



April 15, 2019
Testimony of Stephen Rush, Assistant Commissioner for Budget and Finance, FDNY
Hearing on Intro 1475

Good afternoon Chair Borelli and all of the Council Members present. My name is Stephen Rush, and I am Assistant Commissioner for Budget & Finance at the New York City Fire Department. I am joined today by Richard Brennan, Director of Revenue Management for the Fire Department. Thank you for the opportunity to speak with you about Introduction 1475.

Introduction 1475, which was introduced by Councilmember Ulrich and Chair Borelli, would amend the Administrative Code of the City of New York to require the Fire Department to make quarterly reports on a variety of information relating to ambulance transport costs. It would require that such report include the number of ambulance transports conducted by the Bureau of Emergency Medical Services; the number of times that the Department has sought reimbursement from a third party entity for an ambulance transport; the number of ambulance transports resulting in the patient receiving a bill and the average amount of that bill; the number of applications that the Department received for patients seeking relief under the Department's charitable care policy; and the number of such charitable care policy applications that were granted.

For the majority of our transports where we are able to bill - close to 90% - the Department seeks reimbursement of transport costs from third party entities such as public and private insurers.



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This can sometimes be a lengthy process, as some patients do not or are not able to provide sufficient insurance information at the time of transport. In these cases, the Department follows up with patients and/or the destination hospital to obtain the correct information and seek reimbursement from the insurance provider. For some patients, we are unable to identify any type of insurance and therefore the patient is the primary responsible party. Among patients for whom insurance is not available, a small number apply for the Department's charitable care policy while others choose to negotiate to settle their bill for a reduced amount.

The Fire Department does not object to the reporting required by Intro 1475. Our one comment about the manner of reporting required in the bill is that reporting the information annually rather than quarterly may make the most sense from a public policy standpoint. As I stated earlier, the process of collecting can take some time and as a result, bills for transport are generally not resolved within a single quarter. Reporting over a yearlong period rather than a single quarter would likely present a more accurate picture of cost collection activity. It would also provide an expanded universe of data, reducing the chances that an anomalous spike in activity skews the data and leads to mistaken conclusions.

We are open to discussion about this and would be happy to take your questions at this time.



The Uniformed EMT's, Paramedics and Inspectors – F.D.N.Y.



Local 2507, District Council 37, AFSCME, AFL-CIO
150-39 14th Avenue, 2nd Floor
Whitestone, New York 11357
(718) 371-0310 Fax: (718) 371-0318

FDNY Budget vs Revenue

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Last year the FDNY EMS budget was 321 million dollars. This was offset by 189 million in collections from insurance companies, Medicare and Medicaid.

However, additional stress was placed on the budget by paying private companies and voluntary hospitals 12 million dollars a year to contract their ambulances into the 911 system. These entities account for 30% of the current daily tour count or 160 shifts per day at a rate of 75 thousand dollars per unit. These units often operate at a level well below what is expected of FDNY EMS units. These units, like all ambulance services, are permitted to bill for services provided. They are also able to fill empty hospital beds (generating additional revenue) at their respective institutions. Thus we pay for inferior service while sacrificing potential revenue. This is conducted under the shadow of a sudden, massive departure of units as witnessed by the Trans-Care departure.

Surprisingly these units tend to be located in the more well to do neighborhoods, such as Astoria, Howard Beach and the Upper East Side, where the rate of people with health insurance is much higher than in areas typically covered by FD Ambulances (e.g. Bed Sty, East NY, South Bronx) This results in a higher pro rata percentage of payment actually collected.

The current situation strikes me as a bit odd. We are in a situation where the Department pays a large sum in order to forgo an increase in their billing capability, while accepting a substandard unit capability. We also further subsidize their participation by providing dispatch data, medical control oversight and routine daily supervision at no charge.

It seems that the revenue stream should be revised, if not reversed. The FDNY should assess a charge to each private entity for the dispatch data that earns them direct as well as indirect revenue. The cost associated with medical control and daily supervision should be paid for up front.

The resulting revenue that would flow to the department could be used to add additional tours to FDNY ambulance matrix without increasing the budget allocations.

Oren Barzilay
President
FDNY EMS Local 2507

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001BI 01G2 Trinity Pl & Rector St
005BB 04D2 Catherine St & East Broadway
005FA 01W2 Canal St & Lafayette St
007CA 04C2 E Houston St & Allen St

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006DA 06D2 West 13 St & 5 Ave
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009DA 04K2 East 8 St & Ave B
009EA 06W2 E 14 ST & AVE A
009KA 06T2 E 14 ST & 2 AVE
013FA 08D2 E 28 St & Park Ave S

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014BA 08F2 PARK AVE & E 38 ST
014BB 08C2 East 44 St & 5 Ave
014BE 08U2 E 42 ST / LEXINGTON AVE
014CA 07F2 W 30 St & 6 Ave
014CA 07G2 W 32 ST / BROADWAY
014GA 81Y2 W 36 ST & 8 AVE
014HA 09F2 West 45 St & 9 Ave
014HA 81E2 W 42 ST & 8 AVE
017BC 08V2 E 34th Street & Lexington Ave
017CA 08G2 E 40 ST & 2 AVE
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024CA 11G2 West 96 St & Amsterdam Ave

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019EA	10W2	East 70 St & York Ave	
019EA	MS1	E 70 ST & YORK AVE	
019GA	10Y2	East 80 St & York Ave	
023AA	10C2	East 86 St & 1 Ave	
023BA	10V2	East 86 St & Park Ave	
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023IA	12G2	East 106 St & 3 Ave	
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AREA M9			
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034EG	13U2	West 184 St & Broadway	
034HB	13V2	Nagle Ave & 10 Ave	
034HC	13G2	Nagle Ave & Dyckman St	

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