



City Council Special Meeting Agenda

Date: 08-01-13
Time: 4:15 p.m.
Location: City Hall Council Chambers

- Mayor Nancy Tia Brown
- Donny Anderson
- Bryan Edwards
- Jerry Fritz
- Landon Greer
- Steve Miller
- Stan Wolz
- City Administrator, Jenni Rosencranse
- Administrative Services Officer, Cindy Baker
- City Attorney, Scott Kolpitcke

- Discuss EagleMed – Air Evac Service
 - Staff Reference: Jenni Rosencranse, City Administrator
 - Spokesperson: Gary Robson, Membership Sales Manager
- Discuss a request from staff to negotiate solely with Engineering Associates for professional services associated with the Wastewater Treatment Plant to include contract for the Design, Construction Observation and Administration duties associated with the improvements to the Wastewater Treatment Plant.
 - Spokesperson: Steve Payne, Public Works Director
- Review Council Agenda for August 6, 2013.
- Staff Updates
- Council Updates.
- Meeting Reminders:
 - Tuesday, August 6, 2013 – Regular Council Meeting 7:00 p.m. City Council Chambers (pre-meeting 6:30 p.m.)
 - Thursday, August 15, 2013 – Council Work Session 4:15 p.m. City Council Chambers

Time Adjourned: _____

City of Cody Agenda Request Form

In order to fully prepare the Council for their meetings, individuals wishing to appear before the Council are asked to complete the following information prior to placement on the agenda. You may be notified by mail, telephone or e-mail of the date you have been scheduled to appear. You may also be contacted by City staff prior to the meeting to see if your concerns can be addressed without appearing before the Council.

Please provide the following detailed information relating to your concern or request. This form (and any relevant attachments) is due no later than seven days prior to a Council meeting to allow sufficient time for internal review. Council packets are prepared the Wednesday prior to the Tuesday meetings. Meetings are held the first and third Tuesday of each month. Please complete the following information in full and return to City of Cody PO Box 2200 Cody, WY 82414 (Fax 307-527-6532)

Name of person to appear before the Council GARY ROBSON

Organization Represented Eagle Med.

Date you wish to appear before the Council July 25th, 2013 Thursday workshop

Mailing Address 1516 Big Horn Ave Telephone (307)254-2644

E-Mail Address gary.robson@amgh.us

Preferred form of contact: Telephone E-Mail

Names of all individuals who will speak on this topic GARY ROBSON

Event Title (if applicable) _____

Date(s) of Event (if applicable) _____

Full description of topic to be discussed (include all relevant information, attach additional sheet if necessary) A municipal membership in which
The Citizens of Cody can opt in for AIR EVAC SERVICE.
~~AIR~~

Which City employee(s) have you spoken to about this issue? MAYOR

Signature [Signature] Date 7/10/13



Time Means Everything...Especially in a Medical Emergency

How many times have you read or heard a story of someone who is alive today as a result of quick and effective response to his or her medical emergency? The National Center for Disease Control (CDC) and the National Center for Health Statistics report that over 123 million Americans are visiting hospital emergency rooms every year. What's more, reducing the time to receive definitive care for any medical emergency can save lives. CDC-supported research shows a 25% reduction in deaths for severely injured patients who receive care at a Level I trauma center rather than at a non-trauma center. EagleMed provides air ambulance service that can help reduce time to the appropriate Level 1 trauma center.

Peace of Mind - Protect You and Your Family Financially

Living miles away from the nearest medical facility creates the need for air medical transport in life- and limb-threatening emergencies. Even with medical insurance, an air medical transport can leave you with unexpected out-of-pocket expenses, burdening your finances and family. Give yourself peace of mind, enabling you and your family to focus on recovery during an emergency, by becoming an AirMedCare Network member today. When you become a member, you will have no out-of-pocket flight expenses if you are flown by one of our participating providers.

The Largest Membership Program of its Kind

AirMedCare Network is an alliance among EagleMed, Air Evac Lifeteam, Med-Trans Air Medical Transport, REACH Air Medical Services, and Cal-Ore Life Flight, creating America's largest air ambulance membership program. An AirMedCare Network membership automatically enrolls you in all 5 company membership programs, giving you membership coverage in over 200 locations across 28 states. Join today and you can receive membership in the AirMedCare Network at the same low price as the individual membership programs, giving you membership across 5 leading air ambulance operators for the price of 1! Take advantage of this great opportunity today!



Benefits of Joining the AirMedCare Network

By participating in the AirMedCare Network, you become part of the ever-expanding family of over 1,300,000 members.

