

Running head: INTERFACILITY AND NON-EMERGENCY AMBULANCE TRANSPORTS

Interfacility and Non-Emergency Ambulance Transports

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CERTIFICATION STATEMENT

I hereby certify that this paper constitutes my own product, that where the language of others is set forth, quotation marks so indicate, and that appropriate credit is given where I have used the language, ideas, expressions, or writings of another.

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Abstract

The Noblesville, Indiana Fire Department had not assessed the financial gain of performing interfacility or scheduled non-emergency ambulance transports in the community. This research focused on determining if performing interfacility or scheduled non-emergency ambulance transports in Noblesville would generate the necessary revenue to offset the current NFD budget deficit.

The evaluative method was utilized in this applied research project. To help with the gathering of data, five research questions were asked. The first was what hospitals, nursing homes, assisted living and dialysis care center locations within the Noblesville Fire Department fire jurisdiction have a need for non-emergency ambulance transports. This initial information provided the crux for the remainder of questions, including what is the potential number of non-emergency ambulance transports available within the NFD fire jurisdiction, and what are the current non-emergency ambulance transport fees charged to these facilities. To provide a means as which to justify these findings, the question was asked of the aforementioned facilities to determine the current competition within the City of Noblesville for non-emergency ambulance transport agencies working within the Noblesville Fire Department fire jurisdiction.

In order to determine the funding necessary to offset the budget deficit, information was gathered to expose the current budget deficit at the Noblesville Fire Department compared to prior years. By conducting research the Noblesville Fire Department was able to determine that performing interfacility or scheduled non-emergency ambulance transports would not generate enough revenue to overcome the current budget shortfalls. Due to the lack of ample revenue generation attained by these transports, it is recommended that the NFD continue current operations, and not provide interfacility or scheduled non-emergency transports.

Following this study, the data collected was communicated to other administrators within the department for review and analysis.

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Interfacility and Non-Emergency Ambulance Transports

Introduction

Fire and Emergency Medical Services (EMS) at the Noblesville, Indiana Fire Department (NFD) is an important duty that we, as an organization, strive to provide to the community. It is no secret that fire departments across this country are performing EMS twice as much as they are performing traditional fire incidents, but not without substantial costs. The mission for the NFD is to prevent harm by mitigating the effects of natural or manmade disasters. Performing high-quality, cost-efficient fire prevention, public education, fire suppression, advanced emergency medical service, and rescue responses are delivered while maximizing firefighter safety. However, this high quality service is being reduced by the current economic recession. Shrinking annual budgets and public demand for a cost effective service has caused personnel and line item cuts within the Noblesville Fire Department annual budget. With these challenging times, additional revenue is needed to keep NFD's quality of service at the level citizens' demand.

The problem is that the NFD has not assessed the financial gain of performing interfacility or scheduled, non-emergency ambulance transports in the community. The Noblesville Fire Department is unsure about the overall demand for this service within the City of Noblesville.

The purpose of this research is to determine if performing interfacility or scheduled, non-emergency ambulance transports in the community would generate ample revenue to off-set the current NFD budget deficit.

Evaluative research was used to formulate a basis for analysis and a correct course of action, if necessary, for the NFD. The research questions included the following:

- a) What hospitals, nursing homes, assisted living and dialysis care center locations within the NFD fire jurisdiction have the need for non-emergency ambulance transports?

- b) What is the potential number of non-emergency ambulance transports available within the NFD fire jurisdiction?
- c) What are the current non-emergency ambulance transport fees?
- d) What is the current competition within the City of Noblesville for non-emergency ambulance transporting agencies working within the NFD fire jurisdiction?
- e) What is the current budget deficit at the NFD compared to years prior?

Background and Significance

The 9-1-1 system was designed to provide a universal access number for requesting emergency services across this country. Since the establishment of the NFD in 1843, the department has always responded to emergency situations in the City of Noblesville no matter the life-threatening emergency. For many years that response was performed by firefighters performing as first responders; there were no Emergency Medical Technicians (EMT) or Paramedics. In 1998 that all changed. Riverview Hospital, the county hospital in Hamilton County, Indiana, could no longer afford to provide Basic Life Support (BLS) or Advanced Life Support (ALS) service to the citizens of Noblesville. This is due to the fact that Riverview Hospital is owned by Hamilton County Indiana Government and does not receive tax dollars for operating expenses. For two years, Riverview Hospital informed Hamilton County Fire Department Chiefs that all emergency medical services within each jurisdiction would become the responsibility of each respective department. In 1998 the NFD began training its personnel to be EMTs. During this transition NFD hired an EMS Director and purchased their first ambulances to begin the practice of providing emergency medical services to the citizens of Noblesville. It was also during that period of time that paramedics were hired and trained, and a set of billing rates were established to promote fair and reasonable billing practices. At that point NFD began responding to all 9-1-1 calls, providing both fire and EMS services to the community.

During this culture change at NFD, the City was experiencing a change as well. The City of Noblesville is one of the fastest growing cities in the country. According to the United States Census Bureau (U.S. Census Bureau), year 2000, Noblesville had a total population of approximately 28,590. Furthermore, the U.S. Census Bureau year 2010, shows an increase in population to 51,969, an astounding 81.8% increase. During this growth period, budgets were good, personnel were being hired and collections from efforts of providing EMS were performing well above average. However, in March of 2008, in Indiana, *Impact of Property Tax Reform*, a major property tax relief and reform effort, became law. It provided millions of dollars in homestead credits, giving homeowners large tax deductions. Residences across Indiana were to experience significantly lower property tax rates. It was anticipated that the reduction of property taxes of owner-occupied housing could expect an increase in the value of their single family dwelling. The reduction in property taxes had the direct effect of lowering the amount that a homeowner, with limited income, would need to pay on his or her mortgage. This positive tax impact for homeowners and businesses did not provide the same positive effect on local government. The use of Tax Increment Financing (TIF) as a tool for economic development in a community was limited because of revenue constraints. These new constraints caused local governments to have to find lower cost alternatives to current services provided to their community.

As of January 1, 2009, the NFD had seven fire stations and 130 firefighters, with an operating budget of \$12,170,520.00. The new tax reform took one year before it started to impact staffing and services, and after numerous financial reviews by economists and the Clerk-Treasurer of Noblesville, it was determined that the anticipated year the tax reform would affect local government would be 2010. Therefore in 2009, there was a hiring freeze set in place within the

City of Noblesville. As 2009 progressed, two firefighters left the department; one left for a job with another agency while the other retired.

