

VIRGINIA: AT THE CONTINUATION MEETING OF THE DINWIDDIE COUNTY BOARD OF SUPERVISORS HELD IN THE MULTI-PURPOSE ROOM OF THE PAMPLIN ADMINISTRATION BUILDING IN DINWIDDIE COUNTY, VIRGINIA, ON THE 6th DAY OF JUNE, 2001, AT 5:00 P.M.

PRESENT: HARRISON A. MOODY, CHAIRMAN ELECTION DISTRICT #1
EDWARD A. BRACEY, JR. VICE-CHAIR ELECTION DISTRICT #4
DONALD L. HARAWAY ELECTION DISTRICT #2
ROBERT L. BOWMAN, IV ELECTION DISTRICT #3
AUBREY S. CLAY, ELECTION DISTRICT #5

OTHER: PHYLLIS KATZ COUNTY ATTORNEY

IN RE: CALL TO ORDER

Mr. Harrison A. Moody, Chairman, called the continuation meeting to order at 5:00 P.M.

IN RE: AMENDMENTS TO THE AGENDA

Mr. Moody asked if there were any amendments to the Agenda.

Mr. R. Martin Long, County Administrator, stated there were two additions needed on the agenda add Item 13 – Closed Session: Consultation with Legal Counsel § 2.1-344 A.7 of the Code of Virginia, for Telecommunications; § 2.1-344 A.3 of the Code of Virginia, for Acquisition of Property; and § 2.1-344 A.1 of the Code of Virginia, for Personnel, Appointments and Board of Supervisors.

Upon Motion of Mr. Bracey, Seconded by Mr. Clay, Mr. Haraway, Mr. Bracey, Mr. Bowman, Mr. Clay, Mr. Moody voting "Aye", the above amendments were approved.

IN RE: BILLING FOR SERVICES

Mr. David Jolly, Public Safety Director, came before the Board and presented the following billing for services plan.

Revenue Recovery

What is Revenue Recovery?

Billing health insurance to supplement operating expenses

Why Revenue Recovery?

- *Rising operational costs – maintenance and cost of vehicles, equipment, insurance, and increasing call volume*
- *People deserve the best service they can get – this takes money*
- *Paid staff to augment volunteers*
- *Donations decreasing and rising costs*
- *Replacement of outdated vehicles*

Why Should the Local Government and private donations continue to provide funding

- *Revenue recovery only provides supplemental funding*
- *Local government funding and donations will remain critical to service*
- *Minimize tax burden on the public*

Why Revenue Recovery in Dinwiddie County?

- ◆ *Continuous funding for second paid unit*
- ◆ *Continue to maintain volunteer base which significantly reduces cost to local government – minimize requested increases to the county*
- ◆ *Minimizes fiscal impact on the residents of the county*
- ◆ *This will provide only supplemental funding to that already received from the local government, donations, and grants*

1990 Statistics

- ◆ *685 EMS calls run by DVRS*
- ◆ *Annual fund drives and memorial donations*
- ◆ *State and local government support*
- ◆ *Insurance cost were lower*
- ◆ *Training classes no charge except for books*
- ◆ *Cost of specialized equipment*
 - *Ambulance type III \$70,000 to \$80,000*

1994 Statistics

- ◆ *2,081 EMS calls for service*
- ◆ *DVRS staffing on nights and weekends*
- ◆ *Namozine staffing one ambulance on nights and weekends*
- ◆ *June 1994 - Addition of Daytime Career staff*
- ◆ *November 1995 - Addition of 6 Full-time providers to provide 24 hour coverage*

2000 Statistics

- ◆ *2,800 EMS calls (400% increase since 1990)*
- ◆ *Bingo, house to house fund drive, local government support*
- ◆ *Cost of specialized equipment*
 - *Cardiac heart monitor \$25,500*
 - *Ambulance type III \$92,000 to \$115,000*
- ◆ *Insurance \$ 48,500*
- ◆ *Maintenance \$ 60,000*
- ◆ *Training expense \$ 20,000*
- ◆ *Uniforms \$ 5,000*

Today's EMS Operation

- ◆ *Additional 24 hour crew planned for FY 2002*

- ◆ *Cost of equipment, insurance, maintenance and training have increased*
- ◆ *Donations are down and bingo profits have decreased*
- ◆ *Employee salaries have increased (necessary to maintain quality providers)*
- ◆ *Volunteerism is down especially during the daytime – few businesses allow employees to leave*

