

RESOLUTION R-13-196

RESOLUTION APPROVING USER FEES FOR MANATEE COUNTY AMBULANCE SERVICES; ADOPTING BILLING AND COLLECTION PROCEDURES; AND PROVIDING FOR ADJUSTMENTS, PAYMENT PLANS AND FEE WAIVERS.

WHEREAS, Manatee County Emergency Medical Services (EMS) provides ambulance services to the residents and visitors of Manatee County; and

WHEREAS, the Manatee County EMS operating budget is funded exclusively through ad valorem taxes, general revenues and user fees; and

WHEREAS, increasing costs for staffing and medical supplies have increased the cost of EMS services; and

WHEREAS, fees, billing and collection procedures, and provisions for adjustments and waivers were established by the Board of County Commissioners in Resolution R-05-68; and

WHEREAS, it is necessary, expedient, and in the best interest of the citizens to adjust user fees to properly assess a portion of the cost to the users of these services; and

WHEREAS, it is necessary to maintain procedures for billing and collection of EMS fees, for providing adjustments and waivers, and for approving hardship cases and payment plans.

NOW, THEREFORE, BE IT RESOLVED by the Board of County Commissioners of Manatee County, Florida that:

SECTION ONE: EMS USER FEES

The schedule of rates attached hereto as Schedule A are adopted as the fees for emergency medical services and ambulance transportation furnished to emergency patients by the Manatee County EMS.

SECTION TWO: BILLING AND COLLECTION PROCEDURES

The following shall be guidelines for billing and collection procedures for emergency medical service fees and charges:

- A. Initial fees and charges for ambulance service(s) shall be assessed either prior to or following the service provision, as service dynamics reasonably permit. Unpaid fees and charges, subsequent to time of service, shall be reflected in an accounts receivable subsidiary ledger system to be maintained by the Public Safety Department, EMS Business Operations Section, as approved by and coordinated with County Finance Office of the Clerk of Circuit Court. References to the County, or the Public Safety Department, EMS Business Operations Section throughout this resolution will include and apply to any subcontracted agency providing billing services on behalf of the County.
- B. An initial bill for ambulance services shall be processed in the following manner after service is provided.
 - 1. The County will send an initial bill to the service recipient or responsible party and/or to the service recipient's or responsible party's insurance carrier provided that appropriate insurance information is made available to the EMS Business Operations Section. Third party billing assignment of payments will be accepted with the unpaid difference, if any, remaining the responsibility of the service recipient or responsible party. Credit card payments will be accepted in accordance with procedures established by the Clerk of the Circuit Court, County Finance Division.
 - 2. The EMS Business Operations Section will accept Medicare assignment, as a participating provider, and will wait no less than forty-five (45) days for payment if Medicare or other insurance carriers are billed. Upon payment by Medicare, billing for the service recipients co-pay will be forwarded to the service recipient or responsible party or to secondary or other insurance, provided appropriate information has been received by EMS Business Operations Section. If the claim is denied by Medicare, a bill will be sent to the service recipient or responsible party.
 - 3. If information is provided to the EMS Business Operations Section indicating that Medicaid is the appropriate payment source, then County will send a bill to Medicaid and accept assignment. The

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EMS Business Operations Section will wait no less than sixty (60) days for payment if Medicaid is billed. If the claim is denied because of no coverage at the time of service, a bill will be sent to the service recipient or responsible party. If Medicaid denies the claim because they have deemed the service as not medically necessary, then the account will be adjusted per the rules and regulations of Medicaid.

4. In the event the service recipient or responsible party does not have or does not provide proof of insurance coverage, the bill for ambulance service(s) shall be sent directly to the service recipient or responsible party for payment. The EMS Business Operations Section will wait no less than thirty (30) days for payment.
 5. If payment or additional billing information is not received within time frames established by the Public Safety Department Director, past due notices and collection efforts will be conducted in accordance with procedures coordinated with the Clerk of the Circuit Court and/or a contracted collection agency.
- C. A reasonable and customary payment plan will be made available for service recipients and responsible parties in accordance with procedures established by the Public Safety Department Director. Should the service recipient or responsible party fail to meet the terms and conditions of the payment plan, the unpaid balance shall become due and payable, and subject to established collection procedures.
- D. When ambulance service bill(s), at any stage in this billing and collection process, are returned because the Postal Service cannot effectuate delivery, the EMS Business Operations Section shall make a reasonable effort to ascertain the correct mailing address. If such efforts fail, the account(s) may be considered for other collection alternatives.
- E. Nothing contained in this section shall preclude reasonable telephone or other appropriate contact for billing and collection purposes, as allowed by applicable laws.

SECTION THREE: ADJUSTMENT OF EMS USER FEES

The following shall be minimum guidelines for adjustments to ambulance service fees:

- A. Medicare and Medicaid Adjustments - Contractual adjustments under Medicare and/or Medicaid assignment will be made upon notification by receipt of the Explanation of Medicare/Medicaid Benefits (EOMB) consistent with Medicare and Medicaid rules and regulations.

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- B. Victim's Compensation Contractual Adjustments - Contractual adjustments will be made upon notification by receipt of the Explanation of Benefits (EOB) consistent with State of Florida Office of Attorney General rules and regulations.
- C. Workers' Compensation Contractual Adjustments - Contractual adjustments will be made upon notification by receipt of the Explanation of Benefits (EOB) consistent with State of Florida worker's compensation rules and regulations.
- D. Champus/Tricare/Veterans' