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WAYS AND MEANS

Agenda Item

Request for Ways and Means Action

TO: **Chairman and Committee Members**

FROM: **Craig A. Harris Sr., Director of Public Safety**

SUBJECT: **Meducare (AirMedCare Network) Municipal Site Membership**

DATE: **March 24, 2022**

BACKGROUND:

On April 20, 2016, the Town entered a one-year contract with AirMedCare Network (Meducare) to provide air medical transport services for Kiawah Island residents. Each additional year thereafter was renewed for one year. The current contract expires the end of April 2022. While the Town had a few air medical transport services during our five-year contract period, to our knowledge those individuals airlifted to the hospital were not Town residents. Therefore, the Municipal Site Membership plan was not activated.

In 2018, Mr. McAden notified us that AirMedCare Network stopped offering the Business Plan to new subscribers effective January 1, 2018, due to the continued decline in insurance rate reimbursement and the reduction of larger employers in the AirMedCare Network. The Municipal Site membership falls under the Business Plan, and therefore it was eliminated as well. However, those with an active Business/Municipal Site membership plan are grandfathered in with the option of renewing. If the contract lapse, the membership plan option we now participate in will no longer be available.

The Public Safety Committee considered the renewal at its March 09, 2022, regularly scheduled meeting. After discussion, the Committee made a motion to recommend to the Ways and Means Committee that the AirMedCare Municipal Site Plan Membership be renewed for another year at the same cost of $8,163.00 (annual).

ANALYSIS:

The Municipal Site Membership will cover transport that originates out of Charleston County. There is no cost to residents with medical insurance. A resident can upgrade to a full coverage membership for $35.00 (annual) that will give them coverage in over 220 locations across 32 states. **Coverage also applies to renters, provided that it is their primary residence.**

<u>Resident Defined:</u>

Any individual who owns a home on the island, regardless of whether it is their primary residence, would be considered a "resident" and eligible for coverage under the Municipal Site Plan (MSP). For example, John Q Taxpayer's primary residence is in Columbia, SC, and as such, he is considered part of that tax base. He owns a second home on Kiawah that he lives in for just three months out of the year. For purposes of the Municipal Site Plan, he would be considered a "resident" of Kiawah, covered by the plan and eligible to upgrade to a full membership for just $45.00. That being said, if John lets Nephew Tim and his family use his beach house for a week during the summer, they would not be covered by the Municipal Site Plans.

<u>Coverage:</u>

The MSP will provide coverage for all **insured** household residents from a pickup location originating anywhere in Charleston County (this allows for coverage both on and off the island) and all subsequent flights. (For example, the

patient is airlifted to MUSC and then transported to the burn unit in Augusta, GA. In this situation, the membership would cover both flights.)

If a member resident is **uninsured** at the time of transport, Med-Trans Medical transport will bill the member the "Medicare Allowable Rate." The uninsured member resident may elect to pay $35.00 to upgrade to a "Full Membership" and receive no bill along with gaining coverage across a 32-state service area
*****Any member resident may elect to obtain a "Full Membership" for $35.00 per year. Again, this will provide full coverage across a 32-state service area and for the uninsured.**

ACTION REQUESTED:
Recommend to Town Council the approval of the request to renew the annual agreement with AirMedCare for Municipal Site Plan Membership services at an annual rate of $8,163.00. It comes as a recommendation from the Public Safety Committee.

BUDGET & FINANCIAL DATA: If approved, the cost will be included in the FY 2022-2023 Budget.

Plan Code: 10228

AirMedCare Network Municipal Site Membership
For Town of Kiawah Island, SC

Organization:	Town of Kiawah Island, SC
Physical Address:	4475 Betsy Kerrison Pkway Kiawah Island, SC 29456
Contact:	Petra Reynolds
Phone:	843-768-5101
Email:	preynolds@kiawahisland.org
County:	Charleston

Membership Sales Manager/Base: Open Area MT220

Covered Individuals and Transports:

Any individual who resides within the boundaries of Kiawah Island, SC when transported for medical necessity by Med-Trans Corporation (or any AirMedCare Network Provider) will be covered under the standard terms and conditions for an AirMedCare Network membership (attached), except:

- Transport must be from a pickup location in Charleston County, SC; and
- If the covered individual transported does not have health insurance at the time of transport, Med-Trans Corporation will bill the covered individual at the "Medicare Allowable Rate" for the transport.

