

## **01. ADMINISTRATION**

### **1.3. EMS Cost Recovery Program**

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**1.3.1 Purpose.** To establish a policy for implementation of emergency medical services vehicle transport (“EMS transport”) billing in Fluvanna County. Fluvanna’s EMS Cost Recovery Program follows a “Compassionate Billing” model whereby users of EMS transport services are balance billed for charges not covered by insurance and hardship waivers are available for those meeting specific criteria. Fluvanna County may reduce or eliminate the patient’s financial responsibility for EMS transport services on a case-by-case basis where the patient qualifies under published financial hardship guidelines. Determination of financial hardship is based upon a percentage of established Federal Poverty Income Guidelines in relation to household income and household assets. Insured patients who choose not to have their claim filed with their insurance company are not eligible for our financial hardship assistance program.

**1.3.2. Authorization.** This policy is hereby established pursuant to the Code of Virginia §32.1-111.14 that authorizes the exercise of certain powers necessary to assure the provision of adequate and continuing emergency services and to preserve, protect and promote the public health, safety, and general welfare; and pursuant to the Code of Virginia §38.2-3407.9, authorizing insurance reimbursement for services provided by an emergency medical services vehicle; and Chapter 8 (Fire Protection and Public Safety) of the Code of Fluvanna County, establishing an Emergency Medical Services (EMS) Cost Recovery Program, including without limitation Section 8-6-4.C of the Fluvanna County EMS Cost Recovery Ordinance.

**1.3.3. Scope.** This policy is applicable to all agencies providing emergency medical services in Fluvanna County who operate under Fluvanna County authority and a permit issued by Fluvanna County (“EMS transport agencies”, each an “EMS transport agency”).

**1.3.4. Background.** Fluvanna County has established fees for EMS transport services via Resolution on July 15, 2015, and effective September 1, 2015. The fees are based on the level of service provided, plus loaded mileage driven. Fluvanna County contracts with a billing company to provide billing and collection services for these fees. The billing company is responsible for obtaining insurance information that is not easily obtained in the course of the transport and for billing the appropriate parties.

#### **1.3.5. Definitions**

A. Billing - Invoice for EMS transport services sent to recipient or responsible party for payment of services provided by an EMS transport agency. Billing is based on a fee schedule adopted by the Fluvanna County Board of Supervisors. The fee schedule may change from time to time.

B. Billing Contractor - Third-party company retained by Fluvanna County to prepare billings and collect monies due for EMS transport services rendered. Also referred to as the billing company.

C. Billing Data - Information collected at the time the EMS transport services are provided, or as soon thereafter as practicable, including but not limited to: primary and secondary insurance carriers, including Medicare and Medicaid, related insurance policy and group numbers, the person responsible for cost of patient's care, and the patient's name, address, and telephone number.

D. Financial Hardship - The patient's inability to pay, in whole or in part, fees charged for EMS transport services rendered by an EMS transport agency. Page 2 of 2.

E. Hardship Waiver - The determination, made on a case-by-case basis, not to bill for and collect all or a portion of the fee due for EMS transport services provided. The financial hardship waiver is one in which all or part of the fee may be waived on the basis of financial hardship.

F. Health Insurance - Any third party entity legally and/or contractually obligated to pay all or part of the cost of medical care for a patient, including but not limited to insurance corporations, insurance reciprocals, and Medicare or Medicaid. For purposes of this policy, health insurance shall include health savings accounts and medical savings accounts established pursuant to paragraphs 859A and 860 of the Internal Revenue Code and subsequent amendments thereto.

G. Patient - Any person who receives emergency medical care provided by an EMS transport agency.

#### H. Service Levels:

1. BLS (Basic Life Support) Emergency – EMS transport service, including but not limited to transportation by ground ambulance vehicle, in the context of an emergency response and the provision of medically necessary supplies and services, including BLS ambulance/emergency services vehicle services as defined by the State of Virginia.