The year 2010 was an especially challenging year because not only did the new Indiana Tax Reform Law remove dollars from the City budget, but it was compounded by the world's economic downturn. In 2010 expenditures for the 2010 Fire Operating Budget were reduced by \$663,362.00. The NFD lost two more firefighters to retirement, as well as one member of the clerical staff.

Administrative leaders at the NFD faced difficult decisions, many on an unprecedented scale. Strategies that worked for the department in the past were no longer effective. Traditionally, reducing expenses meant reducing outside training and travel expenses, eliminating civilian positions, or at least decreasing their work hours, cutting back on office supplies, or delaying a new cadet academy or new fire station. However, today that is not enough. When those measures no longer come close to meeting the Mayor's or City Council's bottom line, alternative resources need to be pursued. The laying off of firefighters, closing fire stations and making cuts to employee family health care benefits, is something firefighters and local city government have never had to overcome.

It is significant that the NFD collect data about interfacility and non-emergency ambulance transports in the community. Unlike the private sector, where it can be easy to prove success or failure based on profit, or the lack thereof, departmental success has traditionally been measured by more subjective standards such as lives saved, lives lost, injuries, property saved, property lost; all of which are quantitative measures of the ability to perform as firefighters. But this new measure of financial responsibility, providing the same fire and EMS protection with less financial revenue has created hard times for the firefighting community. Administrators at NFD

must remember that, unlike most private sector businesses, services delivered by NFD are, in effect, a monopoly and have no local competition. Therefore, there is no financial measuring comparison in the community to truly determine if the NFD is, or is not, the best financial fire department deal in town.

The United States Fire Administration (USFA) has identified five operational objectives. This research is aimed at improving local planning and preparedness combined with the improvement of fire and emergency services' professional status. Through an amalgamation of these guidelines, the NFD can assess the possibility of providing non-emergency ambulance transports while generating enough revenue to offset the increasing budget deficit. While examining the possibility of providing this service for current funding purposes, the initial groundwork was also laid for the possibility of providing interfacility and non-emergency ambulance transports for the maturing Baby Boomers. While this is not an immediate need, this framework lends itself to the idea of preparing for the future while improving the fire department's professional status by establishing the necessary structure to guide NFD leaders while meeting the community's demand for services in a prepared and professional manner.

Literature Review

The literature review is based on research obtained from Information for Medicare Providers, Center for Medicare Advocacy, Inc., Pre-hospital Interfacility Care and Non-Emergency Transports from Santa Clara County, Ambulance Billing and Coding Desktop Reference Guide, National Government Services Ambulance Fee Schedule, and the internet. While an exact match for one topic was found, others were not. Documents and other research within the field were beneficial.

To help differentiate between emergency and non-emergency incidents for an ambulance service, Information for Medicare Providers, Implementation date of January 3, 2011, provided information about emergent and non-emergent ambulance service providers. For an agency that provides emergent responses to their community, a set of protocols should be established for clarification. To respond emergently with a BLS or ALS response, the call must be in accordance with the local 9-1-1, or equivalent service, dispatch protocol. If the call came in directly to a non-emergency phone number or ambulance service provider number, the ambulance provider should follow the non-emergent protocols. If the ambulance service provides emergent and non-emergent scheduled transports, these set of protocols are the foundation to providing the correct service to the community, not just patient care, and will determine the appropriate level of payment an ambulance service will receive.

Performing non-emergency ambulance transports for an agency that is currently providing emergency ambulance care sounds easy and simple to provide because of the existing process. When help is needed, a call will be made to 9-1-1 for assistance. The fire department will respond and take the patient to the hospital of his or her preference, or at the least to a hospital that has been predetermined to treat of that level of medical need. However, to better understand the coverage criteria Medicare has established for non-emergency ambulance transports, the Center for Medicare Advocacy, Inc., Medicare's Coverage of Ambulance Services: Coverage Criteria offers information for travel and medical necessity requirements. It indicates that Medicare covers non-emergency ambulance transports from the patient's point of origin to the nearest hospital or skilled nursing facility. To simplify, Medicare will only cover a trip from any point of origin to the nearest appropriate facility. It will not reimburse for a transfer to a medical facility based simply on beneficiary preference. It further pointed out the non-emergency

transports will only be paid if the medical condition of the patient is such that other means of transportation cannot be used. Transportation by a non-emergency ambulance is appropriate if either the patient is bedridden by a doctor's orders, or the medical condition of the patient, regardless of the bed confinement, is such that the transportation by a non-emergency ambulance is medically necessary. It concludes that no matter what the transport type, emergent or non-emergent, if a facility is capable of transporting the patient with another form of reasonable transportation, it should do so.

To sustain the service of scheduled or non-emergency ambulance transports, having an understanding of procedure codes, modifiers, condition codes and transportation indications for the billing process is essential. Page, Wolfberg and Wirth (2011) has compiled codes and definitions to help ambulance services properly bill for claims. The *Ambulance Billing and Coding Reference Guide* was designed to be a resource guide for the most frequent codes and standards. There are numerous sections within the guide that are recommended to be followed. They encourage all ambulance services to have an active compliance or understanding of the billing codes in place to ensure they are billing in a legally compliant manner.

There are many tabbed sections within the guide; however, two are essential for ground, non-emergency ambulance service providers. Card 12: Non-Emergency Procedure Codes-Ground Ambulance, provides codes and definitions for the billing agency. These include, A0428, Basic Life Support for non-emergency transport (BLS), A0426, Advanced Life Support for non-emergency transport level 1 (ALS1), A0433, Advanced Life Support level 2 (ALS2), A0434, Specialty Care Transport (SCT) and A0425, Ground mileage. These codes are general requirements for all claims. Non-emergency ambulance service providers must meet and have properly coded all submissions for claims to obtain reimbursement for the services provided. In

addition to having reimbursement forms filled out correctly, the beneficiary's signature must also be obtained. Card 8, within the guide points out that Medicare must have a signature of the beneficiary for a claim to be filed. The beneficiary signature indicates that he or she accepts responsibility for the transport, as well as any other unforeseen services needed during the transport. It further points out that there are exceptions to the rule. Those exceptions are if the beneficiary has died, or if he or she is physically or mentally incapable of signing the claim. If either of those criteria is met, a non-emergency transporting unit should receive a signature from the beneficiary's legal guardian, relative, or other person who receives governmental benefits on behalf of the beneficiary. It should also be noted that a person who arranges the beneficiary's treatment, from the institution furnishing care to the beneficiary, or a hospital-owned ambulance service may sign if the hospital is unable to obtain the signature of one of the aforementioned individuals.

