FISCAL IMPACT STATEMENT

Indicate the **Total Fiscal Impact** of the action requested, including personnel, operating, and capital costs. Indicate costs for the current fiscal year and continuing costs in future years. Include all related costs necessary to place the asset in service.

1. **DESCRIPTION:** OFD is currently using Intermedix as our billing company for EMS, through a piggyback of the contract Orange County has in place. Orange County has amended this contract to include the services of Public Consulting Group (PCG) and OFD would also like to utilize these services. PCG is working in conjunction with Intermedix to target funds now available through the Certified Public Expenditure Program. This program allows municipalities to collect reimbursement of expenses related to emergency services covered by Medicaid, not previously recoverable. Although this program is still working through the final touches at the State level, there is a potential for up to \$763,237 in reimbursement annually, dating back to Janaury 1, 2016.

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	ee of this action require to include all personnel costs		al or new personnel or the use of overtime?
☐ Yes ☒ No If No, I by the City please incl	now will this item be funde	ed? PLEASE NC funding award, grantor i	callocation of existing Department resources: OTE: If the action is funded by a grant received name, granting agency or office name (if any), l.
Did this item require B	RC action? Yes No	If Yes, BRC Date:	BRC Item #:
4. This item will be c OFR0006_C.	harged to Fund/Dept/Prog	gram/Project: Emergeno	cy Medical Services Transport Fund / OFD /
5.	(a) Current <u>Year Estimate</u>	(b) Next Year <u>Annualized</u>	(c) Annual Continuing <u>Costs Thereafter</u>
Personnel Operating Capital Total	\$	\$	\$
6. If costs do not contin	nue indefinitely, explain na	ture and expiration date	e of costs:
7. OTHER COSTS			
` '	re costs, one-time payments red above: \(\sum \) Yes \(\sur \) No	s, lump sum payments,	or other costs payable for this item at a later
(b) If yes, by Fiscal Ye	ar, identify the dollar amou	unt and year payment is	s due: \$ Payment due date
(c) What is the nature of	of these costs:		
REVENUE:			
	d increase in "valuation" a tangible personal property,		
9. What is source of the	e revenue and the estimated	d annual recurring reven	nue? Source: CPE Program \$ 763,237
	hat is the estimated Fiscal ear \$ non-rec		n-recurring revenue that will be realized?
11. What is the Paybac	k period? years		
12 JUSTIFICATION: Do	ocument justification for re	equest Include anticina	ted economies or efficiencies to be realized by

12. JUSTIFICATION: Document justification for request. Include anticipated economies or efficiencies to be realized by the City, including reductions in personnel or actual cost (cash flow) reductions to be realized in your budget. OFD is currently using Intermedix as our billing company for EMS, through a piggyback of the contract Orange County has in place. Orange County has amended this contract to include the services of Public Consulting Group (PCG) and OFD would also like to utilize these services. PCG is working in conjunction with Intermedix to target funds now available through the Certified Public Expenditure Program. This program allows municipalities to collect reimbursement of expenses related to emergency services covered by Medicaid, not previously recoverable. Although this program is

still working through the final touches at the State level, there is a potential for up to \$763,237 in reimbursement annually, dating back to January 1, 2016.

13. APPROVED: <u>Roderick Williams, Fire Chief</u> (Submitting Director or authorized Division Mgr **Only**) FIS 3/14/08