Being a member means you benefit from:

- **Peace of Mind.** You get financial peace of mind so you can focus on your recovery, if you are flown by any AirMedCare Network participating provider- EagleMed, Air Evac Lifeteam, Med-Trans Air Medical Transport, REACH Air Medical Services, or Cal-Ore Life Flight (transport by other air ambulance providers are not covered)- because you have no out-of-pocket flight expenses and we work with your benefits provider(s) to take care of everything related to your flight!
- **Strength and Stability.** AirMedCare Network is the largest membership program of its kind, combining the membership programs of five leading air ambulance companies.
- **Broad Geographical Coverage.** Our participating providers have over 200 bases with helicopters and/or airplanes across 28 states standing-by to provide emergency medical service 24 hours a day, 365 days a year. However, if our network provider in your area is not requested for your transport or if it is not available for any reason such as being committed on

another patient flight or out of service for weather or maintenance-related issues, you may need to be transported by a ground ambulance or an out of network air ambulance provider. Your membership only covers flights by AirMedCare Network participating providers so you will be responsible for payment to other service providers. It is important that you get the medical care you need as quickly as possible, regardless of who provides the transport, so you have the best chance for survival and degree of recovery.

Build A Stronger Community

When you become an EagleMed member, you will be supporting the healthcare needs of your family, friends and neighbors. Our membership base helps support our operations in rural areas where having a quick response time to critical medical situations can save lives.

ENROLL TODAY
CALL 1.800.793.0010
OR VISIT
www.joineaglemed.com

Membership Terms and Conditions

An EagleMed LLC ("Company") membership ensures the patient will have no out-of-pocket flight expenses if flown by the Company or another AirMedCare Network participating provider (together with the Company, each an "AMCN Provider") by providing prepaid protection against AMCN Provider emergent 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.

Membership Enrollment

To enroll by phone, call 800.793.0010
or online at www.joineaglemed.com

Membership Fees

Membership	Fee	Household	(select one)
Platinum (25 Year) Membership*	\$925	1 member household	<input type="checkbox"/>
	\$1125	2 or more member household	<input type="checkbox"/>
5-Year Membership*	\$225	1 member household	<input type="checkbox"/>
	\$250	2 member household	<input type="checkbox"/>
	\$275	3 or more member household	<input type="checkbox"/>
3-Year Membership*	\$135	1 member household	<input type="checkbox"/>
	\$150	2 member household	<input type="checkbox"/>
	\$165	3 or more member household	<input type="checkbox"/>
1-Year Membership	\$50	1 member household	<input type="checkbox"/>
	\$55	2 member household	<input type="checkbox"/>
	\$60	3 of more member household	<input type="checkbox"/>

*Multi-year memberships are not available in Indiana or California

Monthly Option

Monthly Membership*	\$6	for either a single or multi-member household	<input type="checkbox"/>
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*Monthly Membership is only available with monthly recurring payment option

PAYMENT OPTIONS (select one)

- Check or money order. Make payable to: AirMedCare Network
- One time credit card payment or automatic transfer from checking account.
- Recurring annual credit card payment or automatic transfer from checking account. Please make my recurring payment each year on this date:
MONTH _____ / DAY _____
- Recurring monthly credit card payment or automatic transfer from checking account. Please make my recurring payment each month on this day:
DAY _____

Total 1st Payment Amount \$ _____
Total Annual / Monthly Recurring Amount \$ _____

Bank Information

Name on bank account _____
Routing number _____ Account number (please attach a voided check) _____
 VISA MasterCard Discover American Express
 Credit Card Number _____ Expires _____

X Signature _____ 3 digit code on back of card _____

Statement of Authorization I authorize AirMedCare Network to initiate the recurring credit card charge or EFT withdrawal as indicated above. I may change or cancel this recurring payment by notifying AirMedCare Network in writing. All notifications must be received by the first of the month in order to alter the month's transaction. If I have elected to pay by credit card, I agree to abide by all terms and conditions of my credit card agreement. If I have elected to pay via EFT, I authorize my financial institution to transfer the amount indicated on the attached voided check to AirMedCare Network. Adjusting entries to correct errors are also authorized. It is agreed that these debits and adjustments will be made electronically and under the rules of the National Automated Clearing House Association (NACHA). This authorization is to remain in full force and effect until written notification is given to AirMedCare Network of its termination.

