

CITY OF EL PASO, TEXAS
AGENDA ITEM DEPARTMENT HEAD'S SUMMARY FORM

DEPARTMENT: FIRE
AGENDA DATE: 8/5/08
CONTACT PERSON/PHONE: Manuel Chavira, Assistant Fire Chief, 771-1000
DISTRICT(S) AFFECTED: All

SUBJECT:

APPROVE a resolution / ordinance / lease to do what? **OR AUTHORIZE** the City Manager to do what? Be descriptive of what we want Council to approve. Include \$ amount if applicable.

Approve an ordinance setting the fee schedule for the Fire Department Medical Services System

BACKGROUND / DISCUSSION:

Discussion of the what, why, where, when, and how to enable Council to have reasonably complete description of the contemplated action. This should include attachment of bid tabulation, or ordinance or resolution if appropriate. What are the benefits to the City of this action? What are the citizen concerns?

It is necessary to revise the fee structure for services provided by the El Paso Fire Department Medical Services which was last revised in 2003.

PRIOR COUNCIL ACTION:

Has the Council previously considered this item or a closely related one?

Yes. Ordinance 15595 was adopted November 4, 2003,

AMOUNT AND SOURCE OF FUNDING:

How will this item be funded? Has the item been budgeted? If so, identify funding source by account numbers and description of account. Does it require a budget transfer?

22010090-403120-01101 _____

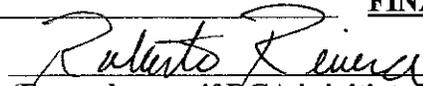
BOARD / COMMISSION ACTION:

Enter appropriate comments or N/A

*****REQUIRED AUTHORIZATION*****

LEGAL: (if required) _____ **FINANCE:** (if required) _____

DEPARTMENT HEAD: _____


(Example: if RCA is initiated by Purchasing, client department should sign also)
Information copy to appropriate Deputy City Manager

APPROVED FOR AGENDA: _____

CITY MANAGER: _____

DATE: _____

ORDINANCE NO. _____

AN ORDINANCE SETTING THE FEE SCHEDULE FOR THE FIRE DEPARTMENT MEDICAL SERVICES SYSTEM OF THE CITY OF EL PASO AND REPEALING PREVIOUS FEE STRUCTURES UNDER ORDINANCE 15595.

WHEREAS, pursuant to Ordinance 15595, it has been determined by the City Council of the City of El Paso that activity based costing demonstrates that it is necessary to revise the fee structure for services provided by the Fire Department Medical Services System.

NOW, THEREFORE, BE IT ORDAINED BY THE CITY COUNCIL OF THE CITY OF EL PASO:

1. That the Fire Department Medical Services System is authorized to revise its fee schedule and the fees to be charged are as follows:

<u>SERVICE</u>	<u>EEE</u>
Base Charge	\$ 550.00
Specialty Care Transport	\$850.00
Outside City Limits, additional fee above base charges (6)	\$ 33.00
Base Charge, Haz-Mat Scene (1)	\$ 550.00/hour
ComSAR Rescue (1)	\$ 165.00/hour
ComSAR Search (1)	\$ 165.00/hour
Mileage (4)	\$ 11.00/mile
Response Fee (2)	\$ 143.00
Scene Care (3)	\$ 143.00
Stand-By (5)	\$ 550.00/hour

Notes:

- 1) Base charge per hour per unit assigned to the incident. (Haz-Mat includes medical surveillance and decontamination of response team members).
- 2) Response fee to an incident where no care is rendered.
- 3) All-inclusive charge for care rendered at a scene when the patient refuses transport.
- 4) Charge per mile for transport to hospital. 1st mile is included in base charge.
- 5) Charge for stand by fees at events with or without a contract.
- 6) Charge assessed pursuant to the authority of the Interlocal Agreement entered into between the City of El Paso and the County of El Paso to provide the County of El Paso back-up emergency medical services.

2. That the Medically Indigent Health Program shall be available to those

individuals who qualify under the guidelines attached as "Exhibit A."

3. That fees shall be reviewed and adjusted every two years as determined by activity based costing.
4. Ordinance 15595, adopted November 4, 2003, is hereby repealed effective August 12, 2008.
5. The effective date of this ordinance and the fees specified therein shall be August 12, 2008.

PASSED AND APPROVED this _____ day of _____, 2008.

THE CITY OF EL PASO

John F. Cook
Mayor

ATTEST:

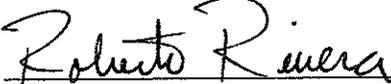
Richarda Duffy Momsen
City Clerk

APPROVED AS TO FORM:



Mark Shoemith
Assistant City Attorney

APPROVED AS TO CONTENT:



Roberto Rivera
Fire Chief



Carmen Arrieta-Candelaria
Chief Financial Officer

EXHIBIT A

El Paso City-County Health District
Medically Indigent Program

The Medically Indigent Health Program (MIP) is a program for residents of El Paso County with a household income below the Federal Poverty level. Qualified applicants may be given an allowance for charges assessed for El Paso Fire Medical services.

To qualify for the Medically Indigent Program the following conditions shall be met:

1. The responsible party shall complete an application and certification for a reduction of charges at the El Paso Fire Medical Billing Department at 6633 North Mesa, El Paso, Texas 79912.
2. The responsible party shall provide proof of residency in El Paso County, Texas.
3. The responsible party shall provide proof of all sources of household income, including but not limited to, three current payroll stubs, current filed tax forms, child support documentation, and other reasonable current documentation.
4. The responsible party shall complete and sign the application and certification form for the MIP in the presence of El Paso Fire Medical Billing personnel.
5. The total amount of the allowance will be calculated using the "County Indigent Health Care Program" currently being used by Thomason Hospital. The minimum amount the responsible party shall be responsible to pay is one hundred dollars (\$100.00).
6. The responsible party shall make a substantial initial payment and agree to pay the reduced amount in full within Ninety (90) days from the date of the application and certification. If the reduced amount is not paid in full within Ninety (90) days, the amount due shall revert to the full amount due prior to the allowance calculated in paragraph 5, less any payments made by the responsible party.

No exceptions to the above shall be allowed unless approved by the City of El Paso.