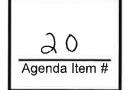


# Board of County Commissioners Agenda Request



Requested Meeting Date: February 25, 2020

Title of Item: Approve Mille Lacs Health Systems Ambulance Contract

REGULAR AGENDA	Action Requested:	Direction Requested
CONSENT AGENDA	Approve/Deny Motion	Discussion Item
INFORMATION ONLY	Adopt Resolution (attach dr	aft) Hold Public Hearing* e copy of hearing notice that was published
Submitted by: Jessica Seibert, County Administrator		<b>Department:</b> Administration
Presenter (Name and Title):		Estimated Time Needed:
Summary of Issue:		<u>.</u>
Annual renewal of Mille Lacs Health Sy	stems Ambulance contract.	
Alternatives, Options, Effects on	Others/Comments:	
Recommended Action/Motion: Approve annual contract for Mille Lacs	Health Systems Ambulance.	
Financial Impact:		
Is there a cost associated with this What is the total cost, with tax and		∐ No
Is this budgeted? Yes	No Please Expl	lain:

204 FIRST STREET NW AITKIN, MINNESOTA 56431-1291 PHONE 1-800-328-3744 or 1-218-927-7200 FAX # 1-218-927-7210

#### Contract

Mille Lacs Health Systems Ambulance

# **Objective**

Furnish Ambulance services within Aitkin County

# **Opportunity**

**Existing Contract** 

## Existing or New Contract

This is an existing contract.

### Changes to Existing Contract

Renewal, just changed the dates to reflect 2020

#### Timeline for Execution

January 1, 2020 to December 31, 2020.

#### Conclusion

Board approval is requested.



AITKIN, MINNESOTA 56431-1291
PHONE 1-800-328-3744 or 1-218-927-7200
FAX # 1-218-927-7210

### **AMBULANCE SERVICE CONTRACT**

THIS AGREEMENT between the Aitkin County Board of Commissioners, Aitkin, Minnesota, hereinafter referred to as the "County" and Mille Lacs Health Systems Ambulance, 200 North Elm Street, P.O. Box A, Onamia, Minnesota 56539, hereinafter referred to as the "Contractor"; enter into this contract for the period from January 1, 2020 to December 31, 2020.

The Contractor agrees to furnish ambulance service in Aitkin County, Minnesota, under the following terms and conditions:

- I. Contractor agrees to furnish efficient and prompt ambulance service to all persons desiring the same within the state license service area, and shall have not less than one (1) ambulance in service capable of rendering efficient service. Ambulances shall be equipped in accordance with the current State of Minnesota regulations and licensure.
- II. Contractor shall man ambulances with personnel in sufficient number to furnish service adequate to the needs of calls or emergencies normally encountered. Ambulance drivers and attendants shall have received training, which meet the requirements of Minnesota Statues.
- III. Ambulance service shall be provided by the Contractor on a twenty-four (24) hour, seven (7) day basis. The Contractor shall immediately respond to requests for service initiated by any person.
- IV. All patients shall be taken to hospitals as determined by applicable Minnesota Statutes and/or Rules. All patients shall be taken to the hospital of their choice within a reasonable distance if said choice is not contrary to applicable Minnesota Statutes and/or Rules. Should the patient indicate a preference, said patient shall be taken to the hospital where the appropriate care can be provided.
- V. The County agrees to pay the Contractor a fee of \$20.00 per request for service, and \$55.00 per no load runs, to a maximum of \$2,000.00 per calendar year. This agreement shall not include transfers from the local hospital to other tertiary care facilities outside the County. The County will reimburse the Contractor on a monthly basis after receiving a monthly receipt of ambulance runs in Aitkin County. This itemization will include dates of service, type of service (emergency or no load run). In addition, the Contractor shall be privileged to charge each person requesting transportation a reasonable service fee in accordance with a schedule from time to time set by the Contractor.
- VI. Each of the parties shall defend, indemnify, save and hold the other party harmless from the liability arising out of the actions of the indemnifying party in connection with the operation of the ambulances or any other services performed under the terms of the contract.
- VII. The Contractor does further agree that, in order to protect itself as well as the Agency under the indemnity agreement provision hereinabove set forth, it will, at all times during this contract, have and keep in force a liability insurance policy naming the County as an insured or additional insured in the amount at least equal to the maximum liability limits set forth in Minnesota Statutes 466.04, subd. 1(a)(3), of at least \$500,000.00 bodily injury per occurrence, up to \$1,500,000.00 per

accident and \$50,000.00 property damage and agrees to provide a certificate of insurance or other document demonstrating that such insurance has been procured to the County.

