

ANNE ARUNDEL COUNTY FIRE DEPARTMENT BUREAU POLICY & PROCEDURE

	BUREAU			DIVISION			SECTION/ BATTALION (S)	
Planning Bureau								
	TOPIC			SUBJECT			POLICY NUMBER	
EMS Transport Billing Program			Billing and Hardship Waiver Policy			FFS-1		
	BUREAU CHIEF			AUTHOR			CHIEF OF THE DEPARTMENT	
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Purpose:

To establish a policy for EMS transport billing that includes a compassionate billing program.

Scope:

This policy pertains to all individuals that participate in the Anne Arundel County Fire Department's EMS transport program.

Policy:

1. Categories of Patients transported by an Anne Arundel County EMS transport unit
 - 1.1. Insured through insurance (all types), Medicare, or Medicaid.
 - 1.1.1. The appropriate insurance carrier(s) will be billed by the billing vendor. Payment received will be considered as payment in full for Anne Arundel County residents (including City of Annapolis residents) due to the assumed payment of real estate and/or personal property taxes. Non-County residents may be billed for deductibles and co-payments by the billing vendor after payment is received from their insurance carrier(s).
 - 1.2. No Insurance (all types), Medicare, or Medicaid.
 - 1.2.1. County residents will not be billed for transport. A request for payment will be sent to transported patients who are not County residents. If the transported individual has the ability to pay, then payment is expected in full. If the patient can demonstrate financial hardship, the patient may request to be considered for a payment plan or a financial hardship waiver.

ESTABLISHED		PAGE
04/15/2010	00081619.DOC; 1	1 of 4

ANNE ARUNDEL COUNTY FIRE DEPARTMENT

BUREAU POLICY & PROCEDURE

1.3 Invoice Generated / No Collection

1.3.1 There are instances when an invoice is generated as a result of an EMS transport in which the County would be merely transferring funds from one department's budget to another to satisfy the invoice. Examples include: Anne Arundel County government employees and volunteers, Anne Arundel Community College employees and volunteers, and Anne Arundel Library employees and volunteers who experience a presumed compensable worker's compensation injury or illness while on duty. In these instances, there would be no requirement to pursue payment of the invoice. Invoices generated as a result of this will be forwarded to the Fire Department EMS Billing Manager for disposition.

1.4 Contractual Write-Offs

1.4.1 Invoices paid by Medicare, Medicaid, and insurance companies on behalf of an insured individual are occasionally adjusted to pay only a portion of the invoiced amount (excluding co-payments and deductibles). This adjustment, referred to in this document as a "contractual write-off", is usually due to laws governing the payment amount or through agreements between insurance companies and a billing vendor. The contractual write-offs are not considered unpaid balances requiring pursuit of the residual amount from the insured individual. In fact, Medicare and Medicaid prohibit such actions, commonly known as "balance billing". The County will not pursue individuals for payment of contractual write-offs and the billing vendor for Anne Arundel County will adjust individual invoices for contractual write-offs. Co-payments and deductibles for non-County residents will still be invoiced and payment requested as permitted or required by applicable law.

2. Procedure for Requesting and Granting a Financial Hardship Waiver

2.1 Eligibility Guidelines – Note: This component applies to Non-County residents only. County residents are not responsible to pay any portion of any unpaid bill.

2.1.1. The primary means of qualifying individuals into the hardship waiver program shall be by referencing the current poverty income guidelines established by the Department of Health and Human Services ("HHS") (updated annually). The guidelines are identified in attachment (1). Anne Arundel County will use a threshold factor of 250% above the minimum levels established by HHS.

2.1.2. Additional circumstances may be considered on a case-by-case basis, including catastrophic financial hardship as a result of a severe extended illness or injury; loss of all income; and homelessness. Although not every circumstance can be identified herein, the expectation is that documentation could and /or would be provided detailing the extraordinary circumstances leading to the request for a waiver.

ANNE ARUNDEL COUNTY FIRE DEPARTMENT

BUREAU POLICY & PROCEDURE

2.1.3. If any insured transported patient requires EMS transport within a calendar year that exceeds their policy limits and no additional insurance coverage is available, the Fire Chief or designee will review the individual case for possible waiver of fees.

2.1.4. If an insurance company deems the EMS transport not medically necessary, the billing vendor will verify the information that was submitted to the insurance company and resubmit the claim for consideration. If the insurance carrier deems the transport not medically necessary, the Fire Chief or designee will review the individual case for possible waiver of fees.

2.2 Procedure for Requesting a Hardship Waiver

2.2.1 Transported patients who are not County residents and who are unable to pay for reasons identified herein, may request a financial hardship review of their transport charge(s).

