

MINUTES  
MUNCIE COMMON COUNCIL  
FINANCE COMMITTEE  
300 NORTH HIGH STREET  
MUNCIE, INDIANA 47305

**MONDAY, JUNE 17, 2019**

**FINANCE COMMITTEE MEETING:** 5:30 P.M., 1<sup>ST</sup> FLOOR CITY HALL AUDITORIUM.

**PLEDGE OF ALLEGIANCE:** Led by Councilperson Powell.

| <b>ROLL CALL:</b> | <b>PRESENT</b> | <b>ABSENT</b> |
|-------------------|----------------|---------------|
| Nora Powell       | X              |               |
| Denise Moore      | X              |               |
| Doug Marshall     | X              |               |

**TOPIC OF DISCUSSION:**

Powell once again, thanks everyone for attending this evenings meeting of the Muncie City Council Finance Committee. This meeting is open to the public and scheduled through the Clerk’s office with public notice provided to the media, as well as posted in City Hall in compliance with Indiana’s Open-Door Law. The purpose of this meeting is so the Finance Committee can receive financial data from the administration and other service providers in our community regarding the Muncie Fire Department Basic Life Support Program (MFDBLS). Powell believes having this information is essential to the City Council to have in order for the body to make the best financial decisions on behalf of the citizens of Muncie in the upcoming budget season. For that reason, the committee members themselves will be posing questions to city officials and other service providers. This will allow for the most productive and efficient receipt of this information. Powell thanks those who have submitted questions. It is essential that this process be open to the public and interested parties because public comment should be heard by the entire council rather than just the committee. There will be an opportunity for public comment and discussion at a regular City Council meeting, if and when a piece of legislation pertaining to this is introduced. Lastly, the committee requests those in the auditorium treat each other with civility. The purpose of the meeting is to gather data, not to promote one service over the other.

**KEVIN NEMYER**

John Quirk, City Attorney at 117 E. Main St, states Mr. Nemyer is not present at this particular time but has provided Quirk with written responses to the questions asked by the committee.

Powell asks if Quirk is, in fact, authorized to speak for Nemyer. Quirk states he is authorized to read the answers, yes.

1. Where do you believe we are in regards to the city's financial standing?

Quirk reiterates the question, "Where do you believe we are with regard to the city's financial solubility?" The answer from Nemyer is "solubility" is not a financial term nor is it an accounting term but a chemistry term referring to the process of a solid dissolving into a liquid so he is unsure of what word is attempted to be used. If asking about solvency, the city's assets do exceed their liabilities so yes, the city is solvent. If the city was insolvent, that would be a widely known fact, given that the synonym for "insolvency" is "bankruptcy." The city is far from that. The degree to which the city is solvent, that is the amount of which assets exceed liability is calculated by long and expensive inventory of all assets and liabilities which has not been done to his knowledge. If asking about "sustainability" then that is a matter of choice. The council has control over the budget and should align spending with revenues.

2. Can you explain what is happening to the beginning operating balance each year?

Quirk believes the question was, "Can you explain what is happening in our beginning operating balance each year and why?" The answer from Nemyer is the beginning balance of the general fund has increased in 3 of the last 8 years and decreased in 5 years. The actual numbers from 2012 to 2019 in millions are \$1.2, \$8, \$9.5, \$8.5, \$5, \$3.5, \$4.4 and \$3.2, so, it could be said that the overall trend is downward, even though there was almost \$1 million increase from 2017 to 2018. The reason why it varies is a question whose answer should be obvious to not only every council member but to any person asked. This would be like asking the average person why their checking account balance is decreasing and has the exact same answer of spending more than receiving. The main reason for this, since becoming Controller in 2017, is the increase in employee salaries, which account for about half of the changes. The only money that can be spent from the funds, other than non-reverting funds such as 104 Center Township Fire Protection fund, is the money approved by the council either within the adopted budget or through an additional appropriation.

3. What is the Department of Local Government Finance Form 1782?

Quirk states Nemyer's response is Form 1782 sets out, by fund, the financial information purposed by the taxing unit. It includes purposed revenue, levee and budget adjustments and results from the application of the final assessed values as certified by the County Auditor. Basically, it is a tally sheet for the funds.

4. Will you explain the findings of a DLGF 1782 fund for 2019?

Quirk believes the question asked was "Will you explain what the findings of the DLGF 1782 for 2019 indicate?" Nemyer's response is the 1782 form for 2019 shows that all budgets, other than the Rainy-Day Fund, were approved for the submitted amounts. The \$538,318 balance in the Rainy-Day Fund can be spent with an additional appropriation done by council. Powell has a

