## Commissioners, hospital board discuss ambulance options

nt.betz@nwkansas.com Sherman County commissioners and the Goodland Regional Medical Center board and administration spent two hours last Monday evening talking about options facing the ambulance service in the next

The commissioners and hospital board were to discuss a hospital proposed interlocal agreement dealing with the future operation of the ambulance service, but the commissioners said they did not like the agreement and would try to come up with

The commissioners were to travel to Norton on Monday to meet with the ambulance service director in Norton County. The ambulance service in Norton is operated by the county, and Sherman County Clerk Janet Rumpel said it appears to be a good fit with Sherman County rather than the larger ambulance services the commissioners visited last year.

The commissioners were planning to make it a double working trip as they were to review the county budget on the way to

Hospital board member Patty Eckhardt said she had been on the board the longest and felt the hospital financing was hard to understand because it was not as simple as business operations she was more familiar

"This affects the entire community," she said, "and everyone needs to know what is

"I have been on the board the longest and it is hard to understand how different

the financial atmosphere is for the hospital compared to what we normally know. I learn something every meeting and every year. I could not sit down without Jim Precht to be able to explain the cost report. The ambulance doesn't work that way because of Medicare. We keep asking questions to be more confident that we are trying to do the right thing.

Commissioner Larry Enfield said he was looking at everything as a business, and he felt the county has to have the finances to make the ambulance work. He said without the fiances he did not want to go down that

Eckhardt asked if Enfield felt he had an understanding of hospital accounting.

Enfield said not really. He said he wanted to give some history on the money from Sherman County going to the ambulance and the hospital.

He said he was told the county was giving 2 mills of property tax to the ambulance, but he went back and looked and before 1997 the county gave .89 mills to the hospital for the ambulance. That was changed to coming out of the medical services sales

He said the quarter-cent sales tax brings in about \$270,000 to \$280,000 a year. He said the money funds several programs including senior centers, senior meals, some money for Good Samaritan Society and the Northwest EMS ambulance service.

He said the commissioners concern about the ambulance service is having enough money to operate it because they do not have any reserves in case there was a problem in the early part or middle of the year.

He said in visiting with Norton County they give their hospital 2 mills of property tax and Sherman County is giving the hospital about 6 mills. He said the commissioners feel they need a reserve of about \$200,000 for the ambulance service at least until it gets going as a county department.

"The county cannot borrow money," Enfield said. "We can use lease-purchase for equipment or go to the state if we have an emergency and with approval can do a bond to get money."

Brenda McCants said there seems to be a myth that the hospital board wants to get rid of the ambulance service.

"We want to be prudent with our money and make sure we are giving the taxpayers a good ambulance service," she said. "We want to be sure we are using the money properly. We did not want to get rid of the ambulance service just to get rid of it."

Enfield said it was not a matter of the hospital or the county, but said they want to work together to keep a god ambulance service for the people.

McCants asked Precht to explain what the hospital was facing on the ambulance

Precht said the board is not trying to dump something that is losing money, but that every year because the hospital operates the ambulance service they are giving about \$40,000 back to Medicare.

"It seems silly to give that money back," he said. "We need to change how we do the service to save that money.'

Eckhardt said at the end of the day the hospital and county would have the same

money back to Medicare.

She said with the non-allowable overhead charged to the hospital because of the ambulance service approximately \$500,000 over five years has gone back to Medicare and those are tax dollars we would like to use to improve the hospital care.

Medicare does not pay for expenses, she said. If we can change the system and have the expenses on the county books Medicare cannot subtract all that. They would have to deal with it as a stand along ambulance

Jolly said the purpose of the proposal is to keep the service going as similar as possible with the county handling the billing and paying the bills.

"The way Medicare looks at it since they make the rules," he said, "they can show they are paying our costs. It is a stacked deck in their favor."

Jolly handed out a sheet of paper from April 5, showing the ambulance service income and direct and indirect expenses. For last year the ambulance service showed net patient revenue of \$333,080. The direct expenses including salary and wages, supplies, repairs, licenses and insurance totaled \$278,539. The indirect expenses were \$80,743, and Jolly said about half of that was the overhead for the hospital that is subtracted by Medicare. With the indirect expenses the total expenses were \$359,282, leaving the service in the red by \$26,201. With the \$63,000 from Sherman County the net income was \$36,799.

