

## OFFICE OF THE COUNTY ADMINISTRATOR

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March 20, 2023

To: County Board of Supervisors

From: County MEDIC EMS Advisory Team

RE: Medic Resolution - requesting Scott County to declare emergency medical services as a core county service, with MEDIC EMS continuing to deliver emergency medical services as a department of Scott County – Transition Plan.

MEDIC EMS visited the Scott County Board of Supervisors on April 12, 2022, to discuss the future status of MEDIC EMS as a 501(C)3 corporation or if it could be transitioned to a governmental department or a quasi-governmental agency through a 28E agreement between governments. On September 29, 2022, the MEDIC EMS Board adopted a resolution requesting Scott County to declare emergency medical services as an essential county service, with MEDIC EMS continuing to deliver medical services as a department of Scott County. On October 11, 2022, the MEDIC EMS director visited the Scott County Board of Supervisors to discuss the request by the MEDIC EMS governing board. The Board adopted a resolution approving the study of the creation of a new operating department of Scott County delivering emergency medical services throughout Scott County at the October 13, 2022 board meeting.

The Board asked for county staff to begin to evaluate what the impacts of such a transition would be and to receive an update by March 31, 2023. Additionally, many questions were raised by the Board. An outside consultant, Public Consulting Group (PCG), was authorized for hire on December 20, 2022. Outside attorney services, Dorsey and Whitney, were authorized for hire on March 16, 2023. The following analysis is to address the Board's questions as well as the impacts to the citizens and operating departments of Scott County.

Scott County created a work group transition analysis team of:

Mahesh Sharma, County Administrator  
David Farmer, Director of Budget and Administrative Services  
Vanessa Wierman, Director of Human Resources  
Mary Thee (retired), Director of Human Resources / Assistant County Administrator  
Tammy Speidel, Director of Facilities and Support Services  
Matt Hirst, Director of Information Technology  
Amy Thoreson, Director of Health Department  
Dave Donovan, Director of Scott Emergency Communication Center  
Tracy Sanders, Deputy Director of Scott Emergency Communications Center  
Amanda Orr, ERP & Budget Analyst  
Rob Cusack, Attorney  
Linda Frederiksen, MEDIC EMS Executive Director  
Paul Andorf, MEDIC EMS Information Systems Manager  
Ken Riddle, PCG Consultant  
Jason Fuller, PCG Consultant  
Cristina Kuhn, Dorsey, and Whitney Attorney

The analysis includes preliminary financial analysis, operational aspects of a county department, and secondary impacts to the County and community. The analysis projects that Scott County

continues to serve the same coverage area as MEDIC EMS 501c3 does and at the same or similar level of services. Each section will include any considerations if the service area or services is adjusted for external factors.

### **MEDIC EMS Accreditations**

MEDIC EMS currently holds two accreditations for services, Ambulance, and Dispatch. Scott County will look to continue the services and apply for the same accreditations under the Scott County level of service.

#### *CAAS (Ambulance Accreditation)*

The Commission on Accreditation of Ambulance Services (CAAS) is an independent accrediting agency created to encourage and promote the highest standards for medical transportation systems. Driven to achieve the gold standard of ambulance operation, MEDIC EMS applied for and became the 50th CAAS accredited agency in the nation in 1996, and the first CAAS accredited ambulance agency in the states of Iowa and Illinois.

The goal of every ambulance operation should be to deliver quality service, and accredited agencies find significant value by having an outside panel of industry experts well versed in best practices of EMS conduct a comprehensive accreditation audit. Accredited agencies have proven Medical Director Involvement in all matters that affect patient care, from protocol development, vehicle equipment, education and training, quality improvement, and response time standards. The accreditation process requires an agency to continuously evaluate every aspect of its operation to demonstrate, through policies and recordkeeping, that it performs as it says it does. Through the commitment to the accreditation process, MEDIC EMS makes a statement to the community that they are meeting standards that make a difference for their patients, with a commitment to continually refine service delivery to reflect the industry's best practices.

#### *International Academy of Emergency Dispatch (IAED) Medical ACE Accreditation*

As MEDIC EMS continued to grow and evolve, it was apparent that an internal ambulance dispatch operation was needed to accurately and flexibly deploy its ambulance fleet. In 1994, MEDIC EMS created MED-COM, a secondary Public Safety Answering Point (PSAP) in Scott County. MED-COM utilizes the IAED's Medical Priority Dispatch System (MPDS), which establishes a universal standard for emergency dispatchers taking a broad range of calls, which may include drownings, stabbings, gunshot wounds, and much more. Seen as an international standard of care, MPDS includes 37 protocols that are continually updated based upon recommendations and research made by top medical professionals and associations. In 2011, MEDIC EMS applied for and became the 150th dispatch center in the world to become an Emergency Medical Dispatch Accredited Center of Excellence, which is known as an "ACE" accreditation. ACE promotes organizational excellence in public safety communications by evaluating accredited agencies on the "20 Points of Accreditation," a rigorous and measurable set of globally recognized best practices for dispatch centers. Becoming an ACE through an independent review by the IAED validates that a dispatch agency is adhering to the highest standard in the industry. In addition, accreditation provides a framework for managing agency change and promotes a standardized level of care that leads to better service for the community. Maintenance of accreditation relies on regular assessment, reporting, planning, and feedback, resulting in continuous organizational improvement. ACE accreditation assures the community of a safe and effective emergency dispatch system.

The Scott Emergency Communication Center (SECC) has implemented the use of Emergency Fire Dispatching and has plans to achieve ACE accreditation in Fire Dispatch. Achieving that, along with continuing the accreditation in Emergency Medical Dispatching would achieve "Dual-ACE" status, coveted among many in the industry.

MEDIC EMS dispatches services based on the priority severity of the call to dispatch.

