

A blurred background image of a white ambulance with red and blue stripes, parked outdoors. The ambulance is the central focus of the background, though the details are out of focus.

Winthrop Ambulance Service

2021-22 Annual Budget

Presentation Outline

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Department Overview



The Winthrop Ambulance Service, under the direction of a full-time EMS Director, consists of one full-time Deputy Chief, three (3) full-time EMT-Paramedics, two (2) full-time EMT's, and thirty-six (36) part-time Paramedics, EMT's and EMT-Advanced. Winthrop Ambulance is currently licensed at the Basic EMT level, with a permit to operate at the Paramedic level. The service operates four medical units, a 2013 Type III ambulance, a 2016 Type III ambulance, a 2018 Type III ambulance, and a 2020 Type III ambulance.

The Winthrop Ambulance Service is responsible for providing pre-hospital emergency care to the citizens of Winthrop, Wayne, Mt. Vernon, Readfield, Manchester, Fayette, and Monmouth serving a combined population of almost 21,000. This geographic distribution expands our hospital transport destinations to include Maine General Augusta, CMMC Lewiston, St. Mary's Lewiston, Franklin Memorial Farmington, Inland Waterville, and Maine General Waterville. Non-emergency destinations also include EMMC and MMC Portland. The average transport mileage to the hospital was 14.1 miles.

GOALS

CONSTITUENTS

The Ambulance Service is committed to providing the highest level of service to the citizens of Winthrop, and the six communities we contract with to provide EMS.

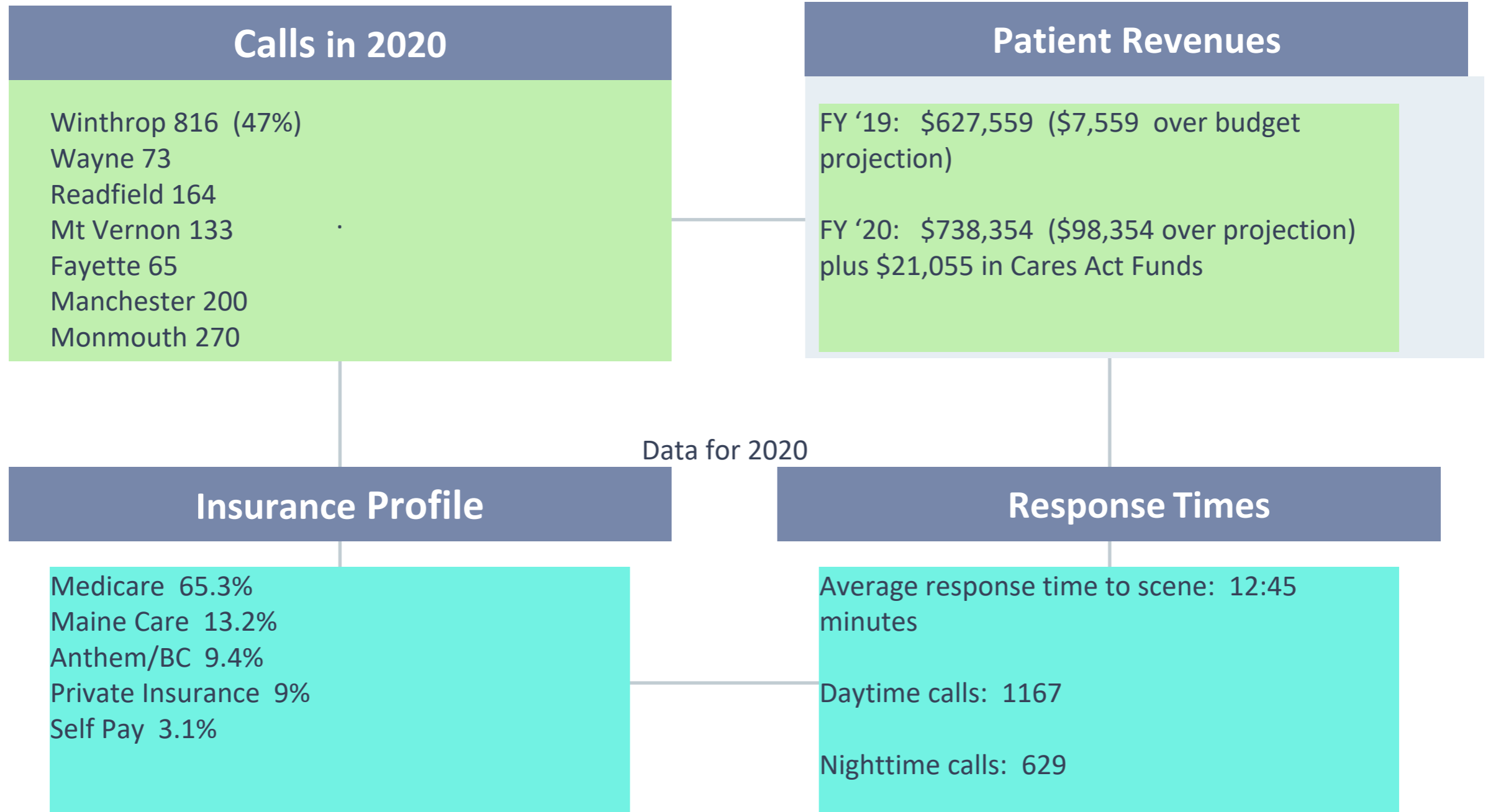
EQUIPMENT

Continue to improve our equipment to provide the most up to date medical care, while maintaining a regular replacement program for the service's four ambulance fleet.

