

## Coweta County EMS Billing and Collections Policy

**Policy Date: November 27, 2018**

**Effective Date: January 1, 2019**

### 1.0 PURPOSE

To establish billing and collection procedures for ambulance transport and emergency medical services provided by the Coweta County Fire Department (CCFD) to recover costs for the program and to lessen the burden on taxpaying citizens who may not use the service.

### 2.0 SCOPE

Coweta County (County) contracts with a third-party billing contractor, who is authorized to invoice financially responsible parties for services rendered according to the fee schedule and subject policies. These policies generally apply to pre-hospital emergency services and ancillary medical services provided by CCFD.

### 3.0 DEFINITIONS

- a. Advanced Life Support, Level 1 (ALS1): Defined as transportation by a ground ambulance vehicle, medically necessary supplies and services, and the administration of at least one (1) ALS intervention. This includes all basic life support measures, plus invasive medical procedures, including intravenous therapy, intraosseous therapy, administration of anti-arrhythmic medications and other specified drugs, medications, and solutions; use of advanced adjunctive ventilation devices and techniques to provide ventilator support to include endotracheal intubation and chest decompression; the use of a cardiac monitor for the purpose of manual defibrillation, cardio version, and/or cardiac pacing, and other procedures that may be authorized by state law and performed under medical control.
- b. Advanced Life Support, Level 2 (ALS2): Defined as transportation by a ground ambulance vehicle and the provision of medically necessary supplies and services including (1) at least three separate administrations of one or more medications by intravenous push/bolus or by continuous infusion (excluding crystalloid fluids) or (2) ground ambulance transport, medically necessary supplies and services, and the provision of at least one of the ALS2 procedures listed below:
  - a. Manual defibrillation/cardioversion;
  - b. Endotracheal intubation;
  - c. Central venous line;
  - d. Cardiac pacing;
  - e. Chest decompression;
  - f. Surgical airway; or
  - g. Intraosseous line.

- c. Basic Life Support (BLS): Defined as a ground ambulance vehicle, medically necessary supplies and services and either a BLS assessment by ALS or BLS personnel, or the provision of at least one (1) BLS intervention or transport. Generally limited to airway maintenance, ventilator support, CPR, hemorrhage control, splinting of suspected fractures, management of spinal injury, basic vital signs assessment.
- d. Billing Contractor: A third party company licensed and contracted to provide ambulance billing services for Coweta County.
- e. Financially Responsible Party: The party that has responsibility for all or a portion of the patient's healthcare costs; includes health insurance, the patient directly, a guardian or other guarantor, or other third party that is not a health insurance plan.
- f. Health Insurance Portability and Accountability Act (HIPAA): The Health Insurance Portability and Accountability Act of 1996; as amended.
- g. Insurer: The party in an insurance contract undertaking to pay compensation. This may include Medicaid, Medicare, Tricare, and private insurance companies.
- h. Mileage (loaded): The number of miles for which the patient is transported in the ambulance vehicle.
- i. Patient: A person receiving emergency medical care by CCFD.
- j. Patient Care Report (PCR): A legal document used to collect essential elements of patient assessment, care, insurance, and transport.
- k. Treat and Release: Defined as a service when a patient is treated for a specific medical condition while in the care of emergency response personnel but refuses transport to a hospital (i.e. bandaging, splinting, administration of intravenous therapy (IV fluids), or medications to include the administration of oxygen); assessment of a patient and/or vital signs is excluded from this service.

#### 4.0 FEE SCHEDULE

The following is the schedule of fees and charges:

<u>Service</u>	<u>Rate</u>
Advanced Life Support, Level 1 (ALS1)	\$800.00
Advanced Life Support, Level 2 (ALS2)	\$1,000.00
Basic Life Support (BLS)	\$600.00
Specialty Care Transport (SCT)	\$1,200.00
Mileage (Loaded Per Mile)	\$11.00
Treat and Release (No transport)	\$200.00
Non-Sufficient Funds Fee	\$25.00
Finance Charge (for invoice not paid within 90 days)	1.0% of balance

