

# CITY OF HORICON

404 EAST LAKE STREET  
HORICON WI 53032

## MEETING NOTICE

DATE ISSUED: January 14, 2021

BY: Susan Hady

### PERSONNEL & FINANCE COMMITTEE

**ATTENDEES:**

Susan Hady	Donald Miller	Forrest Frami	Kristen Jacobson
Joseph Adamson	Timothy Kingman	Alexandra Harvancik	Mark Tesch
Carole Baker	Pat Bulman	C: Mayor Grigg	

DATE: Monday, January 18, 2021

TIME: 6:00 p.m.

LOCATION: City Hall, Activity Room B

LEADER: Susan Hady, Chairperson

**AGENDA:**

1. Call to Order.
2. Roll Call.
3. Public Appearances.
4. Approve Previous Minutes.
5. Watertown Fire Department Emergency Medical Services & Ambulance Transportation Intercept Agreement.
6. Language Change for Health Insurance Upon Retirement for Non-Represented Employees Hired 6/1/2004 – 10/1/2011.
7. December 2020 Payables.
8. Set Next Meeting Date.
9. Non-Action Discussion.
10. Adjourn.

IF UNABLE TO ATTEND, PLEASE NOTIFY: Kristen Jacobson

PHONE: 485-3500

DATE POSTED: 1/14/2021

TIME POSTED: 3:30 p.m.

# Emergency Medical Services & Ambulance Transportation



## Joint Response "Intercept" Billing/Reimbursement/Revenue Sharing Agreement

### Watertown Fire Department and Horicon EMS (Recipient)

desire to demonstrate their commitment to providing the best possible care to their patients by entering into this Advanced Life Support Joint Intercept Agreement.

**Watertown Fire Department** agrees to provide **Recipient** with Advanced Life Support (ALS) intercept service when **Recipient** requests such service. When such response is requested and provided to recipients of Medicare, Medicare HMO, Medicaid, Medicaid HMO, Veteran's Administration (VA), and any other institutions that have documented requirements requiring joint billing by the transporting agency, or Commercial Health Insurance Plans primary to and coordinating benefits with any of the specified payors listed above. The billing procedures outlined within this Agreement will be followed.

1. When **Watertown Fire Department** provides ALS care and **Recipient** transports the patient in their vehicle:
  - a) **Recipient** will be responsible for the billing and collection associated with the ALS service provided by **Watertown Fire Department** as required by CMS regulations.
  - b) **Recipient** will pay **Watertown Fire Department**
    - i. 50% of the reimbursement received from Medicare, Medicare HMO, Medicaid, Medicaid HMO, Veteran's Administration (VA), any other institutions that have documented requirements requiring joint billing by the transporting agency, or Commercial Health Insurance Plans primary to and coordinating benefits with any of the specified payors listed above for the Base Rate charged
    - ii. 50 % of the funds received from any secondary or supplemental payor for the Base Rate Charged.
    - iii. 50% of the per mile reimbursement multiplied by the number of miles (reported to the nearest tenth of a mile) that the **Watertown Fire Department** was on board the transporting unit.
    - iv. The amount of reimbursement retained by or paid to **Recipient** cannot exceed the maximum amount\* they would have received had no intercept occurred, any difference above 50% of this amount must be retained by or paid to **Watertown Fire Department** as an additional amount.
  - c) It is understood that **Watertown Fire Department** Medicare Watertown Fire Department number 00085388 shall only be used when **Watertown Fire Department** is involved in a **Recipient** transport.
  - d) **Recipient** accepts responsibility to accurately track reimbursements for ALS Intercepts in which they provide transport so as to adhere to the guidelines set forth in this billing agreement.
2. When **Watertown Fire Department** provides ALS care and transports the patient in its vehicle with the assistance of **Recipient**
  - a) **Watertown Fire Department** will be responsible for the billing and collection associated with its service.
  - b) **Watertown Fire Department** will pay **Recipient**
    - i. 50% of the reimbursement received from Medicare, Medicare HMO, Medicaid, Medicaid HMO, Veteran's Administration (VA), any other institutions that have documented requirements requiring joint billing by the transporting agency, or Commercial Health Insurance Plans primary to and coordinating benefits with any of the specified payors listed above for the Base Rate charged
    - ii. 50 % of the funds received from any secondary or supplemental payor for the Base Rate Charged.
    - iii. 50% of the per mile reimbursement multiplied by the number of miles (reported to the nearest tenth of a mile) that the **Recipient** was on board the transporting unit.
    - iv. The amount of reimbursement retained by or paid to **Recipient** cannot exceed the maximum amount\* they would have received had no intercept occurred, any difference above 50% of this amount must be retained by or paid to **Watertown Fire Department** as an additional amount.