X (Signature required for recurring payment) _____ Month _____ Day _____ Year _____

Member Contact Information

By applying for membership, I agree to EagleMed terms and conditions on the reverse side. Initials: _____

Today's Date: MONTH _____ / DAY _____ / YEAR _____
 Member Name: _____
 Physical Address: _____
 City: _____ State: _____ Zip: _____
 Mailing Address: _____
 (if different from above)
 City: _____ State: _____ Zip: _____
 County: _____
 Home Phone: _____
 Cell Phone: _____
 Work Phone: _____
 E-Mail: _____
*In order to sign up with recurring payment options, you must provide a valid email address

Date of Birth: MONTH _____ / DAY _____ / YEAR _____

List Other Persons In Household and Date of Birth

If there are other household members not listed here then please attach another sheet with their name and date of birth.

Name: _____
 Date of Birth: MONTH _____ / DAY _____ / YEAR _____
 Name: _____
 Date of Birth: MONTH _____ / DAY _____ / YEAR _____
 Name: _____
 Date of Birth: MONTH _____ / DAY _____ / YEAR _____
 Name: _____
 Date of Birth: MONTH _____ / DAY _____ / YEAR _____

For customer service inquiries please call:
800.793.0010 or fax changes to 866.299.3303

Membership enrollment forms may be mailed to:
AirMedCare Network, PO Box 948, West Plains, MO 65775

EagleMed GET CODE TRACK CODE PLAN CODE

For Info Call
Gary Robson
307-254-2644

SERVICE BASES



800.793.0010 www.joineaglemed.com



866-221-1024
www.airmedcarenetwork.com



Membership Program



TRIM ALONG LINE

EMB0513

MEETING DATE: AUGUST 6, 2013
DEPARTMENT: PUBLIC WORKS
PREPARED BY: STEPHEN PAYNE, PE
DEPT. DIR. APPROVAL: SNO
CITY ADM. APPROVAL: _____
PRESENTED BY: STEPHEN W. PAYNE, PE

AGENDA ITEM SUMMARY REPORT PROFESSIONAL SERVICES CONTRACT

ACTION:

Staff requests that the Mayor and Council allow City Staff to negotiate solely with Engineering Associates for professional services associated with the Wastewater Treatment Plant. This would include all professional services contracts for the Design, Bid and Construction Observation and Administration duties associated with improvements to the Wastewater Treatment Plant.

In the FY2012-2013 budget, the Council authorized the development of a Master Plan study of the sewer lagoons that was completed by Engineering Associates. The study outlined a Flow Diagram for anticipated work over the next several years. The diagram identified required improvements that are anticipated to cost \$8.5 million. A complete understanding of the existing and proposed facilities is a necessity to address the complexity and inter-related issues associated with these improvements. Engineering Associates (EA) performed the work to develop the Flow Diagram, prepared the Study Report, designed the existing WWTF and pump stations, and has worked closely with City of Cody personnel to develop the current vision approved by Council. EA is in a unique position to know how the projects outlined in the flow diagram must progress and the factors that may affect future decisions which the City must make while following this flow progression. While the study was comprehensive and outlined project improvements, it did not include plans and specifications. Due to the complexity of the issues, the depth of experience of EA with Sanitary Sewer Designs in general and with Cody specifically, staff feels that one firm should complete the work and the firm should be EA.

How is this request different than how we have done business in the past? This request asks for sole sourcing engineering services for the sewer lagoon system to Engineering Associates. Each and every contract will still need to be confirmed and acted on by the Council. For other projects, the City requests Engineering Proposals from all of the local firms as projects become budgeted. A subcommittee is established that includes Council representation and the proposals are reviewed. The subcommittee utilizes a quality based selection process to select the best firm. Whichever firm is recommended for the project by the subcommittee typically then gets approved for a contract by the Council.

SUMMARY:

The Council authorized the expenditure of \$480,240 to complete the construction of a new sewer main on West Cooper Lane for fiscal year 2013-2014. The existing sewer main needs to be raised to enable new facilities to be constructed at the lagoons. Staff would like to hire EA to complete the Design, Bid and Construction Observation and Administration duties associated with the planned improvements.

FISCAL IMPACT

The contract has yet to be negotiated, but is likely to be based on actual hours worked plus expenses, which reflects savings as opposed to a fixed fee project. As mentioned, the engineering services contract will need to be negotiated, but will likely be for a Not to Exceed amount of \$69,600.

ALTERNATIVES

1. Authorize staff to negotiate a professional services contract with Engineering Associates.
2. Require staff follow the RFQ and review process.

RECOMMENDATION

Staff recommends that the Mayor and Council allow City Staff to negotiate solely with EA for professional services associated with the Wastewater Treatment Plant. This would include all professional services contracts for the Design,

AGENDA ITEM NO. _____

Bid and Construction Observation and Administration duties associated with improvements to the Wastewater Treatment Plant.

ATTACHMENTS

None

AGENDA & SUMMARY REPORT TO:

Rob Overfield, PE – Engineering Associates