Challenges

- ◆ *Increase donations and bingo profits or seek alternative funding*
- ◆ *Continue to provide a quality prehospital EMS system – Dinwiddie County provides assistance to our area as well as surrounding counties*
- ◆ *Recruit and retain quality staff and volunteers*
- ◆ *Continue to move EMS providers to the ALS status – necessary to provide the best possible emergency response to the community*
- ◆ *Decrease responses times to outer areas of the County*

Volunteer vs. Paid EMS Providers

- ◆ *No differentiation between volunteer and paid providers for training requirements*
 - *First Responder (40 hours – general, CPR, airway, and other basic life saving procedures)*
 - *Emergency Medical Technician (110 hours – initial care of medical and trauma situations, airway, patient assessment, OB, medication administration)*

Volunteer vs. Paid EMS Providers

- *Cardiac Technician (142 hours – advanced pharmacology, cardiovascular system, cardiac arrest treatment, chest decompression, pediatrics, intraosseous therapy) \$590 plus books*
- *Paramedic (444 hours – extensive clinical rotations in surgery, recovery, burn center, pediatrics, labor and delivery, psychiatric treatment, catheterization lab, needle and surgical cricoidthyrotomy) \$ 2,000 plus books*

Status of Emergency Vehicles

- ◆ *6 Advanced Life Support Ambulances*
 - *1991 (226,306 miles) Namozine*
 - *1992 (180,000 miles) DVRS*
 - *1995 (50,000 miles) DVRS*
 - *1995 (82,000 miles) DVRS*
 - *1999 (72,066 miles) DEMS*
 - *1997 (115,000 miles) DEMS*

Status of Emergency Vehicles

- ◆ 1995 Light Duty Crash Truck
- ◆ 1985 First Responder Van (182,000 miles)
- ◆ 2000 First Responder Expedition
(2,172 miles)
- ◆ 1990 First Responder Suburban
(181,214 miles)
- ◆ 1988 First Responder Truck
(222,147 miles)

Cost of Equipment

How Can a Volunteer Organization Charge for Services?

- ◆ *No differentiation in training*
- ◆ *No differentiation in required equipment*
- ◆ *No differentiation in personnel requirements*
- ◆ *No differentiation in costs to run organization with exception of salaries*

How Will Revenue Recovery Be Used?

- ◆ *Funding for additional 24 hour crew*
- ◆ *Dependent upon amount of funding, possible equipment upgrades to ensure the most up to date and reliable equipment*

How are the funds distributed?

Year 2000 EMS Calls

- ◆ **Assumption: Out of total call volume, approximately 80% are transported, and we hope to collect 60% of that amount.*
- ◆ *Assumption: The billing company charges a 10% fee and Administration would like to collect a 10% fee for other associated costs, 15% for First Responders, 65% Transporting agency.*
- ◆ *For example: The amount collected from insurance is \$200 per transport.*

Estimate of Dollars to be Collected by Agency.

These figures are after billing agency and administrative cost

What other EMS agencies are billing for services?

- *Richmond Ambulance Authority*
City of Richmond
- *Southside Virginia Emergency Crew*
City of Petersburg
- *Norfolk Fire & Paramedical Services*
City of Norfolk
- Lynchburg Fire & EMS*
City of Lynchburg
- Cape Charles Rescue Squad, Inc.*
Cape Charles, Virginia
- *Northampton Fire & Rescue, Inc.*
Northampton County, Virginia



What other EMS agencies are billing for services?

- *Marion Lifesaving Crew, Inc.*
Marion, Virginia Smyth County
- *Halifax County Rescue Squad, Inc.*
Halifax County
- *Pulaski County Rescue Squad, Inc.*
Pulaski County
- *Melfa Volunteer Fire & Rescue*
Melfa, Virginia
- *Dahlgren Rescue Squad*
King George County
- *Southside South Hill Rescue Squad*
Mecklenburg County

Agencies Looking at Revenue Recovery

- *Colonial Heights Fire & EMS*
- *Chesterfield EMS Division*
- *Prince George Emergency Crew*

Where do we go from here?