# Emergency Medical Services & Ambulance Transportation



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- c) **Watertown Fire Department** accepts responsibility to accurately track reimbursements for ALS intercepts in which they provide transport so as to adhere to the guidelines set forth in this billing agreement.

\* = Determining the "Maximum Amount they would have received had no intercept occurred": This would be the maximum allowable pursuant to the appropriate payor's fee schedule based on the level of service provided by **Recipient**. This most typically would be the BLS Level however could be ALS1 in the event **Recipient** is licensed to the Intermediate Technician (EMT-IT or AEMT) or Intermediate Level and is permitted to perform and bill for limited ALS level skills.

3. Transports not involving patients with Medicare, Medicare HMO, Medicaid, Medicaid HMO, Veteran's Administration (VA), and any other institutions that have documented requirements requiring joint billing by the transporting agency, or Commercial **Health** Insurance Plans primary to and coordinating benefits with any of the specified payors listed above. Will be billed independently by each ambulance service for the services that were provided to the patient.
4. Transports involving Auto or other Third Party Liability Insurance Policies deemed responsible for payment will be billed independently by each ambulance service for the services that were provided to the patient.
- a) Auto or Other Third Party Liability Insurance is determined to not have payable benefits to either Watertown Fire Department and the patient is a recipient of Medicare, Medicare HMO, Medicaid, Medicaid HMO, Veteran's Administration (VA), and any other institutions that have documented requirements requiring joint billing by the transporting agency, Commercial **Health** Insurance Plans primary to and coordinating benefits with any of the specified payors listed above. The non-transporting agency will submit to the transporting agency an itemized invoice for services provided, a copy of their Patient Care Report and a copy of the denial so that the bills can be combined and submitted to the correct payor as an Intercept. The applicable terms above will then apply regarding revenue sharing.
- b) Auto or Other Third Party Liability Insurance primary to Medicare, Medicare HMO, Medicaid, Medicaid HMO, Veteran's Administration (VA) Conditional Payments, it is hereby agreed that both agencies agree that if they are not reimbursed by the Auto or Other Third Party Liability Insurance within 120 days from the Date of Service the non-transporting agency will submit to the transporting agency an itemized invoice for services provided, a copy of their Patient Care Report and a copy of the denial so that the bills can be combined and submitted to the correct payor as an Intercept under Conditional Payment Provisions. The applicable terms above will then apply regarding revenue sharing. Both agencies agree that they will withdraw any pending claims with the Auto or Other Third Party Liability Insurance and agree to compliantly refund any payments received on/after the date a claim is submitted for Conditional Payment to the source of the payment unless required to do otherwise.
- c) In the event an Auto or Other Third Party Liability Insurance pays one Watertown Fire Department and the other Watertown Fire Department's claim is denied the Watertown Fire Department receiving the denial will submit a copy of the denial to the other Watertown Fire Department who agrees to pay 50% of the funds received from the Auto or Other Third Party Liability Insurance and any secondary billings which will be deemed as Payment in Full for Services rendered.

# Emergency Medical Services & Ambulance Transportation



## Joint Response "Intercept" Billing/Reimbursement/Revenue Sharing Agreement

5. Responses that involve on-scene care only will be billed independently by each agency; except where the patient is DOA and has Medicare, Medicare HMO, Medicaid, Medicaid HMO, Veteran's Administration (VA), and any other institutions that have documented requirements requiring joint billing, or Commercial Health Insurance Plans primary to and coordinating benefits with any of the specified payors listed above.
  - a) In such case, **Recipient** will be responsible for the billing and collection as required by CMS regulations.
  - b) Upon receipt of payment b). **Recipient** will pay **Watertown Fire Department**
    - i. 50% of the funds received from Medicare, Medicare HMO, Medicaid, Medicaid HMO, Veteran's Administration (VA), any other institutions that have documented requirements requiring joint billing by the transporting agency, or Commercial Health Insurance Plans primary to and coordinating benefits with any of the specified payors listed above
    - ii. 50 % of the funds received from any secondary or supplemental payor.
  