**Response Categories:**

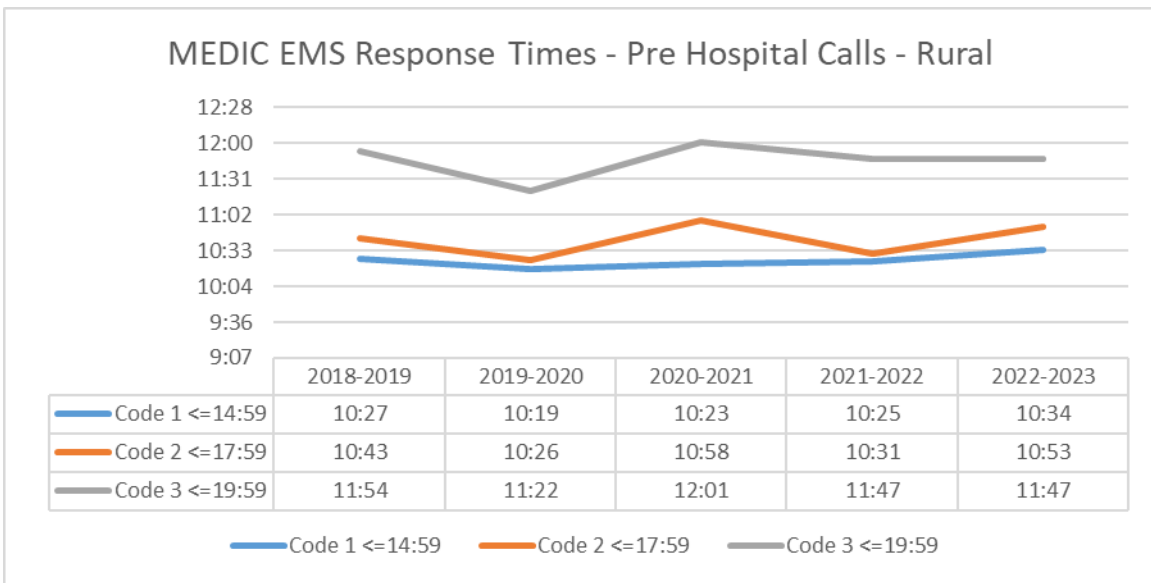
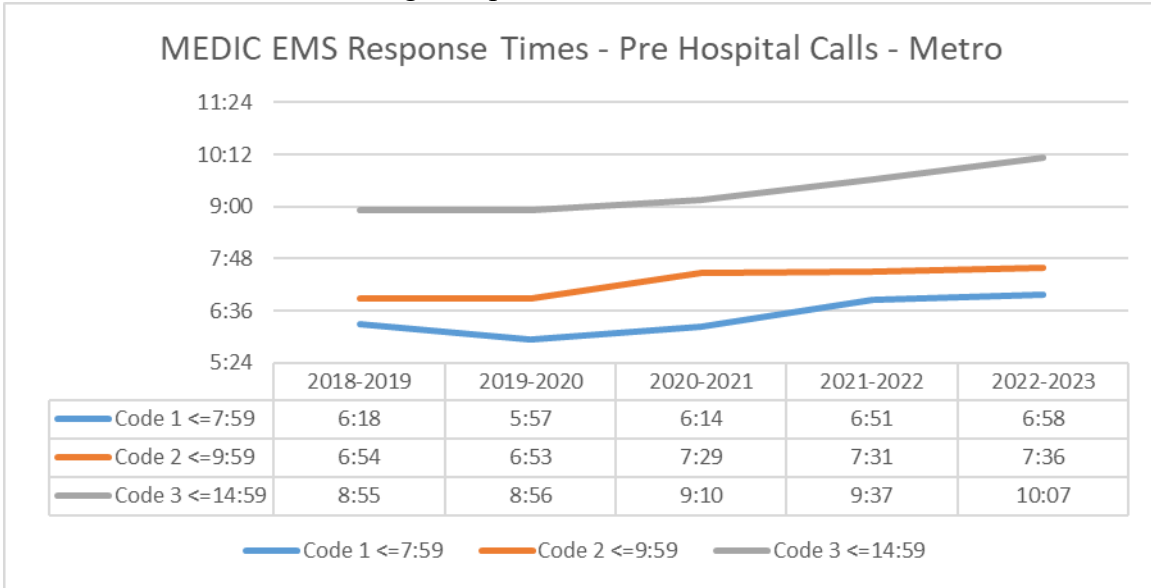
Code 1 Highest Priority, all lights and siren response: example cardiac arrests or breathing problems

Code 2 Mostly lights and siren response; example chest pain, road traffic collisions

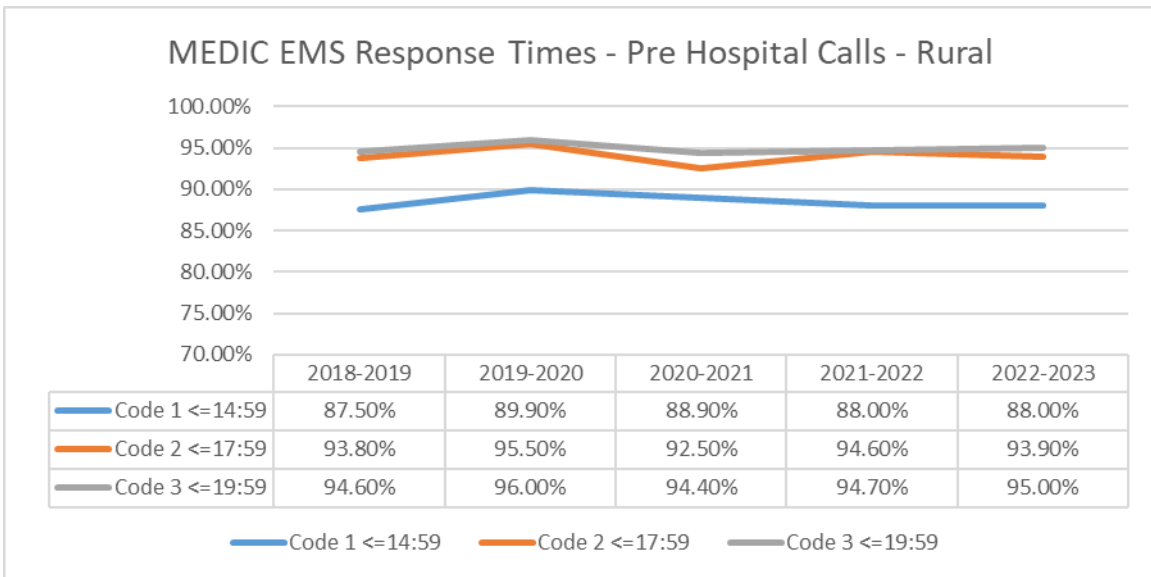
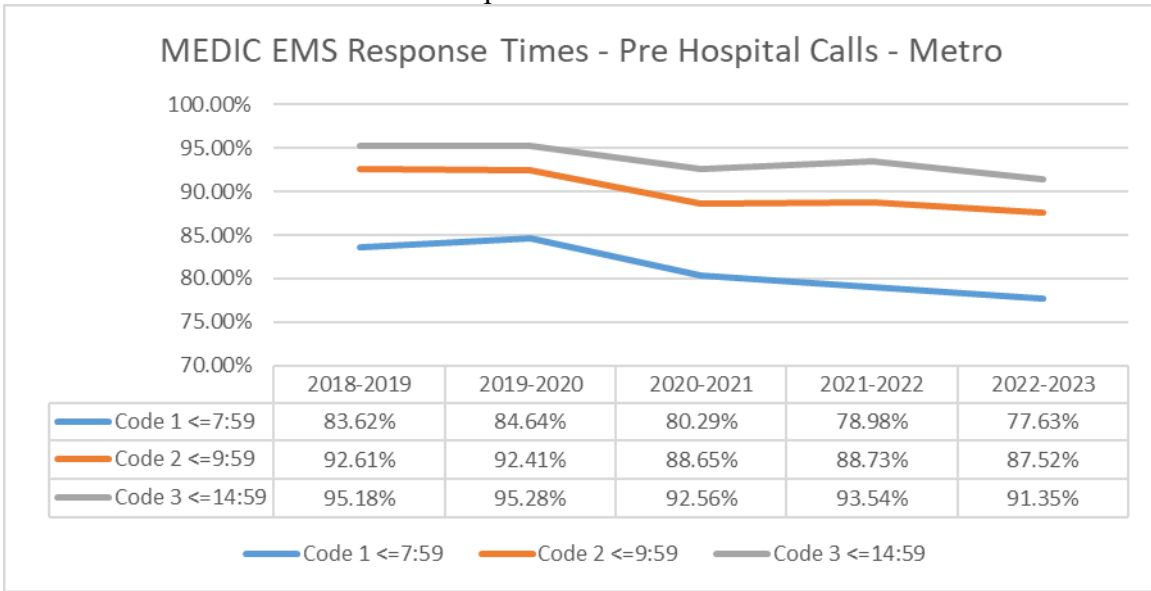
Code 3 Cold Calls, no lights, and sirens response; example non-traumatic back pain or vomiting

The following are the five-year average and fractile response times for MEDIC EMS in the metro and rural coverage areas as of each fiscal year.

**Average Response Time Measurements**



## Fractile Response Time Measurements



### **MEDIC EMS as a department of Scott County**

Should MEDIC EMS be operated by the county, it would transition into Scott County as a new department of the County. A departmental director would oversee the operations and report to the County Administrator. The department would be responsible for improving the community's health by providing professional emergency medical services and compassionate care. The Department would also provide non-emergency medical services and transportation including community outreach and education.