#### 5.0 BILLING PROCEDURES

- a. Intake of patient information will be performed by CCFD personnel in compliance with HIPAA policies.
- b. Patient Care Reports (PCRs) will be submitted electronically to the billing contractor by CCFD personnel who provided the patient care.
- c. The billing contractor will promptly file claims with insurers upon receiving appropriate information from the patient or financially responsible party.
- d. If no insurance information can be obtained, or if the patient is uninsured, patient may submit an application for a financial hardship or arrange a payment plan.
- e. Once the insurer has remitted payment, it will be the responsibility of the billing contractor to invoice the patient, or financially responsible party, for remaining charges.
- f. The billing contractor will invoice the patient for services provided by CCFD.
  - i. Following the initial invoice, the billing contractor will provide four (4) statements during the billing cycle.
  - ii. The billing contractor will attempt to contact the patient fifteen (15) days before the billing cycle ends to request payment or arrange a payment plan.
- g. Where no application for financial hardship or waiver has been made, any outstanding account balance over ninety (90) days old will have a one percent (1.0%) finance charge added to the balance.
- h. If a patient or financially responsible party makes a partial payment or arranges a payment plan, the billing cycle will be extended and the finance charge will be delayed for an additional ninety (90) days.
- i. After one hundred fifty (150) days, any outstanding account balance will be classified as delinquent and sent to a collection agency selected and approved by the County.
- j. The billing contractor shall submit monthly statements and operations reports to the County.

## 6.0 PAYMENT

- a. The patient or financially responsible party may submit appropriate payment by phone, postal mail, or online. Acceptable forms of payment include personal check, money order, or credit card.
- b. All checks rendered with non-sufficient funds (NSF) will have the authorized fee added to their account balance.

## 7.0 FINANCIAL HARDSHIPS & PAYMENT PLANS

- a. If a patient does not qualify for Medicare or Medicaid and is not privately insured, a waiver may be granted upon application, based on the most recent poverty guidelines of the United States Department of Health and Human Services.
- b. If a patient does not meet the poverty guidelines, the patient may upon application, be approved for a payment plan based on their ability to pay.

- c. Patients or financially responsible parties who receive approval for a payment plan shall make minimum payments based on their ability to pay until the balance is paid in full.
- d. All documentation for hardships and payment plans are subject to confidentiality.

#### 8.0 ADJUSTMENTS & WRITE-OFFS

- a. The County authorizes the billing contractor to write-off or adjust for the following accounts:
  - i. All Medicaid, Medicare, HMO, or other Federal Government sponsored contractual adjustments.
  - ii. Balances after Medicare for local Medicare recipients who live in Coweta County and have indicated their inability to pay their outstanding balance.
- b. The County authorizes the billing contractor to negotiate payments with insurers who request to negotiate service fees. The billing contractor in no event will provide a discount that would result in an amount below the Medicare rate for the level of service provided.

#### 9.0 EXEMPTIONS

Exemptions for fees and charges will be granted only if the following circumstances exist:

- a. County employees that receive emergency medical care and/or ambulance transport while on duty.

#### 10.0 REFUNDS

- a. The billing contractor will provide the County a list of any refunds due to patients or insurers. The County will be responsible for making sure all refunds are issued within twenty-five (25) days of receipt of the list from the billing contractor.
- b. In the event that the County receives a request for a refund or is assessed an overpayment by any payer, the County shall notify the billing contractor of the request/assessment within fourteen (14) days.
- c. Refunds for overpayments shall be reviewed and approved by CCFD, and shall be submitted to the Finance Department in a timely basis in order to be processed.

#### 11.0 COLLECTIONS PROCEDURES

After one hundred fifty (150) days, any outstanding account balance will be classified as delinquent and sent to a collection agency selected and approved by the County.

#### 12.0 CITIZEN COMPLAINTS

Resolution of citizen complaints shall generally be addressed by the CCFD. If there is no resolution, or if there are complaints arising from conflicts, errors or omissions in this policy, complaints may be referred to the County Administrator's office.

#### 13.0 HIPAA COMPLIANCE

The CCFD and the billing contractor shall follow all HIPAA guidelines regarding protected health information (PHI) and provide adequate training for all personnel.