Section 1.0: Purpose

The purpose of this policy is to establish procedures for the handling of patient accounts that result in Collections, Insurance Denials, Balance Billing and how to handle Hardship Cases for Emergency Medical Services (EMS) rendered by Tri-Town Emergency Medical Service (hereafter "the Service")

Section 2.0: Organization Affected

EMS Officials of Tri-Town EMS and affiliated contracted billing agency.

Section 3.0: Definitions

3.1 "Collections" is the process by the agency to attempt to collect funds that are legally owed to the agency for EMS services rendered.

3.2 "Insurance Denials" are those invoices that were originally submitted to a governmental payer and/or a third-party payer (insurance company) for payment of EMS services rendered and payment was subsequently denied.

3.3 "Balance Billing" is the process of billing a patient for the difference between the invoice and the amount that was paid by the governmental payer and/or third-party payer for payment of EMS services rendered.

3.4 "Hardship Case" shall be those instances when a patient received EMS services and claims they are unable to pay for the services rendered due to a lack of funds.

3.5 "Immediate Dependents" shall refer to those individuals who are legally the responsibility of another person and cannot legally be in their own care, such as a child who is a minor or a disabled parent residing with their adult child.

Section 4.0: Policy

4.1 "Billing for EMS Services"

a. Tri-Town EMS shall bill for EMS services rendered
    i. Patients who are transported by ambulance to an approved receiving facility.
    ii. Paramedic Intercept.
    iii. Scheduled Event Standby.

b. Balance Billing: Tri-Town EMS or the service's contracted billing agency shall submit a bill to the patient or authorized representative, any portion of a bill that was not paid, except when legally prohibited to do so.
c. Tri-Town EMS shall not attempt to collect a balance on an account, after an insurance has paid a portion or after an insurance denied payment or if the patient does not have insurance, for EMS services render of the following individuals:
    i. Employees of any town within the service's primary service area, while the employee was working.
    ii. Employees and their immediate dependents of Tri-Town EMS
    iii. Active members of the Board of Directors of Tri-Town EMS.
    iv. When legally prohibited to do so.
    v. Patients (or authorized representatives) who successfully demonstrated a hardship case.
d. Tri-Town EMS shall contract with an outside agency for the purpose of billing for and receiving revenue associated with EMS services that result in a patient transport.
e. Tri-Town EMS shall be responsible for submitting and receiving revenue that is the result of special events where EMS standby services were requested and given and for Paramedic Intercepts with other EMS agencies. The Service Director or their designee shall be responsible for overseeing the sending of invoices and receipt of revenue.

4.2 Collections:

a. The service shall work with the billing contractor to define when an account is eligible for collections.
b. The service shall attempt to collect on all accounts that have funds due to the service.
c. The billing contractor shall notify the service of all accounts prior to being sent to collections (separate collections agency).
d. The Service Director shall review all accounts that are considered delinquent by the service's billing contractor.
e. Prior to any account being referred to a collections agency, the service shall notify the owner of the account, by certified mail of the service's intent to send the account to collections.
    i. Payment Plan Application shall be mailed with the service's notice.
f. Account will be referred to collections when:
    i. The Service Director rejects the Payment Plan Application, OR
    ii. The responsible party falls behind on the Approve Payment Plan, OR

iii. There is not contact by the account's authorized party to the service after the deadline specified in the notice has passed.

4.3 Payment Plan:

a. The service may opt to accept a payment plan
b. The Service Director shall have the authority to negotiate a payment plan with a patient OR authorized representative OR authorize the service's billing contractor to do so.
c. Payment plans will be tracked by the service Director or their designee and reported to the Board of Directors on a monthly basis.

4.4 Insurance Denials:

a. The billing contractor shall be required to research any insurance denial.
    i. The reason for the denial shall be investigated
    ii. If the denial was the result of an error, the service shall assist the billing contractor with rectifying the error.
b. Patient's whose insurance denies their claims, and the denial cannot be reversed, the patient or authorized representative shall be responsible for the bill.