- VIII. Contractor shall also procure motor vehicle insurance and worker's compensation insurance as required under applicable Minnesota laws and agrees to provide certificates of insurance or other documents demonstrating that such insurance has been procured.
- IX. The Contractor shall not sell, assign, or in any way divest itself of its interest herein without prior written notice by registered mail of at least 120 days to the County.
- X. The Contractor agrees to comply in all requests with the requirements of the State of Minnesota, Federal laws, and County or City Ordinances which may be applicable hereto in the operation of its ambulance service.
- XI. Either party may cancel this Agreement, with or without cause, upon written notice by registered mail of at least 120 days.
- XII. All notices to either party must be in writing mailed by certified mail, return receipt requested, to the address of each party. Notices are effective on the date of mailing.
- XIII. That said Mille Lacs Health Systems Ambulance shall submit to the County of Aitkin, an annual complete itemized financial statement detailing the ambulance activities, by February 1, 2020. Document shall be mailed to:

CYNTHIA BENNETT, DIRECTOR AITKIN COUNTY HEALTH & HUMAN SERVICES 204 1st STREET N.W. AITKIN, MN 56431

Director of ACH&HS	Date		
Chairperson - Aitkin County Board of Commissioners	Date		
Contractor and Title	12 -31-19 Date		
Printed Name of Contractor signing this document			
Approved as to form and execution:			
Aitkin County Attorney	Date		



#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/2/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

certificate holder in lieu of suc			To accomplish on this serimodic does in	or comer rights	to the
PRODUCER			CONTACT Kathy Gregerson		
GIS of Northeastern MN			PHONE (A/C, No, Ext): (218) 327-1854	FAX (A/C, No): (218) 999	9-0393
407 S. Pokegama Ave.			E-MAIL ADDRESS: kgregerson@gismn.com		
			INSURER(S) AFFORDING COVERAGE		NAIC #
Grand Rapids	MN	55744	INSURERA: MMIC Insurance, Inc.		16942
INSURED			INSURER B: Travelers Indemnity Co of C	r	25682
Mille Lacs Health System			INSURER C: Greater MN Self-Insurance Fi		
200 North Elm Street			INSURER D :		
			INSURER E :		
Onamia	MIN	56359	INSURER F:		
COVERAGES		CERTIFICATE NUMBER:	REVISION NUM		
INDICATED NOTWITHSTANDING OF CERTIFICATE MAY BE ISSUED OR EXCLUSIONS AND CONDITIONS OF CONDITIONS OF CERTIFICATION OF CERTIFI	ANY I MAY	REQUIREMENT, TERM OR CONDITION OF AN	EN ISSUED TO THE INSURED NAMED ABOVE FOR TH NY CONTRACT OR OTHER DOCUMENT WITH RESPEC THE POLICIES DESCRIBED HEREIN IS SUBJECT TO AI IEN REDUCED BY PAID CLAIMS.	T TO WHICH THIS	5
INSR LTR TYPE OF INSURANCE		ADDL SUBR POLICY NUMBER	POLICY EFF POLICY EXP	LIMITS	

LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$ 1,000,00	00
A	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,00	00
1				MHP000240	1/1/2020	1/1/2021	MED EXP (Any one person)	\$ 10,00	00
1							PERSONAL & ADV INJURY	\$ 1,000,00	00
1	GEN'LAGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 3,000,00	00
1	X POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$ 3,000,00	00
	OTHER:							\$	
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,00	00
В	X ANY AUTO	1					BODILY INJURY (Per person)	\$	
	ALL OWNED SCHEDULED AUTOS			BA-2L706144	1/1/2020	1/1/2021	BODILY INJURY (Per accident)	\$	
ľ	HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
							N=0.00000000000000000000000000000000000	\$	
	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$ 10,000,00	00
A	X EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$ 10,000,00	00
_	DED RETENTION \$			мнр000240	1/1/2020	1/1/2021		\$	
1	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						X PER OTH-		
l	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$ 2,000,00	00
C	(Mandatory in NH) If yes, describe under			49-0264	10/1/2019	10/1/2020	E.L. DISEASE - EA EMPLOYEE	\$ 2,000,00	00
<u> </u>	DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 2,000,00	00
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l									
_									
DESC	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)								

CERTIFICATE HOLDER	CANCELLATION			
Mille Lacs Health System 200 N Elm St. Onamia, MN 56359	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.			
	AUTHORIZED REPRESENTATIVE			
	Kathy Gregerson/KATHY			

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