To accomplish the departmental mission, as well as the County's overall goals, it is recommended to develop advisory group(s) to advise the County on the level and types of services. The County currently holds advisory groups in many forms including the Board of Health, Conservation Board, Board of Adjustment, Planning & Zoning Commission, Veterans Commission, and Civil Service Commission. Currently, the Health Department staffs an EMS Physician Advisory Board. This Board consists of all Medical Directors of EMS agencies in Scott

County and a Board of Health member, who is also a physician. Additional EMS agency staff attend the meeting. Representatives from local EMS training organizations often attend these meetings as well. In developing an advisory group for the new department, the Physician's Advisory Board structure may want to be reviewed to determine if the group can be expanded to serve in this capacity or should remain as is and a separate advisory board that may include members of public health, public safety, internal operations, hospital care, long-term care facilities among others be established.

To carry forward the local name brand recognition of services, the Department will need to develop an identity, branding, and logos. The branding can follow the current Scott County policy but also include aspects of MEDIC EMS and could be as direct as MEDIC EMS of Scott County or Scott County MEDIC EMS.

**Financial Analysis**

Following are MEDIC EMS's summary financial information for fiscal years 2021, 2022, and budgeted 2023 (501c3), 2024 County Budget, and 2025 County Budget.

	2021 Actual	2022 Actual	2023 Budget (Projected Staffing)	2024 MEDIC EMS 501c3 Budget	2024 County Budget Estimate
Revenues	\$10,634,566	\$11,591,789	\$11,605,512	\$12,164,633	\$13,169,633
Expenditures	\$10,634,566	\$11,282,279	\$13,157,284	\$13,843,110	\$13,564,968
Net Income	\$-	\$309,510	(\$1,511,772)	(\$1,678,477)	(\$395,335)
County Contribution to Cover Losses (included above)	\$170,178	\$-	\$200,000	\$200,000	\$850,000
System Call Volume - Dispatches	33,014	36,132	37,216	37,216	37,216

The new department would likely qualify for state and federal financial support including the Iowa Offset program and Ground Emergency Medical Transport (GEMT) funding. The county's financial support could come through the general property basic tax levy or a declared, essential service could access local tax support funding with a voter-approved separate tax levy, as outlined in Iowa Code 422D.

**Governmental Accounting Standards Board – Government Combinations and Disposals of Government Operations**

The Governmental Accounting Standards Board (GASB) issued Statement No. 69 Government Combinations and Disposals of Government Operations in 2013 to guide governments on the accounting of acquiring and disposing of operations. A government merger is a government combination of legally separate entities in which no significant consideration is exchanged and either: a. Two or more governments..... cease to exist as legally separate entities and are combined to form one or more new governments or b. One or more separate governments or nongovernmental entities cease to exist and their operations are absorbed into and provided by one or more continuing governments (GASB 69, Paragraph 10). Should a merger occur, Scott County will continue to exist and provide services, while MEDIC EMS' ambulance transportation services will cease to exist after the transition.

As of any approved merger date, the continuing government, Scott County, should recognize the assets, deferred outflows of resources, liabilities, or deferred inflows of resources of the merging entities. Scott County should not recognize additional assets, deferred outflows of resources, liabilities, or deferred inflows that authoritative guidance for state and local governments do not require or permit the merging governments to recognize (for example, intangible assets that were not required to be reported). If the assets, deferred outflows of resources, liabilities, or deferred inflows of resources of one or more merging entities are not recognized in conformity with authoritative guidance for state and local governments, those elements should be adjusted to bring them into conformity (Paragraphs 21 and 22). Scott County will be responsible for recognizing financial statement elements that conform to Generally Accepted Accounting Principles (GAAP) and adjust any element necessary to bring it into compliance. Financial statement elements will be measured based on accounting principles applicable to state and local governments (Paragraph 23). Any capital assets not planning to be carried forward may be considered impaired and accounted for accordingly (Paragraph 26). Transactions that are between the merged entities should be eliminated and receivables and payables should be eliminated between the new funds (Paragraph 27).

### **Iowa Ground Emergency Medical Transportation Program (GEMT)**

The GEMT program is a voluntary program that allows publicly owned or operated emergency ground ambulance transportation providers to receive supplemental payments that cover the difference between a provider's actual costs per GEMT transport and the Medicaid base payment, mileage, and other sources of reimbursement. Providers receive costs-based, supplemental payments on a prospective basis for emergency ground ambulance transportation of Medicaid Fee-for-Service (FFS) and Medicaid managed care (MCO) members under Title XIX of the federal Social Security Act (SSA) and the Affordable Care Act (ACA) only.

Eligible providers must meet the following criteria:

- Provide GEMT services to Iowa Medicaid members.
- Be an enrolled Iowa Medicaid provider for the period being claimed.
- Be publicly owned or operated by the state, a city, a county, a fire protection district, or a community services district, or a federally recognized Indian tribe, or any unit of government as defined in 45 CFR Sec. 433.50.

Eligible providers who choose to participate in the GEMT program must do the following:

- Notify the Iowa Medicaid Provider Cost Audit and Rate Setting (PCA) Unit.
- Complete an Intergovernmental Transfer Agreement.
- Complete and Submit the GEMT Program Cost Report.
- Complete the Provider Participation Agreement.

The Intergovernmental Transfer Agreement is a transfer of funds from the County to the State Medicaid agency. The IGT funds the non-federal share of Medicaid payments. The non-federal share percentage is updated on October 1 of each year, and is currently at 32.47% and is estimated to be 36.12% for state fiscal year 2024.

Each eligible and voluntarily participating GEMT program provider must complete the current state fiscal year GEMT Program cost reports and submit the certified cost reports to Iowa Medicaid PCA Unit annually by November 30. GEMT providers eligible to participate in the program will receive prospective payments based on average costs per transport from the provider's annual cost report beginning July 1<sup>st</sup>, of the next state fiscal year.

The prospective payment rate is calculated as 1) Actual allowable direct and indirect costs less Medicaid payment for mileage and base rate = Uncompensated care cost. 2) Uncompensated care costs / total number of transports = Uncompensated average cost per transport.

The GEMT program is conducted in such a way that it does not result in any additional expenditures from the state general fund: Payments are not considered to be an individual increase to the current fee for service rates, and payments are based on the actual costs to perform EMS transports.

GEMT base rate transportation codes must use the appropriate emergency transportation codes and non-emergent transports are excluded from the GEMT program.

If Scott County were to be approved as an eligible provider by July 1, 2023, costs would accumulate in fiscal year 2024, be reported by November 30, 2024, and released to the County beginning July 1, 2025 (fiscal year 2026). A delay in costs occurred by one calendar year would delay any payments by one fiscal year. The state may consider allowing a 6-month short-year submission for costs incurred from January 1, 2024, through June 30, 2024.

### **Iowa Offset Program**

The Offset program is a method used by the State of Iowa to collect money owed to the State under Chapter 8A.504 of the Code of Iowa. The code establishes and maintains a procedure to collect against any claim owed to a person by a state agency, and then apply the money owed to the person against the debt owed by the person to the State of Iowa. Political subdivisions of the state are allowed to participate and require a signed agreement between the Director of the offsetting agency, and the Director of the Department of Administrative Services.

The offsetting agency must make a good-faith attempt to collect the debt from the entity. The attempts to collect should be documented and retained by the offsetting agency. The debt must be at least \$50.00.

The program's proceeds come from tax income refunds, Iowa Lottery winnings, sports wagering winnings, and payments to vendors for goods and services.

### **County General Fund Tax Support**

Scott County's General Fund basic tax levy may be used for general county services. Scott County's fiscal year 2023 budget had approximately \$3.5 million dollars transferred to the general fund for supplemental purposes. This transfer is used to diffuse the supplemental tax asking based on eligible services within the fund. Any reallocation of these dollars to another basic service will increase the overall General Fund levy through the uncapped supplemental tax levy.