follow up question. Quirk will try to answer it. Powell asks for an explanation when the budget says it has been decreased by projected revenues are insufficient to fund the adopted budget for the Rainy-Day Fund. Quirk cannot explain that further but can refer the question to Nemyer to get a valid answer. Powell then asks for explanation regarding the general fund when it says budget is approved for displayed amount but the rate is reduced to remain within the statutory levee limitation. Quirk again, cannot explain that further but will refer the question to Nemyer to get a valid answer. Quirk requests the questions be submitted in writing as the questions being asked this meeting were submitted, prior to the meeting. Powell confirms but wants to remind Quirk that any answer given could trigger follow-up questions. Quirk confirms and just wants to make sure the questions are correct. If he writes the question down, he may write it down incorrectly and does not want to potentially get the questions wrong. Powell confirms these answers that Quirk is providing are responses to what was asked by the Finance Committee. Quirk explains he wishes to avoid any miscommunication and to please have the questions in writing. Powell continues to discuss the findings under the notice does state that but is cut off by Quirk. He asks if this is going to be a question or statement because he was under the impression they were there to answer questions. Powell states Mr. Nemyer was invited here to answer questions but unfortunately, he is not here. Quirk asks to get those questions in writing so they could get answered. Powell says Nemyer has had the questions in writing. Quirk replies yes, the eleven questions that were submitted to him last week but not the questions that have triggered follow-up questions tonight. Powell confirms the fact that Nemyer has had these questions is indeed correct.

5. Can our general fund afford subsidized fire-based EMS if the expenses are greater than the revenues and the proceeds from the Center Township fund 104?

Quirk adds to the question that amount in parenthesis is \$400,000. The answer Mr. Nemyer provided is that the \$400,000 figure is only the amount paid by Center Township to the city for fire protection. Any and all revenue generated by the fire-based EMS is in addition to the \$400,000. As to whether the general fund can pay the fire-based EMS expenses, exceeding the fire-based revenues would depend on the extend of the shortfall as well as the extent to which the council allows money spent to exceed revenue received. If revenues are \$3 million and expense are \$3 million and \$20 then yes, the general fund can cover. Any greater amounts would be subject to the willingness to stay within the budget amounts. Powell asks if the committee could receive Nemyers answers in writing. Quirk states he will give them a copy of the answers. Powell then asks Quirk to read the first sentence of his response, again. Quirk reads the \$400,000 figure is only the amount paid by Center Township to the city for fire protection. Powell asks what it is paid for. Quirk answers fire protection. Powell confirms.

6. How much money did we currently receive in pilot payments for IU Health and BSU? Quirk states Nemyers response is that in 2019, IU Health paid \$50,000 per year and BSU paid slightly over \$266,000.

7. Where are those annual payments deposited?

Quirk states Nemyers response is that the payments are deposited into the general fund, into line items specifically for this revenue.

8. Is that money being used elsewhere in the budget? If it were suddenly used to subsidize MFDBLS, would that effect the service delivery of other departments?

Quirk states Nemyers response is when building a budget, all anticipated revenues and anticipated expenses are considered. The pilot payments are anticipated revenue and used to pay some of the expenses incurred during that year by whatever departments. Yes, the pilot money is being used elsewhere within the general fund but is not individually tracked. It does not have to because it is not required to be spent on anything specific. Since the budget is still balancing, the revenues with expenses or at least coming very close to balancing, the pilot money has already been spoken for and counted as revenue source used to pay general fund expenses. If it is used for anything, that revenue will have to be replaced or that much expense not incurred. Powell has a follow-up question referring to the balanced budget. Powell asks what Quirk can speak to regarding moving the LOIT that was appropriated into the budget so the budget would be balanced. Quirk cannot answer that question but will supply it to Nemyer if Powell supplies it in writing.

9. What is the current range in daily overtime for a firefighter?

Quirk states Nemyers response is per the latest employee payrate report, that amount comes to \$33.99 to \$43.04. Powell confirms that is an hour per twenty-four-hour shift. Quirk explains the answer does not state that but he assumes and recommends asking Nemyer for clarification.

10. Do you know the current balance of fund 104?

Quirk replies Nemyers response is the balance is \$539,318.77. Powell asks why that balance is \$500,000 when City Council only appropriated \$400,000 this year. There should be significantly more. Quirk is not sure but if provided with the question, he can try to get an answer. Powell asks if payments were made out of that account of unappropriated money. Quirk, once again, does not have that information. Powell states that is interesting.

11. What is the current balance of fund 105 (MFD LOIT)?

Quirk replies Nemyers response is the balance is \$1,267,856.71. Powell asks why that amount is higher, because in the general fund budget the MFD has spent (as of May 31<sup>st</sup>) 489% of their PERF line item. Yet, in the LOIT, they have spent 0%. She is not sure why the money is being spent out of the general fund several hundred times over and not having the money that was appropriated for PERF in the LOIT. Quirk asks to have that long question in writing so he can get the confirmed answer.

Moore has questions that were submitted by the public. Quirks asks when those questions were submitted. Moore answers the other night because she has since made notes on them. Quirk asks if there was a reason why Nemyer did not have a copy of those questions so he could provide answers. Moore answers the questions did not get finalized until Friday prior to that Finance Committee meeting. Moore can put the publics questions with the questions submitted by Powell. Quirk explains if they had that list of questions previously, the answers could have been provided. Moore confirms she will just add them to the list of further questions.