- ◆ *Meet with volunteers to explain plan and gather support*
- ◆ *Education session for citizens*
- ◆ *Education utilizing newspapers*
- ◆ *Announce subscription program and second ambulance crew*
- ◆ *Training EMS crews*
- ◆ *Begin billing to supplement funds*

Summary of Revenue Recovery

- ◆ *Can utilize money from an untapped resource. Insurance companies*
- ◆ *Provide a supplement to funds received from the State and from grants*
- ◆ *Can provide increased funding needed to off-set the decrease in donations*
- ◆ *Can provide a financial base for increasing career staffing*

Action Items for Consideration

- ◆ *Institute revenue recovery countywide under one EMS license or*
- ◆ *Only collect for those responses that are made by agencies under the County's license.*
- ◆ *Allow us to enter into a contract with a billing agency to provide this service*

Billing Services

- ◆ *Four RFP received by County Administration*
- ◆ *Administration and Public Safety reviewed proposals and rated them on six areas*
 - *Years of Experience*
 - *Overall Qualifications*
 - *Contents of Proposals*
 - *Financial Resources*
 - *Location of Office*
 - *Cost*

Billing Services

- ◆ Team interviewed two of the four that submitted proposals
- ◆ Interview panel recommends that we allow Diversified Ambulance Billing to provide service to the County.

The following bids were submitted:

<u>BIDDER</u>	<u>BID AMOUNT</u>
Certified Ambulance	7% of revenue recovered plus 3% choice collection preview
Cornerstone	10% of collected amount
Diversified	10% collected plus \$895.00 set up fee
Southside Rescue	10% of total collected

Mr. Long, County Administrator reiterated the important areas of Mr. Jolly's presentation and asked what the recommendation of other area agencies were.

Mr. Jolly stated that Chesterfield Agencies recommend one license. Mr. Long stated that Chesterfield Agencies were larger than our facilities and a task force on Revenue Recovery recommended a one-license system; so if it works for them as large as they are, then it should certainly work for us. Mr. Long asked if the Board had any questions.

Mr. Moody stated that there would be no argument from him.

Mr. Bracey asked what or who was the hold up. Mr. Jolly said that if there would be any opposition, it would come from Dinwiddie Volunteer Rescue Squad. DVRS agrees with the concept but they would have to come under the County's license for the billing and they have been operating for 30 years on their own.

Mr. Long stated that out of fairness to Volunteers in McKenney, it should be noted that they are under DVRS' license. But he felt they shouldn't be shorted their part of the revenue because of that.

Mr. Long stated that we need to move forward regardless of whether they jump on board or not with the Billing of Services.

Mr. Bowman asked if DVRS agreed with the Billing of Services. Mr. Long answered that they agree with the concept but in order to move forward, they have to come under the new license.

Mr. Haraway stated he would like to see a schedule of the donations. He also questioned why 10% is going to be needed in administration fees because of the billing system.

Mr. Long said that the money would come to the Administration Office and then the funds have to be separated and redistributed through the finance office; copying expense, mailing expense, etc.

Mrs. Wendy Ralph stated that after the procedure is in place, it can be reassessed and it could be 5% and the Public Safety division would recover the funds.

Mr. Bracey asked about the fee schedule and if it would be brought up at a later date.

Mrs. Ralph stated that several companies have recommendations and then there is Medicare's recommendation.

Mr. Long said that is what is currently allowed by them. Mrs. Ralph suggested it to be high enough to cover the different levels of services.

Mr. Bracey asked what ACFA and the Virginia allowable was. Mr. Long answered that it was the federal and Virginia allowable amount that the insurance will pay. Mr. Long stated that they recommend that you charge over the allowable amount so that you don't lose money.

Mr. Moody asked if the patient would be billed for the difference in the total bill and the amount paid by insurance. Mr. Long stated that this is another area that the 10% fee for administration would come in. The Billing Service would bill the patient and contact the office to see if further action should be taken if the bill is not paid. The Administration office would then be responsible for further action.

Mr. Bracey wanted to clarify whether the patient would have to pay the amount above what the insurance would pay or if it was optional if you could afford it.

Mrs. Ralph restated his question, would the county be satisfied with the insurance companies payment and drop the issue of the unpaid amount?

Mr. Bracey stated that he thought it best that the county be satisfied with the insurance payment and not try to collect the rest. Whatever we receive, we accept.

Glenice Townsend stated that a statement would be sent to the patient from the Billing Agency telling them the transport date and the unpaid balance.

Mrs. Ralph stated she believed Medicare requires that an invoice be sent to everyone. She stated that the description states that the people without insurance would not have to worry about the billing after the first bill.