Ground emergency medical transportation services can be funded as Ambulance services within the General Fund or tracked separately as a proprietary fund with a transfer from the General Fund. A proprietary fund stipulates that the primary funding comes from the user charges of the fund.

Every \$0.01 increase in the urban levy raises \$98,368 in fiscal year 2024 taxes. Generally, about a \$1 million tax support is equal to a \$0.10 increase on the urban tax rates. Approximately \$850,000 is budgeted into the FY 2024 operating budget. Other increases could occur due to the taxable rollback effect on the recurring property tax rates and other taxing jurisdictions.

### **422D Tax Levy**

The Iowa Code 422D includes a provision to fund ground emergency medical transportation services by the County offering for voter approval for the authorization to impose: 1) Local Option Income Surtax, 2) Ad valorem property tax not to exceed seventy-five (\$0.75) cents per one thousand dollars of assessed value on all taxable property within the county or 3) a combination of the two. To offer the funding for voter approval:

- A resolution declaring emergency medical service to be an essential service shall be considered and voted on for approval at two meetings of the Board prior to the meeting at which the resolution is to be finally approved by a majority of the Board by recorded vote. Notice of the first meeting of the board at which the resolution is considered and voted on shall be published no less than sixty days prior to the date of the meeting in one or more newspapers. The board shall not suspend or waive the requirements for approval of the resolution or approval of the imposition of a tax under this chapter.
- The County shall coordinate efforts with local emergency medical service agencies to establish a county emergency medical service system advisory council to assist in

- researching and assessing the service needs of the county and guiding the implementation of services in the County within a council structure.
- The County emergency medical service system advisory council, established above, shall recommend to the Board of Supervisors an amount of funding to be specified on the ballot, and if one or more of the taxes are approved at the election, shall annually assess and review the emergency medical service needs of the County, and shall include the results of such review and assessment in an annual report filed with the Board of Supervisors.
  - A resolution declaring emergency medical services to be essential shall be deemed void if the proposition to impose the taxes fails at the election, the authority to impose the taxes expires, or if discontinuance of the authority to impose the tax is approved at election.
  - The taxes for emergency medical services shall only be imposed after an election at which sixty percent of those voting on the question vote in favor of the question. The question may be submitted at a regular city / county election, a special election, or the general election.
    - A local option income surtax may be imposed for tax years beginning on or after January 1 following the date the ordinance is filed with the Director of Revenue.
    - An ad valorem property tax may be imposed for property taxes due and payable in fiscal years beginning after the fiscal year in which the election was held.
  - Revenues received shall be deposited into the emergency medical services trust fund created and shall be used as provided by section 422D.6.
  - The taxes shall be for a maximum period of ten years.
  - The authority may be discontinued prior to the expiration of the 10 years by petition and election.
  - The Emergency Medical Services Trust Fund may be used for the purpose of matching federal dollars for education and training related to emergency medical services. Costs that are eligible for emergency medical services include, but are not limited to:
    - Defibrillators
    - Non-disposable essential ambulance equipment
    - Communications pagers, radios, and base repeaters
    - Training in the use of emergency medical services equipment
    - Vehicles including, but not limited to, ambulances, fire apparatus, boats, rescue/ first response vehicles, and snowmobiles
    - Automotive parts
    - Buildings
    - Land

At this time, it is not recommended to seek funding under the Iowa Code 422D until further understanding of the level of ongoing general government support is understood. A benefit to Scott County of 422D is to allow general basic tax levy capacity for current operations; at this time it is not requested.

### **Dispatch Funding**

Scott Emergency Communications Center (SECC) was created by an Iowa Code 28E Intergovernmental agreement between Scott County, the city of Davenport, the city of Bettendorf, MEDIC EMS, and the Scott County Emergency Management Commission. That same 28E agreement provides for funding by the Scott County Emergency Management Agency (EMA), as allowed under Iowa law. The intergovernmental agreement that created SECC provides that the SECC Board will approve the budget annually and forward it to the EMA for inclusion in the EMA budget. The Scott County Emergency Management Commission considers their agency budget separately and includes the SECC budget for the required public hearing and adoption, according to Iowa law. This levy is then forwarded to Scott County as a component of the General Fund Supplemental tax levy. Currently, this levy is uncapped in the levy rate required to raise the requested funds.



MEDIC EMS is currently a member of the 28E joint agreement and governing board. Upon a dissolution of MEDIC EMS, the partners of the 28E agreement will need to determine if and what agency is selected to the 5<sup>th</sup> seat of the governing board.

If the MED-COM division of MEDIC EMS is merged into the SECC organization, funding questions will emerge. Those questions include, but may not be limited to:

- How will the operations of MED-COM be funded? Current billing and reimbursement for MEDIC EMS services include funding for dispatch operations. Can that continue and what challenges and issues does the new organizational structure create?
- MED-COM holds dispatch contracts for outside entities. Those contracts help to offset MED-COM costs. Will those contracts continue?
- Parts of the MEDIC EMS billing process are accomplished by MED-COM. Will that continue?

Some type of financial segregation and cost accounting will be necessary to ensure funding, budgeting, and reporting integrity. That may be accomplished by creating a new departmental program within SECC for MED-COM, along with strict cost accounting discipline. Costing from the county dispatching and SECC should be considered for the GEMT application to be reimbursed for all eligible costs.

### **Operational Demand Analysis**

MEDIC EMS currently projects for full staffing in their 2023 fiscal year budget. That budget projected 37,419 total dispatches and 6,645 Medicaid transports. It also included 13 staffed ambulance units and 20 ambulance units in total. MEDIC reduced the number of ambulances to 19 in November 2022.

The MEDIC EMS current staffing model projects the same dispatches and Medicaid transports, but only has 9 staffed ambulances out of the 20 total. It is expected with increased government staffing, the four additional units can be staffed for available dispatches.

The following charts identify how MEDIC EMS was able to address the dispatches and transports during the month of July 2022. Charts are also attached in the appendix.

Color coding for current county-wide calls:

<b>Not having an Ambulance Available to Respond (Mutual-Aided a Call to another Service)</b>
<b>Greater or Equal to 8 Ambulance Requests</b>
<b>Greater or Equal to 6 Ambulance Requests</b>
<b>Greater or Equal to 4 Ambulance Requests</b>