2.2.1.1 Patients, or their designee, shall complete the "Request for Transport Fee Hardship Waiver" form. The form is available at the following locations:

2.2.1.1.1 Fire Department Headquarters, 8501 Veterans Highway, Millersville, Maryland 21108

2.2.1.1.2 Via the Internet at <http://www.aacounty.org/fire>

2.2.1.1.3 By contacting the Fire Department Transport Billing Vendor at 866-280-1510

2.2.1.1.4 By contacting the Fire Department Transport Billing Manager at 410-222-8367

2.2.1.2 The completed form(s) and supporting documentation shall be submitted to the Anne Arundel County Fire Department Billing Manager via US mail to the address listed in 2.2.1.1.1. Completed forms can also be delivered in person or sent via Fax to (410) 222-3052.

2.2.1.2.1 Supporting documentation shall be submitted with the application and shall include at least one of the following:

2.2.1.2.1.1 Current IRS W2 form

2.2.1.2.1.2 Copies of three current paystubs from the Head of Household

2.2.1.2.1.3 Unemployment check stubs

2.2.1.2.1.4 Notarized statement of unemployment

2.2.1.2.1.5 Documentation of catastrophic illness affecting financial solvency

2.2.1.2.1.6 Other documentation as may be requested to verify income level claimed

ANNE ARUNDEL COUNTY FIRE DEPARTMENT

BUREAU POLICY & PROCEDURE

2.2.1.3 Fire Department Response

2.2.1.3.1 Within twenty (20) business days of receipt, the Fire Department Billing Manager will review the form and supporting documentation and forward to the Fire Chief with a recommendation for action. Such actions may include:

2.2.1.3.1.1 Approval of the Application

2.2.1.3.1.2 Recommendation for a payment plan

2.2.1.3.1.3 Adjustment of the amount due

2.2.1.3.1.4 Denial of the Application

2.2.1.3.2 Final determination shall be noted on the form and returned to the Billing Manager for action.

2.2.1.3.3 If approved, an electronic copy of the form(s) shall be made and stored electronically by the Fire Department for a period of five (5) years.

2.2.1.3.4 The original form(s) shall be transmitted to the Billing vendor authorizing the elimination of the transported patient's charges.

2.2.1.3.5 The Fire Department Billing Manager shall notify the patient in writing as to the final disposition of the hardship waiver.

2.2.1.4 Transported patients who apply for a hardship waiver, and are denied, have the ability to request a review of their application by submitting additional documentation further explaining their circumstances. The Fire Chief will review the additional documentation and make a final ruling.

ATTACHMENT 1

Anne Arundel County Fire Department
Transport Billing Hardship Waiver
Income Guidelines

The Poverty Guidelines for the 48 Contiguous States and the District of Columbia		2009
Persons in family	Poverty guideline	250% Threshold
1	\$10,830	\$27,075
2	14,570	36,425
3	18,310	45,775
4	22,050	55,125
5	25,790	64,475
6	29,530	73,825
7	33,270	83,270
8	37,010	92,525
For families with more than 8 persons, add \$3,740 for each additional person.		9,350

Source: <http://aspe.hhs.gov/POVERTY/09poverty.shtml>

REQUEST FOR TRANSPORT FEE HARDSHIP WAIVER

A NEW HARDSHIP APPLICATION MUST BE SUBMITTED FOR EACH EMS TRANSPORT

Transported Patient Name: _____ Date of Birth ___/___/___

Home Address: _____

Applicant Phone: _____ Alternate Phone: _____

Monthly Household Gross Income: _____ Number of Dependents living in Household: _____

List of attached documentation:

- W-2 withholding statements or unemployment check stubs for the past 90 days
- Pay check stubs for the past 90 days for all persons employed in the home
- Income tax return (most recent signed 1040 and/or W-2)
- Application forms from Medicaid or other State-funded medical assistance program
- Forms from employers or welfare agencies
- Other (list): _____

Responsible Party (if different from applicant)

Name: _____ Relationship to Patient: _____

Address (if different from applicant): _____

I do hereby request that I, as applicant or the party who is financially responsible for the applicant, be considered for a reduction in the payment responsibilities as they relate to this EMS transport service fee. By signing this form I certify that I have no insurance that can be billed for this charge. I declare that all of the information contained in this document and the attachments are true and accurate. Further I understand that I may be held liable for any false statements pertaining to this waiver request. I hereby agree to notify the Anne Arundel County Fire Department of any change in the financial status of the applicant or the responsible party that may effect the ability to pay this EMS transport fee.

Signature

Date

Printed Name

For questions regarding the hardship waiver process, call 410-222-8367 or via e-mail to fdemsbilling@aacounty.org

Mail completed applications and supporting documents to:

Anne Arundel County Fire Department

Attn: EMS Billing Manager

8501 Veterans Highway, Millersville, MD 21108

Administrative Use Only

Incident # _____

Invoice # _____

Date of Service: _____

Date Received: _____

Waiver Disposition (circle) Approved Denied

Reason: _____

Approval Signature _____

Vendor Notified: _____