

GILPIN AMBULANCE AUTHORITY
NOTICE OF MEETING AND AGENDA
Wednesday, May 10, 2023, 10:00 a.m.
Gilpin County Court House Commissioners Chambers

- I) Call to Order
- II) Roll Call
- III) Additions/Amendments to the Agenda
- IV) Conflicts of Interest
- V) Consideration of Minutes: April 19, 2023
- VI) Financial Report
 - a) Balance Sheet April 2023
 - b) P & L Budget to Actual April 2023
 - c) List of Bills – 4/14 – 5/8/2023
- VII) Authority Manager Report
 - a) Activity Summary
- VIII) Administrative Officer's Report
 - a) Billing summary April 2023
 - b) Call Summary April 2023
- IX) Old Business
 - a) Salary Survey Update
 - b) Fee Structure Update
- X) New Business
 - a) None
- XI) Action Items
 - a) None
- XII) Public Comment
- XIII) Executive Session: As Needed
- XIV) Board Comment
- XV) Next Meeting June, 2023 – 10 am
- XVI) Adjourn Meeting

Gilpin Ambulance Authority

Regular Monthly Meeting

April 19, 2023

Call to Order/Roll Call

The regular scheduled meeting for Gilpin Ambulance Authority was called to order at 10:00 AM April 8, 2023, in the Gilpin County Commissioner's Chambers by President Buddy Schmalz.

Board members present were Marcia Enloe, Lynnette Hailey, Ray Rears, Buddy Schmalz and Chris Woolley

Others present were Manager Cody Carroll and Administrative Officer Erin Gibbs

Additions or Amendments to the Agenda

Insurance Premium under Old Business

Conflict of Interest

None

Consideration of Minutes

Request by Ray to modify the Fee Structure section under New Business to say that the board requested to have this presented at the April Board Meeting. A motion was made by Ray Rears, seconded by Chris Woolley to approve minutes from May 19, 2023. Motion carries unanimously.

Financial Report

Balance Sheet/P&L

Review and discussion of financials from March 31, 2023

Presentation of Bills

Bills were reviewed. A motion was made by Chris Woolley, seconded by Lynnette Hailey, to approve the list of bills from April 4 – April 14, 2023, in the amount of \$156,358.13. Motion carries unanimously. There was discussion to do away with debit card usage. The board would prefer using credit cards vs debit cards. Approval of credit cards for Cody with \$10,000 limit, Erin with \$5,000 limit, and the Logistics Captain Jon Link with \$5,000 limit. Erin will work on increasing the over all limit in the account and set limits as approved.

Authority Manager Report

Activity Summary

Review and Discussion of the manager's activity.

Administrative Officer's Report

Billing Summary

Review and discussion of the billing summary for March 2023.

Call Summary

Review and discussion of the call summary March 2023.

Old Business

Vehicles

New ambulance is on schedule.

Gilpin Ambulance Authority

Regular Monthly Meeting

April 19, 2023

Salary Survey Update

The process is more complicated than expected. The data is all based on 40 hour week. The board wanted to see regional data from a professional survey. Cody will work with the company doing the survey and have something available for the May Board Meeting.

Fee Structure Update

The board is requesting to have a fee structure survey done with local agencies. Cody will have something available for the May Board Meeting.

Insurance Premiums

Cody mentioned that our current liability insurance is \$1 million per occurrence and \$2 million aggregate, given the value of assets and potential liability and believes that it would be better to increase that to \$5 million per occurrence and \$10 million aggregate. The additional coverage will cost an additional \$5,000 per year. The board would like to know where that \$5,000 will come from in the current budget. Cody will have that available at the May board meeting.

New Business

None

Action items

None

Public Comment

None.

Executive Session – As Needed

Board Comment

Next meeting

May 10, 2023 @ 10:00 am.

Meeting adjourned @ 10:51 AM

Ray Rears, Secretary/Treasurer

Erin Gibbs, Recording Secretary

Gilpin Ambulance Authority
Balance Sheet
As of April 30, 2023

	Apr 30, 23
ASSETS	
Current Assets	
Checking/Savings	
BOK Operating Account	782,818.44
BOK EFT account	240,030.03
BOK HRA Account Restricted	40,433.40
BOK Supply Account	4,630.47
Total Checking/Savings	1,067,912.34
Other Current Assets	
AR - Net	
Allowance for Doubtful Accounts	-312,868.72
AR - Net - Other	446,955.32
Total AR - Net	134,086.60
AR Adj to cash basis Asset	-134,086.60
Inventory Asset	9,486.21
Total Other Current Assets	9,486.21
Total Current Assets	1,077,398.55
Fixed Assets	
Accumulated Depreciation	-915,741.00
Vehicles and Equipment	1,328,757.00
Total Fixed Assets	413,016.00
TOTAL ASSETS	1,490,414.55
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
Accounts Payable	33,124.97
Total Accounts Payable	33,124.97
Credit Cards	
Credit Card at Elan Financial	859.56
Total Credit Cards	859.56
Other Current Liabilities	
Accrued PTO	46,447.33
HRA liability	40,433.40
Total Other Current Liabilities	86,880.73
Total Current Liabilities	120,865.26
Total Liabilities	120,865.26
Equity	
Investment in Fixed Assets	413,016.00
Net Income	956,533.29
Total Equity	1,369,549.29
TOTAL LIABILITIES & EQUITY	1,490,414.55

Gilpin Ambulance Authority
Profit & Loss Budget vs. Actual
January through April 2023

	<u>Jan - Apr 23</u>	<u>Budget</u>	<u>\$ Over Budget</u>	<u>% of Budget</u>
Income				
Beginning Funds Available	474,656.38	511,793.93	-37,137.55	92.74%
Contributions				
IGA Black Hawk	142,854.12	428,562.29	-285,708.17	33.33%
IGA Central City	51,178.40	153,535.16	-102,356.76	33.33%
IGA Gilpin County	218,363.88	655,091.61	-436,727.73	33.33%
Total Contributions	<u>412,396.40</u>	<u>1,237,189.06</u>	<u>-824,792.66</u>	<u>33.33%</u>
Call Revenue				
Income Patient and Insurance	125,539.02	375,000.00	-249,460.98	33.48%
Medicare-derived payments	43,380.09	100,000.00	-56,619.91	43.38%
Collections-derived payments	11,817.40	20,000.00	-8,182.60	59.09%
Total Call Revenue	<u>180,736.51</u>	<u>495,000.00</u>	<u>-314,263.49</u>	<u>36.51%</u>
Grant Revenue				
DOLA Grant Revenue				
DOLA operating	811,888.00	811,888.00		100.0%
Total DOLA Grant Revenue	<u>811,888.00</u>	<u>811,888.00</u>		<u>100.0%</u>
Colorado EMTS Grants				
		93,779.00	-93,779.00	
Total Grant Revenue	<u>811,888.00</u>	<u>905,667.00</u>	<u>-93,779.00</u>	<u>89.65%</u>
Other Revenue				
Other Revenue	13,095.00			
Total Other Revenue	<u>13,095.00</u>			
Total Income	<u>1,892,772.29</u>	<u>3,149,649.99</u>	<u>-1,256,877.70</u>	<u>60.1%</u>
Gross Profit	1,892,772.29	3,149,649.99	-1,256,877.70	60.1%
Expense				
Capital Expenditures				
Ambulance purchase	82,303.58	200,000.00	-117,696.42	41.15%
Capital (misc)	16,630.25	285,000.00	-268,369.75	5.84%
Total Capital Expenditures	<u>98,933.83</u>	<u>485,000.00</u>	<u>-386,066.17</u>	<u>20.4%</u>
Administration				
Reimbursable Expenses				
Accounting	1,485.81	12,000.00	-10,514.19	12.38%
Legal	10,519.50	10,000.00	519.50	105.2%
Other				
Admin Training	245.20	5,000.00	-4,754.80	4.9%
Discretionary	683.86	5,000.00	-4,316.14	13.68%
licensing/memberships	6,689.50	6,500.00	189.50	102.92%
Manager Development	400.00	5,000.00	-4,600.00	8.0%
Professional Services	3,450.00	3,000.00	450.00	115.0%
Total Other	<u>11,468.56</u>	<u>24,500.00</u>	<u>-13,031.44</u>	<u>46.81%</u>
Total Administration	<u>25,181.67</u>	<u>46,500.00</u>	<u>-21,318.33</u>	<u>54.15%</u>

Gilpin Ambulance Authority
Profit & Loss Budget vs. Actual
January through April 2023

	<u>Jan - Apr 23</u>	<u>Budget</u>	<u>\$ Over Budget</u>	<u>% of Budget</u>
Operations and Maintenance				
Property Maintenance	4,427.19	35,000.00	-30,572.81	12.65%
Communications R&M	934.89	5,000.00	-4,065.11	18.7%
Crew Quarters supplies	1,951.48	12,000.00	-10,048.52	16.26%
Disposable Medical Supplies	15,139.70	35,000.00	-19,860.30	43.26%
Durable Medical Equipment	6,177.52	6,000.00	177.52	102.96%
Office Supplies/Postage/Fees	1,808.87	5,000.00	-3,191.13	36.18%
Property Lease	22,016.68	86,000.00	-63,983.32	25.6%
Property Liability Insurance	11,112.28	22,050.00	-10,937.72	50.4%
Public Education/PR	-0.25	2,000.00	-2,000.25	-0.01%
Safety Gear		3,000.00	-3,000.00	
Service Contracts/Equip Lease	20,116.24	50,000.00	-29,883.76	40.23%
Technology/Hardware/Software	6,205.88	7,000.00	-794.12	88.66%
Telephone/TV/Internet	6,360.26	15,000.00	-8,639.74	42.4%
Training	3,724.36	7,000.00	-3,275.64	53.21%
Uniforms	12,453.44	12,000.00	453.44	103.78%
Utilities	1,998.55	4,000.00	-2,001.45	49.96%
Vehicle expense				
Fuel	8,662.09	32,000.00	-23,337.91	27.07%
Insurance	5,697.72	11,550.00	-5,852.28	49.33%
Maintenance	21,983.98	40,000.00	-18,016.02	54.96%
Tires		9,000.00	-9,000.00	
Total Vehicle expense	<u>36,343.79</u>	<u>92,550.00</u>	<u>-56,206.21</u>	<u>39.27%</u>
Total Operations and Maintenance	<u>150,770.88</u>	<u>398,600.00</u>	<u>-247,829.12</u>	<u>37.83%</u>
Personnel Expense				
Salaries				
Salaries Admin	56,469.19	192,000.00	-135,530.81	29.41%
Salaries Regular	408,030.12	1,320,000.00	-911,969.88	30.91%
PTO	30,622.14	62,000.00	-31,377.86	49.39%
Holiday stipends	2,800.00	8,000.00	-5,200.00	35.0%
Total Salaries	<u>497,921.45</u>	<u>1,582,000.00</u>	<u>-1,084,078.55</u>	<u>31.47%</u>
Employee Benefits and Payroll				
457(b) Admin Fess	1,048.41	3,000.00	-1,951.59	34.95%
457(b) employee contribution	-3,649.02			
457(b) employer match	13,938.17	56,000.00	-42,061.83	24.89%
Benefits HRA	17,703.04	27,600.00	-9,896.96	64.14%
Benefits Life AD& D STD LTD	4,876.97	18,000.00	-13,123.03	27.09%
Employee Wellness	32.00	1,000.00	-968.00	3.2%
Health Insurance	58,862.43	240,350.00	-181,487.57	24.49%
Payroll Service Fees	2,407.66	7,000.00	-4,592.34	34.4%
Payroll & Unemployment Taxes	46,906.51	130,000.00	-83,093.49	36.08%
Worker's Comp	21,305.00	54,600.00	-33,295.00	39.02%
Total Employee Benefits and Payroll	<u>163,431.17</u>	<u>537,550.00</u>	<u>-374,118.83</u>	<u>30.4%</u>
Total Personnel Expense	<u>661,352.62</u>	<u>2,119,550.00</u>	<u>-1,458,197.38</u>	<u>31.2%</u>
Total Expense	<u>936,239.00</u>	<u>3,049,650.00</u>	<u>-2,113,411.00</u>	<u>30.7%</u>
Net Income	<u>956,533.29</u>	<u>99,999.99</u>	<u>856,533.30</u>	<u>956.53%</u>