### **JASON ROGERS, DELAWARE COUNTY EMS DIRECTOR**

Powell begins by offering the condolences of the committee, for the loss of paramedic, Wesley Isaacs. Rogers thanks her for that. Powell adds that by asking him to be here today is only to gather information and not to promote one service over the over and to please keep that in mind as he answers.

1. Does Delaware County Emergency Medical Service (DCEMS) rely on other ambulance companies for mutual aid?

Rogers answers yes, they also subsidize those companies, as well, Albany, Eaton and Daleville. When they are beyond their resources, one of those other cities will come in and help. Powell asks if that creates a cost of using mutual aid? Rogers states not specifically. They subsidize them so Albany gets \$30,000 a year, Eaton gets \$9,000 and up until Daleville became a fire territory, they also got \$9,000 a year. Each service has received, from the commissioners, two ambulances to run with their service, on top of the yearly stipend and they also get trucks. Powell asks if that is in a contract because looking forward with the city, if MFD did mutual aid, would those payment be made per run. Rogers confirms no and that the truck fund has changed several times over the years. Each participating agency used to put \$3, \$7 or \$9 (he does not remember exactly) into a fund essentially for each one of those runs and everybody participated and then they would buy trucks. That changed in 2014 and they went to intercept fees. Now, 100% of the intercept fees go into the truck fund and they would then purchase vehicles out of that truck fund. Speaking on the contract, it is between the jurisdictions of the commissioners. It is not part of DCEMS budget but is budgeted through the commissioner's office. In other words, it is an EMS expense but is not included in their budget.

2. Of the DCEMS income, what percent is allowable Medicare?

Rogers asks for clarification of the payer mix that the gentleman from Elkhart was talking about. Powell states yes and more specifically, what is referenced in the GIS study provided by MFD. Rogers states it changes yearly so he cannot predict how many calls they will get today or what their statistics are going to be, other than looking at it historically. Rogers can provide data per year and in 2018, the Medicare amount of reimbursement was 49%. The payer mix for Delaware County, Muncie is 49% Medicare, 26% Medicaid, 12% commercial insurance and 13%

self-pay. Something else that Rogers wanted to bring to the committee's attention consists of the payment fee structure in 2019 for Medicaid, Medicare and Blue Cross Blue Shield. Sticking to BLS, BLS non-emergent transport for Medicare is \$221.21 and emergent is \$353.94 with a \$7.55 mileage fee tacked on. Medicaid is significantly less. These are coded emergent and non-emergent by the billing company and then submitted for payment to Medicaid and Medicare. Powell asks who makes that clarification. Rogers states how it is dispatched is taken into consideration, but it has to do with what treatments and how the run report that the emergency medical technician or paramedic would write. Marshall confirms that when the unit arrives on scene, by the checklist and what is being done, it could be bumped up from BLS to ALS call and then further determine the cost from that. Rogers answers yes. When talking ALS, there is ALS 1, ALS 2, and that depends on what the interventions are going to be. If there are specific to a chest pain or shortness of breath, it would be an ALS 1 call. There is a specific charge for that. If it's a cardiac arrest, rapid sequence intubation, something considered a more serious nature, it would be ALS 2 with a little bit of an upcharge. The quickest way to say what it is depends on what is written on the run sheet and how it will get billed. It does get reviewed if it was a 911 call, but sometimes calls get down coded and the difference would be \$95 for a BLS non-emergent and \$110 for BLS emergent for Medicaid. Powell asks who would down code. Rogers states if it is deemed under the Medicaid standard that a toothache is not an emergency, then the billing company is required to down code it. That would be a question for the specific billing company on how they would do that. Rogers can say that if they do not down code those specific things, Medicare or Medicare has lofty penalties where the agency will have to pay it back plus fines. That is why DCEMS uses the same billing service that Eskanazi or Indianapolis EMS uses. The professional billers know the process. In going back to allowable Medicaid, 26% for 2018, BLS non-emergent is \$95.84 and an emergent BLS call would be \$110.84. BLS mileage is \$3.31 per mile. Moore asks about Blue Cross Blue Shield. Rogers states it is at 14%, private insurance is 12% and as an example in 2019, Blue Cross Blue Shield fee structure for BLS non-emergent is \$251 and emergent is \$402. They will pay \$8.60 a mile. Blue Cross Blue Shield are the only ones that will do a treatment, no transport. That means some money can be collected if they have Blue Cross Blue Shield but again, it depends on how it is coded and there is a maximum. Medicaid, Medicare, private insurances, Blue Cross Blue Shield could maybe collect a little but it is a very minuet when it comes to that. Powell asks if DCEMS were to answer a call and the client said no thanks then would there is no billing for that unless they have Blue Cross Blue Shield. Rogers states no, it depends. There is one charge if they come to someone's house and say they are diabetic with low blood sugar, DCEMS treats them, raises their blood sugar and essentially fix the problem. Another example is an asthmatic and in need of a breathing treatment. If they can fix that without having to take the person to the hospital, that is a flat fee of \$100. That is what DCEMS charges the patients. Medicaid and Medicare will not pay it and a lot of insurances won't pay it unless the individual is transported, but Blue Cross Blue Shield will pay. It depends on the policy. Powell asks if a patient is charged \$100 and they have no insurance, would that be one of the write-offs. Rogers states it could be. Powell asks how much does DCEMS write-off annually. Rogers answers about \$5 million. In 2018, they

wrote-off \$5,350,094.68, \$5,259,529.82 in 2017 and \$5,526,658.68 in 2016. Rogers will provide all these numbers to Powell because it is a lot of information. Powell thanks him.