Mr. Long discussed an annual subscription rate or membership fee that patients would pay annually and then they would not be billed at all.

After further discussion, the Board agreed that the patient's insurance company will be billed and the County will accept what the insurance pays. There will be no further collections from the patient.

The next step will be to take the program to the volunteers for discussion. Mr. Bracey asked that these meetings be recorded.

Mr. Haraway asked if the references on the Billing Agency had been checked.

Mr. Jolly stated that he had received all positive feedback for these agencies.

Mr. Bowman asked about insurance deductibles and Mr. Jolly stated that he understood that it does not apply to transportation.

Mr. Long asked for authorization to contract with Diversified Ambulance Group.

Mr. Bracey asked when the contract would begin.

Mrs. Ralph stated that there would be a time lapse to get the proper licenses but that there would be no dust collecting under our feet.

Upon motion by Mr. Bracey, seconded by Mr. Haraway, Mr. Clay, Mr. Haraway, Mr. Bowman, Mr. Bracey, Mr. Moody voting "Aye",

Be it resolved by the Board of Supervisors of Dinwiddie County, Virginia that authorization is granted to contract with Diversified Ambulance Group for billing EMS services.

IN RE: RECESS

Mr. Moody called a recess 6:17 P.M. The meeting reconvened at 6:25 P.M.

IN RE: CLOSED SESSION

Mr. Bracey moved that the Board now convene in a closed meeting to discuss matters exempt from the open meeting requirements of the Virginia Freedom of Information Act:

The purpose of the closed meeting is to discuss subject matters identified as: Consultation with Legal Counsel, Telecommunication Towers; Acquisition of Property; and Personnel Matters, Appointments and Board of Supervisors

- **Personnel Matters, § 2.1-344 A - 1 of the Code of Virginia,** (candidates for employment OR the assignment, appointment, promotion, performance, demotion, discipline, salaries, compensation, resignation of employees) Personnel, Appointments and Board of Supervisors.
- **Acquisition of Property § 2.1-344 A.3 of the Code of Virginia.**
- **Consultation with legal counsel, § 2.1-344 A.7 of the Code of Virginia,** (consultation with legal counsel and briefings by staff members and consultants about actual or probable and public discussion would adversely affect the negotiating or litigating posture of the County or Town – OR – consultation with legal counsel regarding specific legal matters that require legal advice) Telecommunications.

Mr. Clay seconded the motion. Mr. Clay, Mr. Haraway, Mr. Bowman, Mr. Bracey, Mr. Moody voting "Aye" the Board moved into the Closed Meeting at 6:25 P.M.

A vote having been made and approved the meeting reconvened into Open Session at 7:23 P.M.

IN RE: CERTIFICATION

Whereas, this Board convened in a closed meeting on this date pursuant to an affirmative recorded vote in accordance with the Virginia Freedom of Information Act;

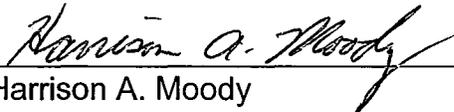
Whereas, Section 2.1-344.1 of the Code of Virginia requires a certification by the board that such closed meeting was conducted in conformity with Virginia law;

Now, therefore be it resolved that the Board hereby certifies that, to the best of each member's knowledge, (1) only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act were heard, discussed or considered in the closed meeting to which this certification applies; and (2) only such public business matters as were identified in the motion by which the closed meeting was convened were heard, discussed or considered in the meeting to which this certification applies.

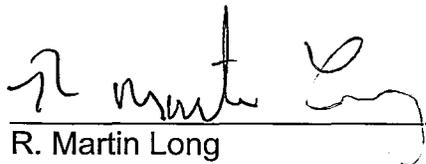
Upon Motion of Mr. Bracey, Seconded by Mr. Haraway, Mr. Clay, Mr. Haraway, Mr. Bowman, Mr. Bracey, Mr. Moody voting "Aye". This Certification Resolution was adopted.

IN RE: ADJORNMENT

Upon Motion of Mr. Clay, Seconded by Mr. Haraway, Mr. Clay, Mr. Haraway, Mr. Bowman, Mr. Bracey, Mr. Moody, voting "Aye", the meeting adjourned at 7:25 P.M.



Harrison A. Moody
Chairman



R. Martin Long
County Administrator

/abr