Gilpin Ambulance Authority
List of Bills Detail
4/14 - 5/8/2023

Bills Paid Since Last Board Meeting	Date	Check #	Amount	Description
CEBT	4/14/2023	Auto Pay	-\$16,215.86	Health, Life, STD & LTD insurance
DirecTV2	4/14/2023	Auto Pay	-\$160.99	TV Medic1
Amazon.com	4/14/2023	Debit Card	-\$154.78	Durable Station Supplies
Marriott	4/14/2023	Debit Card	-\$328.14	Lodging ESO Training
Marriott	4/14/2023	Debit Card	-\$418.00	Lodging ESO Training
Amazon.com	4/17/2023	Debit Card	-\$158.11	Durable Station Supplies
Marriott	4/17/2023	Debit Card	-\$1,225.60	Lodging ESO Training
Pinnacol Assurance	4/18/2023	Auto Pay	-\$5,327.00	Accounts Payable
Meret	4/18/2023	Debit Card	-\$347.75	Ambulance Gear Bags
Meret	4/18/2023	Debit Card	-\$2,016.84	Ambulance Gear Bags
Wolfco	4/19/2023	Auto Pay	-\$75.00	Exterminator
American Drug Test	4/19/2023	Debit Card	-\$115.98	Drug Tests
Century Link	4/20/2023	Auto Pay	-\$76.08	Phones Medic 1
ADP	4/21/2023	Auto Pay	-\$323.86	Payroll Service Fees
Great Plains Communications	4/21/2023	Auto Pay	-\$373.48	Internet & TV Apex
Amazon.com	4/24/2023	Debit Card	-\$47.48	Station Supplies
DRS	4/25/2023	Auto Pay	-\$4,738.42	457(b) Contributions/Match
Evergreen Towing	4/25/2023	Debit Card	-\$393.88	Ambulance Towing
Quickbooks	4/27/2023	Auto Pay	-\$549.00	Quickbooks Software
AFLAC	4/28/2023	Auto Pay	-\$601.38	Employee Paid Health Insurance
Netflix	4/28/2023	Auto Pay	-\$15.49	Netflix
Amazon.com	4/28/2023	Debit Card	-\$71.64	Laptop Charge Cords
Aetna, Inc	5/8/2023	8615	-\$143.67	Insurance Refund
Aladtec, Inc.	5/8/2023	8616	-\$247.78	Scheduling
Bound Tree Medical, LLC	5/8/2023	8617	-\$2,207.80	Disposables
City of Black Hawk - Maintenance	5/8/2023	8618	-\$12,138.47	Vehicle Maintenance
FirstNet	5/8/2023	8619	-\$313.65	Cellular Phones
Galls	5/8/2023	8620	-\$1,747.40	Uniforms
Gilpin County Community Center	5/8/2023	8621	-\$4.00	Rec Center Visits
GilpinCounty	5/8/2023	8622	-\$4,166.67	Apex Rent
Intellichoice, Inc.	5/8/2023	8623	-\$74.85	CAD
Office Depot	5/8/2023	8624	-\$48.99	Paper
Sharp Ambulance Billing	5/8/2023	8626	-\$1,048.58	Medical Billing
Stryker	5/8/2023	8627	-\$26,788.58	Cot Powerload System
Teleflex	5/8/2023	8628	-\$1,870.16	Disposables
TOTAL BILLS			-\$84,535.36	

Credit Card Transactions	Date	Check #	Amount	Description
None				
TOTAL CREDIT CARD TXN			\$0.00	



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Chief's Report

Date: May 10, 2023

Report by: Cody Carroll

- Multiple meetings with counsel
- Continued work on Standard Operating Guidelines
- Continued work on Medical Plan for ASHER response
- Responded to assist with Fentanyl exposure incident involving multiple BHPD and GCSO personnel
- Interviewed multiple candidates for EMT and Paramedic positions
- Hired 1 FT and 1 PRN Paramedic
- Hired 1 FT and 1 PRN EMT
- Continued meetings with Captains to establish roles and responsibilities
- Multiple meetings with salary survey provider
- Compiled data and analyzed impact of salary adjustments
- Met with Sharp regarding fee schedules and possibly billing for treatment/no-transport (more to come with fee schedule discussion)
- Multiple training sessions for ESO Scheduler implementation
- Began training for OpIQ implementation

Accounts Receivable Summary 2023

<i>AR Balance Date</i>	Beginning Balance	Charges	Credits	Payments	Remaining Balance
<i>1/31/2023</i>	\$222,295.17	\$180,944.00	\$143,489.93	\$47,018.59	\$486,094.90
<i>2/28/2023</i>	\$486,094.90	\$130,546.00	\$87,916.06	\$46,902.62	\$532,514.24
<i>3/31/2023</i>	\$532,514.24	\$156,384.00	\$154,439.48	\$51,357.35	\$535,545.10
<i>4/30/2023</i>	\$535,545.10	\$127,534.00	\$56,226.87	\$35,601.62	\$608,147.52
<i>5/31/2023</i>	\$608,147.52	\$0.00	\$0.00	\$0.00	\$608,147.52
<i>6/30/2023</i>	\$608,147.52	\$0.00	\$0.00	\$0.00	\$608,147.52
<i>7/31/2023</i>	\$608,147.52	\$0.00	\$0.00	\$0.00	\$608,147.52
<i>8/31/2023</i>	\$608,147.52	\$0.00	\$0.00	\$0.00	\$608,147.52
<i>9/30/2023</i>	\$608,147.52	\$0.00	\$0.00	\$0.00	\$608,147.52
<i>10/31/2023</i>	\$608,147.52	\$0.00	\$0.00	\$0.00	\$608,147.52
<i>11/30/2023</i>	\$608,147.52	\$0.00	\$0.00	\$0.00	\$608,147.52
<i>12/31/2023</i>	\$608,147.52	\$0.00	\$0.00	\$0.00	\$608,147.52
Total 2023		\$595,408.00	\$442,072.34	\$180,880.18	

<i>AR Balance Date</i>	Beginning Balance	Charges	Credits	Payments	Remaining Balance
<i>1/31/2022</i>	\$222,295.17	\$76,296.90	\$105,851.70	\$36,476.10	\$270,533.92
<i>2/28/2022</i>	\$270,533.92	\$115,342.00	\$400,163.95	\$31,846.06	\$282,331.20
<i>3/31/2022</i>	\$282,331.20	\$135,760.00	\$98,849.13	\$43,834.59	\$320,645.69
<i>4/30/2022</i>	\$320,645.69	\$79,887.00	\$120,232.34	\$43,300.67	\$281,774.64
<i>5/31/2022</i>	\$281,774.64	\$97,414.00	\$49,728.39	\$22,909.44	\$331,729.77
<i>6/30/2022</i>	\$331,729.77	\$180,411.00	\$141,998.13	\$45,195.80	\$371,666.60
<i>7/31/2022</i>	\$371,666.60	\$75,470.00	\$146,074.56	\$33,254.64	\$306,153.30
<i>8/31/2022</i>	\$306,153.30	\$283,807.00	\$106,603.38	\$55,746.89	\$486,437.32
<i>9/30/2022</i>	\$486,437.32	\$120,412.00	\$132,195.82	\$65,400.50	\$476,493.74
<i>10/31/2022</i>	\$476,493.74	\$178,316.00	\$196,517.33	\$39,142.83	\$463,473.31
<i>11/30/2022</i>	\$463,473.31	\$128,954.00	\$174,525.35	\$53,960.35	\$420,984.58
<i>12/31/2022</i>	\$420,984.58	\$135,142.00	\$114,257.10	\$45,073.02	\$446,955.32
Total 2022		\$1,607,211.90	\$1,786,997.18	\$516,140.89	



Gilpin Ambulance Authority
Fiscal YTD Summary - 01/01/23 to 04/30/23

	Jan-23	Feb-23	Mar-23	Apr-23	Totals
Beginning AR	\$446,955.32	\$486,094.90	\$532,514.24	\$535,545.10	\$446,955.32
Charges/Invoices	\$180,944.00	\$130,546.00	\$156,384.00	\$127,534.00	\$595,408.00
Contractual Adjustments	-\$86,327.26	-\$46,512.35	-\$94,225.88	-\$32,770.18	-\$259,835.67
Allowed Charges	\$94,616.74	\$84,033.65	\$62,158.12	\$94,763.82	\$335,572.33
Patient Discounts	-\$1,803.23	-\$250.00	-\$3,149.72	\$0.00	-\$5,202.95
Bad Debt	\$250.00	\$0.00	\$0.00	\$1,813.00	\$2,063.00
Bad Debt Recovery	\$6,239.81	\$274.79	\$6,148.29	\$0.00	\$12,662.89
Bankruptcy	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Misc Adjustments	-\$1,428.36	-\$29.57	\$0.00	\$0.00	-\$1,457.93
Total Adjustments	\$3,258.22	-\$4.78	\$2,998.57	\$1,813.00	\$8,065.01
Medicare Payments	-\$6,117.88	-\$3,897.53	-\$6,361.29	-\$4,261.70	-\$20,638.40
Medicaid Payments	-\$9,863.33	-\$4,879.13	-\$12,283.61	-\$1,031.64	-\$28,057.71
Insurance Payments	-\$23,129.69	-\$14,304.89	-\$31,452.55	-\$11,095.16	-\$79,982.29
Patient Payments	-\$19,624.48	-\$15,302.23	-\$12,028.38	-\$7,585.90	-\$54,540.99
Total Payments	-\$58,735.38	-\$38,383.78	-\$62,125.83	-\$23,974.40	-\$183,219.39
Insurance Refunds	\$0.00	\$183.12	\$0.00	\$0.00	\$183.12
Patient Refunds	\$0.00	\$591.13	\$0.00	\$0.00	\$591.13
Returned Checks	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total Refunds	\$0.00	\$774.25	\$0.00	\$0.00	\$774.25
Change in A/R	\$39,139.58	\$46,419.34	\$3,030.86	\$72,602.42	\$161,192.20
Ending A/R	\$486,094.90	\$532,514.24	\$535,545.10	\$608,147.52	\$608,147.52
Total Credits	-\$141,804.42	-\$84,126.66	-\$153,353.14	-\$54,931.58	-\$434,215.80
BAD DEBT ACTIVITY					
Beginning Bad Debt	-\$307,170.86	-\$300,681.05	-\$300,406.26	-\$294,257.97	-\$307,170.86
Accounts Sent to Bad Debt	\$250.00	\$0.00	\$0.00	\$1,813.00	\$2,063.00
Bad Debt Adjustments	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Bad Debt Recovery	\$6,239.81	\$274.79	\$6,148.29	\$0.00	\$12,662.89
Ending Bad Debt	-\$300,681.05	-\$300,406.26	-\$294,257.97	-\$292,444.97	-\$292,444.97

Gilpin Ambulance Authority AR Summary Report

January through April 2023

	<u>Jan 23</u>	<u>Feb 23</u>	<u>Mar 23</u>	<u>Apr 23</u>	<u>TOTAL</u>
Patient Pay	11,937.08	9,094.82	6,358.66	9,862.14	37,252.70
Collections	1,389.46	6,455.41	1,980.73	1,991.80	11,817.40
Insurance Providers					
Auto Ins	0.00	2,102.00	0.00	0.00	2,102.00
Commercial Ins	15,228.03	13,874.03	13,774.22	11,836.28	54,712.56
Medicaid	6,631.01	6,467.84	13,927.22	1,031.64	28,057.71
Medicare	11,833.01	8,908.52	13,532.59	9,105.97	43,380.09
Worker's Comp	0.00	0.00	1,783.93	1,773.79	3,557.72
Total Insurance Providers	<u>33,692.05</u>	<u>31,352.39</u>	<u>43,017.96</u>	<u>23,747.68</u>	<u>131,810.08</u>
TOTAL	<u><u>47,018.59</u></u>	<u><u>46,902.62</u></u>	<u><u>51,357.35</u></u>	<u><u>35,601.62</u></u>	<u><u>180,880.18</u></u>

Response/Call Volume Summary 2023

Monthly Comparison 1st Qtr	January						February						March					
	2018	2019	2020	2021	2022	2023	2018	2019	2020	2021	2022	2023	2018	2019	2020	2021	2022	2023
Blood Draw	8	7	5	5	3	0	5	2	4	3	0	0	8	12	4	2	2	2
Call Cancelled	5	7	5	1	14	6	8	2	7	7	10	8	8	2	1	7	7	6
Dead On Scene	2	3	0	2	0	1	0	1	4	2	0	3	3	3	1	3	2	0
Life Alert	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
No Patient Found	1	4	10	7	6	3	0	8	5	7	3	3	4	5	3	10	4	3
No Transport	68	54	52	40	77	57	55	56	75	54	65	69	89	72	29	77	83	79
Standby	22	6	18	6	3	9	16	5	9	5	5	4	10	3	6	9	5	4
Treated, Transferred Care	3	0	0	0	0	2	0	0	1	0	0	1	0	0	0	0	0	1
Treated, Transported	57	66	58	56	51	61	56	43	61	41	48	76	64	70	25	55	80	62
Totals	166	147	148	117	154	139	140	117	166	119	131	164	186	167	69	163	183	157