Effective January 2011, the National Government Services, Inc.-Indiana, provided *Ambulance Service Billing Fee Schedule* for emergent and non-emergent ambulance transports. The fee schedule is divided into three sections, the code for which is being billed, and whether the service was provided in an urban area of coverage or a rural area of coverage. This study correlates with the information found in this research. The document is not solely a Medicaid or Medicare document; it is a fee scheduling document utilized by primary care insurance companies as they set parameters for claims submitted to their companies. For a non-emergency BLS ambulance transport within an urban area, code A0429, the service can expect payment of \$207.20, and \$209.23 for non-emergency BLS transport in a rural area. For an ALS non-emergency transport, an agency can expect payment of \$248.64 in an urban area, and \$251.08 when performing the service in a rural area. This set of fees are for the services provided by the

personnel assisting the patient. In addition, code A0425, the code for mileage that can be charged for the transport, is divided into to an urban coverage area or rural coverage areas as well. For service in an urban area, \$6.86 can be charged per-mile traveled during the non-emergent transport. In a rural area, the fee is \$6.93 per-mile traveled.

When preparing an agency who anticipates performing scheduled and non-emergency ambulance transports, Santa Clara County EMS in California, U.S.A., *Prehospital Interfacility Care and Non-Emergency Transportation*, suggests identifying who uses interfacility or non-emergency transports within the prospective community. Consideration should be given to skilled nursing facilities, physician's offices, clinics, custodial care centers, jails, rehabilitation centers, acute care hospitals, home hospice care facilities, boarding facilities and urgent care centers. If an ambulance transport provider chooses to contract with one of these facilities, each entity must ascertain that this contract is a service-binding business agreement, and details should be delineated with regards to cost of the service, estimated time of arrival to provide the service, and whether ALS or BLS service is being provided. Both agencies also need to determine if there should be mutual training to ensure that the needs or protocols at both facilities are met and how billing should be handled.

The research not only contains valuable recommendations on what to consider before getting into the business, but it also recommends having a pre-hospital care interfacility transport checklist for each resident that is transported. This checklist should include the physician's order for transfer, sending and receiving documents of the physician's communications, the sending and receiving of the facility's communications, a level of care needed for the ambulance transport, a face sheet for the ambulance crew, and documentation of who will transfer the patient's personal belongings. In addition, the checklist should include information indicating

that transfer orders and medical records have been sent to the receiving facility, and that a verbal report of the patient's current medical condition has been provided. A Do Not Resuscitate (DNR) status and communication to the ambulance crew should be mandated as well as the status of any communicable disease precautions needed when transporting the patient.

The research also elaborates the need to identify the competition before entering into the realm of performing interfacility or non-emergency ambulance transports. Knowing the competition is a critical component of providing a service capable of generating the revenue necessary to cover the operational costs of such an operation.

The identification of non-emergency ambulance transport companies within the City of Noblesville is prudent for the purpose of this research. A review of literature through the internet provided information on six ambulance transport services working within the City of Noblesville.

Eaton EMTs, Inc., located in Eaton, Indiana is a non-profit medical transportation provider to residents of East Central Indiana. They are located in Union Township, Delaware County, Indiana, approximately one hour, or 55 miles, away from Noblesville.

Americare Ambulance Service of Indiana, LLC is an ALS and BLS ambulance service provider. They provide non-emergency ambulance transports to most Indiana communities. In year 2009 they located an office in Noblesville, Hamilton County, Indiana.

East Midland Ambulance Service (EMAS) is an ALS and BLS provider from Anderson, Madison County, Indiana. They have approximately 20 to 50 personnel performing the non-emergency ambulance transports throughout Indiana. The EMAS home office is located approximately 36 minutes from Noblesville.

Rural Metro of Indiana provides emergency and non-emergency ambulance services in Hamilton, Johnson, Madison, Marion, Morgan, Tipton and Wayne counties in Indiana. They provide fire and EMS service to manufacturing and pharmaceutical companies throughout the United States. In addition, they provide ambulance coverage for the Indianapolis Motor Speedway, Butler Basketball, the 500 Festival Mini Marathon and several major races. Rural Metro of Indiana's office is located in Indianapolis, Marion County, Indiana, approximately 30.8 miles from Noblesville, or an estimated drive time of 40 minutes.

Seals Ambulance Service operates 7 days a week, 24 hours a day, 365 days a year. Ambulance service to the community is the cornerstone of the business. They remain rooted in many communities delivering quality service at competitive prices. Seals Ambulance Service provides ALS and BLS staffing at multiple substations throughout central Indiana, including a substation next to Riverview Hospital, downtown Noblesville. The numerous ambulances within the Seals fleet allows for a timely response to most communities. The main office for the company is located in Anderson, Madison County, Indiana, approximately 32 miles from Noblesville, with an estimated 42 minute drive time.

Care Ambulance was established in 1992 as an Advanced Life Support service provided in the state of Alabama. Since that period of time, the company has expanded services to many states, including Indiana, providing emergent and non-emergent transports. Care Ambulance has two office locations in Indiana, one in Terre Haute, Vigo County, Indiana, the other in Indianapolis Marion County, Indiana. Care Ambulance, Indianapolis Division, provides service to the Noblesville area. They are located approximately 23 miles from Noblesville, constituting a 35 minute drive.

In summary, the literature review provided valuable information upon which to evaluate interfacility and non-emergency ambulance transports. Articles suggest that those providing emergent EMS should carefully consider all parameters of the program, not just having an ambulance to transport patients. Having a set of protocols, in addition to the emergent care protocols that are within the organization currently, is essential when providing the service.

The understanding of billing codes and allowable fee schedules for non-emergent transports are the foundation for a revenue generating program. Any EMS service receptive to the idea of expanding their services to interfacility and non-emergency ambulance transports needs to prepare to enter into contract negotiations with insurers. It is beneficial to dedicate ample resources to the development of the agreement or contract.

