Board of Works Agenda Items

Date: February 25, 2020

TO: Mayor Fewell
    Board of Works

FROM: Jason D. Horning
      Deputy Chief

I respectfully request the board to approve the following requests:

1.) Resignation of William Bryant as Firefighter/Paramedic effective March 6, 2020.

2.) Letter of agreement with Rooney & Co, LLC for the purpose of filing paperwork and forms for Medicaid Reimbursement.

3.) Ambulance billing contract with Med-Bill Corporation.

4.) Firefighter/Paramedic Josh Brown be moved from Private to Firefighter 2nd Class effective March 7, 2020

Respectfully Submitted,

Jason D. Horning
Greenfield Fire Territory
17 W. South St.
Greenfield, IN 46140

To Whom It May Concern:

I hereby tender my resignation from Greenfield Fire Territory, effective March 6, 2020.

I am grateful for having the opportunity to serve the citizens of the City of Greenfield and Hancock County for the past 4 years and I wish the best for this department and all of my fire brothers and sisters.

Sincerely,

William Gene Bryant III
Firefighter/Paramedic
January 22, 2020

James C. Roberts
Fire Chief
Greenfield Fire Department
17 W. South Street
Greenfield, IN 46140

Dear Chief Roberts,

The purpose of this letter is to confirm the cost report services we will perform, and the scope of the engagement. This engagement is by and between Rooney and Co, LLC, an Indiana limited liability company ("Rooney and Co") and Greenfield Fire Department ("GFD"). Our engagement will include the preparation of the following cost report from the information you supply us:


Rooney and Co is responsible for preparing the cost report listed above in compliance with the cost allocation principles found in OMB Circular A-87 and CMS Pub. 15-1 and based on the instructions outlined in the Indiana Health Coverage Program June 4, 2013 Medicaid Bulletin BT201316. The purpose is to determine the Medicaid program ambulance costs for potential additional Medicaid reimbursement. Rooney and Co will provide GFD a planning guide to assist in compiling the necessary data required for completion of the above report. All statements, records, schedules, working papers, or memoranda prepared by Rooney and Co during our engagement will not be used for any purpose or project other than for dealings with the State of Indiana regarding Medicaid Policy and Planning related issues without written consent.

This engagement is limited solely to cost report preparation. Rooney and Co will not audit or otherwise verify the data you submit (the "Data"). However, the Office of Medicaid Policy and Planning requires that you have adequate documentation to support the cost reports filed, and we may require clarification with regards to the Data you provide. Regardless of whether not separate, several, joint or concurrent liability may be imposed upon Rooney and Co, GFD shall indemnify and hold harmless Rooney and Co from and against all damages, claims, and liability arising from or connected with the Data provided by the GFD. If Rooney and Co shall become a party to litigation or required to respond to an audit of GFD based upon the Data submitted by the GFD or the failure of the cost report to be timely submitted due to the suspension or termination of our work due to non-payment or failure to provide the Data or other necessary info on a timely basis, then GFD shall hold Rooney and Co harmless and indemnify Rooney and Co with respect to all associated costs, including without limit to: attorneys’ fees, accountants’ fees, court costs, interests, and penalties.

Our fees for the cost report preparation will be $4,000 or you may choose a 25% contingency due upon the receipt of the 2018 ambulance supplemental payment. We would agree to limit our fees under the contingency arrangement to $10,000.
If you choose the fixed fee amount of $4,000, you will be invoiced upon completion of the cost report. Our invoices are due and payable within 30 days. If the contingency option is chosen, the payment to Rooney and Co is due within 30 days of receipt of your payment.

We believe the foregoing correctly sets forth our understanding, but if you have any questions, please let us know. If you find the arrangements acceptable, please acknowledge your agreement to the understanding by signing and returning the letter to us.

We look forward to working with you as a client. Should you have questions please contact Lisa Rooney at 317.840.8280 or by email, Lisa.Rooney@Rooneyandco.com.

Sincerely,
Rooney and Co., LLC

/s/ Lisa Rooney
Lisa Rooney, Manager

Please have the authorized agent or other authorized representative select the fee schedule desired, and then execute and date below.

✓ Flat Fee $4,000

— Contingency Fee of 25% of Payment (Limited to $10,000)

I have read and understand the above Agreement, selected the desired fee schedule, received a copy, and accept all of its terms.

Greenfield Fire Department

By: 
Printed: JASON D. HOLMUS

Date: 2-25-2020
Title: Deputy CHIEF