



City of Manassas Fire and Rescue Services
Standard Operating Procedure

EMS Rate Schedule	Presented Date: 06/21/2012 Effective Date: 07/19/2012 Revision Date: 00/00/0000	Page 1 of 7	2.56
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PURPOSE

To describe EMS billing and collections for services provided by FRS members.

POLICY

1. **Authority:**

- 1.1. Section 350, Chapter 31 of the Virginia Emergency Medical Services Regulations (12VAC5-31-350) requires an EMS agency "to provide required services including dispatch, response, rescue, life support, emergency transport and interfacility transport" regardless of the patient's ability to provide a means of payment for services rendered by the agency.

2. **Definitions:**

- 2.1. **Battalion Chief** Personnel employed by the City to maintain the policies and procedures, compliance with rules and regulations, and provide customer service for the emergency medical services billing program. The Battalion Chief shall also oversee the daily operation of the EMS billing program.
- 2.2. **Billing Vendor** A third-party agency with a contractual agreement to perform billing services for the City's emergency medical services billing program.
- 2.3. **Compassionate Billing** A philosophy of billing that minimizes the direct financial impact on a patient by billing the insurance company and not charging the patient the remaining co-payment of deductible after the insurance company is billed and insured costs are paid.
- 2.4. **City** City of Manassas.
- 2.5. **City Resident** A person whose home/residence is in the City of Manassas.
- 2.6. **Deductible** Amount an individual is required to pay out-of-pocket before the health care plan begins to pay the costs associated with health care services.
- 2.7. **Fire and Rescue System (FRS) member** Personnel employed by the City of Manassas Fire and Rescue Department and members of each volunteer fire, rescue, or fire and rescue company that is a member of the Fire and Rescue System who may engage in emergency operations
- 2.8. **Health Insurance** A "health care plan" which means "any arrangement in which any person undertakes to provide, arrange for, pay for, or reimburse

any part of the cost of any health care services. A significant part of the arrangement shall consist of arranging for or providing health care services, including emergency services and services rendered by nonparticipating referral providers, as distinguished from mere indemnification against the cost of the services, on a prepaid basis." Medicaid and Medicare may be referred to as health insurance.

- 2.9. **Medicaid** A jointly-funded state and federal government program that pays the medical expense of low income pregnant women, children under the age of 19, people aged 65 and over, blind, disabled, and people who need nursing home care.
- 2.10. **Medicare** A federal government-funded program that pays the medical expense of people aged 65 and over, people of any age who have kidney failure or long-term kidney disease, and people who are permanently disabled and cannot work.
- 2.11. **Non-City Resident** A person who does not live in the City of Manassas.
- 2.12. **Patient** A person who received emergency medical services from FRS members.
- 2.13. **Public** Individuals or group(s) of people who are not employees of the City of Manassas.

3. **Policy:**

- 3.1. The City shall have a written rate schedule that may be made available upon request to the public.
- 3.2. The City and FRS members shall not refuse emergency medical service due to the inability to pay.
- 3.3. The City shall exercise Compassionate Billing to its residents.
- 3.4. The Ability to Pay Scale or Payment Plan may be made available for eligible individuals through submission of the Request for EMS Billing Hardship Waiver form. Financial and earnings documentation along with the EMS Ability to Pay Scale will be utilized to determine eligibility.
- 3.5. The EMS Billing Rate Schedule may be made available upon request. The rate schedule will be modified as needed through the normal budget process.
- 3.6. The Ability to Pay Scale is based on the Federal Poverty Guidelines and Virginia Sliding Fee Scale. The most current EMS Ability to Pay Scale will be used.
- 3.7. The City shall provide emergency services to City and non-City residents regardless of their ability to pay. The City has established compassionate billing and a hardship waiver.
 - 3.7.1. Compassionate Billing – The billing philosophy of the City is to minimize the financial impact to the resident as much as possible. The billing vendor shall send bills to health insurance, Medicare and/or Medicaid on the City's behalf. After the insurance is billed, any

remaining co-payment or deductible will not be charged to the patient. This form of billing is applicable to City residents.

