

# MOBILE INTEGRATED HEALTHCARE CO-PROVIDER SERVICES AGREEMENT

---

This Mobile Integrated Healthcare Co-Provider Services Agreement (“Agreement”) is entered into this \_\_\_ day of \_\_\_\_\_, 2026 (“Effective Date”), by and between COLUMBUS, GEORGIA CONSOLIDATED GOVERNMENT, a political subdivision of the State of Georgia, acting by and through its Columbus Department of Fire and Emergency Medical Services (“CFEMS”), and MERCYMED OF COLUMBUS, a Georgia nonprofit corporation (“Provider”).

## ARTICLE 1 – PURPOSE

The purpose of this Agreement is to establish a collaborative Mobile Integrated Healthcare (MIH) program to serve residents of Muscogee County, Georgia, with the goal of improving patient outcomes, reducing unnecessary 911 utilization, and enhancing continuity of care.

## ARTICLE 2 – INDEPENDENT CONTRACTOR RELATIONSHIP

The Parties are independent entities. Nothing in this Agreement shall be construed to create a partnership, joint venture, agency, employment relationship, or revenue-sharing arrangement.

**The Parties are independent entities and shall remain separate and distinct organizations. Nothing in this Agreement shall be construed to create a partnership, joint venture, agency, employment relationship, fiduciary relationship, or revenue-sharing arrangement between the Parties. Neither Party shall have the authority to bind, obligate, represent, or act on behalf of the other Party without prior written authorization. Each Party shall be solely responsible for its own employees, contractors, agents, operations, licenses, permits, insurance, taxes, debts, liabilities, and compliance obligations.**

## ARTICLE 3 – SCOPE OF SERVICES

MIH services shall be delivered by a joint unit consisting of one CFEMS paramedic and one Provider clinical professional (NP, PA, RN). CFEMS shall provide vehicle, EMS equipment, and EMS medical direction. Provider shall provide licensed clinical personnel and physician medical direction.

## ARTICLE 4 – CLINICAL AUTHORITY

EMS services shall operate under CFEMS medical direction. Provider clinical services shall operate under Provider's Medical Director. Each Party retains sole responsibility for its personnel.

## ARTICLE 5 – DOCUMENTATION AND AUDIT RIGHTS

CFEMS personnel shall document services in ImageTrend. Provider personnel shall document services in Provider's EHR. Provider shall submit monthly invoices including dates of service, hours worked, and personnel classification. CFEMS reserves audit rights.

## ARTICLE 6 – COMPENSATION AND PAYMENT

CFEMS shall reimburse Provider monthly in accordance with Exhibit A. Payment is contingent upon receipt and approval of complete documentation and availability of appropriated funds. Rates vary by licensure level and must be agreed upon in advance for substitutions.

CFEMS shall reimburse **MercyMed** on a monthly basis in accordance with the compensation schedule set forth in **Exhibit A**. All payments shall be made directly to MercyMed and not to any individual MercyMed employee, contractor, provider, clinician, or other personnel assigned to the MIH program.

Payment shall be contingent upon CFEMS' receipt and approval of complete and accurate documentation required under this Agreement, including any time records, service logs, encounter documentation, invoices, or other supporting materials reasonably required by CFEMS. Payment shall also be subject to the availability of appropriated funds.

Compensation rates may vary based on the licensure level or professional role of the MercyMed personnel assigned to the MIH program. Any substitution of personnel at a different licensure level or compensation rate must be approved in advance by both Parties in writing. MercyMed shall remain solely responsible for compensating its own employees, contractors, providers, clinicians, and other personnel, including any wages, payroll taxes, benefits, insurance, or other employment-related obligations.

## ARTICLE 7 – APPROPRIATION AND PROCUREMENT COMPLIANCE

This Agreement is subject to Georgia municipal procurement laws and availability of appropriated funds. If funds are not appropriated, CFEMS may terminate without penalty.

This Agreement is subject to applicable Georgia municipal procurement laws and the availability of appropriated funds. If sufficient funds are not appropriated, authorized, or otherwise made available to support the obligations of either Party under this Agreement,

either Party may terminate this Agreement without penalty upon written notice to the other Party.

## ARTICLE 8 – INSURANCE AND INDEMNIFICATION

Provider shall maintain professional liability insurance of not less than \$1,000,000 per occurrence and \$3,000,000 aggregate, and workers' compensation as required by Georgia law. Provider shall indemnify CFEMS for claims arising from Provider personnel or billing activities. CFEMS does not waive sovereign immunity.

## ARTICLE 9 – HIPAA AND CONFIDENTIALITY

Each Party is an independent Covered Entity under HIPAA and shall implement appropriate safeguards and limit disclosure of protected health information to the minimum necessary.

## ARTICLE 10 – REGULATORY COMPLIANCE

Each Party warrants compliance with Georgia EMS regulations, healthcare licensure laws, the Federal Anti-Kickback Statute, the False Claims Act, and all applicable federal and state healthcare laws.

## ARTICLE 11 – TERM AND TERMINATION

This Agreement becomes effective in 2026 and remains in effect through December 31, 2027, unless earlier terminated. Either Party may terminate with thirty (30) days written notice.

## EXHIBIT A – COMPENSATION SCHEDULE

Personnel Classification	½ Day Rate
Midlevel Provider (PA/NP)	\$ 250.00
Registered Nurse (RN)	\$ 180.00

**Physician Assistant/Nurse Practitioner Half-Day Rate.** For purposes of this Agreement, the half-day rate for a MercyMed Mid-level provider assigned to the MIH program shall be **\$250.00 per half day**, payable directly to MercyMed. A “half day” shall mean up to **four (4) hours** of scheduled MIH services, unless otherwise agreed in writing by the Parties.

**Registered Nurse Half-Day Rate:** CFEMS shall reimburse MercyMed at a rate of **\$180 per half day** for a registered nurse assigned to the MIH program. A half day shall mean up to four (4) hours of scheduled MIH services.

SIGNATURES

COLUMBUS, GEORGIA CONSOLIDATED GOVERNMENT

By: \_\_\_\_\_

Mayor Skip Henderson, Mayor

Date: \_\_\_\_\_

By: \_\_\_\_\_

Salvatore J. Scarpa, Fire-EMS Chief

Date: \_\_\_\_\_

Approved as to Form:

\_\_\_\_\_

City Attorney

Date: \_\_\_\_\_

MERCYMED OF COLUMBUS

By: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_