




FIRE RESCUE

ALBEMARLE COUNTY

STANDARD ADMINISTRATIVE POLICY

Subject:	EMS Cost Recovery
Reference Number:	SAP-DEP-016
Effective Date:	01 February, 2010
Last Revision Date:	N/A
Signature of Approval:	 J. Dan Eggleston, Chief

Purpose:

To establish a policy for Albemarle County Fire Rescue’s implementation of emergency medical ambulance transport billing.

Scope:

The Albemarle County Department of Fire Rescue (ACFR) and all department personnel.

Background:

Albemarle County has established fees for emergency medical transport. The fees are based on the level of service provided plus mileage driven. Albemarle County has contracted with a billing company to provide billing 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.

Definitions:

Billing: Invoice sent to recipient of EMS Services or party for payment of services provided by Albemarle County Fire Rescue Department and any volunteer agency participating in billing through the County. Said billing is based on a fee schedule adopted by resolution of the Albemarle County Board of Supervisors. This fee schedule may change from time to time.

Billing Contractor: Third-party company retained by Albemarle County to prepare billing and collect monies due and owing for EMS Services provided by the ACFR and any volunteer agency participating in billing through the County on behalf of Albemarle County.

Billing Data: Information collected at the time the EMS 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.

Financial Hardship: The patient’s inability to pay, in whole or in part, fees charged for EMS services rendered by the Albemarle County Fire Rescue Department.

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.

Patient: Any person who receives emergency medical care provided by ACFR and any volunteer agency participating in billing through the County.

Waiver: The determination not to bill for and collect all or a portion of the fee due for EMS 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. (*Hardship Waiver*)

Policy:

All providers shall adhere to applicable laws, policies and directives, complete necessary forms and provide information relating to patient care, in order that a bill may be generated for any transport provided by the Albemarle County Fire Rescue Department. 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.

The County shall bill for all services in accordance with this Policy.

1) Data Collection Procedures

- a) Delivery of the highest possible level of patient care must always take priority over billing data collection. While obtaining billing and other secondary information is an important task, it should be delayed until such time as it does not impact patient care (e.g. while en route to the hospital with a stable patient or after arrival at the hospital.)
- b) In addition to patient information typically collected for documentation of care, every effort should be made to obtain and subsequently record the billing data collected at the time the EMS Services are provided or as soon thereafter as possible.
- c) Although the County is a party to numerous mutual aid agreements with surrounding localities, residents of any jurisdiction with which the County has a mutual aid agreement shall be billed as are residents of localities with which the County does not have a mutual aid agreement.
- d) Ambulance crew members shall make a reasonable effort to have the patient or authorized party, as appropriate, sign the Ambulance Signature Form.
- e) Protocol at UVa
 - i) Deliver patient to nursing staff
 - ii) Complete PPCR with patient demographics as collected from field
 - iii) Obtain appropriate signatures from medical staff (RN's and/or MD's)
 - iv) Deliver necessary PPCR copies (pink & gold)
 - v) Prior to leaving the hospital, obtain a "face sheet" from the **registrar's office** (located at "visitor's entrance")
 - vi) Keep hospital "face sheet" with PPCR and place both in the QA collection envelope
 - vii) UVa Hospital contact: Supervisor, Medical Center.
- f) Protocol at MJH
 - i) Deliver patient to nursing staff
 - ii) Complete PPCR with patient demographics as collected from field
 - iii) Obtain appropriate signatures from medical staff (RN's and MD's)
 - iv) Deliver necessary PPCR copies (pink & gold)
 - v) Make no further effort to collect additional insurance information from the hospital staff or registrar
 - vi) MJH contact Nurse Manager, Emergency Services.

2) Billing Procedures

- a) Fees will only be assessed for patients transported by ACFR. Destinations include, but are not limited to, hospitals, helicopter or fixed wing aircraft.
- b) Patient refusals, patients transported by POV, private security or staff car, and other non-transport situations will not generate a bill.
- c) Patients transported by other jurisdictions as a result of a mutual aid request from ACFR will not generate a bill from ACFR, however if the agency actually performing transport bills for service, then that agency may charge a fee for that service, which fee is the patient's responsibility.

3) Fee structure

Fees are set by the Albemarle County Board of Supervisors for BLS, ALS1, ALS2 and Mileage.

- a) BLS Emergency
 - i) EMS service with transport requiring routine interventions such as splinting, oxygen, bandaging, etc.
- b) ALS1 Emergency
 - i) EMS service with transport where the patient's chief complaint warrants assessment by an ALS provider (EMT-Paramedic or EMT-Intermediate)
 - ii) EMS service with transport requiring at least one ALS intervention such as IV fluids, medication administration, endotracheal intubation, etc.
- c) ALS2 Emergency
 - i) EMS service with transport requiring multiple ALS interventions described above such as cardiac arrest resuscitation, multi-system trauma, etc.
- d) Mileage is assessed per mile and under the following circumstances:
 - i) Assessed on loaded miles (patient on ambulance) only.
 - ii) Based on actual miles traveled with patient on ambulance.
- e) Fees shall be monitored on an annual basis to assure that the fees charged for EMS services comply with the requirement of the U.S. Department of Health and Human Services' regulations regarding allowable fees paid by Medicare and Medicaid.

4) Financial hardship

- a) If patients enquire about financial hardship options, they should be advised that when they receive their bill, they can call the Billing Contractor to request a financial hardship waiver.
- b) Fees not otherwise covered by Medicaid, Medicare, or private insurance may be completely waived, at the discretion of the County Executive or his designee, upon application for a financial hardship waiver submitted to the Billing Contractor.
- c) The County will not refer any outstanding balances to a collection agency.

5) Citizen Complaints

- a) All complaints related to the provision of patient care, protocols, response times or policies and procedures other than billing shall be directed to our main telephone number and routed to the appropriate division head (or designated staff in their absence).
- b) Complaints related to billing, financial errors or omissions, etc., shall be initially handled by the billing contractor.
 - i) All complaints must be addressed in a timely fashion. Unresolved complaints that are not awaiting further action or information should be immediately forwarded to the Billing Contractor's supervisory staff for prompt resolution.
 - ii) The Billing Contractor will provide a telephone number and address for the purpose of lodging such complaints and will publish them on bills and other documents presented to patients.
 - iii) The Billing Contractor will log each complaint along with the steps taken to resolve it and provide this log to EMS Cost Recovery Administrative Personnel on a periodic basis for review.
 - iv) The Billing Contractor will also provide a second tier for handling "bounce back" complaints, complaints concerning the demeanor of the billing technician originally handling the complaint or those complaints unresolved at the billing technician level. These complaints and the actions taken to resolve them will be appended to the original log to be forwarded to the EMS Cost Recovery Administrative Personnel.
 - v) Complaints unresolved at the Billing Contractor supervisory level along with all associated documentation shall be forwarded to the EMS Cost Recovery Administrative Personnel for further review. The final determination regarding unresolved billing complaints will be the purview of the Albemarle County Executive or designee.

6) HIPAA and Privacy Policy

- a) A separate HIPAA and Privacy Policy exists (SAP-DEP-021)