

TOWN OF BERLIN

POLICY NAME: **Ambulance Service Collection Policy** - POLICY NUMBER: **001**

APPROVAL AUTHORITY: **BOS** APPLIES TO: **Public/Town Officials**

ADOPTED: 06/25/2018

1.0 Policy Statement

The Town of Berlin Fire & EMS Department provides emergency medical services including:

- Basic Life Support (BLS), and Emergency Medical Transportation to patients,
- Advanced Life Support (ALS) services through agreement with other agencies.

For these services we are responsible for billing when we are the transporting service.

The Town shall issue bills and collect payments for all ambulance services performed directly by the Fire & EMS Department. The Town may engage a third-party administrator to administer billing and collections in accordance with a defined scope and contract.

This policy establishes the procedures for collection of ambulance services, write-offs of uncollectable accounts, and "hardship" write-offs.

2.0 Reason for the Policy

The Policy is established to:

- Ensure that fees for emergency medical services are collected and costs are recouped from individuals and/or their insurer(s) for such medical services being provided;
- Establish regular processes and procedure for the appropriate administration of uncollectable amounts; and,
- Provide an appropriate and consistent policy and procedure for processing hardship requests for relief from billing for ambulance services.

3.0 Scope of Policy

This policy covers all ambulance related billing done by the Town of Berlin, whether directly or through a third party collector.

4.0 Who does this policy apply to?

This policy applies to all Town Employees who are responsible for government administration and similarly applies to all individuals who receive ambulance/medical service by the Town of Berlin Fire & EMS Department.

5.0 Who is responsible for enforcing this policy?

The Fire & EMS Chief and the Board of Selectmen are jointly responsible for administering this policy.

6.0 Definitions

6.1 Ambulance Billing Agency shall mean the third-party administrator retained from time to time by the Town to collect ambulance billing receipts.

7.0 Policy

7.1 Billing Rates

Billing rates for ALS, BLS, mileage, and other charges as may be appropriate are set by the Board of Selectmen. The rates shall be reviewed at least annually. The Town shall bill the patient for any portion of the total cost of services not covered by medical insurance. The Town will ONLY seek payment for services provided when transportation is required. No bill shall be issued if the patient refused treatment and did not require services.

7.2 Collection for Services

7.2.1 Accounts aged less than 180 days

The Ambulance Billing Agency will bill all patients and/or patients' applicable insurance including Medicare and Medicaid in accordance with the service agreement in place between the town and the Ambulance Billing Agency for a period of 180 days of service being rendered.

7.2.2 Accounts aged more than 180 days

Every January and June the Town shall request from the Ambulance Billing Agency a complete list of unpaid bills that are 150 days or more outstanding. At that time, the Ambulance Billing Agency shall be instructed to complete one final mailing to all patients with an outstanding bill exceeding 180 days, which include the following:

1. **Letter.** A letter drafted by the Town explaining to the patient that their bill is 180 days past due and that they have a final opportunity to submit payment or request for hardship prior to their bill being transmitted to a collection agency (Attachment 8.1);
2. **Payment Stub/Final Bill.** The patient may submit the attached bill stub along with payment to the Billing Agency within 30 days of the date of the letter; and/or
3. **Hardship Form.** The patient may complete the hardship application and return it to the Ambulance Billing Agency, which will forward it to the Town, with supporting documentation within 30 days of the date of the letter (Attachment 8.2).

If the account is not paid in full by 45 days after the Town has sent the final mailing described here in this Section 7.2.2, the Ambulance Billing Agency shall be instructed by the Town to transfer the account to its Collection Service or a third-party collection service approved by the Town. The Ambulance Billing Agency shall update the Town in

March and September of all accounts that are turned over for collection and shall be notified of actions taken against accounts submitted to Debt Collection Services no less than on a monthly basis.

7.2.3 Exception to Collection Process for Town Employees or Volunteers Injured or Ill in Course of Duty

In the event that an individual is injured or becomes ill in the course of or while performing their duties as a town employee (including FT, PT and call employees) or as an appointed volunteer (including senior and veterans work-off volunteers) requiring ambulance services, the Town shall not submit the associated bill for collection but will present such bill directly to such employee or volunteer. Upon presentation of documentation that such employee or volunteer has submitted the bill to their medical insurance provider; the Town shall abate any amount not paid by such provider.

7.3 Hardship

7.3.1 Eligibility

A patient may apply for abatement of any unpaid amounts due to financial hardship using **Hardship Form** (Attachment 8.2). The Town will consider use a combination of the applicant's income compared to the current year's federal poverty guidelines (as adjusted for the cost of living in Massachusetts versus the national average cost of living) along with other relevant circumstances to determine if the applicant qualifies for a hardship waiver. . Specifically but without limitation, the Town may consider the following as relevant circumstances:

- The availability of medical insurance for the hardship applicant (including whether any amount has already been collected from such insurance);
- If applicable, proof that the applicant has submitted the ambulance services bill to their insurance provider and the amount in which the claim has been in whole or in part refused;
- The imminent and reasonable expectation of further uninsured medical expenses;
- The employment status of the applicant;
- Whether the applicant is a property tax payer or resident in the Town of Berlin.

7.3.2 Approval of Hardship Request less than \$500

For requests under \$500, the Fire Chief shall determine whether to abate an account in part or in whole. On a monthly basis, the Fire Chief shall report all abatements along with amounts and reasons to the Board of Selectmen no later than the 1st of the following month.

