



**City of Marshall**  
**Fire Department**  
**P.O. Box 698**  
**Marshall, Texas 75671**  
**903-935-4580 / FAX 903-935-3568**



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REGINALD K. COOPER, EFO FIRE CHIEF

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September 28, 2017

Marshall City Manager  
Marshall City Commission  
City of Marshall  
401 S. Alamo St.  
Marshall, Texas 75670

Dear City Manager and Commissioners:

The Marshall Fire Department respectfully requests the adoption of a Resolution increasing Ambulance Rates. The City of Marshall and Marshall Fire Department EMS division has recently entered into a contract with Emergicon as its ambulance billing and collection agency.

As part of Emergicon’s initial assessment of our billing and collections status, it was recommended that a rate increase be implemented to bring us in line with other ambulance providers. This rate increase request is based on an analysis including our current base rate in relation to Private Pay, Insured, Medicare and Medicaid patient billing and collections status.

Understanding that increases are not popular, the recommendations made by Emergicon are felt necessary in order to adequately compensate the City for its costs in providing ambulance services. Our last rate increase was in 2008, following a contract agreement with Southwest General. It is our recommendation that you would support this resolution to increase ambulance rates as advised by our EMS Supervisor and newly obtained billing and collections agency.

Attached, inside your packets are comparisons of our current and recommended status and charges along with projected outcomes

Thank you and please feel free to contact me for any questions or concerns.

Chief Cooper, EFO

Marshall Fire Department

RESOLUTION NO. \_\_\_\_\_

**A RESOLUTION OF THE CITY COMMISSION OF THE CITY OF MARSHALL, TEXAS, SETTING THE RATES AND FEES FOR AMBULANCE SERVICE PROVIDED BY CITY; FINDING THAT THE MEETING AT WHICH THIS RESOLUTION WAS PASSED WAS CONDUCTD IN STRICT COMPLIANCE WITH THE TEXAS OPEN MEETINGS ACT; REPEALING ALL ORDINANCES IN CONFLICT HEREWITH; AND ESTABLISHING AN EFFECTIVE DATE**

**WHEREAS**, the City Commission has determined that setting rates and fees to be charged for ambulance service by resolution will save money and staff time by eliminating the need for continual updates to the Code of Ordinances to reflect changes in such fees and charges;

**WHEREAS**, the City Commission has amended Section 2B-19 of the Code of Ordinances of the City of Marshall, Texas, to allow the Ambulance Service fees and charges to be set by resolution of the Commission; and,

**WHEREAS**, the City Commission desires to adopt fees and charges that accurately compensate the City for its costs in providing ambulance services;  
**NOW, THERFORE**,

**BE IT RESOLVED BY THE CITY COMMISSION OF THE CITY OF MARSHALL, TEXAS:**

**Section 1.** That the findings set out in the preamble to this resolution are hereby in all things approved.

**Section 2. Fees to be charged for ambulance service.** In accordance with Section 2B-19 of the Code of Ordinances of the City of Marshall, Texas, the following rates shall be the schedule of rates for ambulance services of the city:

**Marshall Ambulance Services Rate schedule.**

- (a) **Base rate non-emergency BLS ..... \$850.00**  
    **(City, County, out of county or contract)**  
**plus mileage charge, one-way per mile ..... \$15.00**
- (b) **Base rate emergency BLS ..... \$ 850.00**  
**plus mileage charge, one-way per mile ..... \$ 15.00**

- (c) **Base rate non-emergency ALS ..... \$ 1000.00**  
**plus mileage charge, one-way per mile ..... \$ 15.00**
  
- (d) **Base rate emergency ALS ..... \$ 1000.00**  
**plus mileage charge, one-way per mile ..... \$ 15.00**
  
- (e) **Base rate emergency ALS II ..... \$ 1400.00**  
**plus mileage charge, one-way per mile ..... \$ 15.00.**

**Section 3.** That the meeting at which this resolution was passed was conducted in strict compliance with the Texas Open Meetings Act (Texas Government Code Chapter 551).

**Section 4.** That all other prior resolutions or portions of resolutions of the City of Marshall in conflict with the terms and provisions of this resolution are hereby repealed to the extent of such conflict only.

**Section 5.** That the repeal of any resolution or portion of a resolution by this resolution shall not affect the validity of any pending enforcement action or fees outstanding and due and payable for services rendered on or before the effective date of this resolution.

**Section 6.** That this resolution shall be effective on the 16<sup>th</sup> day of October, 2017.

PASSED AND APPROVED this \_\_\_\_\_ day of \_\_\_\_\_, 2017.

