

RESOLUTION NO. 85-22

BY: THE MAYOR

TO AMEND RESOLUTION NO. 152-16, ADOPTED ON DECEMBER 5, 2016, WHICH AMENDED EMERGENCY MEDICAL SERVICE USER FEES IN ACCORDANCE WITH SECTION 2.20 OF THE CODE OF GENERAL ORDINANCES


**WHEREAS**, the Common Council of the City of Kenosha, Wisconsin, periodically amends the Emergency Medical User Fees previously established to reflect the current costs of services; and,

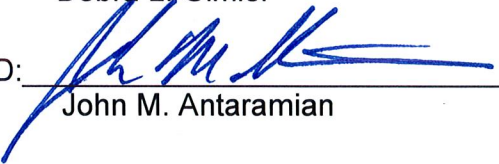
**WHEREAS**, the last amendment to Emergency Medical User Fees to reflect the then current costs of services was adopted by the Common Council of the City of Kenosha by Resolution 152-16 on December 5, 2016; and,

**WHEREAS**, it has been determined that said Emergency Medical User Fees need to be reestablished effective July 1, 2022 to reflect current costs of service;

**NOW, THEREFORE, BE IT RESOLVED** by the Common Council of the City of Kenosha, Wisconsin, that Resolution No. 152-16, adopted December 5, 2016, be and hereby is amended; in accordance with Section 2.20 of the Code of General Ordinances as specified in Attachment "A", which is attached hereto and incorporated herein by reference.

Adopted this 16th day of May, 2022.

ATTEST:  Interim City Clerk  
Debra L. Gimler

APPROVED:  Mayor  
John M. Antaramian

Date: 05/18/2022

Drafted By:

BRYAN A. CHARBOGIAN,

Assistant City Attorney

**ATTACHMENT "A"**  
**TO RESOLUTION NO. 85-22**

**CITY OF KENOSHA, WISCONSIN**  
**EMERGENCY MEDICAL SERVICE USER FEES**

**1.0 DEFINITIONS:** The following words and phrases shall have the meanings provided:

**1.1 "Basic Life Support" (BLS)** shall mean emergency lifesaving procedures that focus on the patient's airway, breathing and circulation. Procedures include, but are not limited to, splinting, patient assessment, oxygen administration, wound care and CPR.

**1.2 "Advanced Life Support" (ALS)** shall mean advanced emergency lifesaving procedures that include the provision of medically necessary supplies and services including an ALS assessment or at least one ALS intervention beyond the scope of the EMT-Basic. Procedures include, but are not limited to, intravenous (IV) therapy and EKG interpretation.

**1.3 "Advanced Life Support, Level 2" (ALS2)** shall mean advanced emergency lifesaving procedures that include the provision of medically necessary supplies and services that include at least three separate administrations of one or more medications by intravenous push/bolus or by continuous infusion (excluding crystalloid fluids) or the provision of manual defibrillation/cardioversion, endotracheal intubation, cardiac pacing, chest decompression, surgical airway, or an intraosseous line.

**1.4 "Specialty Care Transport" (SCT)** shall mean interfacility transportation of a critically injured or ill beneficiary by a ground ambulance vehicle, including the provision of medically necessary supplies and services, at a level of service at, or beyond the scope of the EMT-Paramedic.

**1.5 "Mileage"** shall mean loaded number of miles from the scene of an emergency to the hospital, and all costs associated with mileage will be on a per mile basis.

**1.6 "Services"** shall mean BLS, ALS, ALS2 and/or SCT.

**1.7 "Service Fees"** shall mean user fees for BLS, ALS, ALS2 and/or SCT Services.

**1.8 "Dependent"** shall have the meaning provided in the Federal Internal Revenue Code.

**2.0 EMERGENCY MEDICAL SERVICE USER FEES:** Emergency Medical Service User Fees for ALS, ALS2, BLS and SCT shall be as follows:

	<b>ALS Resident</b>	<b>ALS2 Resident</b>	<b>BLS Resident</b>	<b>SCT</b>
<b>Base Fee</b>	\$1400.00	\$1400.00	\$1400.00	\$2400.00
<b>Non-transport</b>	\$500.00	\$500.00	\$250.00	
<b>Mileage</b>	\$21.50	\$21.50	\$21.50	\$21.50

	<b>ALS Non-Resident</b>	<b>ALS2 Non-Resident</b>	<b>BLS Non-Resident</b>	<b>SCT</b>
<b>Base Fee</b>	\$1600.00	\$1600.00	\$1600.00	\$2400.00
<b>Non-transport</b>	\$700.00	\$700.00	\$350.00	
<b>Mileage</b>	\$21.50	\$21.50	\$21.50	\$21.50

<b>Additional Supplies</b>	
Basic Support Routine Supplies	\$65.00
BLS Defibrillation Supplies	\$100.00
ALS IV Drug Therapy Supplies	\$100.00
ALS Esophageal intubation Supplies	\$100.00
ALS Routine Disposable Supplies	\$130.00
Ambulance Oxygen	\$100.00

Each patient shall be charged the base fee or non-transport fee for the type of Services received (ALS, ALS2, BLS and/or SCT), plus Mileage and additional fees for supplies and supplement services received.