7.3.3 Approval of Hardship Request more than \$500

For requests over \$500, the Board of Selectmen shall determine whether to abate an account in part or in whole. On an annual basis, the Board of Selectmen shall report all abatements, including those done by the Fire & EMS Chief, along with amounts and reasons to the Ambulance Billing Agency and publish in the Annual Town Report.

7.3.4 Procedures and Record of Approvals

Abatements shall be accepted (in the event that the amount is less than \$500) or approved (in the event of that the amount is in excess of \$500) by the Board of Selectmen at a public meeting and such approvals shall be reflected in the minutes. The Board of Selectmen shall also maintain on an annual basis a list of such abatements, including the recipient of the abatement, the amount of such abatement and a summary description of the reason for the abatement, such list to be a public record. The gross amount of and total number of any abatements shall be included in the Annual Town Report as a part of the report on ambulance collections.

While the application for hardship will be a public document, any proof of income and any medical information supplied by an applicant as an attachment to the application shall not be a public document.

7.4 Write-Off of Aged Accounts

In November of each year, the Board of Selectmen along with the Fire & EMS Chief and the Town Accountant will review all unpaid accounts over 180 days due and determine which if any should be recommended to the Board of Selectmen to write-off. In December of each year, all recommendations for write-off's shall be submitted to the Board of Selectmen for approval. The Fire & EMS Chief shall promptly notify the Ambulance Billing Agency of any bills that should be written-off.

8.0 Attachments

8.1 Final Billing Letter

RE: **Outstanding Emergency Medical Services Bill**

Dear:

The Town of Berlin's records indicate that Emergency Medical Services were rendered by the Berlin Fire Department or affiliate on a prior date for you or a loved one. According to our billing company, Coastal Medical Billing, they have been unable to secure payment within the initial 180 day window after first billing the insurance company (ies) of record and then the patient themselves for any remainder/balance due. We would like to take this opportunity to remind you that there is an outstanding bill remaining on our books for the services rendered and we would like to work with you to resolve this matter. If you believe this letter is being sent in error, please contact Coastal Medical Billing and/or your insurance company immediately.

We would like to remind you that if you have come upon a hardship and are unable to pay the remaining balance, as listed in the attached final invoice, please consider completing the **attached hardship application** and returning it to Coastal Medical Billing within **28 days of this letter** along with any/all supporting documentation of the hardship.

If you are able to **pay the enclosed final bill**, please do so **within the next 30 days**. All outstanding amounts after that time may be sent to a Collection Agency for further handling.

Thank you for your immediate attention to this matter,

Berlin Board of Selectmen

8.2 Hardship Application

Hardship Application Form

Patient Name: _____ Tel#: _____

Address: _____ City/Town: _____ Zip: _____

This application is to request to have the above patient's ambulance charges cancelled. To apply, please complete the questions below, sign and return in the enclosed envelope **within 28 days**.

If your income, based on family size, is less than those listed below, charges may be cancelled. Add an additional \$4,180.00 for each person making family size over and above 8 people.

Proof of income MUST be attached to the completed form.

Federal Poverty Guidelines are updated annually by the U.S. Dept. of Health and Human Services. See <https://aspe.hhs.gov/poverty-guidelines>

2018 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA	
PERSONS IN FAMILY/HOUSEHOLD	POVERTY GUIDELINE
For families/households with more than 8 persons, add \$4,320/\$5745 (ADJUSTED) for each additional person.	
1	\$12,140 \$16,024*
2	\$16,460 \$21,891*

2018 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES
AND THE DISTRICT OF COLUMBIA

PERSONS IN FAMILY/HOUSEHOLD	POVERTY GUIDELINE
3	\$20,780 \$27,637*
4	\$25,100 \$33,383*
5	\$29,420 \$39,128*
6	\$33,740 \$44,874*
7	\$38,060 \$50,619*
8	\$42,380 \$56,365*

* These figures represent the adjustment of federal poverty guideline for the relative cost of living of Massachusetts versus the national average. (Using previous full year figure of 1.33).

1. What is your family size? (How many people live in your household?) _____
2. What is your total annual family income? (*When you add up all the money everyone in the household makes per year?*) _____
3. Are there any other unusual circumstances that you believe would justify a hardship waiver?

PLEASE BE ADVISED THAT THIS APPLICATION IS A PUBLIC DOCUMENT AND SUBJECT TO PRODUCTION UNDER A PUBLIC RECORDS REQUEST. THE TOWN OF BERLIN DOES NOT REQUIRE THAT YOU PROVIDE CONFIDENTIAL MEDICAL INFORMATION AS PART OF THIS APPLICATION. SHOULD YOU DECIDE TO SUBMIT SUCH INFORMATION, PLEASE LABEL ANY SUCH INFORMATION AS "NOT A PUBLIC DOCUMENT".

BY SIGNING THIS APPLICATION, YOU ACKNOWLEDGE THAT ANY INFORMATION NOT SO LABELED MAY BE SUBJECT TO PRODUCTION IN REPOSNE TO A PUBLIC RCORDS REQUEST.

I certify under the pains and penalties of perjury that the above information is true and correct to the best of my knowledge:

Signature: _____ Phone # _____

Printed Name: _____