6. Not Billable/Reimbursable ALS Services: In the event that an ALS Intercept is requested by **Recipient** for any reason and it is subsequently determined that one or more of the conditions listed below apply the **Watertown Fire Department** agrees that they have not provided a "Billable" service and therefore waive any right to revenue sharing under the terms of this agreement. The **Watertown Fire Department** further agrees that they will not bill the patient or any other payor separately for their services.
  - a) Medical Necessity and Reasonableness: The services provided by the **Watertown Fire Department** as documented in the Patient Care Report (PCR) provided with the invoice for their services do not meet the documented medical necessity and reasonableness requirements set forth by the payor applicable to the transport that requires the Joint Billing outlined in this agreement.
  - b) ALS Assessment or ALS Intervention: When the **Watertown Fire Department's** PCR does not document that the **Watertown Fire Department** provided a medically necessary ALS Assessment or at least one ALS intervention. In the event the **Recipient** is permitted to perform limited ALS Skills and has already provided a qualifying ALS Assessment the documentation must establish that the ALS Assessment provided by the **Watertown Fire Department** assessed conditions not already assessed, or at a higher level than already provided.
  
7. Special Payor Exceptions:
  - a) Medicaid Michigan: Pursuant to the Michigan Department of Health and Human Services Medicaid Watertown Fire Department Manual Version Date October 1, 2015 Ambulance Chapter Section 3 Item 1 "Intercepts" the manual states "In situations where a BLS vehicle intercepts with an ALS vehicle, each Watertown Fire Department may bill for the appropriate base rate and for the loaded mileage they provided (if any)."
  - b) Medicaid Illinois: Medicaid Illinois does not recognize Paramedic Intercepts as a billable/covered service. No additional reimbursement is available and the transporting Watertown Fire Department can only bill to the level they are licensed for and approved to bill for by Illinois Department of Healthcare & Family Services. This information appears on the Watertown Fire Department Information Sheet issued by Illinois Department of Healthcare & Family Services. Revenue Sharing will be based on the amount received based on the level of service that is billable.
  - c) Medicaid Iowa: Pursuant to the Iowa Department of Human Services Ambulance Services Watertown Fire Department Handbook Version April 1, 2014 Chapter III. Watertown Fire Department-Specific Policies Section B Item 1 Bullet Point 5 "If more than one ambulance service is called to provide ground ambulance transport, payment will be made to only one ambulance company. When a paramedic from one ambulance service joins a ground ambulance company already in transport, coverage is not available for services and supplies provided by the paramedic." Revenue Sharing will be based on the amount received based on the level of service that is billable.