July 3 – July 9, 2022

MEDIC EMS PreHospital Calls in Bettendorf, Davenport & Scott County																	
July 03, 2022 thru July 09, 2022																	
Dispatch Call Count Per Hour																	
Time Frame	1.SUN		2.MON		3.TUE		4.WED		5.THU		6.FRI		7.SAT		Total		
	Disp	Trans	Disp	Trans	Disp	Trans	Disp	Trans	Disp	Trans	Disp	Trans	Disp	Trans	Disp	Trans	
00:00 - 00:59	1	1	3	3	2	2	2	0	0	0	2	2	5	3	15	11	
01:00 - 01:59	3	2	5	2	1	1	1	1	1	1	2	1	2	1	15	9	
02:00 - 02:59	2	1	1	1	1	1	5	3	1	1	0	0	2	1	12	8	
03:00 - 03:59	2	1	5	1	0	0	3	1	0	0	1	1	3	1	14	5	
04:00 - 04:59	0	0	2	1	2	2	3	3	1	1	0	0	1	0	9	7	
05:00 - 05:59	2	2	0	0	1	1	2	1	3	3	0	0	2	2	10	9	
06:00 - 06:59	1	1	1	1	3	2	3	3	0	0	2	2	1	1	11	10	
07:00 - 07:59	0	0	2	2	5	3	9	7	1	1	3	3	2	0	22	16	
08:00 - 08:59	3	3	3	3	5	4	4	3	6	2	1	1	0	0	22	16	
09:00 - 09:59	5	2	0	0	10	8	3	3	3	3	7	6	2	1	30	23	
10:00 - 10:59	3	2	6	4	4	4	4	3	5	2	6	5	7	6	35	26	
11:00 - 11:59	3	2	6	5	3	3	3	6	6	6	4	3	2	30	25		
12:00 - 12:59	4	3	5	3	6	3	2	9	7	6	5	2	2	34	25		
13:00 - 13:59	2	2	8	7	4	1	14	12	7	5	0	0	7	3	42	30	
14:00 - 14:59	5	2	4	3	4	2	4	1	1	1	8	6	2	1	28	16	
15:00 - 15:59	5	2	6	5	7	6	9	7	3	1	4	2	7	5	41	28	
16:00 - 16:59	6	3	4	2	9	5	6	4	5	3	6	3	3	1	39	21	
17:00 - 17:59	5	3	9	7	4	4	4	2	4	3	1	0	2	1	29	20	
18:00 - 18:59	5	3	6	4	8	6	7	6	4	3	3	1	1	0	34	23	
19:00 - 19:59	3	2	2	1	6	3	3	2	6	1	8	5	2	1	30	15	
20:00 - 20:59	3	3	3	1	4	2	2	1	1	0	2	2	3	2	18	11	
21:00 - 21:59	11	3	5	3	6	4	4	4	3	2	3	3	2	2	34	21	
22:00 - 22:59	6	4	5	4	3	1	7	5	2	2	2	2	3	3	28	21	
23:00 - 23:59	1	1	6	5	4	4	1	1	3	1	1	0	4	1	20	13	
<b>Total</b>	<b>81</b>	<b>48</b>	<b>97</b>	<b>68</b>	<b>102</b>	<b>72</b>	<b>105</b>	<b>78</b>	<b>75</b>	<b>49</b>	<b>74</b>	<b>54</b>	<b>68</b>	<b>40</b>	<b>602</b>	<b>409</b>	

July 10 – July 16, 2022

MEDIC EMS PreHospital Calls in Bettendorf, Davenport & Scott County																	
July 10, 2022 thru July 16, 2022																	
Dispatch Call Count Per Hour																	
Time Frame	1.SUN		2.MON		3.TUE		4.WED		5.THU		6.FRI		7.SAT		Total		
	Disp	Trans	Disp	Trans	Disp	Trans	Disp	Trans	Disp	Trans	Disp	Trans	Disp	Trans	Disp	Trans	
00:00 - 00:59	3	0	3	2	2	0	4	2	3	3	1	1	3	2	19	10	
01:00 - 01:59	1	1	1	1	1	1	3	2	4	3	1	1	4	3	15	12	
02:00 - 02:59	5	2	2	2	4	4	0	0	4	1	2	1	1	1	18	11	
03:00 - 03:59	2	0	2	2	1	0	3	1	5	3	2	1	1	1	16	8	
04:00 - 04:59	1	1	2	2	2	2	1	1	0	0	3	1	2	0	11	7	
05:00 - 05:59	2	1	4	1	3	2	3	1	3	2	1	1	2	1	18	9	
06:00 - 06:59	2	2	0	0	1	1	1	0	4	3	3	2	2	2	13	10	
07:00 - 07:59	3	3	8	4	3	2	2	2	5	3	4	3	5	3	30	20	
08:00 - 08:59	2	1	5	4	3	2	3	2	5	3	4	3	5	2	27	17	
09:00 - 09:59	4	3	2	1	2	2	3	2	7	6	2	1	0	0	20	15	
10:00 - 10:59	3	3	9	6	4	4	6	4	5	5	3	1	3	3	33	26	
11:00 - 11:59	4	3	3	1	3	2	5	4	6	3	3	3	10	6	34	22	
12:00 - 12:59	6	3	7	6	2	1	3	1	5	4	6	5	10	7	39	27	
13:00 - 13:59	5	4	4	3	10	8	6	3	6	4	2	1	3	1	36	24	
14:00 - 14:59	3	2	1	1	4	3	5	4	6	4	3	2	4	2	26	18	
15:00 - 15:59	4	2	9	7	5	4	6	4	5	3	9	7	10	7	48	34	
16:00 - 16:59	9	6	6	4	4	2	2	2	5	2	3	2	2	1	31	19	
17:00 - 17:59	6	4	6	3	5	3	4	2	10	8	6	3	2	2	39	25	
18:00 - 18:59	3	1	3	2	6	3	4	3	3	3	3	1	6	6	28	19	
19:00 - 19:59	6	5	4	3	0	0	3	2	9	6	6	4	6	4	34	24	
20:00 - 20:59	2	2	2	1	4	1	1	1	6	2	9	3	4	3	28	13	
21:00 - 21:59	3	2	4	3	8	5	3	0	2	0	3	2	9	7	32	19	
22:00 - 22:59	5	2	1	1	7	4	4	3	7	3	1	0	4	3	29	16	
23:00 - 23:59	6	4	7	6	3	2	4	3	2	1	3	3	4	2	29	21	
<b>Total</b>	<b>90</b>	<b>57</b>	<b>95</b>	<b>66</b>	<b>87</b>	<b>58</b>	<b>79</b>	<b>49</b>	<b>117</b>	<b>75</b>	<b>83</b>	<b>52</b>	<b>102</b>	<b>69</b>	<b>653</b>	<b>426</b>	

July 17 – July 23, 2022

MEDIC EMS PreHospital Calls in Bettendorf, Davenport & Scott County																	
July 17, 2022 thru July 23, 2022																	
Dispatch Call Count Per Hour																	
Time Frame	1.SUN		2.MON		3.TUE		4.WED		5.THU		6.FRI		7.SAT		Total		
	Disp	Trans	Disp	Trans	Disp	Trans	Disp	Trans	Disp	Trans	Disp	Trans	Disp	Trans	Disp	Trans	
00:00 - 00:59	0	0	1	1	4	3	0	0	2	1	2	0	2	2	11	7	
01:00 - 01:59	1	0	0	0	1	0	7	1	3	2	4	3	4	4	20	10	
02:00 - 02:59	1	1	5	4	1	0	3	2	1	1	3	3	2	2	16	13	
03:00 - 03:59	2	0	0	0	1	0	0	0	0	0	3	3	4	0	10	3	
04:00 - 04:59	2	2	0	0	3	3	2	2	0	0	1	0	3	1	11	8	
05:00 - 05:59	0	0	1	1	5	2	2	2	0	0	1	0	2	1	11	6	
06:00 - 06:59	2	2	1	1	1	1	1	1	1	0	2	2	1	0	9	7	
07:00 - 07:59	2	2	2	0	6 (1)	5	3	3	1	1	1	0	5	4	20	15	
08:00 - 08:59	4	4	5	3	4	4	8	7	3	2	4	3	2	1	30	24	
09:00 - 09:59	5	5	3	2	5	5	5	5	3	2	2	1	2	1	25	21	
10:00 - 10:59	4	3	2	2	4	4	3	3	5	4	3	3	1	1	22	20	
11:00 - 11:59	1	1	2	2	4	4	2	2	8	5	4	2	2	1	23	17	
12:00 - 12:59	6	3	2	2	5	2	2	1	3	3	3	2	5	3	26	16	
13:00 - 13:59	2	1	4	4	4	4	6	3	12	11	6	5	6	4	40	32	
14:00 - 14:59	3	1	4	2	1	1	6	5	9	4	5	4	3	2	31	19	
15:00 - 15:59	4	3	6	3	2	2	2	1	3	2	5	3	2	1	24	15	
16:00 - 16:59	3	3	3	1	2	1	5	4	3	2	6	5	5	5	27	21	
17:00 - 17:59	6	4	4	3	2	1	2	2	6	4	3	2	5	4	28	20	
18:00 - 18:59	2	2	3	0	5	3	4	4	4	2	9	6	5	3	32	20	
19:00 - 19:59	4	2	6	4	6	3	6	4	6	3	5	4	3	2	36	22	
20:00 - 20:59	6	4	3	3	6	3	3	2	4	1	1	1	3	1	26	15	
21:00 - 21:59	6	4	4	3	7	2	3	3	2	1	4	2	4	1	30	16	
22:00 - 22:59	3	2	3	3	5	3	2	1	7	7	3	2	7	7	30	25	
23:00 - 23:59	0	0	1	1	1	1	1	1	4	3	2	1	2	2	11	9	
Total	69	49	65	45	85	57	78	59	90	61	82	57	80	53	549	381	