2. ALS1 (Advanced Life Support Level 1) Emergency – EMS transport service, including but not limited to transportation by ground ambulance vehicle, in the context of an emergency response and the provision of medically necessary supplies and services including the provision of an ALS assessment or at least one ALS intervention.

3. ALS2 (Advanced Life Support Level 2) Emergency - EMS transport service, including but not limited to transportation by ground ambulance vehicle, in the context of an emergency response and the provision of medically necessary supplies and services including:

a. at least three separate administrations of one or more medications by intravenous push/bolus or by continuous infusion (excluding crystalloid fluids); or

- b. the provision of at least one of the ALS2 procedures listed below:
  - Manual defibrillation/cardioversion;
  - Endotracheal intubation;
  - Central venous line;
  - Cardiac pacing;
  - Chest decompression;
  - Surgical airway; or
  - Intraosseous line.

4. Mileage - Assessed on actual miles travelled with patient on ambulance/emergency medical services vehicle.

I. Victim of a Crime:

1. Victim – Victim as defined in the Compensating Victims of Crime Code (Virginia Code Sections 19.2-368.1 et seq.)

2. Victim Claim – a claim for health care related services properly filed by a Victim and approved for payment /award under the Compensating Victims of a Crime Code.

3. Victim Hardship – the bill of a Victim filed as a Victim Claim and accepted by the VVF for payment directly to the County under the VVF MOA. Page 3 of 3

4. Virginia Victims Fund (“VFF”) – the fund awarding Victims Claims under the Compensating Victims of a Crime Act.

5. VVF MOA – that memorandum of agreement between the County of Fluvanna and the VVF for payment to the County of patient bills for Victims filing a Victim Claim pursuant to the Compensating Victims of Crime Code.

**1.3.6. Policy**

A. NO ONE WILL EVER BE DENIED emergency medical transport service due to either their lack of insurance or inability to pay.

B. A Cost Recovery Program information brochure will be available to all patients at the time of transport. Insurance coverage information generally will be obtained either in route or at the hospital. Additional information is available on the County’s website and from the County’s billing company.

C. County Residents are subject to “Compassionate Billing” for EMS transport services and will be billed for charges not covered by insurance.

D. Non-County Residents are subject to “Compassionate Billing” for EMS transport services and will be billed for charges not covered by insurance.

E. Fire, rescue, and law enforcement personnel volunteering in or employed by Fluvanna County will not be billed for any charges not covered by insurance incurred in the performance of their duties.

**1.3.7. Financial Hardship Waivers**

A. Fluvanna County may reduce or eliminate the patient’s financial responsibility for EMS transport services on a case-by-case basis where the patient qualifies under our financial hardship guidelines. Determination of financial hardship is based upon a percentage of established Federal Poverty Guidelines in relation to household income and household assets. (NOTE: Insured patients who choose not to have their claim filed with their insurance company are not eligible for our financial hardship assistance program.)

B. To apply for financial hardship assistance, the patient or responsible party will need to complete an Ambulance Fee Waiver Request and submit the completed worksheet to the Finance Department for verification of financial information.

C. The most current Federal Poverty Guidelines (<https://aspe.hhs.gov/poverty-guidelines>) will be used in evaluating possible partial or full waiver of charges.

D. Upon verification of a patient’s financial hardship, the County uses the below structure to determine the level of charges waiver warranted.

<u>When Family Income is:</u>	<u>Waiver of Charges</u>
0.0 – 0.99 x poverty level	100%
1.0 – 1.75 x poverty level	75%
1.76 – 2.25 x poverty level	50%
2.26 – 3.00 x poverty level	25%
Over 3.00 x poverty level	No discount

E. The determination of financial hardship is applicable to the current EMS transport only. To waive or reduce future payments, the patient must again demonstrate financial hardship.

F. Elderly or disabled residents and disabled veterans who apply for financial hardship assistance, and qualify for real estate tax relief pursuant to County ordinance or other applicable law, will be deemed to have demonstrated financial hardship and will not be billed for any charges not covered by insurance.