In order to be successful, ambulance services must know the market; this includes the competition. Getting information about the competition can help establish the lead, as it can show ways in which the department can be unique and can best service their customers. In turn, knowing the competition can also be a factor during the business planning stages, especially important when entering into an already competitive service. The research was guided by the findings of this specific literature review that draws a correlation between off-setting current budget cuts and what procedures and gains need to be evaluated to off-set further financial shortfalls.

Procedures

The purpose of this research is to determine if performing interfacility or scheduled non-emergency ambulance transports in the community would generate the revenue needed to off-set the current NFD budget deficit. The procedures used for this research comprised of eight steps. The following procedures were used in this research process. The first involved reviewing

literature at the National Fire Academy's Learning Resource Center in Maryland. Database searches focused on ambulance transports, non-emergency ambulance transports, fire service revenue generation, private ambulance service transports, fire chief needs and community needs for ambulance services. The articles and publications reviewed provided general ideas in each specific area. The majority of current research data came from the World Wide Web, using Google, Bing and Yahoo search engines, as well as, a questionnaire and personal visits to local healthcare facilities.

The second step involved speaking to Noblesville Fire Chief Ken Gilliam, (personal communication May 4, 2011) about the political ramifications involved in researching the topic. For a local fire department that has not in the history of the department, performed non-emergency ambulance transports, consideration of how this type of research would be perceived, or received by the Mayor, City Council and current providers of this type of service, needed to be considered. Fire Chief Gilliam provided insight into the Mayor's and City Council's standpoints regarding the research. The understanding that the research would benefit local government by having current data on the feasibility to perform, or not perform the task, would far outweigh any type of rebuttal from a current, non-emergency ambulance provider. However, it was recommended not to address the current provider but instead, gather data from potential revenue sources previously mentioned, as to avoid conflict or create undue contention.

The results from the initial procedures provided questions and general reference ideas that were needed when speaking with personnel from hospitals, nursing homes, assisted living and dialysis care facilities within Noblesville that utilize non-emergency ambulance transports. The Noblesville Chamber of Commerce, President Sharon McMahon, (personal communication, June 15, 2011) further helped identify healthcare facilities within the community that utilize the

services of a non-emergency ambulance transporting company. President McMahon identified Riverwalk Commons, Fresenius Medical Care Dialysis Center, Riverwalk Village, Harbour Manor Health Care, The Lodge Assisted Living, Prairie Lakes Health Campus, Prairie Lakes Legacy, and Riverview Hospital as facilities on record utilizing that type of service.

Once the facilities that utilized interfacility or scheduled non-emergency ambulance transports were identified, research questions were written and a questionnaire was developed.

The next step in the process was a meeting with General Manager of Riverwalk Commons, Jennifer Gellinger (personal communication, July 7, 2011). Riverwalk Commons is a combined independent and assisted senior living community. Due to her position and experience Ms. Gellinger understands the needs for interfacility and non-emergency transports within the healthcare field. She was able to provide information about how a facility records the number of non-emergency transports and what ambulance services in the community currently provide the service. With her help, a focus group of nurses was established to review the research questions that were prepared for circulation at the identified healthcare provider facilities.

The questionnaire was hand delivered to each healthcare facility. At each facility, a meeting took place with the General Manager. An explanation of the research was provided, including asking for assistance in answering the questionnaire. Questions 1 and 2 were constructed with the forced answer format. The focus was on the total number of residents at the facility, and the approximate number of non-emergency ambulance transports occurring at the facility in one year. Question 3 allowed the respondents to identify each private ambulance service that the facility utilizes for service. Question 4 was constructed as a forced answer format, inquiring if the facility has a Transportation Service Contract with each ambulance service they use for non-emergent transports. Question 5 was also formatted as a forced answer question, focusing on

customer satisfaction, specifically asking if each facility is satisfied with the service they receive. The questionnaire was filled completed by a representative of each of the eight facilities that utilize non-emergent transports within the community. The intent of the questionnaire was to provide data that supported, or helped project, non-emergency ambulance transports within the community, including a ratio analysis of each facility with the number of residents to the number of non-emergency transports occurring at this time. The questionnaire was further intended to find out if the quality of service meets the expectations of the facility.

The next step in the research was to discover the current non-emergency ambulance transport fees. This included, but was not limited to, private healthcare insurance companies, Medicare and Medicaid. This process was to explore potential revenue from performing non-emergency transports. The data collected from the literature review indicated that even though many ambulance services have a fee schedule for transporting emergent or non-emergent, which is much higher than the Federal Government Medicare Fee Schedule, most primary insurance companies pay in accordance with the governmental pay schedule. Therefore, a supplemental insurance company may need to be billed, or the ambulance company providing the service will have to write off the remaining balance. This analysis was based on the data collected from Page, Wolfberg & Wirth, *Ambulance Billing and Coding Desktop Reference Guide* (2011), National Governmental Service, Inc.-Indiana, *Ambulance Fee Schedule* (2011).

The procedure completed next was to research the current competition within the City of Noblesville for non-emergency ambulance transports. Monitoring the current competitive market can help dictate the most beneficial path a new organization should take and help exclude the possibility of ignorance regarding the number of services competing for the same business. Every day there are new products and processes being implemented in the field of ambulance

transportation; with these innovations, staying on the forefront of technology and ahead of the competition will allow those prepared the ability to make their service more efficient and more affordable. The procedure of gathering data was completed through reviews of company websites on the internet, which included, *Eaton EMTs Inc.* (2011, August), *Americare Ambulance Service of Indiana LLC.* (2011, August), *East Midland Ambulance Service Inc.* (2011, August), *Rural Metro of Indiana* (2011, August), *Seals Ambulance Service* (2011, August), *Care Ambulance Service*, (2011, August).

The seventh step was to research the current budget deficit at the NFD compared to prior years. The study compared NFD budgets for years 2009, 2010 and 2011. In 2009, the NFD had seven fire stations and 130 firefighters, with an operating budget of \$12,170,520.00. In year 2010, the operation budget decreased by \$663,362.00. In year 2011, that number decreased another \$339,549.00. As the operating budget started to decrease in 2009, so did the number of personnel working at the fire department. By the end of year 2010, four firefighters left their positions with the department, either by choosing to retire, or by moving to another agency. There was also a cut to the NFD clerical staff, by not filling the space of a recent retiree. Despite budget challenges, the NFD remains committed to providing the same service to the citizens of Noblesville, as it did in years prior to 2010. However, financial shortfall, combined with loss of personnel has created challenging times within the NFD, potentially compromising the ability for personnel to be prepared, to be efficient and to be safe.

