions are as follows:
Non-TX - $200
BLS-NE - $400
BLS-E - $450
ALS1-E - $550
ALS2-E - $650
SCT - $750
Mileage - $13 per mile with patient on board

The six ground ambulance categories, which apply to both land and water transportation include:

1. Basic Life Support (BLS) Non Emergency;
2. Basic Life Support (BLS) Emergency;
3. Advance Life Support (ALS1), Level One, Emergency;
4. Advance Life Support (ALS2), Level Two, Emergency;
5. Special Care Transport (MEDEVAC's);
6. Non Transport (NON-TX);

Ambulance Billing Rate Comparison

BASIC LIFE SUPPORT (NON EMERGENCY)
Basic life support (BLS) is transportation by ground ambulance vehicle and the provision of medically necessary supplies and services, including BLS ambulance services as defined by state. The ambulance must be staffed by an individual who is qualified in accordance with state and local laws as an emergency medical technician basic (EMT-B). Only in the state of Alaska is an EMT-B permitted to operate limited equipment onboard the vehicle, assist more qualified personnel in performing assessments and interventions within their scope of practice.

EMERGENCY RESPONSE
Emergency response is one in which a BLS, ALS1, or ALS2 level of service has been provided in immediate response in which the ambulance begins as quickly as possible to take the steps necessary to respond to the call. Regardless the call is an emergent nature when based on the information available to the dispatcher at the time of the call.

ADVANCE LIFE SUPPORT, LEVEL 1 (ALS1)
Advanced life support, level 1 (ALS1) is the transportation by the ambulance and the provision of medically necessary supplies and services including the provision of ALS assessment or at least one ALS intervention. This would include starting an intravenous line, intraosseous line, and EKG.

ADVANCED LIFE SUPPORT ASSESSMENT
Advanced life support (ALS) assessment is an assessment performed by an ALS crew as part of an emergency response that was necessary because the patient's reported condition at the time of dispatch was such that only an ALS crew was qualified to perform the assessment. An ALS assessment does not necessarily result in determining that the patient requires an ALS level of service. The determination to respond emergently with an ALS ambulance crew is at the time of dispatch.

ADVANCE LIFE SUPPORT, LEVEL 2 (ALS2)
Advance life support, level 2 (ALS2) is the transportation by ambulance and the provision of medically necessary supplies and services including: (1) at least three separate administrations of one or more medications by intravenous push/bolus or by continuous infusion (excluding crystalloid fluids); or (2) ambulance transport and the provision of at least one of the ALS2 procedures listed below.

Application: Crystalloid fluids include fluids such as 5% dextrose in water, saline and lactated ringers. Medications that are administered by other means, i.e., intramuscular/subcutaneous injection, oral, sublingually or nebulizer, do not qualify to determine whether the ALS2 level rate is payable. ALS payment rate does not apply if the medication is administered fractionally, i.e., one-third of a single dose of medication administered.

For purpose of this definition, the ALS2 procedures are:

1. Manual defibrillation/cardioversion;
2. Central venous line;
3. Cardiac pacing;
4. Chest decompression;
5. Surgical airway;

The monitoring and maintenance of an endotracheal tube that was previously inserted prior to the transport also qualifies as an ALS2 procedure. This means any MEDEVAC's that has them in place would be considered a ALS2 Level of service.

BASIC LIFE SUPPORT PERSONNEL

Emergency Trauma Technician (ETT)

The Emergency Trauma Technician training program is 40 hours in length and teaches the basics of emergency medical care.

Emergency Medical Technician Basic (EMT-B)

The Emergency Medical Technician-Basic requires 160 hours to certify, excluding the use of advanced airway devices. The EMT-B provides basic life support such as splinting, hemorrhage control, oxygen therapy, suction, CPR and use of automated external defibrillators (AEDs). Clearly, most treatment procedures performed in any EMS System, regardless of level, are basic life support procedures.

ADVANCE LIFE SUPPORT INTERVENTION

Advanced life support (ALS) intervention is a procedure that is in accordance with Alaska State and local laws beyond the scope of practice of an emergency medical technician-basic (EMT-B). These procedures are performed by EMT-2, EMT-3, and Paramedic.

ADVANCE LIFE SUPPORT (ALS) PERSONNEL

Emergency Medical Technician 2 (EMT-2)

The EMT-2 certification level exceeds the training level of an EMT-B in Alaska. The EMT-2 class is at least 50 hours in length and prepares the student to initiate intravenous lines, endotracheal intubation and administer fluids and certain medications such as Naloxone and D-50 dextrose. This level of certification as an EMT-2 also requires that the individual be under the sponsorship of a department approved physician medical director.

Emergency Medical Technician 3 (EMT-3)

The EMT-3 certification level is an additional 50 hours to the EMT-2 program designed to add advance cardiac care skills to those the EMT-B and EMT-2 has learned already. Also included in the training program is the use of EKG, manual defibrillation, and certain medication as morphine, lidocaine, atropine, and epinephrine. This level of certification as an EMT-3 also requires that the individual be under the sponsorship of a department approved physician medical director.

Mobile Intensive Care Paramedic (MICP)

Mobile Intensive Care Paramedics are licensed by the Alaska Department of Commerce and Economic Development. The training is in excess of the EMT-3 level and MICPs function under the direct or indirect supervision (standing orders, etc.) of a physician.

SPECIALTY CARE TRANSPORT (SCT)

Specialty care transport (SCT) is hospital to hospital transportation of a critically injured or medical illness and is transported for MEDEVAC. This also includes a MEDEVAC service coming in from a village or remote area with non medical or medical personnel on board a aircraft to our airport and is transported to Kanakanak Hospital by ambulance.