Monthly Comparison 2nd Qtr	April						May						June					
	2018	2019	2020	2021	2022	2023	2018	2019	2020	2021	2022	2023	2018	2019	2020	2021	2022	2023
Blood Draw	12	4	1	2	3	0	11	6	0	8	3	0	9	6	6	2	2	0
Call Cancelled	4	13	1	3	8	4	8	11	2	3	11	0	5	9	3	3	11	0
Dead On Scene	1	1	2	1	3	1	2	3	0	0	1	0	1	0	4	2	0	0
Life Alert	1	0	0	0	0	0	0	0	0	0	0	0	1	2	0	0	0	0
No Patient Found	4	0	0	8	1	6	4	0	2	10	3	0	2	5	2	14	7	0
No Transport	73	67	13	58	55	58	54	57	10	92	80	0	62	65	29	87	61	0
Standby	9	2	0	3	4	5	10	2	1	6	3	0	6	2	3	4	7	0
Treated, Transferred Care	2	0	0	0	0	0	1	0	1	0	3	0	0	0	2	0	1	0
Treated, Transported	69	58	9	58	43	61	73	46	26	48	68	0	59	57	38	56	72	0
Totals	175	145	26	133	117	135	163	125	42	167	172	0	145	146	87	168	161	0

Monthly Comparison 3rd Qtr	July						August						September					
	2018	2019	2020	2021	2022	2023	2018	2019	2020	2021	2022	2023	2018	2019	2020	2021	2022	2023
Blood Draw	4	8	2	8	1	0	11	11	10	2	7	0	5	8	2	6	4	0
Call Cancelled	6	9	5	3	8	0	8	0	8	3	7	0	3	8	4	12	5	0
Dead On Scene	2	5	2	2	2	0	0	0	1	2	5	0	0	1	1	2	2	0
Life Alert	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
No Patient Found	2	3	2	7	2	0	0	4	2	10	6	0	4	4	3	3	6	0
No Transport	82	73	58	64	84	0	62	67	55	73	77	0	78	69	58	76	84	0
Standby	6	6	4	7	6	0	7	3	4	2	2	0	9	9	8	8	5	0
Treated, Transferred Care	0	0	2	0	1	0	0	1	2	0	2	0	0	2	0	0	1	0
Treated, Transported	67	65	51	56	77	0	69	55	56	86	80	0	69	41	53	78	64	0
Totals	169	169	126	147	181	0	157	141	138	178	186	0	168	142	129	185	171	0

Monthly Comparison 4th Qtr	October						November						December					
	2018	2019	2020	2021	2022	2023	2018	2019	2020	2021	2022	2023	2018	2019	2020	2021	2022	2023
Blood Draw	8	5	4	5	3	0	7	3	4	2	0	0	4	7	1	0	0	0
Call Cancelled	7	2	2	14	3	0	0	1	7	8	4	0	5	5	6	9	10	0
Dead On Scene	0	3	1	3	3	0	0	3	1	1	3	0	4	1	3	2	2	0
Life Alert	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
No Patient Found	71	5	7	5	8	0	60	1	4	2	4	0	60	2	6	9	6	0
No Transport	54	78	51	61	99	0	49	58	64	60	61	0	44	59	54	76	77	0
Standby	8	12	8	8	3	0	13	5	6	11	5	0	5	9	10	8	7	0
Treated, Transferred Care	0	3	0	1	0	0	0	0	1	0	0	0	0	1	0	1	1	0
Treated, Transported	48	60	45	65	64	0	42	61	42	50	65	0	74	55	33	48	61	0
Totals	196	168	118	162	183	0	171	132	129	134	142	0	196	139	113	153	164	0

Year To Date Comparison	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Blood Draw	22	15	18	13	33	25	14	12	8	2
Call Cancelled	16	20	14	31	25	24	14	18	31	24
Dead On Scene	5	9	4	5	6	8	7	9	5	5
Life Alert	0	0	3	1	1	0	0	0	0	0
No Patient Found	0	16	15	10	9	17	18	32	13	15
No Transport	233	211	253	231	285	249	169	227	280	263
Standby	59	58	43	55	57	16	33	23	25	22
Treated, Transferred Care	3	0	0	0	5	0	1	2	0	4
Treated, Transported	237	253	230	279	246	237	153	209	222	260
Totals	575	582	580	625	667	576	409	532	584	595

Five Year Comparison	2018	2019	2020	2021	2022
Blood Draw	92	79	43	45	28
Call Cancelled	67	69	51	72	85
Dead On Scene	15	24	20	23	23
Life Alert	2	2	0	0	0
No Patient Found	41	41	46	92	55
No Transport	814	775	548	813	904
Standby	121	64	77	77	68
Treated, Transferred Care	6	7	9	6	11
Treated, Transported	747	677	497	696	771
Totals	1905	1738	1291	1824	1945

Calls Between 10 PM & 8 AM	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Tot/YR
2014	40	44	56	47	44	46	42	41	35	42	29	44	510
2015	57	35	40	42	42	46	47	62	52	47	53	42	565
2016	49	42	53	44	43	63	56	47	52	39	45	40	573
2017	36	49	50	43	56	37	65	42	43	39	38	58	556
2018	58	43	57	58	51	46	48	43	55	47	40	50	596
2019	58	26	57	43	36	42	49	49	36	60	45	41	542
2020	37	56	24	4	12	25	46	45	32	42	45	35	403
2021	41	33	47	27	61	46	49	54	50	45	41	53	547
2022	49	55	56	43	55	51	59	53	56	48	43	49	617
2023	42	50	55	48	0	0	0	0	0	0	0	0	195
Average	47	43	50	40	40	40	46	44	41	41	38	41	537

Creating a Culture of Workforce Engagement in EMS



Creating a Culture of Workforce Engagement in EMS

With the extreme shortages of EMS personnel in many parts of the country, EMS agencies are doubling their efforts to retain their workforce. Agencies can help strengthen their ability to retain their personnel by developing a Culture of Workforce Engagement.

What is a Culture of Workforce Engagement?

It is an organizational practice to create an environment of norms and behaviors defined by meaningful work, deep employee involvement and connection, and job and organizational cohesiveness, with the goal of encouraging and supporting a high level of employee commitment, passion, and loyalty through strong organizational leadership.

Why is It Important?

Engagement of the workforce is a critical driver of organizational success. Engagement strengthens the mental and emotional connection of team members towards their workplace. According to Gallup:

- 33% of American workers are engaged in their jobs
- 53% say they're "just showing up"
- 17% describe themselves as "actively disengaged"

Note: Percentages may have been rounded up causing the total percentage to be more than 100%.

Team members want to feel valued and respected in today's workplace; they want their work to be meaningful and have their ideas heard. Highly engaged team members are more productive and committed to the organizations in which they work.

What Are the Benefits to an EMS agency?

The driving benefit of creating a Culture of Workforce Engagement for EMS agencies is retention of EMS practitioners. Workforce engagement improves performance, productivity, employee morale, recruitment and retention, quality of work, and reduces employee-related problems. According to the American Ambulance Association's (AAA) Newton 360 Ambulance Industry Employee Turnover Study, voluntary turnover remains in the 20-30% range annually for EMS, while 32% of EMS practitioners leave within the first year. The study highlighted the cost to replace an employee, including the cost to attract, screen, hire, onboard and train a new employee. Onboarding a new EMT averages about

\$6,780, while replacing a full-time paramedic can cost about \$9,113. Retention equals revenue.

Cost-Effective and Simple Ways to Create a Culture of Workforce Engagement in Your EMS Agency:

- Take time to get to know your team members personally, celebrate and grieve during personal moments of significance, and recognize their accomplishments.
- Support work-life balance. Encourage extracurricular activities and scheduling for school, family and personal needs.
- Communicate often, both informally and formally with your workforce.
- Schedule Structured Rounding, a concept adopted by hospital leadership to schedule time for management to engage their departments, supervisors, team members and support services on a regular basis.
- Pair leaders, emerging leaders, and team members in mentor partnerships.
- Provide opportunities for leadership training or other career-enhancing education.
- Create workplace committees that include field practitioners. Consider designing some to be employee-led and adopt outcomes or goals from these committees.
- Create a process for empowering team members through autonomous decision-making within their scope of position.
- Be encouraging of and willing to discuss differing viewpoints and decisions.
- Conduct annual employee engagement surveys and share results with your workforce.
- Conduct Stay Interviews & Exit Interviews.
- Create a shared mission, vision, and strategic plan based off your team members' input (surveys and interviews) that embraces diversity, equity, and inclusion.

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2023 NATIONAL SURVEY

EMS ECONOMIC AND
OPERATIONAL MODELS
EXECUTIVE SUMMARY



Overview

The pandemic and EMS workforce shortage have forced EMS leaders to re-imagine their current economic and service delivery models without sacrificing patient care. In October 2022, The National Association of Emergency Medical Technicians (NAEMT) conducted a survey to gather national data on how EMS agencies are now funding and operating their services compared to 2019 to better understand how agencies have responded to changes in available funding and workforce shortages. 450 respondents from 47 U.S. states, 2 overseas territories (Northern Mariana Islands & U.S. Virgin Islands), and 1 Indian Reservation participated in the survey. Respondents represented all types of providers from the full spectrum of delivery models, call volumes, demographic regions served, staffing models, and number of personnel.

Overall, respondents reported a net increase in overall costs, averaging 8% across all cost categories. The greatest increase in costs was reported for supplies and equipment, with an average increase of 12% between 2019 and 2022. Respondents also projected similar cost increases for the next three years. Most agencies report experiencing increasing turnover rates, from 8% on average in 2019 to 11% in 2022, and a decrease in applications for paramedic/ EMT positions, down on average 13% compared to 2019. Agencies also reported an average increase in fee for service revenue per transport of 5%, and an average increase in revenue generated from public sources of 9.4%.

Respondents reported significant changes to system delivery and staffing configuration. Nearly one-half (49%) of agencies reported they lengthened response times. Over one-third (36%) of agencies reported implementing alternate response to low-acuity calls. Over one quarter of agencies reported moving from all ALS to tiered deployment (28%) and transitioning from dual paramedic to single paramedic deployment (23%).