3. Does DCEMS utilize hard-billing or soft-billing?

Rogers answers both. Hard-billing is collections and soft-billing is write-offs. That has to be done. If the city wants to participate in Medicare and Medicaid, which is the biggest part of the business in this community, they have to sign off that they will write-off something. Powell adds for clarification that there is a contract or something pertaining to that. Rogers states yes, there is. As an example, he can not send a Medicaid patient to collections. That is a Medicaid violation and could potentially cause the termination of the Medicaid contract and not be able to collect anything on those. Powell states some of the patients, focusing on the city, would be sent to collections and some would be written-off. She then asks who would be used for collections. Rogers states DCEMS uses two different services. One is their billing company they have through a program called Medbill. For the second, take the example of DCEMS taking a patient to the hospital and that patient owes \$100 for that trip. DCEMS pays 25% of what is collected. The agency would not be billed because the patient didn't pay. Delaware County would get \$75 of that and then the Medbill collections would get \$25. Rogers thinks it interesting that MFDBLS talked about Atlas being used for collections. He is aware of the agency because they use it too but it is a far less percentage of what they do in total. There is a contract with the billing company that says they want to work with people and give the opportunity to cut the bill in half if they pay so much by this date and that is all written into the billing contract. After 180 days, it will go to collections if there is no communication. Obviously, they try to recap what they can before they write it off. When it goes to there, there is have payment options. When it goes to Atlas, they do not charge DCEMS to do it but do tack on an additional 30%. If someone owes \$100, then when it goes to Atlas, the amount owed is now \$130. Marshall confirms that would be collection fees. Rogers states it can be done by statute, legally. Powell confirms that residents that do not have Medicaid, and had to be turned over to collections, would end up paying 30% more on their bill. Rogers states that is correct.

4. Do you know what your collection rate is once the account has been turned over? In other words, what can we hope to see from Atlas?

Rogers wants to know if he can ask Powell a question. Powell nods. Rogers asks her if she remembers what the billing percentage was. Powell answers 5%. Rogers explains DCEMS billing service charges 3.9%. Powell asks who their billing company is. Rogers answers Medbill in Indianapolis (Fishers). Powell directs the question back to the collection rate once the account has been turned over from Atlas. Rogers does not have any data from Atlas in front of him but can ask the company for that information. DCEMS does a pretty small amount of business with Atlas in comparison to Medbill.

5. In 2016, DCEMS collected \$3.4 million. Is that correct?

Rogers states the correct answer would be no, they collected \$3,290,951.07. He also finds it interesting Powell picked that year because 2016 is the best year they ever had. Cost to the county was \$3,216,643.67 which left the county a net of \$74,307.40 in 2016. As a comparison, if he can state it, in 2018, they collected \$3,483,408.44 and then the county paid (for EMS coverage) \$3,914,849.86 for a loss of \$431,441.42. Powell states that falls more in line with what she saw from other departments. Rogers states there are a couple factors that it depends on, as well, as where they are with supplies, trucks, etc. Powell requests that data from Rogers. He confirms.

6. How often do you replace your ambulances?

Rogers answers every year, they replace at least one truck. They use Braun Ambulances and Braun ambulances are probably the 'Cadillac' of ambulances, far surpassing the safety regulations that are put into place. It was the first company to do roll-over tests and one of the only ambulances in which the box actually survived a crunch from one of the twin towers on 9/11. They still have that box at the factory. The company has put out a bunch of data on the rollovers test and reason he says that is those boxes are then taken off the chase and remounted. Once the original purchase is done of around \$185,000, they are then remounted. There are a few options that could change the price point but that would probably be in the \$140,000 to \$150,000 range, and redoing the upholstery and cabinet doors, just depends on what options being asked for. There are cheaper routes but you get what you pay for. That is why they chose Braun and have great success with them, remounting like brand new ambulances. They do the work in Van Wert, Ohio, so the ambulances do not have to be sent far away such as Florida or New York. It is easier for DCEMS. Marshall confirms they buy a new chase and take the box and put it on a new chase. Rogers agrees. Marshall then asks how many rotations a box goes through. Rogers answers the Braun box is 100% made of steel and aluminum. A Braun can always be told by the hump in the top of the box. In a lot of other ambulances, the boxes are made with plywood with a sheeting over the top. Braun ambulances are all welded and fabricated in Van Wert, Ohio and go through the process of getting stripped to bare metal and repainted. Rogers believes the oldest box in their fleet is, maybe, a 1991. They last a long time.