# Emergency Medical Services & Ambulance Transportation



## Joint Response "Intercept" Billing/Reimbursement/Revenue Sharing Agreement

8. **Billing and Documentation:** The **Watertown Fire Department** will provide **Recipient** and/or their Billing Office with an itemized invoice for the services rendered including mileage for the distance that they are on board the transporting unit (reported to the nearest tenth of a mile) and a copy of their completed Patient Care Report (PCR) within 21 Calendar Days of the Date of Service. **Recipient** will not bill out their claim until this documentation has been received in the Billing Office to insure the claim is complete prior to submission for reimbursement consideration. In the event the required documentation is not received within 60 calendar days of the date of transport the claim will be submitted by **Recipient** based solely on the services they rendered and no revenue sharing will occur with **Watertown Fire Department**. **Watertown Fire Department** agrees not to bill the patient privately in this event.
9. **Transfer of Balance to Collection Agency:** In the event the patient has a co-pay or co-insurance that they do not pay timely it will be at the discretion of the Service billing as to if/when the account is turned over to a Collection Agency. If a balance is transferred to a Collection Agency written notification shall be made to the other Service and if payment is collected at a later date the appropriate revenue sharing will still occur.
10. **Payments:** Payments shall be submitted to the appropriate Service within 60 days of receipt. When payments are submitted to the appropriate service pursuant to this agreement it will indicate the type of payment it is:
  - a) **Partial Payment:** A balance still remains and additional payments will be made upon receipt of additional funds.
  - b) **Final Payment:** This is the final payment, no balance remains
  - c) **Full Payment:** The payment is the only payment that will be made on this account.
11. When **Recipient** provides care on scene and **Watertown Fire Department** transports the patient in **Watertown Fire Department** vehicle without the assistance of **Recipient** :
  - a. **Watertown Fire Department** will be responsible for the billing and collection associated with its service.
  - b. **Watertown Fire Department** will pay **Recipient**
    - i. The lesser of
      1. A Flat Rate of \$100 from the funds received, or
      2. 50% of the funds receivedfrom Medicare, Medicare HMO, Medicaid, Medicaid HMO, Veteran's Administration (VA), any other institutions that have documented requirements requiring joint billing by the transporting agency, or Commercial Health Insurance Plans primary to and coordinating benefits with any of the specified payors listed above as compensation for the services they rendered to the patient prior to transport.
12. **Vehicle Lease:** When **Recipient** requires the use of **Watertown Fire Department's** ambulance to complete the transport of the patient, and **Recipient** retains sole and full responsibility for all Clinical Patient Care rendered:
  - a). **Recipient** will be responsible for the billing and collection associated with its service.
  - b). **Recipient** will pay **Watertown Fire Department** the amount of reimbursement received for the mileage associated with such transport as compensation for the use of their vehicle. **Recipient** will retain the reimbursement associated with the Base Rate billed for the transport as compensation for the use of their crew.

# Emergency Medical Services & Ambulance Transportation



## Joint Response "Intercept" Billing/Reimbursement/Revenue Sharing Agreement

This agreement is effective with Dates of Service on/after \_\_\_\_\_, or the date of latest signature below if not otherwise specified, and when signatures from both parties have been placed on this Agreement and will remain in effect until either party provides the other party with a thirty (30) day written notice of cancellation or modification.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Watertown Fire Department Agency Name

\_\_\_\_\_  
Recipient Agency Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Title

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Phone

*If you are a LifeQuest Client, who will pay your Intercepts*

*If you are a LifeQuest Client, who will pay your Intercepts*

LifeQuest (From Monthly Revenue) \* Recommended

LifeQuest (From Monthly Revenue) \* Recommended

Service will Pay Own Intercepts

Service will Pay Own Intercepts

# Emergency Medical Services & Ambulance Transportation



## Joint Response "Intercept" Billing/Reimbursement/Revenue Sharing Agreement

Agency Information	
Legal Name	
d/b/a Name (If Different than Above)	
Mailing Address Line 1	
Mailing Address Line 2	
Mailing Address City, State, Zip	
Intercept Agreement Contact Person (Contact when Questions about Agreement arise or updates are needed)	
Name	
Title	
Role	
Phone	
E-Mail	
Fax	
Primary Intercept Billing Contact Person ★ If Different than Above (Contact regarding Billing of Intercepts (i.e. Need Intercept Bill, Received Intercept Bill believed to be incorrect, Follow Up on Status of Payment for Intercept Bill))	
Name	
Title	
Company Name (If Different than Agency i.e. Billing Office)	
Phone	
E-Mail	
Fax	
Secondary Intercept Billing Contact Person ★ If Different than Above (Contact regarding Billing of Intercepts (i.e. Need Intercept Bill, Received Intercept Bill believed to be incorrect, Follow Up on Status of Payment for Intercept Bill))	
Name	
Title	
Company Name (If Different than Agency i.e. Billing Office)	
Phone	
E-Mail	
Fax	
Intercept Billing Mailing Address (Where Intercept Bills should be sent when our Agency Provides your Agency with an Intercept)	
Name	
Attn (If Applicable)	
Address Line 1	
Address Line 2	
City, State, Zip	
Intercept Payment Mailing Address	
Name	
Attn (If Applicable)	
Address Line 1	
Address Line 2	

# Emergency Medical Services & Ambulance Transportation



## Joint Response "Intercept" Billing/Reimbursement/Revenue Sharing Agreement

City, State, Zip	
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Agency Information
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Legal Name	
d/b/a Name (If Different than Above)	
Mailing Address Line 1	
Mailing Address Line 2	
Mailing Address City, State, Zip	