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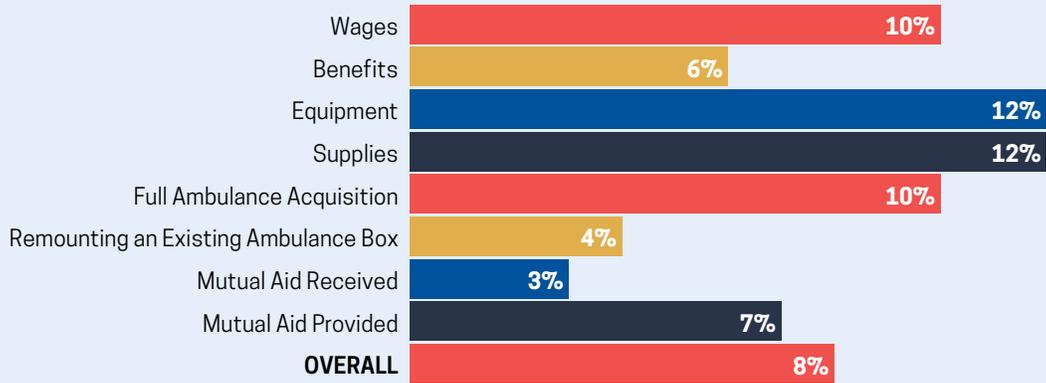
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Key Insights

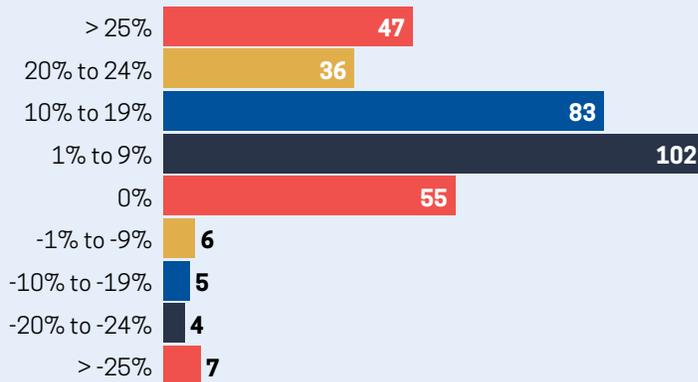
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Cost Changes

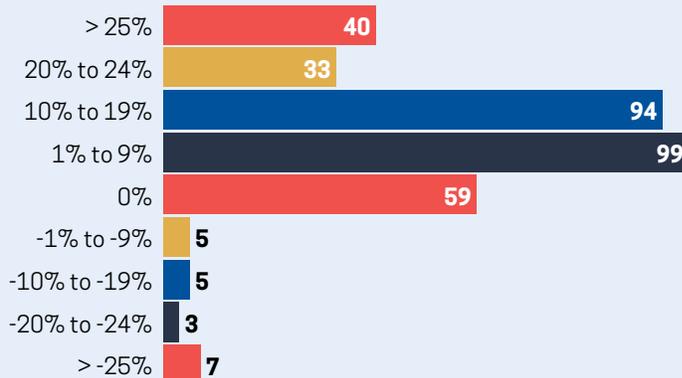
INCREASE IN COSTS BY CATEGORY 2019-2022



AGENCIES REPORTING CHANGES TO WAGE COSTS 2019-2022



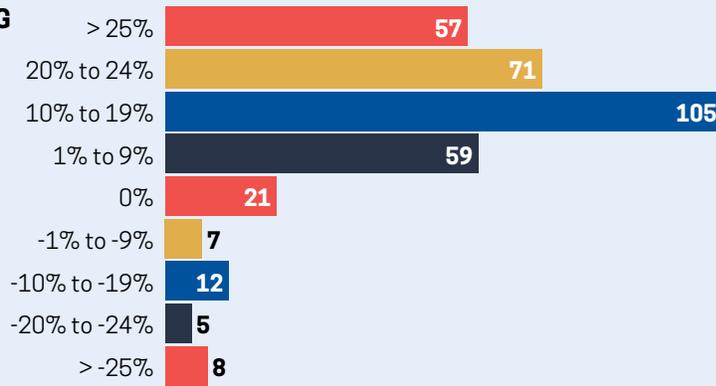
AGENCIES PROJECTING CHANGES TO WAGE COSTS 2023-2026



WAGES

Over 93% of respondents reported experiencing increased wage costs between 2019 and 2022, and 94% of respondents projected increased wage costs for 2023-2026. Nearly half - 48% - of respondents have experienced wage cost increases of 10% or higher between 2019 and 2022, and projected similar increases for the next few years. Nearly 14% of respondents experienced wage cost increases over 25%.

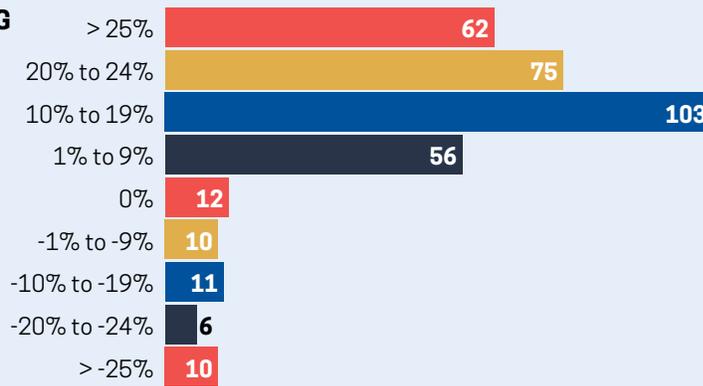
AGENCIES REPORTING CHANGES TO EQUIPMENT COSTS 2019-2022



EQUIPMENT AND SUPPLIES

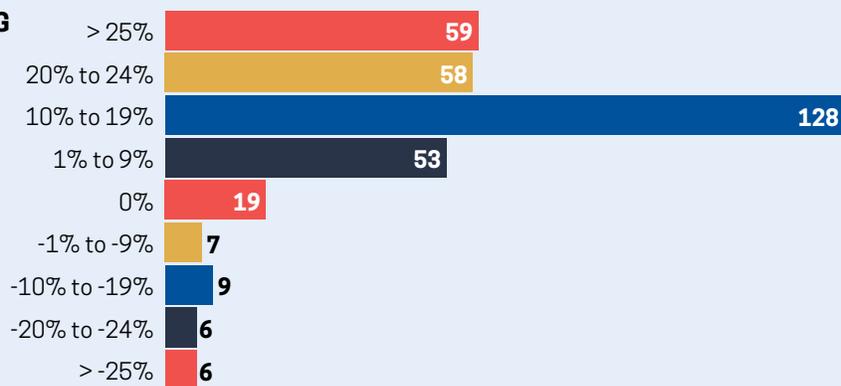
85% of respondents reported experiencing equipment cost increases between 2019 and 2022, and 83% reported increases in supply costs. Over 68% of respondents reported increases of more than 10% for equipment costs, and 70% reported increases over 10% to supply costs.

AGENCIES REPORTING CHANGES TO SUPPLY COSTS 2019-2022

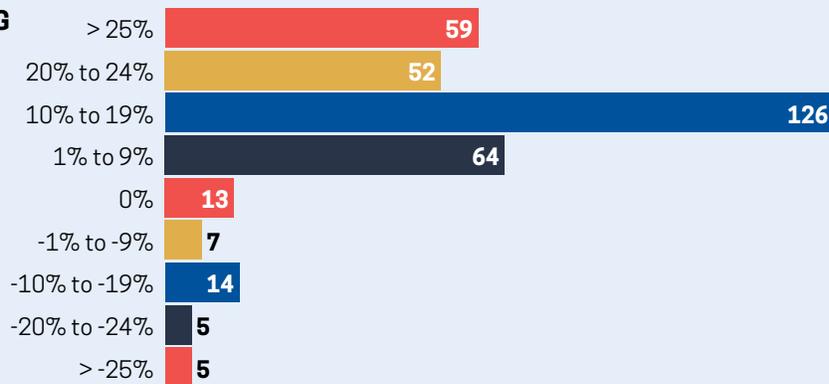


Respondents projected similar cost changes for the next three years.

AGENCIES EXPECTING CHANGES TO EQUIPMENT COSTS 2023-2026



AGENCIES EXPECTING CHANGES TO SUPPLY COSTS 2023-2026



SURVEY HIGHLIGHTS

Recruiting and Retention

PERCENT CHANGE OF PEOPLE APPLYING FOR PARAMEDIC/EMT POSITIONS 2019 TO PRESENT



RECRUITING

Compared to 2019, agencies reported that applications for paramedic/EMT positions are down an average of 13%. Nearly two-thirds (65%) of agencies reported a decrease in applications, and over one-quarter (27%) of agencies reported a decline in applications of more than 25%.

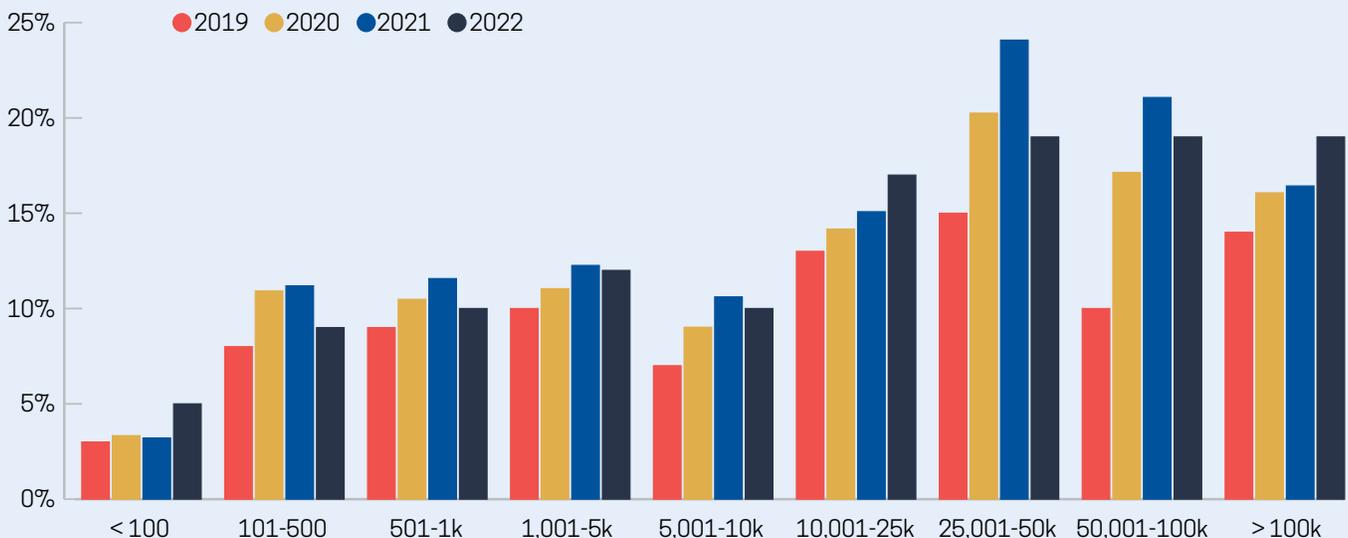
AVERAGE ANNUAL TURNOVER RATE FOR FIELD PRACTITIONERS 2019 TO PRESENT



RETENTION

Respondents reported that the annual turnover rate grew from 8% in 2019 to 11% in 2022. The turnover rate was highest in 2021, at 12%. Turnover rates were reported highest among agencies responding to a higher call volume, with agencies responding to over 25,000 calls annually experiencing double the turnover rate of those responding to fewer than 1,000 calls.

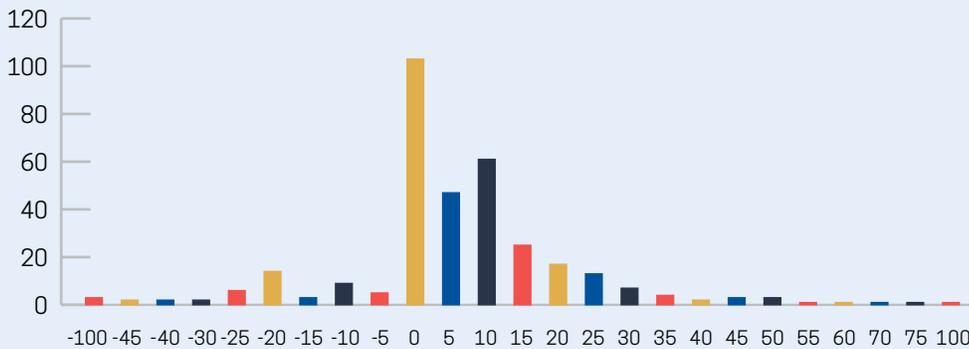
ANNUAL TURNOVER RATE BY RESPONSE VOLUME 2019-2022



SURVEY HIGHLIGHTS

Revenues

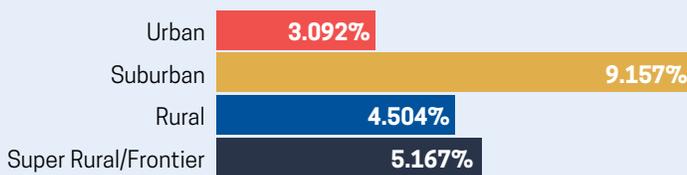
PERCENTAGE CHANGE IN FEE FOR SERVICE REVENUE PER TRANSPORT
2019 TO PRESENT



FEE FOR SERVICE PER TRANSPORT

Agencies reported a modest increase in fee for service revenue per transport between 2019 and 2022, averaging 5%. Nearly one-third (30%) of agencies reported no increase in fee for service revenue, and 13% reported a decrease in fee for service revenue over the same time period.

AVERAGE PERCENT CHANGE IN FEE FOR SERVICE PER TRANSPORT



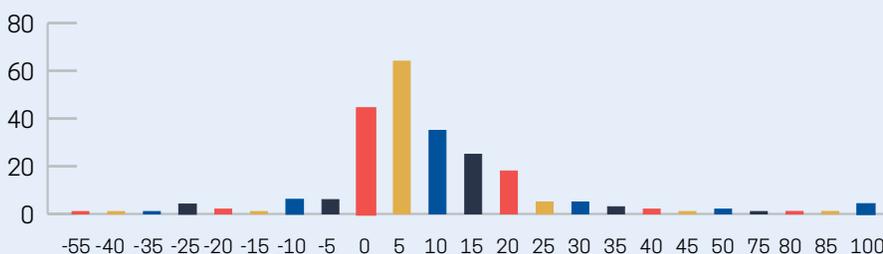
FEE FOR SERVICE PER TRANSPORT BY DEMOGRAPHIC SERVED

While the average increase in fee for service per transport has increased by about 5% overall, agencies serving urban demographics have experienced the lowest percentage increase of all demographic regions at just 3% between 2019 and 2022.