Fees:

Kiawah Island, SC will pay to AirMedCare Network a total of $8,163.00 annual.

Upgrade Benefit to Covered Individuals:

Any individual who resides within the boundaries of Kiawah Island, SC may elect to obtain a full household membership (which eliminates the exceptions listed above) by completing an application and paying the following fees:

Standard Annual Rate	*Senior Annual Rate
$45	$35
**Senior rate is available to the primary and secondary household member if they are 60 years of age or older.*	

Duration:

This agreement will be effective upon AirMedCare Network's receipt of (a) this agreement signed by the participating Organization AND (b) payment of the amount as provided above. This agreement will be effective for one (1) year, and will be evaluated by both parties for renewal at least thirty (30) days prior to the end of the one (1) year term.

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Terms and Conditions

AirMedCare Network is an alliance of affiliated air ambulance providers* (each a "**Company**"). An AirMedCare Network membership automatically enrolls you as a member in each Company's membership program. Membership ensures the patient will have no out-of-pocket flight expenses if flown by a Company by providing prepaid protection against a Company's air ambulance costs that are not covered by a member's insurance or other benefits or third party responsibility, subject to the following terms and conditions:

1. Patient transport will be to the closest appropriate medical facility for medical conditions that are deemed by AMCN Provider attending medical professionals to be life- or limb-threatening, or that could lead to permanent disability, and which require emergency air ambulance transport. A patient's medical condition, not membership status, will dictate whether or not air transportation is appropriate and required. Under all circumstances, an AMCN Provider retains the sole right and responsibility to determine whether or not a patient is flown.
2. AMCN Provider air ambulance services may not be available when requested due to factors beyond its control, such as use of the appropriate aircraft by another patient or other circumstances governed by operational requirements or restrictions including, but not limited to, equipment manufacturer limitations, governmental regulations, maintenance requirements, patient condition, age or size, or weather conditions. FAA restrictions prohibit most AMCN Provider aircraft from flying in inclement weather conditions. The primary determinant of whether to accept a flight is always the safety of the patient and medical flight crews. Emergent ground ambulance transport of a member by an AMCN Provider will be covered under the same terms and conditions.
3. Members who have insurance or other benefits, or third party responsibility claims, that cover the cost of ambulance services are financially liable for the cost of AMCN Provider services up to the limit of any such available coverage. In return for payment of the membership fee, the AMCN Provider will consider its air ambulance costs that are not covered by any insurance, benefits or third party responsibility available to the member to have been fully prepaid. The AMCN Provider reserves the right to bill directly any appropriate insurance, benefits provider or third party for services rendered, and members authorize their insurers, benefits providers and responsible third parties to pay any covered amounts directly to the AMCN Provider. Members agree to remit to the AMCN Provider any payment received from insurance or benefit providers or any third party for air medical services provided by the AMCN Provider, not to exceed regular charges. Neither the Company nor AirMedCare Network is an insurance company. Membership is not an insurance policy and cannot be considered as a secondary insurance coverage or a supplement to any insurance coverage. **Neither the Company nor AirMedCare Network will be responsible for payment for services provided by another ambulance service.**
4. Membership starts 15 days after the Company receives a complete application with full payment; however, the waiting period will be waived for unforeseen events occurring during such time. Members must be natural persons. Memberships are non-refundable and non-transferable.
5. Some state laws prohibit Medicaid beneficiaries from being offered membership or being accepted into membership programs. By applying, members certify to the Company that they are not Medicaid beneficiaries.
6. These terms and conditions supersede all previous terms and conditions between a member and the Company or AirMedCare Network, including any other writings, or verbal representations, relating to the terms and conditions of membership.

*Air Evac EMS, Inc. / Guardian Flight, LLC / Med-Trans Corporation / REACH Air Medical Services, LLC — These terms and conditions apply to all AirMedCare Network participating provider membership programs, regardless of which participating provider transports you.

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Agreed to by:

Signature	Signature
Printed Name	***Keith Hovey*** Printed Name
Title	***Vice President*** Title
Organization Name	***Membership*** Division
Date	Date

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