What is Cost Recovery? An EMS Cost Recovery program allows counties to bill insurance companies and individuals for the cost of ambulance services (emergency medical transport). When a patient is treated and transported, the insurance companies are billed for the services performed by the agency providers. Medicare, Medicaid, and most private insurance policies allow for reimbursement for this service.

Why does Fluvanna need a cost recovery program? As the need for emergency medical service continues to grow, the County, like many local governments, is seeking ways to fund these services without relying solely on real estate and personal property taxes. EMS cost recovery permits localities to recoup system costs from those individuals who benefit directly from EMS delivery, including many non-County residents. EMS Cost Recovery is a type of user fee that raises money for system operations from the people who receive services, with the vast majority of the revenues collected directly from Medicare, Medicaid, and insurance companies.

How will the money be used? Funds collected from service fees will be used to defray costs and improve EMS services in Fluvanna, including personnel, supplies and equipment.

How does this affect me? The program will not change the way emergency service is provided. No one will ever be denied emergency service because of the EMS Cost Recovery Program. If you have private insurance, or are covered by Medicaid or Medicare, it will probably affect you very little because most policies have built-in provisions for emergency ambulance service. If the patient calls 911, but is not transported to the hospital, there is no charge.

HOW AMBULANCE BILLING WORKS

How does the billing work? Fluvanna County has contracted with a private billing company to handle this process, which is similar to what happens when you receive services from a doctor or other healthcare provider. First, the patient receives the service (emergency ambulance transportation to a hospital). Insurance information will be obtained routinely, either enroute or at the hospital. Once the patient has been treated, a claim will be sent to your private insurance provider, to Medicare, or to Medicaid. Patients, themselves, will not be billed until all insurance options are exhausted.

Will insurance generally pay my entire bill? Most insurance companies pay 80% of the charges for ambulance transport. However, any balance remaining after your applied insurance payment could be your responsibility, including any required co-pays or deductibles.

What are my options if I don’t have health insurance and cannot pay my bill? Patients will always be treated and transported regardless of the ability to pay. Patients who do not provide health insurance information will be sent a request for information. The request will include a hardship waiver form and if you can demonstrate financial hardship per the County’s policy, a waiver or substantial reduction of fees is available. Payment plans will also be offered requiring modest monthly payments with no interest or penalties. As long as regular payments are made, no additional collection efforts will be pursued.

What if I am unable to pay or I am a victim of crime? No one will ever be denied EMS transport services due to the inability to pay. Fluvanna’s EMS cost recovery policy includes financial hardship provisions. If you demonstrate financial hardship per the County’s policy, up to 100% of the fees may be waived. A hardship waiver of fees may be requested at any time during the billing process if you have a financial hardship or a victim hardship. You must complete a short Hardship Waiver Request and return it to Fluvanna County for consideration.

If I have a balance to be paid on my bill, will I be refused ambulance service? Fluvanna County will never deny ambulance service to anyone at any time.

If EMS comes to my house, but I don’t need transport, will I receive a bill? No.
INSURANCE INFORMATION

Will my health insurance premiums increase as a result of this billing? Many other local governments in Virginia have implemented a cost recovery program for ambulance transport fees, and have reported no evidence that EMS billing increases health insurance premiums. Health insurance premiums have continued to rise regardless of whether or not a community decides to bill for EMS transports. Factors such as prescription-drug coverage, litigation, medical technology improvements, and other factors have contributed to escalating health insurance premium costs. However, ambulance transports costs represent less than 1% of health care expenditures.

What type of information will I have to give when the ambulance arrives at the hospital? Attending to the patient’s medical needs will always be first priority. When possible, you will be asked to provide any insurance information you have at the time of service.

What if I am unable to provide the insurance information at that time? If your insurance information is not available at the time of service, the billing company will attempt to obtain the information from the hospital. If the information cannot be obtained, you may receive a letter from the billing company asking you to provide the information. When the billing company receives the information, your insurance provider will be billed. You will not receive any further correspondence or bills until the insurance company has made a determination on your claim.

Will my insurance forms be filed for me? Yes, the County’s billing company will file all insurance claims and forms on your behalf.

How is my privacy protected? All providers have been trained on patient privacy following Health Insurance Portability and Accountability Act (HIPAA) requirements and will strictly adhere to those standards.

What if I am unable to sign a HIPAA form during the transport? A signed HIPAA form is required before any of your information can be released from the hospital. The billing company will mail you a form requesting your insurance information in order for your insurance company to be billed for the transport.

Whom can I call if I have a billing or insurance problem? EMS|MC, our billing company, has customer service representatives to address billing and insurance questions (Toll Free 800-814-5339 or online at www.emsbilling.info).

RATES

What are the billing rates for EMS transport services? The rate charged for transport services depends on the level of medical services required by the patient, the level of expertise of the responders (EMT, Paramedic, etc.), and the number of miles the patient travels in the ambulance. Fluvanna rates have been set by the Board of Supervisors at 125% of Medicare Allowable Charges. Current charges are available on the County website at www.fluvannacounty.org/EMS-billing.

EFFECT ON THE VOLUNTEERS

How does this new program help the volunteers? New funding made available through the cost recovery program will be used to offset the rising costs associated with supporting our rescue squads and other EMS service providers, helping them to continue providing the best possible service to the County’s citizens.

Will the volunteer rescue squads still need our donations? Yes. The cost of providing EMS services continues to rise and our volunteer EMS agencies will still need the public’s support.

Will billing impact the donations and fund drives for volunteer EMS agencies? It is commonly heard that an agency that begins billing for services will see an initial decrease in the amount of funds collected from annual fund drives and donations to the agency. However, most agencies have found that there is no evidence to support this claim as agencies actually see minimal impact on annual fund drive and donation collections.

Does the Cost Recovery Program provide all the support needed to fund EMS? No. Money collected through Cost Recovery will help offset the tax payer dollars required to provide capital and operational EMS expenses in Fluvanna. When this program is fully operational, revenue will only provide a portion of the total funding needed for EMS services.