

CITY OF MERCER ISLAND
ADMINISTRATIVE POLICY AND PROCEDURE/GUIDELINES

SUBJECT: Fee for Transport Billing

1 Purpose

- 1.1 To identify the billing policy and procedures for patients transported by the Mercer Island Fire Department's (MIFD) Basic Life Support (BLS) units.

2 Reference

- 2.1 Medicare Regulations
- 2.2 Policy 3508 - Billing for Services
- 2.3 Policy 3410 - Incident Reports and Transport Documentation
- 2.4 Systems Design West Billing & Collection Procedures
- 2.5 Mercer Island Transport Financial Assistance Application

3 Responsibility

- 3.1 All employees shall be familiar with and adhere to this policy.

4 Policy

- 4.1 The MIFD shall bill for patients transported by the MIFD's Basic Life Support (BLS) units within our service area.
- 4.2 It is the policy of the MIFD that the ability to pay is never a condition of emergency medical service or transportation. All aspects of pre-hospital service will be provided to all patients without discrimination toward those with or without inadequate means to pay.

5 Procedure/Guidelines

- 5.1 The MIFD shall bill:
 - 5.1.1 For all transports along the Interstate 90 and Interstate 405 corridor,
 - 5.1.2 If more than one patient is transported in a single unit, all patients are billed.
 - 5.1.3 If a member of the MIFD (unless on duty) or family member is transported as a patient, the patient shall be billed.
 - 5.1.4 The MIFD will only bill if the patient is directly transported to a medical facility, landing zone, or directly transferred to another transport agency (i.e., transfer from MIFD BLS to an ALS transport agency).
- 5.2 All paperwork and authorization forms shall be completed per this Policy.
- 5.3 The MIFD will conduct an internal audit to determine if all qualified transports have been processed.
 - 5.3.1 The City's third-party medical billing company, currently Systems Design West, will notify the Deputy Chief of missing paperwork. The Battalion Chiefs are responsible to follow up with the responsible crew.
 - 5.3.2 The City's Finance Department will be the designated liaison with the billing company.

- 5.4 The MIFD will direct the billing company to bill at a rate, to include a mileage rate, as approved by the Mercer Island City Council. (See Systems Design West Billing & Collection Procedures for detailed process.)
 - 5.4.1 Private Insurance
 - 5.4.1.1 Bill Private Insurance Company.
 - 5.4.1.2 Case manager contacts patient, or representative, to collect missing information and/or attempt payment schedule of balance.
 - 5.4.1.3 Send bill for balance.
 - 5.4.2 Medicaid
 - 5.4.2.1 Bill Medicaid.
 - 5.4.3 Medicare
 - 5.4.3.1 Bill Medicare.
 - 5.4.3.2 Bill co-pay per federal guidelines.
 - 5.4.4 Patients with no Insurance
 - 5.4.4.1 Patient who received medical transport services or representative should contact MIFD or billing company to negotiate payment or payment plan (see 5.5 Financial Assistance).
 - 5.4.4.2 The billing company case manager shall contact patients (or their representatives) to verify there is no insurance.
 - 5.4.4.3 If no insurance is available, the case manager shall work with the patient to determine the ability to pay (payments, etc.), as well as possibly decreasing the bill due to the patient's income level or other circumstances.
 - 5.4.5 Collections
 - 5.4.5.1 If neither full payment for ambulance treatment/transport services nor notice of a payment plan to billing company is received within 120 days of initial billing, the patient's account will be considered delinquent and uncollectible and referred to a designated collections firm, approved by the City of Mercer Island, who will attempt to collect the balance due.
 - 5.4.6 Any patient, or representative, may petition the City of Mercer Island for relief by completing the Transport Financial Assistance Application and submitting it to the billing company. All HIPAA and Patient Privacy regulations will be followed.
 - 5.4.6.1 All disputes will be brought to the Fire Administration and Finance Department for investigation. The Fire Chief and Finance Director will agree on a final determination if a bill should be waived. All waived bills will be presented to the Finance Department as part of the quarterly write-off report.
 - 5.4.7 The billing company will submit Authorization Waivers to the Finance Department, who will present the amount to be written off to the Finance Director on a quarterly basis.

- 5.5 Financial Assistance - The following criteria will be used in making fair, equitable, and consistent decisions regarding eligibility for financial assistance.
 - 5.5.1 Ability to pay is never a condition of emergency medical service transportation.
 - 5.5.2 Financial assistance is secondary to all other financial resources available to the patient including insurance, government programs, or other third-party sponsorship.
 - 5.5.3 Full debt forgiveness will be provided to a responsible party with a gross family income at or below 100% the current published Federal Poverty Income Guidelines based on household size.
 - 5.5.4 Financial assistance will be provided according to Federal Poverty Income guidelines, to include household size, at the sliding scale below.

Debt Forgiveness and Financial Assistance	
Income as a Percentage of Federal Poverty Level	Percentage Discount
100% or Below	100%
101 to 133%	75%
134 to 166%	50%
167 to 200%	25%
Greater than 200%	0%

- 5.5.5 The MIFD will base the decision on eligibility upon the data submitted on the Transport Financial Assistance Application to the billing company.
- 5.6 Any payments received by the MIFD will be forwarded to the billing company for processing.
- 5.7 The MIFD, with assistance from the Finance Department, will conduct an internal audit of the third-party billing company once a biennium.
- 5.8 The MIFD will be responsible for all medical record requests. If the MIFD receives a request for the billing portion, as well as the medical, the MIFD will direct the billing company to release the billing information.