Intercept Agreement Contact Person (Contact when Questions about Agreement arise or updates are needed)
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Name	
Title	
Role	
Phone	
E-Mail	
Fax	

Primary Intercept Billing Contact Person ★ If Different than Above (Contact regarding Billing of Intercepts (i.e. Need Intercept Bill, Received Intercept Bill believed to be incorrect, Follow Up on Status of Payment for Intercept Bill))
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Name	
Title	
Company Name (If Different than Agency i.e. Billing Office)	
Phone	
E-Mail	
Fax	

Secondary Intercept Billing Contact Person ★ If Different than Above (Contact regarding Billing of Intercepts (i.e. Need Intercept Bill, Received Intercept Bill believed to be incorrect, Follow Up on Status of Payment for Intercept Bill))
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Name	
Title	
Company Name (If Different than Agency i.e. Billing Office)	
Phone	
E-Mail	
Fax	

Intercept Billing Mailing Address (Where Intercept Bills should be sent when our Agency Provides your Agency with an Intercept)
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Name	
Attn (If Applicable)	
Address Line 1	
Address Line 2	
City, State, Zip	

Intercept Payment Mailing Address
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Name	
Attn (If Applicable)	



**Emergency Medical Services & Ambulance  
Transportation**

**Joint Response "Intercept"  
Billing/Reimbursement/Revenue Sharing  
Agreement**



Address Line 1	
Address Line 2	
City, State, Zip	

insurance at another place of employment. If a family plan is reduced to a single plan, the City's obligation will then be that of a single plan. When the employee is eligible for Medicare, he/she must take that benefit, and the City shall pay the premium for insurance in addition to Medicare coverage in order that the employee will receive hospital, medical and surgical benefits equal to the City's plans then in effect. If a retired employee dies prior to age sixty-five (65) and the retired employee, spouse and eligible dependents have been receiving insurance benefits as provided herein, then the surviving spouse and dependents may continue to receive paid insurance, provided the spouse is not eligible for similar insurance at another place of employment.

- (6) In case of retirement prior to age sixty-five (65), for those employees hired, or promoted into a non-represented position after June 1, 2004, but, prior to October 1, 2011, the City shall pay the premium for single or family health insurance per Section 3-1-16(b)(1), whichever is in place at the time of retirement, provided that the employee meets the "rule of 75", is at least fifty-five (55) years old, has served in a non-represented position for at least ten (10) years, with no less than a total of twenty (20) years of non-represented and represented service with the City, and further provided that the employee is not otherwise eligible for similar insurance. To meet the "rule of 75", an employee must have a combined age and years of service with the City that total a minimum of 75. If a family plan is reduced to a single plan, the City's obligation will then be that of a single plan. When the employee is eligible for Medicare, he/she must take that benefit and the City shall pay the premium for insurance in addition to Medicare coverage in order that the employee will receive hospital, medical and surgical benefits equal to the City's plans then in effect. If a retires employee dies prior to age sixty-five (65) and the employee and spouse have been receiving insurance benefits as provided herein, then the surviving spouse may continue to receive paid insurance to age sixty-five (65) provided the spouse is not otherwise eligible for similar insurance. If the retires employee dies after reaching age sixty-five (65), the surviving spouse may continue to receive insurance as described above, provided he or she pays the premium.

- (7) In case of retirement prior to age sixty-five (65), for those employees hired, or promoted, into a non-represented (administrative) position after October 1, 2011 and, in case of retirement prior to age sixty-five (65), for those employees hired, or promoted into a non-represented (administrative) position after June 1, 2004, but, prior to October 1, 2011 who are not eligible for the benefits provided in (6) above, the Employee shall be allowed to convert the employee's accumulated sick leave into paid-up health insurance coverage, either single or family coverage, dependent upon the coverage which the employee was receiving at the time of retirement and consistent with the coverage available to active employees. The amount available for sick leave health insurance conversion shall be the employee's straight time hourly rate at retirement times the employee's accumulated hours of sick leave. For salaried employees the amount available for sick leave health insurance conversion shall be the