Jolly said the hospital had to spend \$132,520 for a new ambulance and Sherservice, but it would be without giving the man County contributed \$35,000 to that

purchase. By adding back in the depreciation the net cash flow was \$5,833.

Jolly said in the list of indirect expenses the county would have to pay employee benefits, but the other costs such as cafeteria would not be an expense.

Ambulance director Bruce Gleason said if the ambulance service is not run by a hospital there are some grants that could become available. He said some are for equipment and some for training.

Commissioner Cynthia Strnad said there was a difference of opinion among the commissioners. She said all three agree they want the best service possible, but looking at the financial information she said it appears to be self-sustaining. However, she was concerned about not having enough

"My concern is that the three of us and who else comes in we don't have the expertise to do it," she said. "We will be relying on the director, and did not feel the agreement meets quite what we are looking for."

Strnad said she is concerned the service has been losing money.

Precht said actually the ambulance service has been cash flowing and making money, but it has been the overhead charged off by Medicare that has put it in the red. He said that will not be the case if the county is not giving money back to Medicare.

McCants asked if the county has a proposed agreement to give the hospital. Enfield said not at this time.

The commissioners said they would get back to the hospital after making a trip to Norton to learn about their county run am-

## Petitions being circulated to help save Bonny Reservoir

nt.betz@nwkansas.com Petitions are being circulated in Goodland, St. Francis and around eastern Colorado to try to save Bonny Lake in Yuma County, Colo., and supporters feel they have a good way to save the water and the state park.

Time is running out as the Colorado Division of Natural Resources has announced the lake will be drained sometime after Labor Day, – Monday, Sept. 5 – unless an agreement with Kansas can be worked out.

The latest effort is to get people in northwestern Kansas and northeastern Colorado to show their support for saving Bonny by signing petitions scattered around or by signing an online petition asking Colorado and Kansas to seek a joint way to save and operate the lake and state park.

In Goodland the petitions can be found at Dan Brenner Ford and Yost Farm Supply. This petition asks Colorado, Kansas and Nebraska to save Bonny State Park. The petisaid Don Stewart of Burlington.

Stewart is president of Flatland-

ington, and the club has volunteered to maintain the 56 acres (visitor center and campground) for three years as long as Colorado will keep it a state park.

Audrey Hase of Kirk, Colo., took up the challenge to save Bonny, and wrote to Kansas Gov. Sam Brownback. Brownback wrote back saying the decision to drain the reservoir has been made by Colorado, and Kansas has not requested this action.

Hase said the main issues are to get Colorado into compact compliance with Kansas on the South Fork of the Republican River. She said the bottom line is Colorado has to deliver the water to Kansas. She said the second main issue is

not to shut down any more irrigation wells in northeast Colorado. She said Colorado has already taken 30,000 acres out of irrigation, and farmers don't want to shut down any more with the already poor econotions are a part of the effort to show to deliver water to the Republican Alexandra Davis of the Colorado officials in Denver and Topeka River in Kansas, but it will not be Department of Natural Resources. completed until next year.

ers Campground Club from Burl- from Bonny, and Hase has an idea that might give both Colorado and Kansas a reason to save the lake. She said the idea would be to have Kansas own the water in the lake and Colorado would own the land and both states could operate the park with people from Kansas being able to use their Kansas State Park permits at Bonny.

"Eastern Colorado and Western Kansas Communities can benefit from the economic boom of a thriving reservoir," Hase said. "When Bonny is full it brings in 260,000 visitors and translates to \$9 million of economic revenue flowing through the area in the form of gas, food, liquor, camping supplies, etc. This does not factor in the revenue the park, state, counties, etc. will see in the form of park passes, licenses, camping fees, leases, jobs, the list goes on and on.'

Hase has been in contact with Colorado Gov. John Hickenlooper, and my. Colorado is building a pipeline has gotten positive feedback from

The primary message I have re The main sticking point appar-ceived is both states are interested in ently is the annual evaporation saving Bonny Reservoir, however,"

she said, "until there is a doable solution for compact compliance, saving Bonny is a dead end. Because of the hydrology of the Republican River Basin and the delayed depletions caused by well pumping, compact compliance options are limited. On Kansas's side, they just want their water, period. Colorado needs to provide it under the compact. However, they do not want to see Bonny Reservoir drained and there is a huge communication breakdown, because they don't understand why Colorado is choosing this solution."

