



WASHINGTON COUNTY, ARKANSAS
County Courthouse

October 9, 2015

REGULAR MEETING OF THE
WASHINGTON COUNTY QUORUM COURT

Thursday, October 15, 2015
6:00 p.m.
Washington County Quorum Court Room

AGENDA

1. **CALL TO ORDER.** **JUDGE EDWARDS**
2. **PRAYER AND PLEDGE.**
3. **ROLL CALL.**
4. **ADOPTION OF AGENDA.** At the beginning of each meeting, the agenda shall be approved. Any JP may request an item be added to the agenda subject to approval of the Quorum Court.
5. **APPROVAL OF MINUTES.** Approval of the minutes from the July 16th regular as well as the July 23rd and August 10th special meetings of the Quorum Court.
6. **COUNTY JUDGE'S REPORT.** **JUDGE EDWARDS**
7. **COMMITTEE REPORTS.**
8. **PRESENTATION FROM INSURANCE CONSULTANT NELSON DRIVER ON THE TOTAL COUNTY INSURANCE PACKAGE FOR 2016.** This package will include the county's property and buildings as well as the employees' health care.
9. **REQUEST TO ADD CENTRAL EMS PARAMEDIC AMBULANCE MEMBERSHIP PLAN (PAMP) AS A BENEFIT FOR FULL-TIME WASHINGTON COUNTY EMPLOYEES.** Washington County Employee's Handbook state, "Voluntary deductions are limited to those programs endorsed and approved by Washington County." **(9.1)** **BUTCH POND**

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10. OTHER BUSINESS.

11. CITIZEN'S COMMENTS. Fifteen-minute comment period with a three-minute limit for each individual to comment on items on the agenda or other items.

12. ADJOURNMENT.

/cs



**PARAMEDIC AMBULANCE MEMBERSHIP PLAN
(PAMP)
Group Payroll Deduct Plan**

Organization: Washington County, Arkansas
Address: 280 N. College Suite 150
Contact: Cassi Wood, HR Administrator
Phone: 479-444-1629
E-Mail: cwood@co.washington.ar.us

PAMP Manager: Nell Musser, Patient Account Representative

Participants:

1. The Organization is collecting by payroll deduction the fees shown below from the individuals (Participants) listed on a Participant List (to be provided after the participants complete individual applications) and remitting such fees to the Washington County Regional Ambulance Authority so the participants can be members of the PAMP program as provided in this agreement.
 - a. A participant must be actively affiliated with the Organization (as a member, director, officer, employee or similar relationship) as indicated on the Participant List when the fee for such Participant is paid.
 - b. Each participant must submit a completed application and an initial payroll deduction for the first year's membership dues.
2. For annual payment plans, the Organization may later add a Participant by providing WCRAA with the following for the new Participant: a completed application and a prorated payment based on the number of months left in the year.
3. For monthly payment plans, the current Participant List must be submitted with each monthly payment to ensure proper application of the fees.

Fees and Payment:

1. The first year's membership fee must be paid for the Participant to receive PAMP benefits.
2. The Organization will payroll deduct the next year's dues and submit monthly.

Annual Membership Dues:

Single Person Household:	\$30.00	Multi-Person Household:	\$40.00
Single Uninsured:	\$60.00	Multi-Person Uninsured:	\$75.00

General:

1. Participant membership will be effective upon WCRAA's receipt of: this Agreement signed by the Organization, and; payment of first year's dues, and; membership applications completed by the Participants. Membership will automatically expire without notice after one year, however, if paid within a 60 day grace period, membership will renew. No refunds. Participants may continue membership through Central EMS if no longer an employee of Washington County.
2. WCRAA agrees the Participant lists and membership applications will be used by WCRAA only for the purpose of delivering Central EMS services, will be treated like any other Central EMS confidential information and will not be sold or shared with any third party.
3. This agreement will automatically renew on its anniversary date if no termination notice has been sent by either party and payment for the renewal period is received by Central EMS before expiration of the grace period. Either party may terminate this Agreement at any time and for any reason within 30 days prior written notice to the other party, but termination will not affect issued memberships.