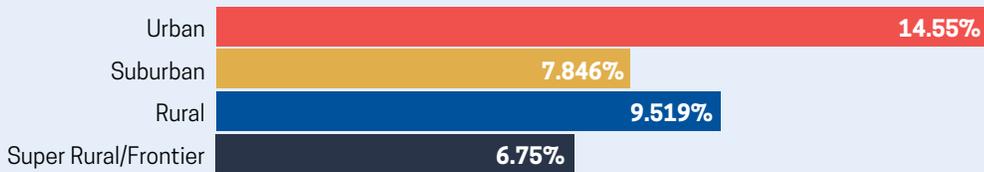
REVENUE FROM PUBLIC SOURCES

70% of respondents reported receiving some form of public funding (tax subsidy). These respondents reported an average of 9.4% increase in revenue generated from public sources between 2019 and 2022. Over one-half (56%) of respondents reported an increase of less than 5%, and over one-quarter (28%) of respondents reported no increase or a decrease in revenue from public sources. Respondents from Alaska, Wisconsin, Minnesota, Illinois, and North Carolina reported an average decrease in revenue from public sources.

PERCENT CHANGE IN REVENUE FROM PUBLIC SOURCES 2019 TO PRESENT



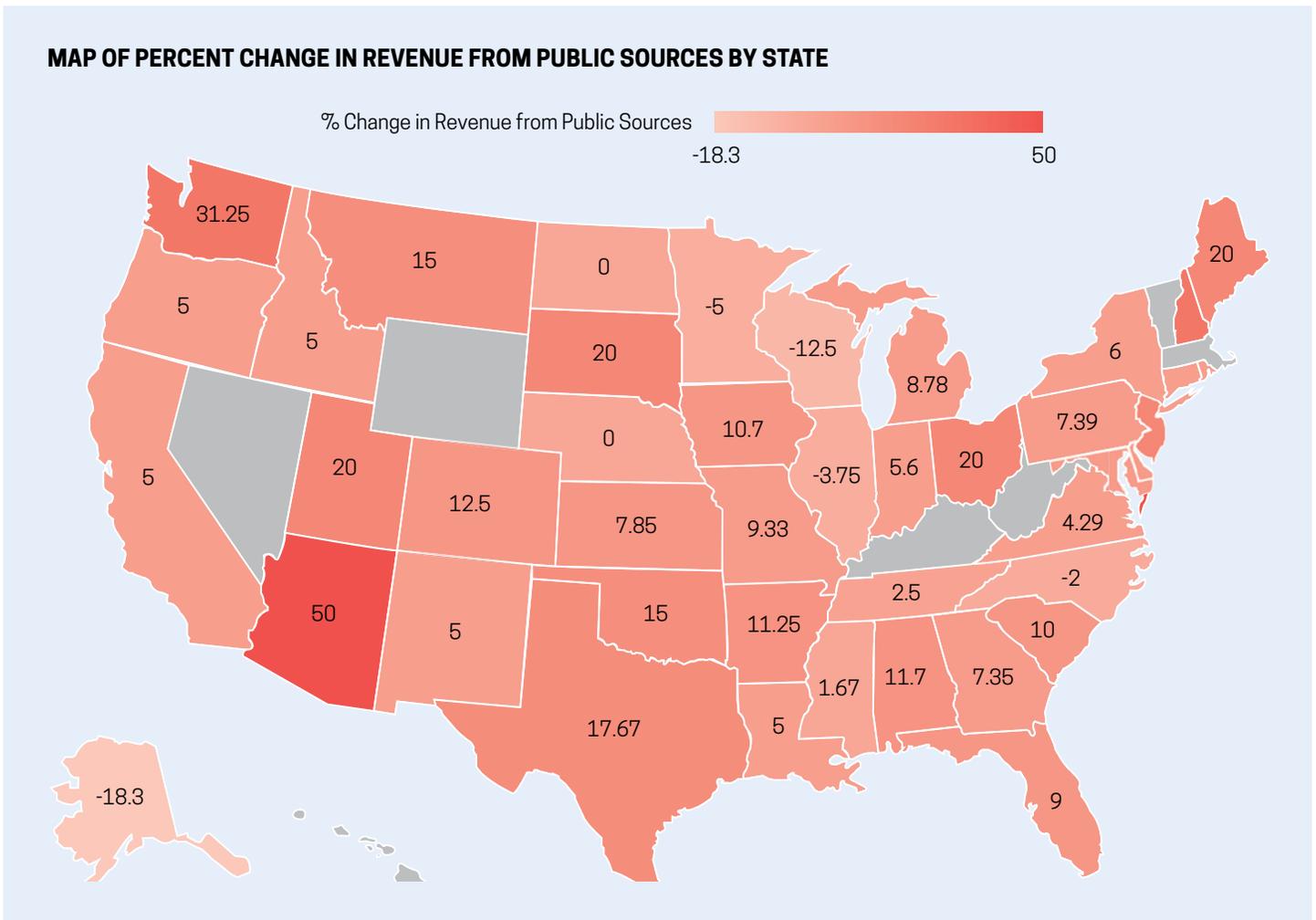
AVERAGE PERCENT CHANGE IN REVENUE FROM PUBLIC SOURCES



REVENUE FROM PUBLIC SOURCES BY DEMOGRAPHIC SERVED

While the average increase in revenue from public sources across all agencies is reported at 9.4% from FY19 to FY22, agencies serving suburban, rural, and super rural/frontier demographics have experienced a lower percentage increase than their urban counterparts. Those serving super rural/frontier demographics have seen an average increase in revenue from public sources at just 6.75%. Half of all agencies serving super rural/frontier demographics report an increase of less than 5%; and one-quarter of these agencies report no increase or a decrease in revenues from public sources.

MAP OF PERCENT CHANGE IN REVENUE FROM PUBLIC SOURCES BY STATE



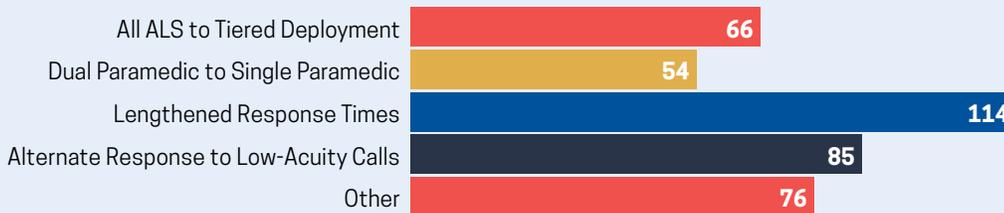
SURVEY HIGHLIGHTS

System Delivery Changes

Nearly three-quarters (72%) of respondents reported changes to system delivery, deployment, or staffing between 2019 and 2022. Of these agencies, nearly half (49%) reported they lengthened response times; over one-third (36%) reported alternate response to low-acuity calls; and over one-quarter of agencies reported moving from all ALS to tiered deployment (28%) and transitioning from dual paramedic to single paramedic deployment (23%).

Other changes to delivery, deployment, and staffing included alternate staff schedules, 24-hour shifts, discontinuation of interfacility transfers, reduced ambulance coverage, reduced backup coverage, and inability to answer calls.

SYSTEM DELIVERY CHANGES



All ALS to Tiered Deployment	66	28.33%
Dual Paramedic to Single Paramedic	54	23.18%
Lengthened Response Times	114	48.93%
Alternate Response to Low-Acuity Calls	85	36.48%
Other	76	32.62%

Key Insights

- The survey results document the rising costs of providing EMS, which are not being offset by commensurate increases in reimbursements from Medicare, Medicaid or commercial insurers or from increases in local and state funding. The greatest imbalances are being experienced by agencies outside of major urban centers.
- The absence of an adequate tax base in rural communities to support EMS, which increasingly serves as these communities' sole healthcare safety net, is leaving many of these communities without emergency medical services.
- Wage increases to recruit and retain personnel are not sustainable without commensurate increases in revenue to offset higher personnel costs.
- EMS personnel serving in urban and suburban agencies are experiencing higher turnover rates than in demographic areas serving a lower call volume.
- Ongoing workforce shortages have driven agencies to make changes in deployment, crew configurations, and call response reprioritization to maximize workforce resource- but have also led to reductions in services to respond to the most pressing needs.
- Local and state governments must assure EMS delivery is funded at a level that assures community expectations for essential EMS service delivery.

ABOUT NAEMT

Formed in 1975 and over 90,000 members strong, the National Association of Emergency Medical Technicians (NAEMT) is the only national association representing the professional interests of all emergency and mobile healthcare practitioners, including emergency medical technicians, advanced emergency medical technicians, emergency medical responders, paramedics, advanced practice paramedics, critical care paramedics, flight paramedics, community paramedics, and mobile integrated healthcare practitioners. NAEMT members work in all sectors of EMS, including government agencies, fire departments, hospital-based ambulance services, private companies, industrial and special operations settings, and in the military.





2022

NATIONAL SURVEY

EMS WORKFORCE SATISFACTION
AND ENGAGEMENT

BY THE NATIONAL ASSOCIATION OF EMERGENCY MEDICAL TECHNICIANS



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Introduction

EMS agencies across the United States are facing crisis-level challenges in recruiting and retaining personnel. The resulting workforce shortages have led to longer wait times for an ambulance response in some areas. In others, labor shortages have contributed to ambulance agency closures.

Equally worrisome: the labor shortages are taking a toll on the EMS personnel who remain on the job. EMS practitioners are reporting feeling under strain due to heavier workloads, and pressure to work longer and longer hours, including excessive overtime. Some agencies have implemented mandatory overtime to ensure that ambulances are available to respond.

In one dramatic incident in September 2022, an exhausted Baltimore City Fire Department EMT was heard on his radio threatening to drive the ambulance into the harbor after a dispatcher repeatedly asked if he would put the unit back into service. The president of the local firefighter's union said the incident illustrated that some crew members are at their breaking point. "Members are completely fatigued, completely at their breaking point and there's no end in sight," the union representative said. "They're working multiple overtime shifts every week just to keep the department afloat."

EMS AGENCIES STRUGGLE WITH TURNOVER, RECRUITING

The turnover rate among EMS personnel was high before the COVID-19 pandemic, and the pandemic further exacerbated the EMS exodus. Turnover rates are as high as 20 to 30% annually, according to [research](#) from the American Ambulance Association.

Compounding the staffing crisis, EMS agencies also report that they have fewer candidates responding to job postings and fewer recruits coming onboard.

This has left EMS agencies grappling with how to staff ambulances and continue to provide service to their communities. Some examples:

- In Minnesota, [60% of certified EMTs and 15% of paramedics](#) did not provide patient care in 2021. The absence of these licensed practitioners in the workforce led the state's Emergency Medical Services Regulatory Board to ask the Minnesota legislature to temporarily waive some regulations – such as no longer requiring those who drive ambulances to be certified professionals.
- In West Virginia, EMS lost 11,000 certified paramedics and EMTs from 2011 to 2016. A survey of EMS personnel in 2022 found that about [33% of respondents](#) said they planned to retire in the next five years.
- In California, the private ambulance service for the city of San Diego [told the paramedics' union](#) that medics would have to work mandatory overtime to meet the response times required under its contract. Falck, the ambulance service, said staff shortages had led to unacceptably long wait times.

Unless something is done to reverse the trends, the EMS labor crisis is projected to grow more dire. According to the Bureau of Labor Statistics (BLS), there will be an estimated 20,700 job openings annually for EMTs and paramedics in the coming years. Employment is expected to grow 11% over the next decade, faster than average for all occupations.

Acknowledgements



NAEMT thanks the following NAEMT members for their contributions to this survey: Robert Luckritz, Aaron Florin, Garrett Hedeem, Julius Jackson, Lawson Stuart, Mark Ponder, Mike Szczygiel and Mike Thomas.