7. How much does it cost to purchase a fully stocked ambulance?

Rogers explains nobody sells them fully-stocked. Powell reiterates from the moment it is purchased and then gets re-wrapped and stocking with equipment and medications. Rogers does not know if he can put a price on it and will explain why. There are a lot of options. Are you purchasing a hydraulic cot? (actually, electric but referred to as hydraulic) Are you purchasing a load system, which Indiana is one of the last states that has not yet implemented on any new purchase of vehicles, they are starting to come with this load system which is an extra \$40,000. Essentially, that is to save the paramedics and EMT's back from doing all this heavy lifting. If the city plans to purchase a stair-chair (instead of a soft cot), then the city will be spending a significant amount of money. Like Rogers said, you get what you pay for. All of

DCEMS trucks have stair-chairs, which are a way to get people out of houses, in a seated position and downstairs. Essentially, one man can take someone down a flight of steps. There is also soft cots available to purchase and those are essentially fabric that two people pick up each end and can carry an individual. An agency could spend \$1,000 for a stair-chair or \$40 for a soft-cot. Powell states it would basically depend on what the department wanted to purchase. Marshall asks if there are any standards, guidelines or laws in how DCEMS staff the ambulances. Rogers explains there is a standard which is set by the state. There is also a standard as to what has to physically be in the ambulance. DCEMS far exceeds that. Rogers uses the example of having automatic CPR machines, so they do not do CPR and haven't for a couple of years. These machines are \$14,000 apiece and DCEMS has three. There is a list on the states website of what it is required to have in a BLS ambulance. The procedure is to follow the standard set by the state to get certified, and then inspected. It goes down to having 50 4x4's to having so many vials of sterile water to so many abdominal bandages, etc. There is an ALS standard and a BLS standard for the truck. There is also a requirement that if running an ALS ambulance, a paramedic is at least a level of an EMT. As far as a BLS truck goes, Rogers does not believe there is a standard because a lot of the volunteer services will have its own driver. DCEMS does not do that. The minimum when starting at DCEMS is a basic EMT. There has to be EMT's driving paramedics or dual-paramedic trucks. Powell comments that Rogers brought up the checklist and asked how often that checklist is completed that makes sure the ambulances are certified. Rogers answers every single day. They do a daily inspection sheet and that can be reviewed by the state, in the case of a complaint and the paperwork is there to make sure everything is in order. The state can do surprise inspections and ask how many of a certain product they have and if they do not have it, can shut the department down. DCEMS inspects the vehicles every day.

8. What is your annual budget for medical supplies per ambulance?

Rogers can not break it down to per ambulance because once they are stocked, they are stocked. After that, they piece-meal it. Rogers can tell the committee, though, that their annual budget for medical supplies is \$192,000 or \$16,000 a month. Powell asks how many ambulances DCEMS has. Rogers answers nine transport trucks.

9. What is your annual budget for fuel?

Rogers states the appropriation in 2018 was \$55,000. They had to go back for an additional appropriation of \$20,000 and spent a total of \$73,674.67 for fuel for nine ambulances. Rogers states they also have two paramedic squads, supervisor, or battalion chief vehicles, also known as quick response vehicles. There are a couple of other fleet vehicles that they have but do not get operated every single day. Powell confirms that covers the entire fleet. Rogers agrees.

10. What is your annual budget for ambulance maintenance?

Rogers adds that wasn't on the list of questions but will look it up in the data he has brought alongside him. DCEMS has an equipment maintenance of \$12,000 a year (in 2018) and spent

\$11,998.36, just 64¢ shy of the whole \$12,000. Powell asks if that is for all nine ambulances. Rogers answers no, that is just an equipment maintenance. Rogers says it will cover the equipment on all nine ambulances but not the vehicle repair. Powell then asks about the maintenance on the ambulances themselves. Rogers realizes he misspoke, as he was looking at the wrong line item. The \$12,000 is a contract for Visio Control and that is the parent company for Striker, who creates the cots and heart monitors they use. There is a service agreement between them and DCEMS. Dealing with heart monitors and shocking people, they want to make sure that those things are in working order and must pass a test, at 100%, every day. If they fail or are not at 100% then they come off the line and Visio will come to fix the problem. That is what that \$12,000 is for. Powell confirms that is a service contract. Rogers agrees. Powell asks if that is a flat fee per ambulance. Rogers adds that his office manager reminded him that they pay \$500 a month for a cellular service for the heart monitors so they can send that data to not only the hospital but to automatically download into their EPCR's. That way, information does not have to be manually entered into the report, via Bluetooth, it can go to the reporting software in the tablet in the truck and could also be seen at the hospital. Powell asks if that is the same thing that was referred to him the other night when Ms. Clark said they were doing Bluetooth with their heart monitors. Rogers states it depends on what heart monitor they are looking at but it's a possibility. DCEMS tablets, also known as MDT's (mobile data terminals) get dispatch information and also runs their EPCR (patient care report). They are intertwined and to get the information from dispatch, there must be a cellular connection. Powell asks if that being a \$500 a month contract is for those Bluetooth monitors. Rogers confirms and adds it is contracted through Verizon. Rogers apologizes for dancing around the question. Powell notes she understand and it is a lot of information. Returning to vehicle repair, Rogers explains they budgeted \$30,000 for vehicle repair in 2018. There was an extra appropriation made and they spent \$44,078.60. that is pretty typical because of the breakdowns, the \$30,000 just does not go as far as it used to. That is what the vehicle maintenance budget has been for at least the last five years he has been the director. Moore questions that of that maintenance cost, does that include the two paramedic vehicles and the other vehicle that does not run every day. Rogers confirms it is for the entire fleet.