**PARAMEDIC AMBULANCE MEMBERSHIP PLAN
(PAMP)**

CENTRAL EMS

645 S. School Ave. Fayetteville, AR 72701
521-5801 or 267-5805

Annual Membership Dues: Single Person Household: **\$30.00** Multi-Person Household: **\$40.00**
Single Uninsured: **\$60.00** Multi-Person Uninsured: **\$75.00**

Name: _____

Address: _____

City: _____ Zip Code: _____ Phone: _____

Please List All Family Members Living in the Household (Only household members are covered):

Name	Relation	Date of Birth	Social Security	Medicare	Supplement
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Self

Health Insurance Company and Address	Insured's Name	Policy Number
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Your signature below indicates you have read and agreed to the terms of membership.

I authorize the submission of a claim to Medicare, Medicaid, or any other payer for any services provided to me by Central EMS now, in the past, or in the future, until such time as I revoke this authorization in writing. I understand that Central EMS will bill PAMP for any deductible or coinsurance. If I receive any payment for Ambulance Service, I agree to pay this to Central EMS. The Plan will then pay any charges that may be due. If I do not pay Central EMS any insurance received I understand that my membership becomes void, I will owe the total charges, and my membership dues will be non-refundable. If my insurance does not cover my transport PAMP will pay one-half of the charges. If I pay the insurance rate and don't have insurance PAMP will only pay half of any covered transport.

If you have ARKANSAS MEDICAID, you do not need to become a PAMP member. If you lose your Medicaid benefits, you may want to apply for membership.

Privacy Practices Acknowledgment: by signing below, the signer acknowledges Central EMS provided a copy of its Notice of Privacy Practices to the patient or other party with instructions to provide the Notice to the patient.

NOTE: Make your check payable to PAMP and return to the above address. **(Membership does not include wheelchair van transportation.)**

Applicant's Signature: _____ Date: _____

Paramedic Ambulance Membership Plan (PAMP) Information Central EMS

Since the Paramedic Ambulance Membership Plan (PAMP) began, our members have saved hundreds of thousands of dollars. The following may help you to decide if membership is right for you:

All medically necessary emergency ambulance trips by Central EMS to a hospital are covered. Non-emergency trips, or transfers are covered if they are medically necessary (a stretcher must be required by the patient's medical condition, or some type of medical treatment must be needed during transport) and the trip must be from and to a covered location as listed below. There still needs to be a medical reason for using an ambulance for the trip to be covered.

ORIGIN	DESTINATION
Your Home (or nursing home)	Hospital or Skilled Nursing Facility
Skilled Nursing Facility	Hospital, Skilled Nursing Facility, Your Home, or Dialysis Clinic
Hospital	Skilled Nursing Facility, Your Home, Dialysis Clinic, or another Hospital under certain circumstances

If the trip is from a covered location to a covered location and the trip is medically necessary, PAMP will cover the cost after insurance pays its part and you will owe nothing. Emergency trips must originate in Washington County, outside the city limits of Springdale (WCRAA coverage area).

If your trip is not to and from a covered location then PAMP will discount your trip by half. If you are not sure about coverage for a non-emergency transfer, call our office beforehand.

PAMP bills your insurance because Medicare requires it and we wouldn't be able to offer the membership if we didn't. PAMP pays for any co-payments, deductibles, and services not paid by insurance. If your insurance pays you instead of us, you agree to sign that payment over to us a condition of your membership.

If you have no insurance you may still become a member, but your rates will be higher, as indicated on the membership application. Medicare qualifies as insurance only if you have "Part B" coverage. If you lose insurance during the term of your membership, please notify us so we can change the terms of your plan, or you may lose your membership benefits.

If you have supplemental insurance that pays all ambulance charges not paid by Medicare or other primary insurance you may want to check with an insurance company representative to see if you would benefit from a membership. But remember that PAMP members can receive a discount on ambulance trips that most insurance companies don't pay for, saving you hundreds of dollars.

A family membership covers you and members of your immediate family that live at the same address. This includes spouses, parents, grandparents, children, and grandchildren. If someone moves out of the household, they will have to purchase their own membership in order to still be covered. Please make any changes on the yearly membership renewal we send you if your situation changes.

We generally mail out renewal notices at least two weeks before your membership expires, and then two reminders if needed. If you do not renew at that time your membership will expire. If you renew later, you will be subject to the two-week waiting period.

For those of you who have been transported by Central EMS, I'm sure you will agree the membership more than pays for itself. For those who have not been transported, we hope the membership will give you peace of mind concerning a potentially expensive ambulance trip—the charge for one ambulance trip costs more than many years of PAMP membership dues.

We value your membership, and encourage you to let your friends and neighbors know about the program as well.

If you have questions, please call Central EMS at 521-5801 or 267-5805.