The final piece came from Bud Mekelburg who belongs to a group that represents the three states inhad come to the group's attention of no use, and Kansas investing in a this spring the Kansas Water Commission was planning to build some type of reservoir/water holding retention area on the South Fork on the Kansas side. The three-state group had written a letter to the Kansas Water Commission in April and questioned the reasoning for such a reservoir, Hase said. "The thought is we owe Kansas

about 4,000 acre feet of water every year for evaporation," she said. "What if, instead of releasing this down the river, it was held in Bonny Reservoir as the property of Kansas. This seems to solve the problem. Kansas gets their water and instead terests in the Republican River. It of it going down the river and being

multi-million dollar reservoir for regeneration, they have an opportunity to share in an interest in Bonny since they own the water in a reservoir only seven miles from the Kansas state line. They need each other to make this work." In addition to the written petitions

Hase started an online petition. She is hoping people will sign the petitions and send messages of support to Kan. Gov. Brownback and Colo. Gov. Hickenlooper. The group's information can be

found on Facebook at Eastern Colorado Irrigation/Water Issues. The online petition is http://www.ipetitions.com/petition/savebonny/.

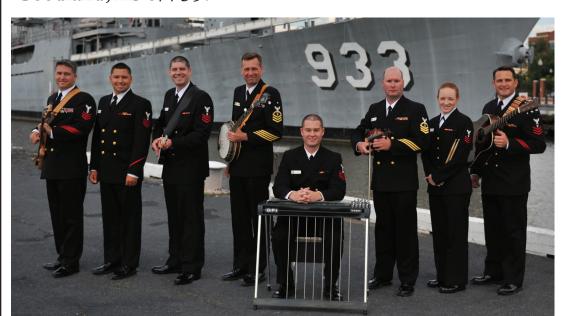
## Why Not Travel to Denver for Your Dentistry?

Especially when we'll pay for your hotel! \*

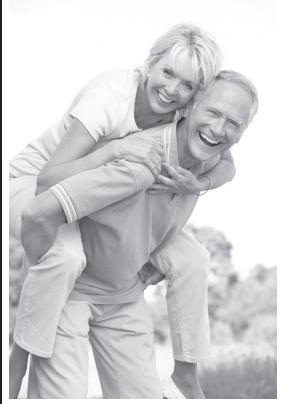


Saturday, Sept.10, 7:30 p.m. Max Jones Fieldhouse

Free concert tickets available for pick-up at The Goodland Star-News, 1205 Main, Goodland or by sending Self Addressed Stamped envelop to COUNTRY CURRENT, 1205 Main, Goodland, KS 67735.



Sponsored by The Goodland Star-News and Goodland School District



Your care can be completed much faster since it is all done by one doctor in one location.

**Immediate** appointments available. complex. If you have a healthy smile but want to enhance it, Dr. Barotz is known for his exquisite cosmetic dentistry including perfection in porcelain veneers and **Invisalign** clear orthodontics. If you have serious concerns about the health of your mouth, or have loose or missing teeth, Dr. Barotz, with his 30 years experience, can provide Total Dental Solutions

which will eliminate the need to be referred

from doctor to doctor to doctor if you want to save your teeth, beautify them, or replace

missing teeth with bionic dental implants. Call us today for a complimentary consultation.

As a mature adult, your dental needs are more

**Barotz Dental provides:** 

• Laser Gum Therapy, which eliminates the need for cut and stitch gum surgery for patients with gum disease who want to save their teeth.

Custom Drop Dead Gorgeous

**Dentures** which provide denture wearers the same exquisite cosmetics provided for people with natural teeth.

 Dental Implants to lock down or eliminate dentures or replace one or more missing teeth.

• No Fear Sleep Dentistry if fear has been keeping you away from the dentist.

Call today for your complimentary consultation!



**Charles Barotz, DDS** 303 16th Street Mall, Suite 250 Denver, Colorado 80202

Visit DenverDentist.com or call us at (303) 532-1151

\*Hotel stay included for patients with extensive treatment.