11. What is your average lifespan of your equipment?

Rogers states it honestly depends on if it is taken care of or not. Ambulances usually get re-chassed about every five years, on a regular rotation. Just like any other car, there has been some that are just duds and were only lucky enough to get three years of operating time and 90,000 miles. Rogers says they start looking to replace the chasses at about 120,000 miles because that has been a hard 120,000. Powell mentions that is comparable to the police vehicles. Adding to the topic, the heart monitors; Powell asks if those could be replaced immediately if they are long key or they could last five or so years. Rogers states again, you get what you pay for. DCEMS heart monitors are \$50,000 apiece. If someone an EMT drops one, it is still going to pass the inspection because they are built for that. A cheaper one, however, may not be able to sustain that. Powell asks if it is possible to get a copy of DCEMS price list of how

much the equipment costs. Rogers does not do the ordering but his office manager alongside him nods in approval. Rogers says that is why he brought her with him tonight.

12. How often is transport refused?

Rogers explains from their EPCR, he could do some data extraction and percentages. Powell wants concentration on within city limits. Rogers can not do that and that is the problem. He can not tell specifically because it tracks by zip code. There may be a 47303-zip code but the location is really by the reservoir. He could also do it by truck, by station, but because they are a county-wide service, he cannot break it down into location. Rogers can, however, contact GIS and get with the IT department and ask them if they could geo-code every single call in the city and then extract the run number and look through those. The problem with that is he would have 20,000 calls to look over. Powell states that would be interesting to see what kind of calls the city could expect to have within the city limits and how many are Medicaid and Medicare. She then asks if there is a way to obtain that information, she would just like to see that for their own records. Rogers can not tell specifically how it was billed because there is no bridge between billing and geo-mapping, but through their payer mix and their billing company, he could probably find out much was made on Medicare, Medicaid and private insurance. He can ask for that data. Powell asks if he would please do. Rogers confirms and jokingly states he is not doing anything tomorrow. Powell states he does not have to do it right away and realizes he is doing it as a courtesy and appreciates it but adds it would just be very helpful for them all to see as they go forward with these decisions.

13. What types of annual certification is required by EMT's to obtain their licensure?

Rogers answers basic EMT's need 34 hours of continuing education units and that includes basic skill assessments and also 6 hours of audit and review from the medical director. That is every two-year certification and if they want to go beyond that and get nationally registered, then they would not only certify with the state of Indiana but also the national registry. Rogers adds he believes all EMT courses have to gone to national registry testing. Paramedics did the process a long time ago so it just follows the national registry standard. Advanced EMT's require 34 hours plus 10 extra hours of course related lecture and 12 hours of audit and review in two years. Paramedics require 48 hours of specific CEU's and 24 hours of additional in-service as mandated in certain courses. They also must have advanced cardiac life support certification, pediatric advanced life support certification, pre-hospital trauma life-support certification and there are specific categories regulated by the state and national registry for paramedics. Powell asks of those certifications, does DCEMS have someone on staff that is able to provide those certifications? Rogers answers yes, they pay a training officer who is a primary instructor for in house training.

14. How many EMS stations are within Muncie city limits?

Rogers states they have four stations with Muncie addresses, three are inside Center Township and two are inside the city limits of Muncie. They are all within close proximity and strategically located.

15. How are they affected by the railroads in regards to their abilities to respond within their response time?

Rogers explains that regarding railroad tracks, he will not say is not a problem in Muncie because everyone knows that it is. However, it is less of a problem for EMS than it is for the fire department because the size of the trucks. DCEMS trucks can avoid trains by taking alternate routes such as the McCullough Blvd underpass. If DCEMS has a call for a home in Whitley, they are coming from the #1 downtown station and cut through the park. If there is a west train that is crossing Tillotson Ave, they can cut through the underpass inside Beech Grove Cemetery. The ambulances will fit but that is only during the day while Beech Grove is open. Occasionally, they will have to wait. There is also the MLK Blvd overpass, the bypass to the east, and the underpass on Madison St. All in all, it might take them a little extra time if there is a train and occasionally they will have to wait.

16. What is the data on the runtime and responses of the different areas of the city?

Rogers states it is broke up into zip code and he can provide that but it will be zip-code-wide data. He can supply some average statistics. Powell asks where these reports being given by Rogers came from. Rogers answers it was generated from their patient care reporting and dispatch. The average response time (county-wide) is right around six minutes. Powell asks if there is any area within those zip codes or specifically the city of Muncie, that consistently receives a slower response time. Rogers answers no. Powell asks about data impact to verify that. Rogers will let her make that determination whether they are or not and he will provide the data. Rogers has his own opinion but would rather give Powell the facts.