G. Victims of Crime. Transport bills for patients who are a victim of a crime and who have filed a claim under the Compensating Victims of a Crime Code will be paid directly to the County by the Virginia Victims Fund (VVF). The County has a Memorandum of Agreement (MOU) with the Virginia Victims Fund and will work with the VVF regarding payment of the patient’s bill. Should the victim’s claim be denied, the County will seek payment directly from the patient if authorized under applicable law. Patient may still be eligible for a financial

hardship waiver at such time and may complete the hardship waiver for financial hardship if victim hardship billing is denied.

**1.3.8. Payment Plans.** Payment plans may be arranged for charges due based on a review of circumstances and approval by the County Administrator or his designee. Fluvanna County generally does not extend payment plans to patients who have failed to make timely payments in the past. Fluvanna County may authorize monthly installment payments based on the following minimum payment guidelines:

<u>Account Balance</u>	<u>Minimum Monthly Payment</u>
\$250 or less	\$25.00
\$251 - \$500	\$45.00
\$501 - \$750	\$65.00
\$751 - \$1000	\$85.00
Over \$1,000	10%

**1.3.9. Medical Necessity.** If the insurance company deems the transport is not medically necessary the billing company will verify the information that was submitted to the insurance company and resubmit the claim for reconsideration. If the insurance carrier still deems the transport not medically necessary, the County Administrator or his designee will review the individual case for possible waiver of the fees.

**1.3.10. Debt Collection Actions.** Fluvanna County's billing company will not pursue payment recovery through a debt collection agency without express authorization of the County Administrator or his designee.

**1.3.11. EMS Transport Agency Requirements.** All EMS transport agencies shall adhere to applicable laws, ordinances, rules, regulations, policies and directives, complete necessary forms, and provide pertinent information relating to patient care to facilitate generation of appropriate bills for any EMS transport services provided by EMS transport agencies. **NOTHING IN THIS POLICY OR IN THE EMS COST RECOVERY PROGRAM IN GENERAL IS INTENDED TO PLACE THE NEEDS OF COST RECOVERY ABOVE THE NEEDS OF PATIENT CARE.**

**1.3.12. Fee Structure.** EMS Cost Recovery Program fees for BLS, ALS1, and ALS2 EMS transport services and mileage are established by resolution and adopted by the Board of Supervisors. Effective on and after September 1, 2015, fees for these EMS transport services have been set at 125% of the Medicare allowable charges at the time of service. Fees shall be monitored to ensure that they comply with applicable requirements, including but not limited to all requirements of the U.S. Department of Health and Human Services' regulations regarding allowable fees paid by Medicare and Medicaid.

**1.3.13. Billing Process.** A bill will be generated for EMS transport services performed by EMS transport agencies. Patients will fall into one of the following categories for billing purposes:

A. INSURED County Residents and Non-Residents

1. The appropriate insurance carrier will be billed.
2. If insurance does not pay 100%, a balance bill goes to patient transported, with notice of hardship waiver guidelines and payment options.
3. 30- and 60-day balance due notices are sent, if payment is not received.
4. County Administrator, or his designee, decides whether collection will be pursued and/or whether account may be written off as uncollectable.

B. UNINSURED County Residents and Non-Residents

1. A fee for services bill goes to patient transported, with notice of hardship waiver guidelines and payment options.
2. 30- and 60-day balance due notices are sent, if payment is not received.
3. County Administrator, or his designee, decides whether collection will be pursued and/or whether account may be written off as uncollectable.

*Note:* Contractual write offs. The bills that Medicaid, Medicare, and insurance companies pay on behalf of an insured individual are sometimes adjusted to pay only a portion of the billed amount. This adjustment, referred to here as a "contractual write off", is usually due to the laws governing the payment amount or through agreements between the insurance companies and billing entity. The contractual write offs are not considered unpaid balances, and will not be billed to patients.

**1.3.14. HIPAA and Privacy Policy.** The notice will be mailed to each patient by the billing company. All patients receiving transport (or designee) will be asked to sign a "Combined Notice to Ambulance Patients – HIPAA Acknowledgement Form /Authorization to Bill Insurance Company Consent Form."