**2.1 MEDICARE BILLING AND REIMBURSEMENT POLICY.** Medicare will be billed for Services and the City will accept Medicare reimbursement.

**3.0 SERVICE FEES WAIVER POLICY.** Service Fees shall be waived where authorized by the following tables which are attached hereto and incorporated herein by reference:

- 3.1 Service Fees Waiver Table 3.1, Resident ALS, ALS2, BLS.
- 3.2 Service Fees Waiver Table 3.2, Non-Resident ALS, ALS2, BLS.
- 3.3 The Specialty Care Transport Service Fee shall not be eligible for waivers.

#### **4.0 WRITE-OFF POLICY.**

**4.1 City Write-off.** The City Finance Director is authorized to approve the write-off of Service Fees, in any amount, where authorized by this Resolution.

**4.2 Billing Services Write-off.** The City may contract with an independent contractor for billing services. In such event, the Service Provider is authorized to act as the City's agent for purposes of writing off Service Fees which are in the amount of One Hundred (\$100.00) Dollars or less, in accordance with the Service Fees Waiver Policy.

**4.3 Petition for Service Fees Waiver.** A Service recipient may petition the Fire Chief, or designee of the City Fire Department, for a full or partial waiver of the City Service Fees by submitting an official City form, which is fully completed and legible, to the Fire Department, along with the required proof of total family income and number of Dependents.

**5.0 Special Revenue Fund.** The Finance Director of the City of Kenosha will create a Special Revenue Fund, as recommended by the Governmental Accounting Standards Board, for the purpose of recording proceeds of specific revenue sources related to this Service and disbursement of funds associated with the delivery of Public Safety Services.

### SERVICE FEES WAIVER TABLE 3.1

#### RESIDENT ALS, ALS2, BLS.

Upon proper application and proof of total family income and number of Dependents the Resident Service Fees (base fee, non-transport fee, Mileage and additional fees) will be subject to full or partial waiver after all insurance coverage is exhausted. Insurance companies and Medicare are not entitled to apply for the Service Fees Waiver.

#### Amount Deducted From Bill

Total Family Income	Number of Dependents			
	1	2	3	4
<b>\$0 - \$20,000</b>	1350	1350	1350	1350
<b>\$20,001 - \$22,500</b>	1230	1350	1350	1350
<b>\$22,501 - \$25,000</b>	1120	1120	1230	1230
<b>\$25,001 - \$27,250</b>	1010	1010	1120	1230
<b>\$27,251 - \$30,000</b>	900	900	1010	1120
<b>\$30,001 - \$32,500</b>	780	780	900	1010
<b>\$32,501 - \$35,000</b>	670	780	900	900
<b>\$35,001 - \$37,500</b>	550	670	670	780
<b>\$37,501 - \$40,000</b>	430	550	670	670
<b>\$40,001 - \$42,500</b>	310	430	550	670
<b>\$42,501 - \$45,000</b>	190	310	430	550
<b>\$45,001 - \$47,500</b>	0	190	310	430

## SERVICE FEES WAIVER TABLE 3.2

### NONRESIDENT ALS, ALS2, BLS.

Upon proper application and proof of total family income and number of Dependents the Non-Resident Service Fees (base fee, non-transport fee, Mileage and additional fees) will be subject to full or partial waiver after all insurance coverage is exhausted. Insurance companies and Medicare are not entitled to apply for the Service Fees Waiver.

#### Amount Deducted From Bill

Total Family Income	Number of Dependents			
	1	2	3	4
<b>\$0 - \$20,000</b>	1500	1500	1500	1500
<b>\$20,001 - \$22,500</b>	1390	1500	1500	1500
<b>\$22,501 - \$25,000</b>	1270	1270	1390	1390
<b>\$25,001 - \$27,250</b>	1160	1160	1270	1390
<b>\$27,251 - \$30,000</b>	1050	1050	1160	1270
<b>\$30,001 - \$32,500</b>	930	930	1050	1160
<b>\$32,501 - \$35,000</b>	820	930	1050	1050
<b>\$35,001 - \$37,500</b>	700	820	820	930
<b>\$37,501 - \$40,000</b>	580	700	820	820
<b>\$40,001 - \$42,500</b>	460	580	700	820
<b>\$42,501 - \$45,000</b>	330	460	580	700
<b>\$45,001 - \$47,500</b>	210	330	460	580