17. What will the DCEMS charge the MFD BLS per intercept fees for paramedics?

Rogers states is not necessarily a question that he can answer because the city of Muncie falls outside the perimeters of what is in ordinance. That would probably have to be entertained by the elected officials with an interlocal agreement. The standard, like the newspapers reported, if there is no contract and outside of Delaware County, they would get a \$500 bill. That is not paid by the patient, that is paid by the service. It is the same situation if they have a contract for example, Chesterfield, and charge \$200 every time they help assist on a call and take a patient with them to the hospital. What happens is DCEMS bills Chesterfield and then Chesterfield turns around and pays DCEMS specifically. Powell refers to a situation where it being unable to charge the patient – Rogers states the agency is still billed.

18. In addition to you, the EMS director, does DCEMS employ a quality control officer and administrative assistant?

Rogers answers yes, his administrative assistant is alongside him this evening. He also has a deputy chief of operations, who oversees the three shift supervisors and they have two lieutenants. That call it a QC (quality control) process and they audit every single call, every single day. That gets done throughout the day. It then goes to billing and if bad information is put through then it gets kicked back, which is what they are trying to keep from happening. That wastes time with the process again. The QC process is done 24 hours a day by the on-duty supervisors. Powell comments that having someone specifically assigned to do that duty helps with the billing. Rogers confirms, 100%. DCEMS has someone specifically assigned to order supplies that does not do QC. There is someone specifically assigned to do fleet maintenance. Powell asks if those are all full-time positions. Rogers confirms. Powell requests the average salary for those positions. Rogers answers \$60,000 each, unfortunately for Megan, the office manager, who makes about \$35,000.

Marshall has some questions and requests the numbers on how many times DCEMS received mutual aid from other departments. Rogers asks what year. Marshall states last year would be fine. A follow-up to that, Marshall mentions Rogers stating they gave a certain amount of money a year, if they receive a fee when they assist DCEM on top of that. Rogers reiterates the question, if Albany comes in and takes a patient, would they get anything. Rogers answers they have the ability to then bill that patient and take the fees for transporting that patient. In 2018, broken down by month and the total number of times DCEMS asked for another department to standby because all the other trucks are busy, was 513 times. Rogers does not want to mislead anyone and goes on to state Albany was 112, Eaton was 304, Daleville was 97. The Albany and the Daleville numbers are very similar. The reason for that is because they came in and primarily only did standby. With regard to Eaton, they have a bariatric unit and DCEMS will call them about 100 times a year to help transport bariatric patients. That is why that number is elevated. Rogers actually reached out to Eaton and they provided the exact number for 2018 of being toned 305 times, transported 210 patients and of those about 100 were bariatric patients and standbys for non-transport was 95. That means they did not do anything 95 of those times they were called by DCEMS. So far for 2019, DCEMS has toned Eaton 36 times, transported 33 patients and stood by 3 times. It has significantly decreased this year and that will all just depend because it cannot be determined when people are going to call 911. Marshall asks a dollar amount on how much went out to the other departments. Rogers states he does not have that data, it would have to come from those other agencies. Marshall asks if Rogers could obtain that information. Rogers states he will try. Powell asks what other agencies specifically so she could try to get that information. Rogers expresses it is Albany, Eaton and Daleville. Powell will research that, she does not want to lay too much on Rogers shoulders.

Moore asks of the three stations in Center Township, how many total ambulances are there. Rogers answers three. If everybody comes to work, they would have seven. That puts five ambulances within Center Township. It is currently vacation season so right now, they are

operating about five a day and three of those are in Center Township. If they have an extra truck, it always goes to the downtown station, so there are extra trucks there.

Powell explains that it was learned that they could bill at an ALS rate and BLS rate. She asks if the MFDBLS program could bill at an ALS rate if they do have the paramedic intercept to provide those services. Rogers states if there is an interlocal agreement in place, then yes, that could be done. DCEMS would provide their EPCR to MFDBLS billing company. Using Albany as an example, say DCEMS goes out and meets an Albany BLS truck, Rogers gives that run sheet to the Albany billing person (or their representative) and then they can bill at an ALS rate through their billing company but DCEMS has to provide the run sheet and be able to meet the standard that they can bill. That is why DCEMS bills the other agencies. Powell follows up, it was learned that at the ALS rate (because the city would set their own fees) that MFDBLS plans to set fees to cover the intercept fees so the city could potentially (depending on the interlocal agreement) have an ALS call being up to \$500 more depending on what was set as the fees. Rogers clarifies, maybe. The reason he says maybe is because if it is a Medicaid patient, which the demographics are here, because a majority of the Medicaid patients are going to be inner-city. Powell expresses that is her concern. Rogers states what Medicaid says is allowable is what has to be billed. Powell asks that if the Medicaid rate is billed, which is only so much allowable, will DCEMS reduce the intercept fee. Rogers states that is a question for the commissioners because he does not set the fees. Powell explains the city could actually end up losing money with every Medicaid call if the intercept fee is \$500. Rogers agrees and explains that Medicaid ALS fee (doesn't matter what the patient care is) is \$160. That is the total that can be billed plus ALS mileage of \$4.41 a mile. If DCEMS has a fee of \$500, the city would lose money.