The results of this applied research had some limitations, mostly with lack of record keeping at the healthcare facilities. None of the facilities were up to date with their recording keeping; they were unable to give exact numbers, therefore the number of exact non-emergency transports within the community is unknown from year to year. This lack of recording keeping is attributed

to the state of the economy, meaning the facilities have fewer dollars to hire or replace personnel responsible for this type of data collection and entry. Another limitation in the research had to do with the phrase, ambulance transport. Each of the facilities currently utilizing non-emergency ambulance transports have double the amount of residents requiring transport by a wheelchair van rather than an ambulance. Most, if not all, facilities verbalized that the need is much greater for a wheelchair van than a non-emergent ambulance, hoping that was included in the research.

Results

The purpose of this research is to determine if performing interfacility or scheduled non-emergency ambulance transports in the Noblesville community would generate revenue to offset the current NFD budget deficit. Five research questions guided this research. The original questionnaire is included in this paper as Appendix A. A copy of the questionnaire, as answered by each healthcare facility representative is attached as Appendix B.

The research focused on facilities that perform non-emergency ambulance transports. The first research question inquired as to the approximate number of residents at each facility. Residents were referred to as those both living at each facility, where applicable, or those patients transported from each facility for the ease of generalization in this research. Of the seven facilities that currently request assistance from a non-emergency ambulance transport service, Fresenius Medical Care Dialysis and Prairie Lakes Legacy Facility report that they have 50 or fewer residents. Harbour Manor Health Care and Riverwalk Commons report that their facilities house approximately 51 to 100 residents at all times, while Riverwalk Village and Prairie Lakes Health Campus report that they average 101 to 150 residents for whom they are responsible. Riverview Hospital, Noblesville's only full service hospital, has approximately 151 to 200 residents at any given time. These results provide the foundation for the size of the

facility and provide insight as to the approximate number of non-emergency ambulance transports that can be expected from a facility with this estimated number of residents.

Subsequently, the questionnaire asked personnel at each facility to estimate the approximate number of non-emergency ambulance transports from each facility in one year. Fresenius Medical Care Dialysis, one of the two facilities reporting the fewest amount of residents, estimated that they utilize a non-emergency ambulance transport approximately 11 to 20 times per year. Prairie Lakes Legacy, the other facility housing less than 50 residents, had less than ten non-emergency ambulance transports from their facility. Riverwalk Commons and Harbour Manor Health Care, each of which have 51 to 100 residents, utilize a non-emergent ambulance transport between 31 and 40 times each year. Riverwalk Village and Prairie Lakes Health Campus each house between 101 and 150 residents however; the need for non-emergency ambulance transports is quite different. Prairie Lakes Health Campus reports utilizing a non-emergency ambulance for transporting patients approximately 21 to 30 times each year, compared to Riverwalk Village, who reports utilizing a non-emergency ambulance transport 85 times per year for their residents. Riverwalk Village has a need that is 280 percent greater than their equal size competitor, however, the largest need for a non-emergent ambulance transports in Noblesville is Riverview Hospital. Riverview Hospital reports that they utilize a non-emergent ambulance service approximately 125 times each year. IN essence, every 2.9 days a person is transported by a non-emergency ambulance from Riverview Hospital to another healthcare facility.

With the above-listed information in mind, it must be determined what non-emergency ambulance services are being utilized. Question number 3 on the questionnaire served as the vehicle to determine if each facility currently utilizes a private ambulance service. Of the seven

facilities that were questioned, each was allowed to choose all pre-determined providers identified within this research. With that option available, the research showed that each facility is utilizing not just one service, but multiple services throughout the year. Seals Ambulance Service is utilized by all seven healthcare facilities within Noblesville. Care Ambulance Service and Americare Ambulance Service are utilized by four of the seven facilities, or approximately 57 percent of the time. Rural Metro is utilized by three of the seven facilities, or 42 percent of the time to provide non-emergent ambulance transports. Eaton EMTs, Inc. was reported to be utilized by two out of the seven facilities, while EMAS, who was identified earlier in this research as a provider of non-emergency ambulance transports available to service Noblesville, was not being utilized by any of the seven facilities identified as using a non-emergency ambulance transporting company.

Another significant need for this research was to identify if a Transportation Service Contract was required if a private ambulance service is utilized. Five of the seven facilities reported having a contract with one, or multiple, private ambulance service providers. Only two, Fresenius Medical Care Dialysis and Prairie Lakes Legacy, report not having a contract with any of the non-emergency ambulance providers. The research found that a contract is not required; however, it is common practice for an ambulance provider and the facility in need to have a contract that identifies the approximate cost to the patient, and procedures for the service being provided.

With the above information available to assist with identifying the need for the service, included research available on possible transport numbers and potential revenue fees, the last research question asked facility personnel to rate satisfaction of service. Six of the seven facilities reported their satisfaction with services received as good, which was the best possible.

Only one facility, Riverwalk Village, indicated a mediocre rating of fair, rather than good or poor.

Research has proven that the Noblesville Fire Department has the potential for a plethora of competition in the non-emergency ambulance transport business. Currently, non-emergency transport services are competing for 305 to 350 non-emergency transports each year in the Noblesville community. However, one important constant to note is the overwhelming majority of facilities report that they are happy with the service that they are currently receiving within the community, driving the competitiveness even deeper.

Discussion

The findings of the research were beneficial in gathering criteria to evaluate if performing interfacility or scheduled non-emergency ambulance transports in the community would generate enough revenue to offset the current NFD budget deficit. The literature review research, compared with the findings of the questionnaire, created some concern about non-emergency ambulance transports being a good source of income.

For the NFD to consider non-emergency ambulance transports as a source of revenue to offset the current budget deficit, the understanding of the financial insufficiency that has contributed to the loss of personnel and service is essential. Review of past Noblesville Fire Department budgets clearly shows that in years 2010 and 2011, there was a combined decrease of \$663,362.00, causing NFD to maintain a vacancy for each of the four firefighters and one clerical personnel that departed NFD. If the NFD were to consider performing a nontraditional service to generate revenue, there should be a goal, or revenue expectation, that would counterbalance any losses. Therefore, the revenue attained by performing scheduled or non-emergency ambulance transports should try to meet the expected loss.