July 24 – July 30, 2022

MEDIC EMS PreHospital Calls in Bettendorf, Davenport & Scott County																	
July 24, 2022 thru July 30, 2022																	
Dispatch Call Count Per Hour																	
Time Frame	1.SUN		2.MON		3.TUE		4.WED		5.THU		6.FRI		7.SAT		Total		
	Disp	Trans	Disp	Trans	Disp	Trans	Disp	Trans	Disp	Trans	Disp	Trans	Disp	Trans	Disp	Trans	
00:00 - 00:59	1	0	1	1	7	6	0	0	2	1	0	0	4	4	15	12	
01:00 - 01:59	3	2	1	1	1	1	0	0	3	3	3	2	0	0	11	9	
02:00 - 02:59	3	2	0	0	7	4	2	2	0	0	1	1	3	3	16	12	
03:00 - 03:59	0	0	2	1	0	0	1	0	3	2	2	2	3	2	11	7	
04:00 - 04:59	3	2	0	0	2	1	2	2	2	1	0	0	2	2	11	8	
05:00 - 05:59	1	1	0	0	4	2	3	1	1	0	2	2	3	2	14	8	
06:00 - 06:59	3	2	3	2	1	1	3	3	1	1	2	1	3	3	16	13	
07:00 - 07:59	2	1	3	2	1	0	2	1	4	3	1	0	4	3	17	10	
08:00 - 08:59	1	1	4	1	2	2	1	1	3	2	3	3	10	3	24	13	
09:00 - 09:59	1	0	5	5	3	2	4	2	4	2	0	0	5 (1)	1	22	12	
10:00 - 10:59	2	1	6	5	6	6	2	1	4	3	4	3	7 (2)	3	31	22	
11:00 - 11:59	3	3	1	0	2	2	6	6	3	3	4	2	6	5	25	21	
12:00 - 12:59	1	1	1	1	10	6	10	5	6	5	3	2	2	1	33	21	
13:00 - 13:59	1	1	0	0	5	5	5	4	2	0	0	0	6	5	19	15	
14:00 - 14:59	5	3	6	4	3	2	3	0	3	3	6	5	5	5	31	22	
15:00 - 15:59	3	3	8	7	7	6	4	3	3	2	4	2	1	0	30	23	
16:00 - 16:59	2	2	4	3	6	5	6	2	4	1	4	3	7	3	33	19	
17:00 - 17:59	4	4	6	5	4	3	4	2	5	1	7	4	5	1	35	20	
18:00 - 18:59	1	1	5	4	5	2	7	2	1	1	4	1	4	4	27	15	
19:00 - 19:59	2	2	1	0	3	3	2	2	2	2	5	5	3	3	18	17	
20:00 - 20:59	3	2	5	4	7	3	3	2	4	2	4	4	3	1	29	18	
21:00 - 21:59	8	6	2	1	4	3	1	0	2	2	3	1	5	3	25	16	
22:00 - 22:59	1	1	3	2	4	2	4	2	2	1	0	0	1	1	15	9	
23:00 - 23:59	4	1	0	0	2	2	4	1	3	2	3	2	5	2	21	10	
Total	58	42	67	49	96	69	79	44	67	43	65	45	97	60	529	352	

There was one hour during normal operations that exceeded MEDIC EMS's current staffing and required mutual aid to be dispatched – Tuesday, July 19, 7:00 AM. There were three dispatches during non-normal operations that required additional dispatches, Saturday, July 30, 2022 – at 9:00 and 10:00 AM; this was the morning of the Quad City Bix 7 road race when all units are dispatched.

**Potential County Departmental Impacts**

The establishment of MEDIC EMS as a County department will impact other operational departments of the County. Many of the operational items, covered below, are currently handled by MEDIC EMS and would transition to County services for overhead reallocation and overall operational efficiency. The following details impacts to the County departments or services in the community.

**Administration:** The County Administrator and the Administration Department staff coordinate and perform strategic planning for the overall mission of the County. The inclusion of a new department would create a new complex core service of the County. The Department would incorporate the mission and services of the new department into the County's mission. The

financial plan would be incorporated into the annual budget cycle. The current funding model is reliant on the County's General basic tax levy, until other funding sources may be developed such as income offset, GEMT revenues, or dedicated tax levy.

Administration would also oversee the external reporting such as GEMT qualification and submission. Revenue billings for the department are currently initiated by the MED-COM dispatch staff and sent to a third-party billing provider. Further review and analysis will be required to determine the direct and indirect reporting for these services and inclusion into the financial standing of the departmental financial activity.

The inclusion of the department and staffing would indirectly impact external and internal annual financial reporting, popular financial reporting, budgeting, strategic planning, and bi-weekly agenda items for the County Board of Supervisors.

Tasks between February 2023 and January 2024:

- Develop minimum funding as a department of the County into 2024 fiscal budget.
- Develop accounting structure of new department into County Enterprise Resource Planning (ERP) System.
- Develop cost accounting for internal and external customers; including cost reimbursements to internal departments.
- Oversee the development of external billing under Scott County assuring that departments already involved in billing under Scott County's tax ID number are not impacted.
- Receive a record of assets for inclusion in 2024 financial statements.
- Record contribution received of assets, liabilities, and net contribution to the County.
- Monitor onboarding of new staff into ERP software by Human Resources.
- Train staff of the new department for internal and external reporting.
- Monitor 2024 budget for 2024 budget amendment and 2025 budget development.
- Monitor and assist the development of qualified costs for submission to the state for GEMT qualification.
- Coordinate with County staff on purchase cards and fleet services.
- Assure establishment of budgeting for outcome metrics.

**Auditor:** The County Auditor's office processes accounts payable, payroll, and similar costs accounting for the entire county. These processes are decentralized and start at the departmental level before being remitted to the Auditor's office for final processing.

Tasks between February 2023 and January 2024:

- Coordinate with Administration on the development of new departmental structure and internal reporting for accounts payable and payroll.
- Develop import and possible transition of payroll data, overtime rules, and shift compensation, etc. for processing.
- Train clerical staff for processing accounts payable and payroll submission.
- Onboard new staff for payroll processing including direct deposit information, federal and state tax withholdings, etc.
- Onboard new vendors into County ERP accounts payable suite.

**Attorney:** The Attorney's office oversees risk management and property, general liability, vehicle, and workers compensation insurance for the County. The inclusion of a new department will be communicated to Scott County carriers for insurance premium adjustments. The additional costs will qualify as direct or indirect costs to include in the GEMT funding application.

The office is also responsible for overseeing HIPAA compliance and legal defense. The new County staff training will need development and inclusion into current policies, as well as current staff will need training on HIPAA privacy and security rules with EMS services. Additional insurance may be necessary for any claims that occur before the transition date.

The Attorney's office also advises other departments and the Board of Supervisors on legal matters. Assistance from the office will be needed regarding Scott County Code of Ordinance Chapter 28. External legal expertise may need to be sought to support discussions.