PERSONNEL

Provide a safe and financially competitive workplace for our employees, while striving to improve the recruitment and retention of employees in a shrinking workforce.

Data Highlights



Program Review

Call type, number									
<u>Fiscal Year</u>	<u>2020</u>	<u>2019</u>	<u>2018</u>	<u>2017</u>	<u>2016</u>	<u>2015</u>	<u>2014</u>	<u>2013</u>	
Transfer	258	63	23	23	85	100	155	207	
ALS Emergency	704	761	778	820	966	964	930	799	
BLS Emergency	389	417	399	277	329	247	210	170	
On-Scene treatment	143	148	172	276	171	227	226	162	

Disposition of Call, gross									
<u>Fiscal Year</u>	<u>2020</u>	<u>2019</u>	<u>2018</u>	<u>2017</u>	<u>2016</u>	<u>2015</u>	<u>2014</u>	<u>2013</u>	
Refused	229	212	261	276	283	318	314	241	
ALS	704	761	778	864	1048	1005	944	785	
BLS	389	417	399	323	337	313	372	417	
Total	1999	1858	1677	1860	2025	1970	1927	1665	

Number of Billed Patient transports						
	<u>2020</u>	<u>2019</u>	<u>2018</u>	<u>2017</u>	<u>2016</u>	<u>2015</u>
	1351	1241	1200	1210	1380	1311

Program Review

Financials								
<u>Fiscal Year</u>	<u>2020</u>	<u>2019</u>	<u>2018</u>	<u>2017</u>	<u>2016</u>	<u>2015</u>	<u>2014</u>	<u>2013</u>
Amount Billed, Gross	\$ 1,516,737.00	\$ 1,172,375.00	\$ 1,153,500.00	\$ 1,163,125.00	\$ 1,332,503.00	\$ 1,278,969.00	\$ 957,358.00	\$ 835,192.00
Payments	\$ 742,816.00	\$ 631,462.00	\$ 619,763.00	\$ 633,793.00	\$ 747,293.00	\$ 717,216.00	\$ 619,425.00	\$ 567,361.00
Adjustments	\$ 702,895.00	\$ 438,343.00	\$ 473,173.00	\$ 415,506.00	\$ 515,236.00	\$ 456,273.00	\$ 216,503.00	\$ 201,696.00
Write-Offs/Collections	\$ 134,504.00	\$ 115,130.00	\$ 155,412.00	\$ 111,830.00	\$ 132,739.00	\$ 105,044.00	\$ 51,477.00	\$ 48,263.00
Collection Rate, %	90	86	87	85	89	87	84	89

By Insurance type, %								
<u>Fiscal Year</u>	<u>2020</u>	<u>2019</u>	<u>2018</u>	<u>2017</u>	<u>2016</u>	<u>2015</u>	<u>2014</u>	<u>2013</u>
Medicare	65	60	58	57	60	43	47	54
Medicaid	13	11	10	11	10	12	12	10
Self Pay	3	6	6	7	6	5	5	3
Anthem, BC/BS	9	12	10	9	8	6	6	10
Private Ins., ACA	9	10	25	26	16	34	30	23

Revenue for FY'19	Total:	\$ 627,559.00					
	Contract Towns	\$ 327,420.00	54% of Patient Revenue (\$627,559)				
	Per Capita Fee	\$ 129,859.00					
		\$ 457,279.00	60% of Total Revenue (\$757,418)				
Revenue for FY'20	Total:	\$ 742,816.00					
	Contract Towns	\$ 328,022.00	51% of Patient Revenue (\$633,793)				
	Per Capita Fee	\$ 133,835.00					
		\$ 461,857.00	53% of Total Revenue (\$876,651)				
Revenue by Year	<u>2020</u>	<u>2019</u>	<u>2018</u>	<u>2017</u>	<u>2016</u>	<u>2015</u>	<u>2014</u>
(rounded to thousand)	\$ 743,000.00	\$ 628,000.00	\$ 626,000.00	\$ 633,000.00	\$ 665,000.00	\$ 725,000.00	\$ 705,000.00

Budget Issues

- This budget starts to address the issues with personnel recruitment and retention, which are based on staffing shortages statewide and the resultant wage effects that have resulted.
- The budget , both in the operating budget and the administrative budget (contingency) proposes money to increase wages to stay competitive in the marketplace (concurrent with Union negotiations) and make WAS an attractive place to work. We are currently over \$2 per hour below market value at the EMT level. This deficit is directly affecting our staff levels and will soon affect operational responses. (Lines 05-122 and 05-124)
- Included in the budget is the consolidation of per-diem EMT hours to create an additional FT EMT position, that would bring the total to three at both the EMT and Paramedic levels. This adjustment is necessary as per-diem staff are more difficult to find.
- A new line item for Earned Paid Leave (new Maine law effective Jan. 1st) has been added at a cost of \$16,000. This line covers all Per Diem personnel. Employees earn 1 hour of paid leave for every 40 hours worked. (Line 05-900)
- Also proposed is additional training funds (\$10,000) to send personnel to either Advanced or Paramedic school to augment staffing levels. The funds proposed would fund two Advanced or one Paramedic training class. (Line 15-425)
- There are smaller adjustments in vehicle fuel and repair lines that reflect the rechassis of Medic 4, and the proposed rechassis of Medic 2 included in the CIP budget.
- This year reflects the second year of the contract municipalities annual contribution toward uncollectible patient bills, which increases revenues by an additional \$20,000, in addition to the annual 2.5% increase to the per capita rate.