The Impact of Employee SATISFACTION AND ENGAGEMENT

Improving retention, and reducing the numbers of paramedics and EMTs who are leaving the EMS workforce, is essential to addressing workforce shortages. To achieve that, two measures – employee satisfaction and engagement – have been shown to have a significant impact on whether someone stays or goes.

- Employee satisfaction is defined as the extent to which employees are happy or content with their jobs or work environment.
- Employee engagement is related to satisfaction, but has a slightly different meaning. An engaged employee feels invested in success of an organization. According to [hireology.com](https://www.hireology.com), engaged employees feel “connected and committed to their organization.”

Research has shown that engaged employees perform better on multiple performance outcomes. They have lower turnover, lower absenteeism, and fewer patient safety incidents or safety incidents of any kind.

➔ About This Survey

To determine the extent to which EMS practitioners feel satisfied or engaged in their jobs – and their reasons for staying or leaving the profession – NAEMT conducted a survey of EMS practitioners across the United States.

The survey, developed by subject matter experts serving on NAEMT’s EMS Workforce Committee, was distributed electronically in May 2022. We received 1,284 completed surveys from paramedics, advanced EMTs (AEMTs), EMTs, and emergency medical responders (EMRs) in all 50 states, and representing all EMS delivery models.

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Solutions: What EMS Practitioners Want From Their Employers

Low pay and work-life balance are top concerns

Among survey respondents, many indicated that pay was a top concern – 63% of respondents said they felt their pay and benefits were not adequate for the work performed. Likewise, when asked about their degree of satisfaction with their current job, pay and benefits was the source of the most discontent.



Asked for advice on how agencies could improve retention, the vast majority of respondents said boosting pay and benefits could improve retention.

However, a second major source of concern was work-life balance. Among those who stated they had plans to leave EMS, work-life balance edged out pay as the top reason. Work-life balance is the ability to manage the demands of careers with family responsibilities and personal lives. Many respondents wanted relief from long hours and a lack of flexibility in their schedules. They felt overworked, which was leading to mental fatigue and burnout. Some mentioned workforce shortages as the underlying cause of their stress – “Have enough staffing to avoid working ourselves to death,” wrote one respondent.

Among EMS practitioners, low wages and difficulties achieving a work-life balance go hand in hand. In the survey, 60% of respondents said they worked two or

more jobs. As one put it: “Significantly increase pay so employees don’t have to work several jobs to make enough to live and can avoid burnout.”

Boosting the pay of EMS practitioners must be a top priority for EMS leaders and local, state and federal government officials. NAEMT has long advocated for structural changes in reimbursement to enable EMS agencies to pay more. Current constraints include the under-valuing of EMS from Medicare and Medicaid relative to the cost of providing services, and the chronic underfunding of EMS by some city, county and state governments. We will continue our efforts to advocate for regulatory and legislative changes that will ensure EMS is properly resourced throughout our country.

Although pay looms large among respondents, the survey also revealed

other issues that EMS employers can address, starting today. These include showing appreciation, recognizing employees for quality performance, ensuring that EMS personnel feel respected, providing regular feedback, and improving communications from management. EMS practitioners also expressed a desire for additional training and education opportunities, both to make recertification less burdensome and to allow them to grow as practitioners.

Communities depend on EMS to be there for them in their time of need – whether it’s a medical emergency, a natural disaster or a mass casualty incident. We urge EMS leaders to use the results of this survey for insights into their workforce that they can act on immediately, as well as to continue to fight for the resources that EMS professionals need to serve their communities over the long-term.

How NAEMT is Helping EMS Agencies Address Labor Shortages

NAEMT has been working on numerous initiatives to assist EMS agencies in addressing labor shortages.

At the national level, NAEMT continues to advocate for more resources, including grants for equipment and training, and higher reimbursements from Medicare and Medicaid. More resources for EMS will enable EMS agencies to pay higher wages that are more competitive with other healthcare and public safety professions.

To assist EMS agencies with their recruitment and hiring efforts, earlier in 2022, NAEMT published a guide, [“Innovative Recruitment Strategies for EMS Agencies.”](#) The guide provides tips and ideas for EMS agencies wanting to step up their retention and recruitment efforts, along with case studies on successful recruitment efforts that EMS agencies can use as models. The guide is available free for download on our website.

NAEMT has also joined other national fire and EMS organizations on an initiative to develop a national guidance document on minimum staffing of EMS personnel for 911 medical calls and interfacility transports. When completed, this guidance document may be used by state EMS offices when considering revisions in their state’s regulation of EMS and by agencies to determine the optimal staffing configurations to support quality patient care, efficient operations, and practitioner safety.

The National Survey on EMS Workforce Satisfaction and Engagement is our latest project. We urge EMS agency managers and leaders to use these insights provided by respondents to ensure that their employees feel satisfied and engaged in their work. This can help to improve retention of EMS practitioners, who are so vital to the health and safety of the community.

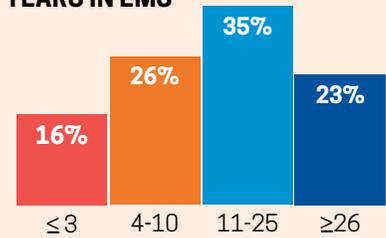
Survey Demographics

All respondents' primary job for their EMS agency was a field practitioner. 88% worked for agencies that either exclusively or mostly provide 911 response; 12% worked for agencies that either exclusively or mostly provide inter-facility transports.

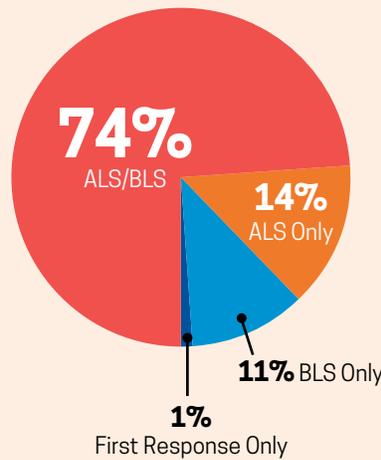
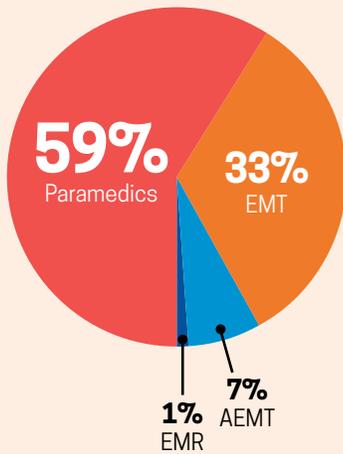
TYPE OF CARE

74% of respondents worked for an agency that provides Advanced Life Support (ALS) and Basic Life Support (BLS).

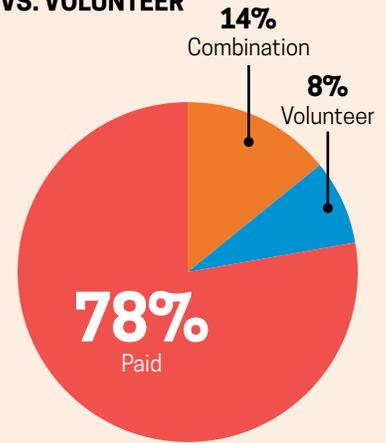
YEARS IN EMS



TRAINING LEVEL OF SURVEY PARTICIPANTS

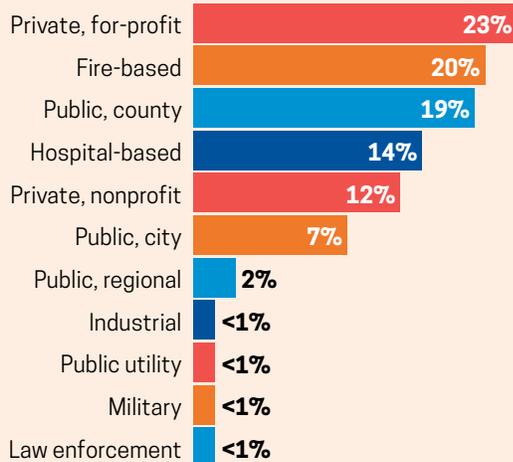


PAID SERVICE VS. VOLUNTEER



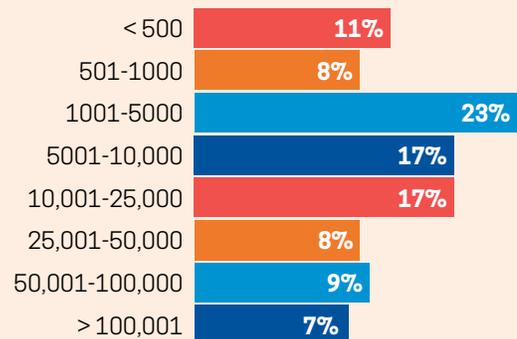
DELIVERY MODELS

Respondents hailed from all 50 states, and represented all delivery models. About half worked for private EMS agencies, and half worked for public agencies.



NUMBER OF RESPONSES ANNUALLY

Respondents worked for agencies with a range of call volumes.



Pay in EMS

Across industries, compensation – including wages and benefits – is one of workers’ greatest concerns. The NAEMT survey asked respondents about their hourly wages and annual income.

The majority of EMTs reported making under \$40,000 a year.

- 41% of EMTs make less than \$15/hour.
- 36% make \$15-\$20/hour.

77% of EMTs make under \$40,000 a year.

Many paramedics make substantially more, with most earning between \$42,000 and \$80,000 a year.

- Nearly half (49%) make \$21-\$30/hour.
- 19% make \$31-\$40/hour.

68% of paramedics make between \$42,000 and \$80,000 a year.



EMS PRACTITIONER PAY, BY TRAINING LEVEL

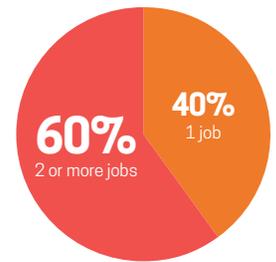
Per Hour/Year	EMTS	Advanced EMT	Paramedic
< \$15/hr < \$30k/yr	41%	36%	4%
\$15-20/hr \$30-40k/yr	36%	41%	17%
\$21-25/hr \$42-50k/yr	13%	12%	29%
\$26-30/hr \$52-60k/yr	6%	3%	20%
\$31-35/hr \$62-70k/yr	2%	1%	11%
\$36-40/hr \$72-80k/yr	1%	0%	8%
\$41-50/hr \$82-100k/yr	1%	5%	7%
> \$50/hr > \$100k/yr	<1%	2%	4%

OTHER FACTORS THAT INFLUENCE EMS PAY

There are other factors associated with pay levels in EMS, including call volume, geographic location, and the level of public financial support for EMS. EMS practitioners who worked at agencies with a higher call volume tended to make more than those at agencies with a low call volume. Lower call volume agencies are often in rural areas, while agencies with high call volumes tend to be in large urban areas. Pay also varies by delivery model.

WORKING TWO OR MORE JOBS

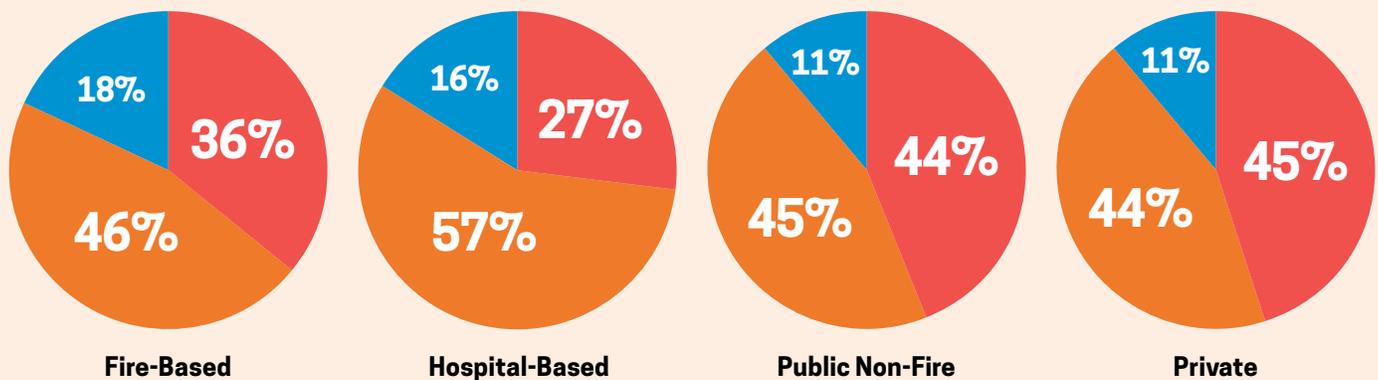
It's also common for EMS practitioners to work at more than one job, either in EMS or in another industry. Among survey respondents, 60% said they worked two or more jobs: 34% held a second job in EMS and 26% at a second job in another industry.