To offset this revenue loss, familiarity of the relevant target market is obligatory, meaning that market needs defined. The research has provided insight to the number of hospitals, nursing homes, assisted living and dialysis care centers that have the need for non-emergent transportation. There are eight facilities within the NFD jurisdiction that currently solicit non-emergency ambulance transport service. For many years, the Noblesville community had only Riverview Hospital as the focal point for medical care. As the community has grown, so has the number of facilities that provide care for older adults, maturing Baby Boomers and individuals with serious illnesses or disabilities.

While it is important to have identified the facilities that have a need for scheduled or non-emergency ambulance transports, it is much more important for this research, to have an understanding of the potential transports within those facilities. The research has shown there are approximately 305 to 350 scheduled non-emergency ambulance transports performed within the community each year, clearly averaging less than one per day.

No matter the number of potential transports, the revenue generated by these transports will have a direct effect on the success of the business providing them. Though pricing strategies can be complex, there are basic rules, or practices, of pricing across the medical marketplace. The literature review has shown that for an urban area, like Noblesville, an expected Medicare payment is \$248.64 for an ALS, non-emergency ambulance transport, and \$207.20 for a BLS, non-emergent incident. These are the standard fee schedules of expected payments made to any agency performing the service of non-emergency ambulance transports. Even if an agency's fee schedule is much higher than the government service rate, the expectation should be based on the national standard followed by Medicare and private insurance companies. If the NFD were to perform 305 scheduled or non-emergency transports per year, the expected return would be

approximately \$75,835.20 for ALS, and \$63,196.00 for BLS non-emergent transports. If NFD were to perform all 350 non-emergent ambulance transports, expected income generation would total \$87,024.00 for ALS incidents and \$72,520.00 for BLS transports. Additionally, this expected revenue will be increased by the amount paid for the miles traveled during the transports. The standard mileage rate is \$6.86. Therefore, an additional \$34.30 for a 5-mile trip, \$68.60 for a 10-mile trip, \$102.90 for a 15-mile trip and \$137.20 for a 20-mile, one way transport would be calculated, dependent on each scenario. Simply put, at 350 ALS non-emergent transports a year, totaling approximately \$87,024.00, combined with the addition of mileage from a 5, 10, 15 or 20 mile, one-way trip, an agency can expect yearly collections ranging from \$99,029.00 to \$135,044.00.

Fire department leaders know how important it is to understand the potential revenue figures; this is demonstrated by spending habits throughout each fiscal year. They understand what their operation services provide and at what cost. Much like a private business, knowledge of services and costs is crucial for success. However in the private sector, due to rivalry, and the desire to maintain a successful business entity, competition needs to be regularly monitored; even the most basic knowledge of knowing which other companies are vying for the same revenue is imperative.

The non-emergency ambulance transport business within the NFD jurisdiction is very competitive. This is good and bad. If there is no competition, then it can be assumed that the need for the service is not there; however, if there is competition, it should be presumed that there is financial gain involved. There are currently six ambulance services within Noblesville that provide scheduled or non-emergency ambulance transports. Two of those services have satellite facilities within Noblesville. Using the previous analogy that competition in the area

means money is being made; a company with a satellite facility within the NFD jurisdiction could anticipate generous potential revenue in the city, and or, surrounding cities and towns. However, for the purpose of this research, it should be assumed that the NFD would not undertake all transports within the community, especially when others are making financial gains performing non-emergency transports. When calculating the estimated total of expected revenue in the area, the most conventional method is to utilize the approximate total of generated revenue and divide by the number of current competitors, which is six, totaling \$22,507.33 per company. However, because of the aforementioned distinctions in transport for each service, this number would trend, following the total number of transports from each facility. If the NFD would consider competing in the current field of scheduled or non-emergency ambulance transports, raising the dividend from six to seven, the estimated revenue for each agency would be approximately \$19,292.00.

Regardless of the potential revenue a company could make by launching a scheduled or non-emergency ambulance transport business, customer service will influence prolonged success. Asking the simple question, is each customer happy with the current service they are receiving, is rudimentary, however, the task of providing acceptable and positive experiences to customers is of the utmost priority, as happy customers are usually repeat customers. The results of the questionnaire indicate that seven of the eight facilities rate the service they receive as good, while one facility rates the service they receive as fair. Due to the satisfaction with their current providers, the expectation to change from the current transportation provider to another service is very low across the board. While an organization can focus on the differences between expectations and ultimate satisfaction when choosing a new service, customer loyalty to the

company that is performing highly, as those indicated on the survey, are not likely to change their program.

A quantitative measure can be provided through this research providing provide data that can help determine if performing interfacility or scheduled non-emergency ambulance transports in the community would generate revenue to offset the current NFD budget deficit. The limitation was the lack of a more comprehensive questionnaire. Information learned since disbursing the questionnaire would have provided the ability to produce a wider search for potential revenue within the non-emergent transport business. The focus of the research was on ambulance transports, defined as individuals on a cot that need to be taken from one place to another, as a revenue source. The fire department already has an ambulance, so the startup cost would be lower than a business without this existing vehicle. However, as this research was conducted, it was learned that the number of wheelchair transports needed is approximately double the number of non-emergency ambulance transports provided. Many of the facilities have patients that have a need to be transported by a wheelchair accessible vehicle. Due to the demand, many of these facilities have purchased their own wheelchair accessible vehicle, or they rely on limited public transportation services. By these facilities purchasing the vehicle to provide these much needed, and regulated non-emergency transports, they in turn, collect the revenue provided to outside businesses through Medicare, Medicaid or private insurance, creating additional revenue not cited in this research.

Based on this research, it is not feasible for the NFD to conduct interfacility or scheduled non-emergency ambulance transports within the community. There are just not enough transport opportunities available within the NFD jurisdiction and community to substantiate such a program. The NFD would need to perform 1,750 transports each year, which equates to five

times the current number of non-emergency transports recorded by this research in order to offset the \$663,362.00 deficit accumulated in budget years 2010 and 2011. The potential revenue available in the community would only yield \$135,044.00, approximately \$528,318.00 less than what would be needed for a financial gain equalizing the current budget deficit.

Recommendations

The problem statement this research addressed was that the NFD has not assessed the financial gain of performing interfacility or scheduled non-emergency ambulance transports in the community. The purpose of this research was to determine if performing interfacility or scheduled non-emergency ambulance transports in the community would generate revenue to offset the current NFD budget deficit.