4.5 Hardship Cases

Tri-Town EMS shall have a mechanism in place to address the need of the service's patients or authorized representatives to claim a hardship case when they feel they do not have the financial means to pay the ambulance bill.

a. Patients who are found to be an abuser of the emergency services shall not qualify for hardship case and may have civil action taken against them by the service.
b. Apply:
    i. Patients or authorized representatives shall fill out the agency's "Hardship Case Review" Form
    ii. Accompanying the form:
        1. House hold income must be documented, to include documents showing income, such as pay stubs.
        2. Copies of current bank account statements. (checking and savings)
        3. Most recently filed Federal Income Tax Form.
        4. Copies of essential bills, such as mortgage or rent, heat, water, sewer, estimated weekly food costs, property taxes and vehicle payment. Credit

Cards, Cable/Satellite, 2nd vehicle, 2nd dwelling mortgage, cell phone (beyond basic), internet and other non-essential expenditures shall not be considered for hardship case.

5. Number of people residing in house hold.
6. List of all assistances and subsidies received by the patient or the house hold where the patient resides.
7. List of all Tri-Town EMS ambulance bills to be considered as part of the Hardship Case.

c. Service Director Review: The Service Director shall review all documents presented by the patient or authorized representative.
   i. Qualifying Expenses shall be deducted from Total Income to determine need.
   ii. Service Director has the authority to do any or all of the following:
      1. Recommend to the Board of Directors the Claim be Accepted and the Debt forgiven.
      2. Reject the Claim and the account will be required to be paid.
      3. Reduce the amount owed on the account.
      4. Develop a payment plan.
   ii. The Service Director will have ten (10) business days to reply to the patient or authorized representative as to the Service Director's decision. The decision shall be in writing and sent by certified mail to the address given on the hardship form. Along with the written decision shall be directions to file an appeal with the Board of Directors.
   iii. All hardship files shall be maintained by the service for seven years.

d. Board of Directors: Upon receipt of an appeal request, the Chairman of the Board shall schedule the patient or authorized representative at the next board meeting a hearing on the matter. The hearing shall be held in accordance with the provisions of RSA 43 as revised. In the event the next board meeting is fourteen (14) days or less away, the appeal will then be heard in the following month.
   i. The board shall review the case file prepared by the Service Director
   ii. The board shall hear the reasons for the Service Director's decision.
   iii. The board shall hear the appeal by the patient or authorized representative.
   iv. The appeal shall be heard in public session, unless specific protected information is required to be given.
   v. The appeal shall not reference any identifiable information, such as patient's name, address or nature of the ailment.

vi. The board may make a decision at the meeting or decide to table the appeal until the next meeting to consider the appeal.

vii. The board may decide to:

1. Rule in favor of the claim, and the patient has no further financial obligation to the listed EMS bills.
2. Agree with the decision of the Service Director.
3. Decide no hardship exists and the patient or authorized representative is responsible for the full bill.

viii. Once a decision has been made, the decision will be documented in writing and sent to the patient or authorized representative by certified mail.

ix. The decision of the board shall be final.

4.6 Payments for Services Rendered:

a. The service's contracted billing service shall be responsible for receiving payment for services rendered and such payments will be deposited in a specified account(s) per the agreement between the Service and contracted billing service.

b. On occasion, patients, third party payers, other agencies (including municipalities) and other persons/organizations may opt to or be directed to, make payment directly to the service. In this case, the payer shall make payment to: "Town of Pembroke".

i. Designated Town Office Staff (Pembroke) shall be responsible for notifying the contracted billing service of any payment received by the town for charges associated with ambulance service, to exclude paramedic intercepts.

ii. Payments received for EMS details, request for documents, paramedic intercepts, donations, and other service billable items are not to be reported to the Service's contracted billing service.

iii. With the exception of a donation, the Service Director shall not receive any payments in cash. Payments are be made to the Town of Pembroke Finance Department.

Section 5.0: Implementation

To facilitate conduct in accordance with this policy, a copy of this policy shall be made available to all employees and at such other times as may be necessary.

Section 6.0: Signatures

	Position	Signature	Date
Policy Prepared By: Christopher Gamache	Service Director		
Policy Reviewed & Approved by: Shaun Mulholland	Chairman		

Section 8.0: Policy & Procedure Revision History

			Approvals	
	Section	**Changes Made**	**By**	**Date**
Original Adoption				
Amendment				
Amendment				
Amendment				

REFERENCE:

1) New Hampshire RSA 43 – "*Hearing before towns and other local officials*"
2) Commission on Accreditation of Ambulance Service (CAAS) Standard 104.03.01, "AR Policies"
3) Commission on Accreditation of Ambulance Service (CAAS) Standard 105.02.03, "Donation Policy"