Powell appreciates Rogers for coming in and shedding light on this. As they go through and discombobulate this information he provided, it is a lot and very technical and wants to know if he would be willing to answer any follow-up questions via e-mail. Rogers answers yes and explains that some of the information he plans to send is information within their budget. There are red lines on the document and those lines represent accounts that they had to get additional appropriations for in 2018. Powell wants to know one. Rogers will read them to her. Powell just wanted to know one. Rogers expresses that the city needs to know what they are getting into. Rogers states billing and medical supplies was one of the line items. Powell asks how much was originally budgeted. Rogers answers for billing it was \$153,000 and they spent \$156,770.07. Keep in mind that is at that 3.9% rate and not the 5% that MFDBLS plans to charge. Powell thanks Rogers for his time.

#### **PAUL SINGLETON, 911 DIRECTOR**

1. Are there areas in Muncie which consistently receive slower response times than other areas of our city?

Singleton answers that is difficult to ascertain. Powell asks about it from a dispatch perspective. Singleton states again, it is difficult to give a number because it all depends on what agencies are busy and what units are unavailable. Dispatching is sort of like a chess board, pieces have to stay continually moving and that can greatly affect dispatch and run times. There is a standard. The goal is to take the call, get enough information and get it dispatched within a minute or less. Two things needed to get that call dispatched is what is wrong and location. Dispatch could then get someone out the door, whether it is police, fire or ambulance, and continue to gather more information.

2. What determination of the interlocal 911 agreement affect how MFDBLS is dispatched?

Singleton states he does not know because he has not seen a plan on how they would then dispatch. Powell asks if that plan would come from a collaboration between he and Chief Bell. Singleton states yes. Also, he has a medical director who will have to approve of whatever plan they dispatch. Will the determination affect them? Yes. The biggest affect will be the question if the city is going to continue paying their portion of the 911 service or is the county going to have to absorb that cost? That is an unknown for everybody, at this point. Powell asks if the city will need to enter into a written agreement with the 911 call center, as far as dispatching and how that procedure will be set in place. Singleton states that is a question for the commissioners but yes, there will have to be something in writing about what is wanted from dispatch and how they expect them to provide that service.

3. Will modifications of the dispatch system software be required?

Singleton answers yes. Powell asks about modifications of the card system. Singleton states they only use the flip card system as a back-up. Currently, they use the emergency medical dispatch software and it is all computerized and used most modern dispatch centers. Once there is an address, the billing the call is started and nature codes are inputted. These explain what is wrong and recommends the proper police or fire units. That will have to be adjusted or re-written to include the city's plan to put ambulances in different locations. Powell, regarding the modification of the software, asks if that will have a cost associated with it. Singleton cannot answer that. Yes, there will be some hours that will be spent by staff doing that. How that is paid for and how that is billed will probably be between the commissioners and the city.

4. Powell observed a shift at the dispatch center and noted that they operate with a team dealing calls, so, there is a team answer MPD, the Sherriff's department, MFP and EMS.

If MFDBLS is established, would there need to be another team to dispatch that? Or would additional staff have to be hired to accommodate dispatching the firefighters?

Singleton states again, that is an unknown factor because he has no idea what is to be expected. There is lots of things that he has come up with as cost, unknowns, something as simple as what radio frequency they are going to dispatch on.

5. Following that, the next question is if you will have to purchase a new radio channel for MFDBLS?

Singleton answers according to his radio representative, there are no free channels. Every channel that they have in the center is being utilized by someone. The two options would be either someone would have to give up a channel if MFDBLS wants to dispatch on their own channel or if they want a new channel, they would have to purchase one. That is somewhere in the \$70,000 range through getting approved and certificates and dealing with the license fees, FCC, so yes there is potentially a cost there. Powell explains her line of questioning with that is trying to find out what costs would be passed on to the city if this transition was to come into effect. Unfortunately, she does not believe they will obtain any of those answers until the city actually knows what they are looking at. Singleton can not give hard answers because he does not know the plan. Powell explains that unfortunately, there are expenses that the city does not know they could incur. Singleton states there is the potential to have separate toning equipment. That goes at each station, EMS and MFD both have it and Singleton can only assume that they do not want to dispatch, even if there is an ambulance in a fire station, they do not want to use the same tones, so there is a cost for toning equipment. If there is a new frequency, either purchased or given up, then hundreds and hundreds of radios throughout the city and county would have to be re-programmed. For interoperability reason, that radio allows them to communicate with every agency. There is a channel somewhere that can be switched to and everyone can talk to one another. In the dispatch center, they can actually combine channels where different agencies can freely talk back and forth. Powell confirms that the potential for cost is undermined until there is a plan in place. Singleton agrees. Powell thanks Singleton for being here and answering questions.

Powell thanks everyone that participated in this process. The Finance Committee appreciates the time, patience and willingness to come in and answer questions. They will be taking everything into consideration, as far as the information gathered today and at Fridays meeting and reporting back to the City Council as a whole.

**ADJOURNMENT:**