The research revealed that profit margins from performing interfacility or scheduled non-emergency ambulance transports could not offset the current budget deficit. Nothing could be worse than to embark on a new revenue source that might ultimately increase the deficit margin. Therefore, it is recommended that the NFD not move forward in performing interfacility or scheduled non-emergency ambulance transports in the community.

Ultimately, anything nontraditional represents a risk, but so did the culture risk that the fire department took when they entered into the emergency ambulance business in 1998. Even though this research did not provide favorable marks for performing the service, there may be a time, especially with the current economic conditions, when a fire department might have to perform non-emergent ambulance transport in the community. This could be caused by the current competition depleting its services or more realistically, because Medicare or Medicaid dollars are not available from the government, causing strife for privately owned transport companies. The reality of increase in possible transportation needs must also be considered due

to the maturing of the Baby Boomer generation, and the current and potential need for care of this population. Therefore, fire departments will be called upon to provide this service to the community by compensating the cost with tax dollars, which a private ambulance service does not receive.

The implications of this research should be communicated to other City personnel, including, but not limited to the Fire Chief, EMS Director, Mayor and others that may benefit from the findings of these results.

Finally, the NFD should continue to seek alternative funding sources to supplement finances rather than solely relying on current tax dollars and revenue generated from emergency ambulance transports. While the current economy has resulted in diminished financial gains across most known markets, an opportunity to find additional sources of funding could be camouflaged within the cause of these losses. As a corporation, the City of Noblesville should continue to monitor and adjust the operational budget, becoming more financially responsible within each sector of the City, including the NFD. The nature of any fire department across the country is to provide service to those within that community, no matter the cost of service. It has long since been established that public service employee salaries are funded by the taxpayers in the community, thus resulting in the need to provide that service via the best means possible, with the most favorable outcome. In order to maintain this integrity and sustain the current level of staffing and service channeled by the personnel of NFD, a deeper look into all possible funding sources, coupled with community collaboration is crucial.

While the initial purpose of this research has been met, it is recommended that the NFD continue to stay abreast of the economic conditions within the community and world. As the economy changes so too does the culture of the community as a whole. By keeping up with

current economic and market trends, accumulating accurate data regarding the appropriate services and facilities, and continuing to be diligent in efforts to support employees and protect the citizens of Noblesville, the reality of providing this service in the future may be met. As the Baby Boomer generation matures, the need for these types of non-emergency transports will increase, which should trend with the number of patients housed at healthcare facilities. This increase in residents should demonstrate an increase in revenue for those companies providing both emergent and non-emergent transports, including funding dollars from Medicare and Medicaid. However, because of the current competition and seemingly moderate need in the community for this service, the efforts to research other funding options should continue to be explored as this can enhance the potential to save the lives of civilians and firefighters by establishing a constant and somewhat consistent source of revenue to maintain the necessary operating levels throughout the City of Noblesville.

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Appendix A



Fire Department

Interfacility and Non-Emergency Ambulance Transport Questionnaire

Facility Name: _____

1. What is the approximate number of residents at your facility?
 - a. 1 – 50
 - b. 51 – 100
 - c. 101 – 150
 - d. 151 – 200
 - e. 200 +

2. What is the approximate number of non-emergency ambulance transports from your facility?
 - a. 1 – 10
 - b. 11 – 20
 - c. 21 – 30
 - d. 31 – 40
 - e. 41 – 50
 - f. 50+ , please specify the number if more than 50 _____

3. Does your facility currently utilize a private ambulance service? Circle all that apply.
 - a. Care Ambulance Service
 - b. Seals Ambulance Service
 - c. Rural Metro Ambulance Service
 - d. EMAS Ambulance Service
 - e. Eaton EMS Ambulance Service
 - f. Americare Ambulance Service

4. If a private ambulance service is utilized, is a “Transportation Services Contract” required for this service?
 - a. Yes
 - b. No

5. Are you happy with your service?
 - a. Good
 - b. Fair
 - c. Poor

Appendix B



Fire Department

Interfacility and Non-Emergency Ambulance Transport Questionnaire

Facility Name: Jennifer Gellonger, ED Riverwalk Commons

1. What is the approximate number of residents at your facility?
 - a. 1 – 50
 - b. 51 – 100
 - c. 101 – 150
 - d. 151 – 200
 - e. 200 +

2. What is the approximate number of non-emergency ambulance transports from your facility in one year?
 - a. 1 – 10
 - b. 11 – 20
 - c. 21 – 30
 - d. 31 – 40
 - e. 41 – 50
 - f. 50+ , please specify the number if more than 50 _____

3. Does your facility currently utilize a private ambulance service? Circle all that apply.
 - a. Care Ambulance Service
 - b. Seals Ambulance Service
 - c. Rural Metro Ambulance Service
 - d. EMAS Ambulance Service
 - e. Eaton EMS Ambulance Service
 - f. Americare Ambulance Service

4. If a private ambulance service is utilized, is a "Transportation Services Contract" required for this service?
 - a. Yes
 - b. No

5. Are you happy with your service?
 - a. Good
 - b. Fair
 - c. Poor



Fire Department

Interfacility and Non-Emergency Ambulance Transport Questionnaire

Facility Name: RiverView Hospital

1. What is the approximate number of residents at your facility?
 - a. 1 – 50
 - b. 51 – 100
 - c. 101 – 150
 - d. 151 – 200
 - e. 200 +

2. What is the approximate number of non-emergency ambulance transports from your facility in one year?
 - a. 1 – 10
 - b. 11 – 20
 - c. 21 – 30
 - d. 31 – 40
 - e. 41 – 50
 - f. 50+ , please specify the number if more than 50 125

3. Does your facility currently utilize a private ambulance service? Circle all that apply.
 - a. Care Ambulance Service
 - b. Seals Ambulance Service
 - c. Rural Metro Ambulance Service
 - d. EMAS Ambulance Service
 - e. Eaton EMS Ambulance Service
 - f. Americare Ambulance Service

4. If a private ambulance service is utilized, is a "Transportation Services Contract" required for this service?
 - a. Yes
 - b. No

5. Are you happy with your service?
 - a. Good
 - b. Fair
 - c. Poor



Fire Department

Interfacility and Non-Emergency Ambulance Transport Questionnaire

Facility Name: Harbour Manor

1. What is the approximate number of residents at your facility?
 - a. 1 – 50
 - b. 51 – 100
 - c. 101 – 150
 - d. 151 – 200
 - e. 200 +