3.7.2. Hardship Waiver – Applies to non-City residents who received emergency transport services from FRS members. The waiver enables non-City residents to appeal for their bill to be reduced or spread out by submitting the Request for EMS Billing Hardship Waiver form along with financial and earning documents dated within the last 60 days. There are two outcomes for appeals: Ability to Pay and Payment Plan:

3.7.2.1 Ability to Pay is a reduction of payment. Patients may appeal for a reduction of payment by filling out the hardship waiver form and submitting the required financial and earning documents. The Ability to Pay Scale will be utilized in determining the patient's eligibility and payment responsibility.

3.7.2.2 The Payment Plan is the distribution of payments and applies to the patient who makes their appeal, but is not eligible for the Ability to Pay program. Payment is arranged to be paid off within 180 business days.

3.7.2.3 If the patient disagrees with the ability to pay or payment plan, the patient will be referred to the Battalion Chief responsible for EMS Billing to discuss other payment options.

3.7.3. Worker's Compensation – There are instances when a bill is generated in which the City would be merely transferring funds from one department's budget to another to satisfy the bill, for example when an on-duty City employee is transported to the hospital for a compensable worker's compensation injury. In these instances, there would be no requirement to pursue payment of the bill. The Billing Contractor will update its records to reflect this adjustment.

PROCEDURE

4. Responsibilities:

4.1. FRS Member

Provide emergency medical services and obtain all needed information required for billing purposes.

4.2. Battalion Chief

Respond to requests or inquiries regarding EMS billing.
Contact the billing vendor regarding update on the patient's billing status.
Follow-up patient's payment plan status.
Review the hardship waiver form and provide recommendation regarding patient's billing status.

4.3. Billing Vendor

Perform billing services for the City.

APPROVED BY

Marc T. Aveni

Councilman Marc T. Aveni, Fire and Rescue Committee Chairman

7/19/12

Date

**City of Manassas Fire and Rescue System
EMS Billing Rate Schedule FY 2012 – 2013**

Basic Life Support (BLS)	\$400
Advanced Life Support (ALS1)	\$500
Advanced Life Support (ALS2)	\$700
Loaded Mileage	\$10 per mile

Basic Life Support (BLS) – Transportation by ground ambulance vehicle and medically necessary supplies and services, plus ambulance services rendered by an ambulance staffed by an EMT-Basic (EMT) and within the EMT's scope of practice.

Advanced Life Support, Level 1 (ALS-1) – Transportation by ground ambulance vehicle and medically necessary supplies and services. Use of this level of service requires the transport include either an "ALS assessment" by ALS personnel (EMT-Intermediate or Paramedic) or the provision of at least one ALS intervention. Billing may be at the ALS1 level based on an ALS assessment, even if it does not result in a determination that the beneficiary requires other ALS services.

Advanced Life Support, Level 2 (ALS-2) – Ambulance services that involve (i) the administration of at least three medications or the same medication three times by intravenous push/bolus or by continuous infusion excluding crystalloid, hypotonic, isotonic and hypertonic solutions; or (ii) the provision of at least one of the following procedures: manual defib/cardioversion, endotracheal intubation, central venous line, cardiac pacing, chest decompression, surgical airway, or intraosseous line.

Medications for this level do not include Dextrose, Normal Saline, Ringers Lactate, Oxygen or Aspirin. In addition, medications administered by other means, such as intramuscular/subcutaneous, injection, oral and sublingually or nebulized do not qualify as ALS 2.

Loaded Mileage – is the number of miles for which a patient onboard is transported by the ambulance.