EMTs and paramedics worked at multiple jobs at similar rates. 62% of EMTs work more than one job, while 58% of paramedics do.

PAY ACCORDING TO DELIVERY MODEL

● >\$20 ● \$21-35 ● \$36+



Job Satisfaction in EMS

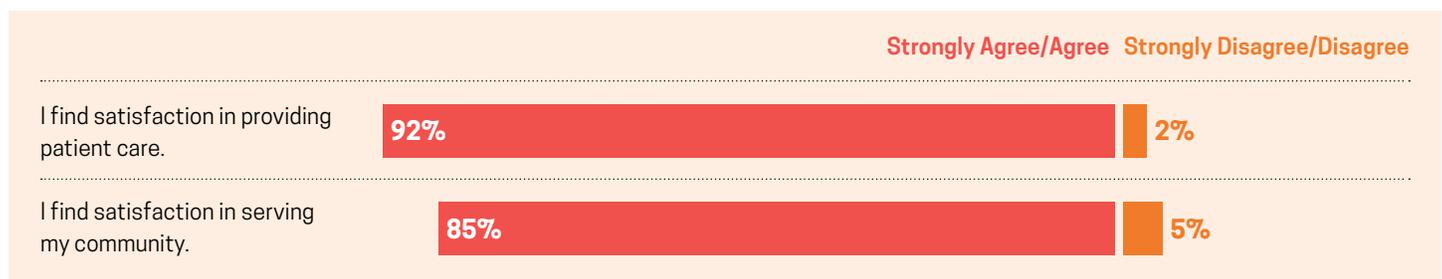
EMS practitioners were asked to rate their beliefs on a series of statements about aspects of their job that impact satisfaction. Categories included the extent to which EMS practitioners find satisfaction in providing patient care and serving the community; whether their job provided them with a sense of purpose; their satisfaction with pay and benefits; and whether their job enabled a good work-life balance.

Respondents could choose Strongly Agree, Agree, Neutral, Disagree or Strongly Disagree. Neutral answers are omitted.



PATIENT CARE

The vast majority of respondents feel a great degree of satisfaction with providing patient care and serving their community.



SENSE OF PURPOSE

The majority also believe that working in EMS provides a strong sense of purpose. Having a sense of purpose is an important measure of well-being. Whereas a “goal” is something to be accomplished, a sense of purpose is a long-term state of mind that helps to give life meaning. [Research](#) has shown that having a sense of purpose can even reduce the risk of chronic disease.



PAY

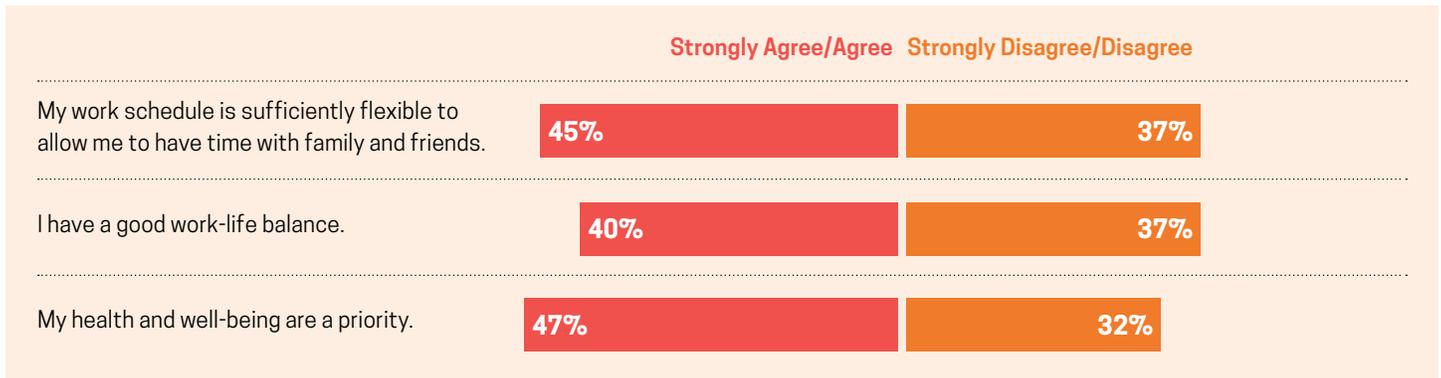
Yet on other indicators of job satisfaction, EMS fares worse. The majority of respondents believe they are not being paid appropriately for the work performed.



WORK-LIFE BALANCE, WELLNESS

Work-life balance is a state in which a worker feels able to juggle the demands of their career, while also having time for a personal life. Working lots of overtime hours can make achieving a work-life balance difficult. Especially during times of staff shortages, EMS practitioners may feel pressure from employers to work excessive amounts of overtime. EMS practitioners also care about their colleagues, and they may feel that they need to cover the shift even if they're exhausted, because if they don't, someone else is going to have to.

EMS practitioners also face financial pressures to work long hours. With 2/3 of respondents feeling underpaid, EMS practitioners may feel they need to work as many hours as possible to maximize their earnings.



How Well Do Employers Support and Engage

EMS PRACTITIONERS?

Respondents were asked to rate their beliefs on a series of statements on EMS agency policies and practices that impact how well supported employees feel in doing their jobs, and employee engagement. The statements covered many aspects of their work, from whether they felt they had the appropriate equipment to do their jobs, to the quality of management, to recognition for excellent performance.

Respondents could choose Strongly Agree, Agree, Neutral, Disagree or Strongly Disagree. Neutral answers are omitted.



COMMUNICATIONS

Strongly Agree/Agree Strongly Disagree/Disagree

My agency adheres to its published mission, vision and goals.

49%

28%

My agency has a comprehensive system of policies and procedures that provide a sound framework for operations.

55%

25%

Management provides clear and consistent information to personnel.

32%

48%

EQUIPMENT

Strongly Agree/Agree Strongly Disagree/Disagree

I am provided with the appropriate equipment and supplies to perform my job.

69%

18%

MANAGEMENT

Strongly Agree/Agree Strongly Disagree/Disagree

I feel valued by my employer.

35%

42%

I feel my supervisor is invested in my success.

45%

31%

There is mutual respect between EMS practitioners and managers.

40%

37%

Practitioners can share concerns and problems with management without fear of retaliation.

40%

39%

My agency acts on employee feedback.

29%

48%

CULTURE OF ENGAGEMENT

Strongly Agree/Agree Strongly Disagree/Disagree

My agency fosters teamwork, inclusiveness and camaraderie.

39%

37%

My agency supports my health, wellness and resilience.

38%

37%

RECOGNITION, FEEDBACK

Strongly Agree/Agree Strongly Disagree/Disagree

My agency has a constructive quality improvement program through which practitioners receive feedback on performance and outcomes.

36%

39%

Management provides regular constructive feedback on my overall performance as an employee.

28%

48%

My agency provides easily accessible patient outcome information to its EMS practitioners.

28%

48%

My agency shows support and demonstrates recognition of its EMS practitioners during National EMS Week.

43%

33%

Management provides recognition and praise for excellent performance.

35%

40%

TRAINING OPPORTUNITIES

Strongly Agree/Agree Strongly Disagree/Disagree

My agency offers training and mentoring opportunities for practitioners.

51%

27%



REASONS FOR LEAVING EMS

The NAEMT survey found that 9% of respondents had plans to leave the profession within the year, and 18% planned to leave within 3 years. Another 18% planned to be gone within 6 years.

That means 45% of EMS respondents plan on leaving the profession within 6 years.



41%

of EMTs plan on leaving EMS within 6 years

47%

paramedics plan on leaving EMS within 6 years

TOP REASONS FOR LEAVING: WORK-LIFE BALANCE AND PAY

When asked why they planned to leave, 47% of respondents said for better pay and benefits. But that wasn't even the top reason.

50% said they were leaving for a better work-life balance, a response that highlights the strain that so many EMS practitioners have been under due to workforce shortages, long hours and the demands of their jobs.

Another driver of EMS practitioners leaving the field: concern for their physical and mental health. 44% cited this as a reason.

Compared to other professions, EMS has a high rate of on-the-job injuries,

including back and other musculoskeletal problems, along with the risks of being in a motor vehicle accident or being struck while responding on roadways. Violence or threats of violence against practitioners is also a problem. A 2019 NAEMT [survey](#) found that two in three EMS practitioners had been physically assaulted on the job.

WHEN THEY LEAVE, WHERE ARE EMS PRACTITIONERS GOING?

- About 27% plan to stay in the healthcare field, only in a different job.
- About 37% are leaving the healthcare field.
- 36% haven't yet decided.
- Nearly half (49%) of respondents say they will need additional training and education, while 18% say they won't. The remainder don't know.

REASONS FOR LEAVING EMS

Many respondents cited more than one reason for leaving the EMS profession.



WHAT RESPONDENTS HAD TO SAY ABOUT WHY THEY ARE LEAVING

Many expressed frustration with a job that doesn't pay well yet requires so much from them.

Too many hours for not enough pay.

Not paid enough or respected enough for the work.

Physical demands of the job have taken a toll on my physical health.

Pay not keeping up with inflation and cost of living, and not a clear path to move up and make enough in the EMS field.

The standard of compensation is just absurd for someone who not only has a special skill set, but who has to sacrifice so much personally just to do this profession.

Making \$16 an hour to destroy my body for what?

Lack of professional development opportunities. If I become an RN, the sky's the limit. If I stay where I am, there's nowhere for me to go.

I don't believe I will be able to work longer due to mental fatigue.

Low pay, aging equipment, management failures to employees, scheduling and failure to take care of employees.



SOLUTIONS

What EMS Practitioners Want From Their Employers

The survey asked respondents what their EMS agency could do to improve job satisfaction and increase retention. 1,181 respondents gave their advice.

The majority of respondents offered more than one suggestion for how agencies can do better (For example: “More competitive pay. More appreciation of employee work. Increased opportunity for provider responsibility within the agency.”) In analyzing the responses, several themes emerged.



EMS practitioners want improved pay and benefits.

Respondents want an increase in wages so they would not be compelled to get second or third jobs to pay their bills. In addition, they want pay that's more on par with other public safety workers.

Some asked for specific benefits, such as a meal stipend while on shift, agency-provided uniforms, or for required continuing education courses to be provided to them. Others suggested incentive programs to reward employees for longevity.

EMS needs to become an essential service like police and firefighters. Our jobs are just as important and we should have the same pay and benefits.

Pay that is equivalent to other public safety in the area, properly resourced with enough trucks to meet the call demand, and improved safety for providers.

Higher wages. More than \$11 an hour for EMTs and more than \$20 an hour top out for medics.

Pay people enough so they can work where they live without having to pick up a second job just to live. If people make enough to survive they would not be out looking for something with better pay.

So many are burned out after 1 to 3 years. I could at least deal with more if I was paid appropriately.

They want employers to support a healthy work-life balance.

Respondents often linked low pay and the need to work multiple jobs with interfering with their ability to have a healthy, sustainable work-life balance.

Making \$42,000 a year without OT is not a survivable wage. I have to choose whether I can see my kids or feed them.

Pay enough money to not have to work multiple jobs is all we can ask for.

Tired of having to work 2 full-time jobs in order to support myself and my family due to terrible pay/benefits.

EMS practitioners especially dislike mandatory overtime and holdovers.

Workforce shortages have prompted some EMS agencies to require paramedics and EMTs to work overtime. Working long hours without sufficient time off can lead to negative mental, physical and social effects, including stress, exhaustion and low morale. Studies have even linked working 55 hours a week or more with higher rates of stroke and heart disease.

We get treated like we're replaceable when I know we're not. I have 200-plus hours of PTO. I request time off and I get told no even though I've worked two years without a vacation.

Less forced mandatory shifts due to low staffing levels. People are overworked and tired. It's unsafe.

Stop overworking your employees. The job is hard enough without 20 to 40 hours of OT a week.

And they don't feel like they are treated with enough respect.

Numerous respondents commented that they felt they weren't treated with respect from their employers or other healthcare providers they interact with, and that EMS agency leaders should do more to listen and act on their input.

Respect employees more and value their opinions.

More respect from managers and others EMS interacts with, such as nurses and hospital staff.

Listen to your senior practitioners. We have been in the field for a very long time and offer some of the best advice.

EMS practitioners want to be recognized for a job well done.