2. What is the approximate number of non-emergency ambulance transports from your facility in one year?
 - a. 1 – 10
 - b. 11 – 20
 - c. 21 – 30
 - d. 31 – 40
 - e. 41 – 50
 - f. 50+ , please specify the number if more than 50 _____

3. Does your facility currently utilize a private ambulance service? Circle all that apply.
 - a. Care Ambulance Service
 - b. Seals Ambulance Service
 - c. Rural Metro Ambulance Service
 - d. EMAS Ambulance Service
 - e. Eaton EMS Ambulance Service
 - f. Americare Ambulance Service

4. If a private ambulance service is utilized, is a "Transportation Services Contract" required for this service?
 - a. Yes
 - b. No

5. Are you happy with your service?
 - a. Good
 - b. Fair
 - c. Poor



Fire Department

Interfacility and Non-Emergency Ambulance Transport Questionnaire

Facility Name: the Lodge assisted living

1. What is the approximate number of residents at your facility?
 a. 1 - 50 ^{#48}
 b. 51 - 100
 c. 101 - 150
 d. 151 - 200
 e. 200 +

2. What is the approximate number of non-emergency ambulance transports from your facility in one year?
 a. 1 - 10
 b. 11 - 20
 c. 21 - 30
 d. 31 - 40
 e. 41 - 50
 f. 50+ , please specify the number if more than 50 _____

3. Does your facility currently utilize a private ambulance service? Circle all that apply.
 a. Care Ambulance Service
 b. Seals Ambulance Service
 c. Rural Metro Ambulance Service
 d. EMAS Ambulance Service
 e. Eaton EMS Ambulance Service
 f. Americare Ambulance Service

4. If a private ambulance service is utilized, is a "Transportation Services Contract" required for this service?
 a. Yes
 b. No

5. Are you happy with your service?
 a. Good
 b. Fair
 c. Poor



Fire Department

Interfacility and Non-Emergency Ambulance Transport Questionnaire

Facility Name: FRESENIUS Medical Care, Noblesville Dialysis

1. What is the approximate number of residents at your facility?
 - a. 1 – 50
 - b. 51 – 100
 - c. 101 – 150
 - d. 151 – 200
 - e. 200 +

2. What is the approximate number of non-emergency ambulance transports from your facility in one year?
 - a. 1 – 10
 - b. 11 – 20
 - c. 21 – 30
 - d. 31 – 40
 - e. 41 – 50
 - f. 50+ , please specify the number if more than 50 _____

3. Does your facility currently utilize a private ambulance service? Circle all that apply.
 - a. Care Ambulance Service
 - b. Seals Ambulance Service
 - c. Rural Metro Ambulance Service
 - d. EMAS Ambulance Service
 - e. Eaton EMS Ambulance Service
 - f. Americare Ambulance Service

4. If a private ambulance service is utilized, is a "Transportation Services Contract" required for this service?
 - a. Yes
 - b. No

5. Are you happy with your service?
 - a. Good
 - b. Fair
 - c. Poor



Fire Department

Interfacility and Non-Emergency Ambulance Transport Questionnaire

Facility Name: Riverwalk Village

1. What is the approximate number of residents at your facility?
 - a. 1 – 50
 - b. 51 – 100
 - c. 101 – 150
 - d. 151 – 200
 - e. 200 +

2. What is the approximate number of non-emergency ambulance transports from your facility in one year?
 - a. 1 – 10
 - b. 11 – 20
 - c. 21 – 30
 - d. 31 – 40
 - e. 41 – 50
 - f. 50+ , please specify the number if more than 50 05

3. Does your facility currently utilize a private ambulance service? Circle all that apply.
 - a. Care Ambulance Service
 - b. Seals Ambulance Service
 - c. Rural Metro Ambulance Service
 - d. EMAS Ambulance Service
 - e. Eaton EMS Ambulance Service
 - f. Americare Ambulance Service

4. If a private ambulance service is utilized, is a "Transportation Services Contract" required for this service?
 - a. Yes
 - b. No

5. Are you happy with your service?
 - a. Good
 - b. Fair
 - c. Poor



Fire Department

Interfacility and Non-Emergency Ambulance Transport Questionnaire

Facility Name: Prince & Lutes Health Campus

1. What is the approximate number of residents at your facility?
 - a. 1 – 50
 - b. 51 – 100
 - c. 101 – 150
 - d. 151 – 200
 - e. 200 +

2. What is the approximate number of non-emergency ambulance transports from your facility in one year?
 - a. 1 – 10
 - b. 11 – 20
 - c. 21 – 30
 - d. 31 – 40
 - e. 41 – 50
 - f. 50+ , please specify the number if more than 50 _____

3. Does your facility currently utilize a private ambulance service? Circle all that apply.
 - a. Care Ambulance Service
 - b. Seals Ambulance Service
 - c. Rural Metro Ambulance Service
 - d. EMAS Ambulance Service
 - e. Eaton EMS Ambulance Service
 - f. Americare Ambulance Service

4. If a private ambulance service is utilized, is a "Transportation Services Contract" required for this service?
 - a. Yes
 - b. No

5. Are you happy with your service?
 - a. Good
 - b. Fair
 - c. Poor



Fire Department

Interfacility and Non-Emergency Ambulance Transport Questionnaire

Facility Name: Provincetown Lakes - Legacy

1. What is the approximate number of residents at your facility?
 - a. 1 – 50
 - b. 51 – 100
 - c. 101 – 150
 - d. 151 – 200
 - e. 200 +

2. What is the approximate number of non-emergency ambulance transports from your facility in one year?
 - a. 1 – 10
 - b. 11 – 20
 - c. 21 – 30
 - d. 31 – 40
 - e. 41 – 50
 - f. 50+ , please specify the number if more than 50 _____

3. Does your facility currently utilize a private ambulance service? Circle all that apply.
 - a. Care Ambulance Service
 - b. Seals Ambulance Service
 - c. Rural Metro Ambulance Service
 - d. EMAS Ambulance Service
 - e. Eaton EMS Ambulance Service
 - f. Americare Ambulance Service

4. If a private ambulance service is utilized, is a "Transportation Services Contract" required for this service?
 - a. Yes
 - b. No

5. Are you happy with your service?
 - a. Good
 - b. Fair
 - c. Poor