Tasks between February 2023 and January 2024:

- Inform insurance carriers; procure adjusted policies for County.
- Identify risks of county emergency medical transport and risk reduction and management plan.
- Review and advise on any new or amended contracts not forwarded to outside counsel.
- Review and advise on covered entity agreements.
- Participate in discussions regarding Scott County Code of Ordinance Chapter 28.

**Information Technology:** The Information Technology department provides dependable and efficient data and voice services for County employees and the public. The incorporation of new departmental technology for an additional 24/7 department may require additional programming, networking, or web/citrix specialists. The County is currently in the midst of an IT master plan development process and the incorporation of a new department will be reported and communicated within that plan.

Additional IT funding for either direct or indirect services will be considered and allocated across IT, MEDIC, and the blended component unit SECC.

Tasks between February 2023 and January 2024:

- Incorporate potential change into the IT Master plan.
- Convert contracts for applications to Scott County.
- Develop IT life-cycle for department.
- Website transition
- Perform a Business Assessment:
  - Review common organizational policies such as information security policy, data classification policy, data retention, etc.
  - Identify any gaps in security controls, evaluate data protection capabilities, and assess the level of cyber risk
  - Evaluate results of previous audits and assessments and formulate improvement plans accordingly
  - Carry out well-developed due diligence and valuation to build an all-encompassing and comprehensive integration plan
- IT Assessment to carry out a comprehensive and thorough review of technology systems:
  - Make a list of all the IT systems, tools, and applications currently in use
  - Check for duplicate or overlapping systems and solutions
  - Identify systems that need to be modernized, integrated, or retired
  - Understand critical workloads
- Contracts and Licenses to establish transparency, transferability, and termination clauses:
  - Gather all contracts, agreements, and commitments with vendors and other service providers
  - Fully understand ownership and entitlements of software/hardware licenses to maintain healthy relationships as well as ensure compliance
  - Carry out detailed third-party risk assessment to quantify risks of transfer and termination
- Data Integration to ensure seamless and accurate data integration and migration:
  - Carry out end-to-end data profiling to understand the quality and quantity of data present
  - Perform a data quality assessment against pre-determined metrics to understand what data needs to be integrated/migrated
  - Revise business expectations based on integration challenges and project costs and accordingly choose data to be integrated

- Understand the criticality and necessity of different kinds of data – both from a logical perspective to confirm business requirements and a physical perspective to enable seamless integration/migration
- System Integration to ensure IT systems are carefully and successfully integrated:
  - Prepare a detailed map of existing IT systems and infrastructure
  - Create an integration plan that lists all system integration activities in detail
  - Assess how IT infrastructure is currently managed and how it can be integrated or outsourced
  - Understand the scalability of existing systems and build an acquisition strategy that matches capabilities
- Network Integration to understand how networks will be combined or merged:
  - Determine whether MEDIC EMS to remain on separate networks, merge into one of them, or be part of a completely new network that will be built
  - Understand the benefits, costs, and risks of each of these approaches and choose one that results in the most effective, minimally disruptive transition plan
  - Have a robust change management plan in place to ensure all changes are tracked, monitored, and documented for
- Messaging to ensure messaging continues to be an integral part of today's collaborative workforce:
  - Determine which messaging service is currently in use by each organization
  - Understand if either of the two messaging platforms will be adopted or if a completely new system be implemented
  - Based on what platform is chosen, build a transition plan to ensure there is no disruption to employee communication or customer service
- Security To ensure the highest level of security:
  - Make sure to fully assess the cybersecurity posture of both organizations including data privacy standards, security controls, and access control mechanisms
  - Review existing IT security policies and audit results with respect to people, processes, and technology
  - Be sure to categorize all systems and devices – including unaccounted-for platforms and IoT devices
  - Prepare a list of all identified vulnerabilities and issues based on the industry, geography, partners, products, and services
- Cost Assessment
  - Identify all costs associated with IT integration including:
    - Technology implementation/customization/integration/migration
    - Debt servicing and rebranding costs
- Training, support, and maintenance

**Facility and Support Services:** Facility and Support Services (FSS) strives to continually improve and enhance the built environment in the County Campus. The inclusion of a new department will add 9-10 locations within Davenport, Bettendorf, Eldridge, LeClaire, Blue Grass, and Clinton. Three locations are owned, and the remainder are leased. The costs of maintaining the locations will be included in the departmental budget. FSS will maintain and care for the new locations. Utility expenses will be accounted for as a direct or indirect cost for GEMT.

Tasks between February 2023 and January 2024:

- Identify existing leases and determine if they can transfer to Scott County or if new leases will be needed
- Develop preventive maintenance / service contracts in place or to be added to current contracts of Scott County.
 

<ul style="list-style-type: none"> <li>○ Dryer Vents / Stove Hoods</li> <li>○ Natural Gas Cooperative</li> <li>○ Domestic Backflow Preventers</li> <li>○ Fire Backflow Preventers</li> <li>○ Hot Water Heaters</li> </ul>	<ul style="list-style-type: none"> <li>○ Defibrillators</li> <li>○ Fire Extinguishers</li> <li>○ Fire Sprinklers</li> <li>○ Fire Alarms</li> <li>○ Generators</li> <li>○ Medical Waste</li> </ul>
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- Trash Removal
- Overhead Garage Doors
- Pest Control
- Multi-Function Printers (IT)
- HVAC Equipment
- Pitney Bowes (mailing)
- Security Alarm System
- Fire / Security Alarm Monitoring
- Window Washing
- Lawn Care / Snow Removal

- Develop accounting of postage meter and paper supply
- Determine custodial Full Time Equivalency (FTE) for locations
- Determine the ordering process for supplies and work orders
- Determine maintenance FTE for locations, develop preventive maintenance schedules, and respond to calls for service first, prior to calling in an outside vendor.
- Access Control – Move buildings to integrate with County system
- Change lock hardware to County system
- Purchase card training and issuance.

**Health:** The Scott County Health Department promotes, protects, and preserves health through leadership, service, education, and partnerships. The creation of a new ground emergency medical transportation department changes a long-term department focus for the Health Department. The department and BOH have been involved in EMS system administration since the passage of Scott County Code Chapter 28. A full-time position was dedicated to emergency response from 1993 to 2019, ending when the individual in that role retired. During that time, the department supported EMS licensing as well as, provided technical assistance and support to the EMS response agencies within the county. Throughout the years, MEDIC EMS staff have begun to provide support to the EMS providers in the community in terms of quality assurance and protocol development, and at this time the Health Department does not have technical expertise in EMS service delivery. The Board of Health does continue to maintain a contract with a physician to serve in the capacity of Medical Director for the Scott County Emergency Medical Services – Physician’s Advisory Board, as well as a contract with Durant Ambulance for basic life support and advanced life support at the paramedic level and emergency and transfer services within geographical area “B” outlined in Scott County Code Chapter 28, with back-up provisions for the other service areas. In addition, both Bennett and Wheatland ambulances bill a flat fee to the Board of Health to support services provided in northwest Scott County by these Clinton County based operations. The Health Department continues to maintain the Scott County EMS Association’s website, provide administrative support to the Physician’s Advisory Board, and assist with signatures and other communication between the medical director, other medical directors, and service providers. As a new county department is formed to support a county-wide ambulance system, discussions regarding whether there remains a role for the Health Department related to EMS, and what that role may be, will be important.

In addition, Scott County Code of Ordinances Chapter 28 – Emergency Medical Services governs the operation of EMS within Scott County. This code has been in place since 1979 and provides provisions for licensing as well as exclusive service area designations. The intent of the ordinance was to establish accountability for specific areas of responsibility, eliminate multiple responses to a single incident, and to facilitate the determination of which service should respond. A revision to Chapter 28 codified in 2013 maintained licensing requirements and expanded exclusive service designations beyond emergency transport to include non-emergency transport. Other changes to align with state and federal regulations were also made since additional regulations had been enacted since the original passage in 1979.