Respondents commented that their employers are too quick to point out mistakes, yet often fail to offer praise for good performance.

Acknowledge your employees. Make them feel appreciated and not like they are just a number. Let them know their hard work and dedication does not go unnoticed. The pandemic along with the EMS shortage is taking a toll on us mentally and physically...I have watched EMS practitioners who had so much dedication and always kept a positive attitude slowly dwindle down to not caring with a negative attitude. A little appreciation would go a long way.

Learn to recognize your employees. You only hear from management when it's bad news.

Positive feedback goes a long way to making your employees feel valued. If you're always going to call us out when we do something wrong, let us know when we do something right too.

But recognition is not a substitute for better wages.

Some paramedics and EMTs acknowledged that their employers were attempting to improve retention through employee recognition programs. But they seem jaded about EMS agency efforts to show appreciation that don't involve increasing wages.

You know the answer. But they won't. They would rather throw us pizza parties and give us T-shirts rather than give us better pay.

My employer has tried so, so many things to increase retention but poor retention and satisfaction are still pretty prevalent. Paying more is the only thing that they're still trying to ignore as a solution.

I don't think that \$13.50 an hour is enough to feed my family, and with the cost of living rising through the roof and gas prices sitting at \$4.30 per gallon as of writing this... Everybody knows the solution but no one wants to do anything about it. If pay doesn't go up, we're going to lose a lot more people.

Basically I'm leaving because I know we don't matter. For EMS Week, they got us cheap lunch boxes with Dollar Store snacks and gave us the water bottles that have been sitting at HQ for about a year.

To improve satisfaction, EMS practitioners say management – particularly communications – needs to be better.

Numerous respondents expressed a lack of leadership within their agency as contributing to poor job satisfaction and engagement.

Communication between management and street level needs to be consistent and more open. Management doesn't necessarily need to have all the answers/solutions to questions/problems. Sometimes it's enough to acknowledge there is an issue and what the potential next steps might be.



Back your people. Stop being bosses and become leaders.

Better communication and respect for providers. Better pay. Listen to crews and apply feedback to improve crew and management relations.

Listen to your employees, they're the ones out in the field. Help them out in the field instead of sitting behind a desk.

EMS practitioners also want more training and education opportunities.

Numerous respondents expressed a desire for enhanced training and education opportunities, to help fulfill requirements to maintain certification and to enrich their knowledge to make them become better responders. Some also mentioned a need for more mentors.

Incentivize training and professional development more. Initiate more hands-on EMS and fire training. Establish an accredited training program.

Provide more training, with college credit, better pay for those with more training, and the equipment to utilize the training (ventilator, point-of-service ultrasound, point-of-care labs).

Implement a career ladder and provide more opportunities for training in the EMS side of the profession, just as much as the fire training.

More education and professional development opportunities.

Make training and education opportunities and CE courses available at no cost.



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ABOUT NAEMT

Formed in 1975 and over 75,000 members strong, the National Association of Emergency Medical Technicians (NAEMT) is the only national association representing the professional interests of all emergency and mobile healthcare practitioners, including emergency medical technicians, advanced emergency medical technicians, emergency medical responders, paramedics, advanced practice paramedics, critical care paramedics, flight paramedics, community paramedics, and mobile integrated healthcare practitioners. NAEMT members work in all sectors of EMS, including government agencies, fire departments, hospital-based ambulance services, private companies, industrial and special operations settings, and in the military.



2023 Regional Salary Survey

Agency Name	Captain			Paramedic		
	Base	Median	Cap	Base	Median	Cap
Clear Creek EMS	\$ 85,000.00	\$ 102,500.00	\$ 120,000.00	\$ 61,368.32	\$ 68,300.16	\$ 75,232.00
Grand County EMS	\$ 81,942.65	\$ 96,033.36	\$ 110,124.06	\$ 62,981.00	\$ 66,933.00	\$ 70,885.00
Leadville				\$ 73,216.00	\$ 78,208.00	\$ 83,200.00
South Park	\$ 72,000.00	\$ 75,000.00	\$ 78,000.00	\$ 62,000.00	\$ 65,000.00	\$ 68,000.00
South West Teller County				\$ 66,427.00	\$ 76,211.00	\$ 85,995.00
Evergreen Fire	\$ 78,000.00	\$ 87,360.00	\$ 96,720.00	\$ 65,000.00	\$ 65,000.00	
Eagle County	\$ 97,342.00	\$ 102,791.00	\$ 108,240.00	\$ 65,298.00	\$ 83,144.50	\$ 100,991.00
Thompson Valley EMS	\$ 66,000.00	\$ 93,000.00	\$ 120,000.00	\$ 59,400.00	\$ 76,700.00	\$ 94,000.00
Adjusted Average	\$ 79,235.66		\$ 108,771.02	\$ 63,845.72		\$ 81,862.40
Gilpin Ambulance	\$ 69,592.64	\$ 79,809.60	\$ 90,026.56	\$ 61,738.56	\$ 70,790.72	\$ 79,842.88

Salary Adjustment Impacts

1. Fix Compression, 14% Captains, 4% Medics: \$63,179.62 payroll increase
\$11,615.16 over payroll tax budget
\$3,278.58 decreased 457b contribution
Total Impact: \$71,516.20

Captain Starting: \$79,339.52 Adjusted Regional Average: \$79,235.66

Medic Starting: \$64,201.28 Adjusted Regional Average: \$63,845.72

2. Fix Compression, 14% Captains, 3% Medics: \$56,789.23 payroll increase
\$11,040.02 payroll tax increase
\$3,484.50 decrease 457b contribution
Total Impact: \$64,344.75

Captain Starting: \$79,339.52 Adjusted Regional Average: \$79,235.66

Medic Starting: \$62,965.76 Adjusted Regional Average: \$63,845.72

3. Fix Compression, 10% Captains, 4% Medics: \$56,400.48 payroll increase
\$11,005.03 payroll tax increase
\$3,472.27 decrease 457b contribution
Total Impact: \$63,933.24

Captain Starting: \$76,554.00 Adjusted Regional Average: \$79,235.66

Medic Starting: \$64,201.28 Adjusted Regional Average: \$63,845.72

4. Fix Compression, 10% Captains, 3% Medics: \$50,010.10 payroll increase
 \$10,429.89 payroll tax increase
\$3,678.19 decrease 457b contribution
Total Impact: \$56,761.80

Captain Starting: \$76,554.00 Adjusted Regional Average: \$79,235.66

Medic Starting: \$62,965.76 Adjusted Regional Average: \$63,845.72

5. Fix Compression, 5% Captains, 4% Medics: \$48,223.58 payroll increase
 \$10,269.11 payroll tax increase
\$3,705.90 decrease 457b contributions
Total Impact: \$54,786.79

Captain Starting: \$73,082.88 Adjusted Regional Average: \$79,235.66

Medic Starting: \$64,201.28 Adjusted Regional Average: \$63,845.72

6. Fix Compression, 5% Captains, 3% Medics: \$33,804.82 payroll increase
 \$8,971.42 payroll tax increase
\$4,152.93 decrease 457b contribution
Total Impact: \$38,623.31

Captain Starting: \$73,082.88 Adjusted Regional Average: \$79,235.66

Medic Starting: \$62,965.76 Adjusted Regional Average: \$63,845.72

7. Fix Compression at all Levels:

\$13,218.43 payroll increase
\$7,118.64 payroll tax increase
\$4,835.22 decrease 457b contribution
\$15,501.85

Total Impact:

Captain Starting: \$69,592.64

Adjusted Regional Average: \$79,235.66

Medic Starting: \$61,738.56

Adjusted Regional Average: \$63,845.72

EMT Starting: \$48,226.88

Adjusted Regional Average: \$45,992.82

Miscellaneous Capital Budget Adjustments

Misc Capital Budget	\$285,000.00
Stryker Stretcher	\$27,000.00
Monitor Lease	\$33,000.00
Chief Truck Radio	\$5,800.00
Narcotics Safes	\$17,000.00
Ambulance Overage	\$52,000.00
Professional Services	\$500.00
Liability Insurance Adj	\$9,000.00
Uniforms Adjustment	\$12,000.00
Legal Fees Adjustment	\$10,000.00
Vehicle Maintenance Adj	\$10,000.00
Licensing & Memberships	\$500.00
Misc Capital Adjusted	\$108,200.00

Regional Fee Schedule Survey 2023

Dept/RETAC	BLS	ALS	ALS2	CCT	Mileage	Treat NPT	CPR NPT	Event Hourly
CM	\$1,500.00	\$1,781.00	\$2,577.00		\$30.00			
CM	\$1,225.00	\$1,475.00	\$1,750.00		\$24.00	\$200.00		\$150.00
CM	\$2,125.00	\$2,428.00	\$2,829.00	\$4,028.00	\$50.00			
CM	\$1,908.00	\$2,265.75	\$3,279.38		\$37.56			\$200.00
Evergreen Fire	\$1,150.00	\$1,265.00	\$1,450.00		\$26.00	\$200.00	\$1,150.00	\$85.00
Foothills	\$1,200.00	\$1,400.00			\$24.00			
Foothills	\$1,100.00	\$1,300.00	\$1,800.00		\$23.00			
Foothills	\$1,275.00	\$1,385.00	\$1,650.00		\$17.60			
Foothills	\$1,150.00	\$1,250.00	\$1,400.00		\$15.00			
Foothills	\$1,225.00	\$1,275.00	\$1,275.00		\$22.00	\$660.00		
Mile High	\$1,470.15	\$1,470.15	\$1,653.10		\$25.95			
GAA Current	\$1,100.00	\$1,300.00	\$1,800.00		\$23.00			
GAA Proposed	\$1,457.72	\$1,731.05	\$2,505.46		\$28.31	\$350.00		\$85.00
Foothills RETAC Avg	\$1,190.00	\$1,322.00	\$1,531.25		\$20.32	\$660.00		
Average	\$1,393.47	\$1,572.26	\$1,966.35	\$4,028.00	\$26.83	\$353.33	\$1,150.00	\$145.00

Fee Schedule Adjustment

Gilpin Ambulance Current Fee Schedule

A0429	BLS, Emergency Transport	\$1,100.00
A0427	ALS, Emergency Transport	\$1,300.00
A0433	ALS 2, Emergency Transport	\$1,800.00
A0425	Ground Mileage (Loaded)	\$23.00/mile

Current CMS Maximums for GAA Service Area

A0429	BLS, Emergency Transport	\$448.53
A0427	ALS, Emergency Transport	\$532.63
A0433	ALS 2, Emergency Transport	\$770.91
A0425	Ground Mileage (Loaded)	\$8.71/mile

3 Colorado Code Regulations § 702-4-2-66-5 (see attachment)

Proposed Fee Schedule GAA May 2023

A0429	BLS, Emergency Transport	\$1,457.72
A0427	ALS, Emergency Transport	\$1,731.05
A0433	ALS 2, Emergency Transport	\$2,505.46
A0425	Ground Mileage (Loaded)	\$28.31/mile

3 Colo. Code Regs. § 702-4-2-66-5

Section 3 CCR 702-4-2-66-5 - Payment Methodology Rules

A. Carriers shall reimburse a non-contracted service agency that provides emergency ambulance services to a covered person at three hundred twenty-five percent (325%) of the Medicare reimbursement rate for the same service provided in the same geographic area, including mileage.

B. A non-contracted service agency that does not meet the definition of a publicly-funded fire agency, but does contract with a fire department, fire protection district, health services district, municipality, special tax district, or other government entity to provide emergency ambulance services on their behalf shall be reimbursed in accordance with the terms of that contract.

C. A non-contracted service agency shall remain subject to Section 5.D. of this regulation if it contracts with a fire department, fire protection district, health services district, municipality, special tax district, or other government entity to provide emergency ambulance services and is prohibited from billing the covered person, except as permitted in Section 5.D. of this regulation.

D. Covered persons shall only be responsible for the applicable in-network deductible, coinsurance, and/or copayment they would be required to pay for in-network emergency ambulance services.

E. Payment made in compliance with Section 5.A. of this regulation shall be considered payment in full for the covered services provided, except for any in-network deductible, coinsurance and/or copayment amount required to be paid by the covered person.

F. An ambulance service provider must demonstrate to a carrier that it meets the definition of a publicly-funded fire agency found at Section 4.G. of this regulation in order to be exempt from the requirements found in this regulation.

3 CCR 702-4-2-66-5

43 CR 06, March 25, 2020, effective 4/15/2020
