

City of Manitowoc Fire Department
2017 Recommended Rates with
Bundled Disposable Pricing
See Attached Survey for Comparisons in Your Area

| <u>BLS Base Rate</u> | <u>Current</u> | <u>Recommendation</u> |
|---|----------------|-----------------------|
| ➤ Resident | \$ 745.00 | \$ 805.00 |
| ➤ Non-Resident | \$ 845.00 | \$ 905.00 |
| ▪ Non-Resident rates are reimbursed by virtually all-private insurance companies. | | |

All Bariatric Patients- BLS & ALS

| | | |
|----------------|------------|-------------------|
| ➤ Resident | \$ 1000.00 | \$ 1060.00 |
| ➤ Non-Resident | \$ 1000.00 | \$ 1060.00 |

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 | \$ 750.00 | \$ 860.00 |
| ➤ Non-Resident | \$ 850.00 | \$ 960.00 |
| ▪ 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 | \$ 770.00 | \$ 960.00 |
| ➤ Non-Resident | \$ 870.00 | \$ 1060.00 |

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 | \$ 925.00 | \$ 1085.00 |
| ➤ Non-Resident | \$ 970.00 | \$ 1185.00 |



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

| | | |
|----------------|----------|-----------------|
| ➤ Resident | \$ 15.00 | \$ 15.50 |
| ➤ Non-Resident | \$ 15.00 | \$ 16.00 |

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 | \$ 250.00 | \$ 310.00 |
| ➤ Non-Resident | \$ 250.00 | \$ 360.00 |

BLS On Scene Care Facility/Commercial – This is charged when your service responds to a call, provides treatment at a care facility or commercial location and the patient does not need transport.

| | | |
|-----------------|-----------|------------------|
| ➤ Any Residence | \$ 250.00 | \$ 310.00 |
| ➤ Non-Resident | \$ 250.00 | \$ 360.00 |

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 | \$ 500.00 | \$ 660.00 |
| ➤ Non-Resident | \$ 650.00 | \$ 810.00 |

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, adding disposable pricing to my base rates, effective _____, 2017.

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 _____, 2017.

Signature

Title

Date



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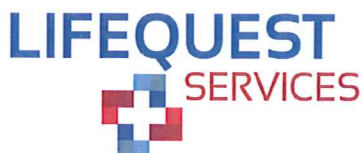
Manitowoc Fire Department 2017 Financial Impact Summary w/Bundled Pricing

| Item Increased | Approximate Billed in One Year Period* | Amount of Increase | Projected Revenue |
|--|--|--------------------|---------------------|
| BLS Base Rate - Resident | 303 | \$60.00 | \$18,153.60 |
| BLS Base Rate - Non Resident | 51 | \$60.00 | \$3,069.00 |
| BLS/ALS Bariatric | 4 | \$60.00 | \$0.00 |
| ALS1 Base Rate - Resident | 754 | \$110.00 | \$82,965.30 |
| ALS1 Base Rate - Non Resident | 134 | \$110.00 | \$14,697.10 |
| ALS2 Base Rate - Resident | 8 | \$190.00 | \$1,531.40 |
| ALS2 Base Rate - Non Resident | 2 | \$190.00 | \$412.30 |
| SCT - Resident | 3 | \$160.00 | \$496.00 |
| SCT - Non Resident | 2 | \$260.00 | \$403.00 |
| Mileage - Resident | 9634 | \$0.50 | \$4,816.98 |
| Mileage - Non Resident | 3636 | \$1.00 | \$3,636.27 |
| BLS On Scene Care - Resident | 72 | \$60.00 | \$4,315.20 |
| BLS On Scene Care - Non Resident | unknown | \$110.00 | \$0.00 |
| BLS On Scene- Facility- Resident | 43 | \$60.00 | \$2,580.00 |
| BLS On Scene- Facility- Non Resident | unknown | \$110.00 | \$0.00 |
| ALS On Scene Care - Resident | 24 | \$160.00 | \$3,918.40 |
| ALS On Scene Care - Non Resident | 4 | \$160.00 | \$644.80 |
| Total Estimated Increase in Charges | | | \$141,639.35 |
| Estimated Budget Figure Increase** | | | \$42,637.98 |

* Due to the impact of the Medicare Fee Schedule, these numbers do not include the estimated 69% of your patients that have Medicare and Medicaid type payors.

** For budget purposes, revenue should be figured at a 70% collection rate to reflect allowances for Regulated Insurance Companies and Bad Debt Adjustments (uncollectible).

Reminder: Revenue is directly proportionate to the number of billable transports and payor mix experienced by your ambulance service as well as the documentation provided by your service to LifeQuest. This number may fluctuate as much as 20% annually.



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2017 Financial Impact Summary Without Bundled Disposables

| Item Increased | Approximate Billed in One Year Period* | Amount of Increase | Projected Revenue |
|--|--|--------------------|--------------------|
| BLS Base Rate - Resident | 303 | \$0.00 | \$0.00 |
| BLS Base Rate - Non Resident | 51 | \$0.00 | \$0.00 |
| BLS/ALS Bariatric | 4 | \$0.00 | \$0.00 |
| ALS1 Base Rate - Resident | 754 | \$50.00 | \$37,711.50 |
| ALS1 Base Rate - Non Resident | 134 | \$50.00 | \$6,680.50 |
| ALS2 Base Rate - Resident | 8 | \$130.00 | \$1,047.80 |
| ALS2 Base Rate - Non Resident | 2 | \$130.00 | \$282.10 |
| SCT - Resident | 3 | \$100.00 | \$310.00 |
| SCT - Non Resident | 2 | \$155.00 | \$240.25 |
| Mileage - Resident | 9634 | \$0.50 | \$4,816.98 |
| Mileage - Non Resident | 3636 | \$1.00 | \$3,636.27 |
| Oxygen | 265 | \$10.00 | \$2,653.60 |
| Spinal Immobilization | 29 | \$0.00 | \$0.00 |
| BLS On Scene Care | 72 | \$25.00 | \$1,798.00 |
| BLS On Scene- Facility/Comm | 43 | \$0.00 | \$0.00 |
| ALS On Scene Care - Resident | 24 | \$100.00 | \$2,449.00 |
| ALS On Scene Care - Non Resident | 4 | \$100.00 | \$403.00 |
| Total Estimated Increase in Charges | | | \$62,029.00 |
| Estimated Budget Figure Increase** | | | \$18,672.71 |

* Due to the impact of the Medicare Fee Schedule, these numbers do not include the estimated 69% of your patients that have Medicare and Medicaid type payors.

** For budget purposes, revenue should be figured at a 70% collection rate to reflect allowances for Regulated Insurance Companies and Bad Debt Adjustments (uncollectible).

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