The establishment of MEDIC EMS as a unit of county government would create a circumstance where Scott County Code is regulating a Scott County entity. In addition, provisions in the code require an entity to submit to the Health Officer, as defined by code as the Health Director, an application to provide service. This system would entail one department head submitting an application to another department head and involving multiple boards (Board of Health and Board of Supervisors) in oversight. Legal consultation will be necessary to assure that Chapter 28 is reviewed and updated appropriately.

One smaller consideration is that currently, the Health Department manages some Employee Health activities for Scott County including hearing screening, bloodborne pathogen training, tuberculosis screening/training, CPR, etc. With the addition of a large entity, a discussion, and plan will need to be made to assure that appropriate requirements are met and that services are delivered efficiently. For example, does the new MEDIC EMS department routinely provide CPR certification for employees and other Scott County employees should attend that training rather than the Health Department scheduling training for the new department. This discussion will involve both departments as well as Scott County Human Resources and Scott County Risk Management.

Tasks between February 2023 and January 2024:

- Determine long-term role of the Health Department in regards to the EMS system.
- Review EMS program budgets and determine proper location within county's budget (Health Department, new system, etc)
- Review and update County Code Chapter 28 in collaboration with legal services.
- Determine whether there is a role for the Scott County Board of Health in code, as an advisory body, etc as it relates to EMS in Scott County.
  
- Work with community partners and internal stakeholders to review the Emergency Service Area (ESA) assignments and if any reallocation is requested or required by applicants.
- Determine Employee Health process for new and existing components in the county's program.

**Human Resources:** Scott County Human Resources is committed to providing excellent service; through strategic business partnerships and collaboration with departments. Human Resources recruits, develops, and retains a highly qualified and diverse workforce utilizing effective, innovative recruitment and benefit strategies. The addition of a new large department may necessitate an additional human resources staff to maintain effective service levels for current staffing. The human resources industry standard is one human resources staff per 100 staff. The current MEDIC EMS staff includes about 100 full and part-time staff with 30 per diem staff. An additional Human Resources staff member may be necessary for onboarding, recruiting, and monitoring human resources activities. It is not known at this time if staff from the new department would be unrepresented, ask to join an established union, or form their own union under Iowa collective bargaining laws.

From a County perspective, the new department will include a number of new family and single health, dental, and vision insurance plans to include into the County's self-insured plans. The inclusion of these "lives" will have a financial impact to the County's reinsurance rates and stop loss premiums charged to all participants.

Tasks between February 2023 and January 2024:

- Recruit department director for County.
- Determine healthcare benefits (medical, dental, vision, flexible spending) and other benefits such as life insurance and long-term disability transition timeline.
- Determine fringe benefits.
- Identify positions, place into organizational chart of county, update job descriptions, and place salaries into the established pay scales of the County.
- Onboard staff, to include thorough benefit and policy education, during transition period for compensation, benefits, personnel files, etc. to begin on the go-live date.
- Inform reinsurance providers of material change to the County's plan.

**Secondary Roads:** Secondary Roads manages the County's fleet services. Their mission is to provide safe and serviceable vehicles in the most economical way to internal county customers. MEDIC EMS currently has 19 ambulances and 3 command, and 2 support vehicles.

Tasks between February 2023 and January 2024:



- Onboard current fleet of vehicles to county inventory.
- Transition vehicle tags to governmental vehicle plates.
- Develop lifecycle turnover plan for vehicles.
- Determine if large ambulances may be serviced in-house or external provider.

**Treasurer:** The Scott County Treasurer acts as the receptor of all revenue and deposits of the County. The Addition of the new department may impact the county's accounts receivable balances and monitoring and additional departmental revenue collections

**MEDIC EMS Authorized Agency:** Movement of \$200,000 budget to other service area

**SECC:**

One division of MEDIC EMS, commonly called MED-COM, is co-located at the SECC facility. MED-COM operates separately from SECC and provides secondary call-taking and dispatch for all EMS calls within Scott County. In addition to MEDIC ambulances, MED-COM dispatches or provides coordination for other services that operate within Scott County. Beyond the borders of Scott County, MED-COM has contracts to provide dispatching for another ambulance service (Genesis) that operates within Rock Island County (IL), a portion of Henry Count (IL), a portion of Mercy Count (IL) and a portion of Clinton County (IA). Lastly, MED-COM dispatches for MEDIC ambulances that provide service in portions of Clinton County (IA).

SECC intakes all 911 calls from Scott County. EMS calls are handed off to MED-COM, to question the caller through the EMD process, dispatch the appropriate EMS response and give pre-arrival instructions, if needed. MED-COM is currently accredited by the International Academy of Emergency Dispatching for Emergency Medical Dispatching (EMD). As such, their staff have specialized training to deliver EMD to callers.

MED-COM also provides majority of the pre-billing processes including reviewing Patient Care Records for completion and billing compliance, payor classification, insurance information gathering, mileage and billing charges, and other various claim processing duties. MED-COM also provides these services to Genesis Ambulance. MED-COM also works with healthcare facilities, physicians and other healthcare providers to coordinate and gather information for patient transports. This also includes ensuring obtaining supporting documents for claim recovery (e.g. Physician Certification Statement, Advance Beneficiary Notice, payment vouchers, guarantee of payment, etc.).

The initial 28E agreement that created SECC evaluated the consolidation of MED-COM into the SECC organization at 30 months following the date of consolidation, in August 2013. A decision was made to continue MED-COM's operation as a co-location, rather than a consolidation into SECC. It would seem to make sense to consider that again at this juncture. However, that approach will create a myriad of issues and questions to overcome and answer. It may be desirable to keep MED-COM with the new County Department and develop a plan to transition it to SECC over some period of time. A working group, made up of members from MEDIC, SECC and Scott County has begun to further explore issues and options.

Tasks between February 2023 and January 2024:

- Evaluate transitional options:
  - On-Board MED-COM as a component of the new County Department.
  - Transition MED-COM dispatching services to be a part of SECC.
- Issues to consider:
  - Organizational Structure.
  - Job Descriptions/Tasks and Salary Structure integration.
  - Labor Relations.
  - Professional Certifications and training within both MED-COM and SECC.
  - MED-COM services provided outside of Scott County.
  - Dispatching for all Scott County Services.
  - Short Term and Long Term Goals.
  - Changes needed to the SECC 28E Agreement.

### **Additional Questions That May Impact Operations**

- List of current accounts payable vendors and suppliers.
- Timing of bringing on new staff outside of current MEDIC EMS compliments. For example, new FSS Custodial Worker and Senior Facility Maintenance Worker.
- Timing of bringing on internal support staff currently covered by MEDIC EMS management and paramedics in a dual-role capacity.
- Developing short-term and long-term departmental goals.
- Historical MEDIC EMS revenue recognition policies, exceptions, and revenue practices.
- Staffed non-emergency transfer operation located at MercyOne in Clinton, IA. To continue or discontinue services after acquisition.
- Provision of chart hosting / technical support for Genesis Ambulance and technical support for Durant Ambulance. To continue or discontinue services after acquisition.
- Illinois licensure of ambulance service and metro personnel to provide services in Illinois, including mutual aid. To continue or discontinue services and impacts of equal mutual aid response.

### **Recommendation**

The County MEDIC EMS Advisory team has studied the impacts of creating a new operating department since October of 2022. Our team agrees that a new county-wide EMS department can be included into the operations of the County. While there will be transitional challenges in accepting MEDIC EMS to Scott County and creating a new department, the team recommends the Board of Supervisors enable this process to continue.