**CITY OF MANASSAS
EMS BILLING PROGRAM**

Request for EMS Billing Hardship Waiver

A NEW HARDSHIP APPLICATION MUST BE SUBMITTED FOR EACH EMS TRANSPORT

Applicant Name: _____ **SSN:** _____

Applicant Address (include City, State & Zip): _____

Applicant Phone Number: _____ **Date of Birth:** _____

Responsible Party (if different from applicant)

Name: _____ **Relationship:** _____

Address (if different from applicant): _____

Monthly Household Income: \$ _____ **Household Size (# of people):** _____

I HAVE ATTACHED THE FOLLOWING RECENT DOCUMENTATION TO CERTIFY THAT THE ABOVE-REFERENCED GROSS INCOME IS TRUE AND ACCURATE:

(Please check all of the following that apply)

Paycheck Stub (dated within last 60 days)
Primary Bank Statement (dated within last 60 days)
Tax Forms (most recent year)
Other (indicate documents attached): _____

I hereby request of the City of Manassas that I, as the applicant or responsible party for the above named applicant, be considered for a reduction in my payment responsibility. I certify that I have no insurance that can be billed for this charge, that the above information is true and accurate to the best of my knowledge, and that I will be held responsible for any false statements made herein. I also agree to notify the City of Manassas if my situation changes and the reduction is no longer necessary.

Signature: _____ **Date:** _____

Print Name: _____

For questions regarding the hardship waiver process, please call 703-257-8458
or via email to tlupton@manassasva.gov
Mail this application and all attachments to:

**City of Manassas
EMS Billing
9324 West Street, Suite 204
Manassas, VA 20110**

Administrative Use Only
Incident #: _____ **Invoice #:** _____ **Date of Service:** _____
Date Received: _____ **Claim:** Approved Denied
Claim Denied Due to: _____
Vendor Notified: _____ **Approval Signature:** _____



**City of Manassas Fire and Rescue System
Ability to Pay Scale**

Version 1		Number of household							
Consumer Payment		1	2	3	4	5	6	7	8 and over
100%	\$27,226 and above	\$36,776 and above	\$46,326 and above	\$55,876 and above	\$65,426 and above	\$74,976 and above	\$84,526 and above	\$94,076 and above	\$94,075 and above
95%	\$21,781 - \$27,225	\$29,421 - \$36,775	\$37,061 - \$46,325	\$44,701 - \$55,875	\$52,341 - \$65,425	\$59,981 - \$74,975	\$67,621 - \$84,525	\$75,261 - \$94,075	\$75,260 and above
75%	\$18,144 - \$21,780	\$24,508 - \$29,420	\$30,872 - \$37,060	\$37,236 - \$44,700	\$43,600 - \$52,340	\$49,964 - \$59,980	\$56,328 - \$67,620	\$62,693 - \$75,260	\$62,692 and above
50%	\$14,517 - \$18,143	\$19,609 - \$24,507	\$24,701 - \$30,871	\$29,794 - \$37,235	\$34,886 - \$43,600	\$39,978 - \$49,963	\$45,070 - \$56,327	\$50,162 - \$62,692	\$50,161 and above
2.5%	\$11,980 - \$14,516	\$16,182 - \$19,608	\$20,384 - \$24,700	\$24,586 - \$29,793	\$28,788 - \$34,885	\$32,990 - \$39,977	\$37,192 - \$45,069	\$41,394 - \$50,161	\$41,393 and above
10%	\$0 - \$11,979	\$0 - \$16,181	\$0 - \$20,383	\$0 - \$24,585	\$0 - \$28,787	\$0 - \$32,989	\$0 - \$37,191	\$0 - \$41,393	\$0 - \$41,393 and above
MC EMS Billing Sliding Fee Scale is based on Federal Poverty Guidelines and VDA Sliding Fee Scale July 2011. MC EMS Ability to Pay Scale will be updated as appropriate.									

References:

Federal Poverty/VDA Sliding Fee Scale Effective July 1, 2011 (virginia.gov)

Based on the poverty guidelines published in the January 20, 2011 edition of the Federal Register, Vol. 76, No. 13, pages 3637-3638.

Based on the Department of Health's "Regulations Governing Eligibility Standards And Charges For Health Care Services To Individuals", 12VAC5-200.

VDA FY12 Poverty Sliding Fee Scale.xls Revised 6/16/2011