\_\_\_\_\_  
 CHAIRMAN OF THE CITY COMMISSION OF  
 THE CITY OF MARSHALL, TEXAS

ATTEST:

\_\_\_\_\_  
 Elaine Altman, City Secretary

## Marshall

### Charge and Reimbursement Schedule - Recommended

#### 2017 Medicare Allowable

		Charge		Medicare		Medicaid	
		Base Rate	Mileage	Base Rate	Mileage	Base Rate	Mileage
<b>Resident</b>							
SCT	A0434	\$	\$ 15.00	\$ 700.27	\$ 7.29	\$ 487.97	\$ 4.71
ALS2	A0433	\$ 1,400.00	\$ 15.00	\$ 592.53	\$ 7.29	\$ 412.90	\$ 4.71
ALS - Emergency	A0427	\$ 1,000.00	\$ 15.00	\$ 409.39	\$ 7.29	\$ 285.28	\$ 4.71
ALS - Non-emergency	A0426	\$ 1,000.00	\$ 15.00	\$ 258.56	\$ 7.29	\$ 186.00	\$ 4.71
BLS - Emergency	A0429	\$ 850.00	\$ 15.00	\$ 344.75	\$ 7.29	\$ 240.23	\$ 4.71
BLS - Non-emergency	A0428	\$ 850.00	\$ 15.00	\$ 215.47	\$ 7.29	\$ 186.00	\$ 4.71
Treatment no transport							
Routine Supplies - ALS	A0398	\$ 400.00		\$ -		\$ 18.88	
Routine Supplies - BLS	A0382	\$ 250.00		\$ -		\$ 18.88	
Oxygen	A0422	\$ 125.00		\$ -		\$ 14.52	



**Marshall**

**Proforma - Recommended Fee Schedule**

Annual Volume	3,016
Average miles per transport	6.00

	Level of Service		Charges
SCT	-	0%	\$ -
ALS2	60	2%	\$ 121,545
ALS - Emergency	2,262	75%	\$ 3,653,130
ALS - Non-emergency	-	0%	\$ -
BLS - Emergency	694	23%	\$ 825,479
BLS - Non-emergency	-	0%	\$ -
	<b>3,016</b>	<b>100%</b>	<b>\$ 4,600,154</b>

	Payer Mix		Charges	Contractual	Cash	GPT	CPT
Medicare	1,267	42%	\$ 1,932,065	75%	\$ 479,152	\$ 1,525.25	\$ 378.26
Medicaid	271	9%	\$ 414,014	84%	\$ 67,484	\$ 1,525.25	\$ 248.62
Commercial	573	19%	\$ 874,029	35%	\$ 568,119	\$ 1,525.25	\$ 991.41
Private Pay	905	30%	\$ 1,380,046	98%	\$ 27,601	\$ 1,525.25	\$ 30.51
	<b>3,016</b>	<b>100%</b>	<b>\$ 4,600,154</b>	<b>75%</b>	<b>\$ 1,142,356</b>	<b>\$ 1,525.25</b>	<b>\$ 378.77</b>

**Marshall**  
**Charge and Reimbursement Schedule**  
**2017 Medicare Allowable**

	Charge		Medicare		Medicaid	
	Base Rate	Mileage	Base Rate	Mileage	Base Rate	Mileage
<b>Resident</b>						
SCT	A0434	\$ - \$ 12.50	\$ 700.27	\$ 7.29	\$ 487.97	\$ 4.71
ALS2	A0433	\$ 900.00 \$ 12.50	\$ 592.53	\$ 7.29	\$ 412.90	\$ 4.71
ALS - Emergency	A0427	\$ 775.00 \$ 12.50	\$ 409.39	\$ 7.29	\$ 285.28	\$ 4.71
ALS - Non-emergency	A0426	\$ 775.00 \$ 12.50	\$ 258.56	\$ 7.29	\$ 186.00	\$ 4.71
BLS - Emergency	A0429	\$ 625.00 \$ 12.50	\$ 344.75	\$ 7.29	\$ 240.23	\$ 4.71
BLS - Non-emergency	A0428	\$ 625.00 \$ 12.50	\$ 215.47	\$ 7.29	\$ 186.00	\$ 4.71
Treatment no transport						
Routine Supplies - ALS	A0398	\$ 150.00	\$ -		\$ 18.88	
Routine Supplies - BLS	A0382	\$ 100.00	\$ -		\$ 18.88	
Oxygen	A0422	\$ 50.00	\$ -		\$ 14.52	

**Marshall  
 Proforma**

<b>Annual Volume</b>	3,016
<b>Average miles per transport</b>	6.00

	Level of Service		Charges
SCT	-	0%	\$ -
ALS2	60	2%	\$ 70,876
ALS - Emergency	2,262	75%	\$ 2,375,100
ALS - Non-emergency	-	0%	\$ -
BLS - Emergency	694	23%	\$ 554,944
BLS - Non-emergency	-	0%	\$ -
	<b>3,016</b>	<b>100%</b>	<b>\$ 3,000,920</b>

	Payer Mix		Charges	Contractual	Cash	GPT	CPT
Medicare	1,267	42%	\$ 1,260,386	62%	\$ 478,947	\$ 995.00	\$ 378.10
Medicaid	271	9%	\$ 270,083	75%	\$ 67,521	\$ 995.00	\$ 248.75
Commercial	573	19%	\$ 570,175	25%	\$ 427,631	\$ 995.00	\$ 746.25
Private Pay	905	30%	\$ 900,276	98%	\$ 18,006	\$ 995.00	\$ 19.90
	<b>3,016</b>	<b>100%</b>	<b>\$ 3,000,920</b>	<b>67%</b>	<b>\$ 992,104</b>	<b>\$ 995.00</b>	<b>\$ 328.95</b>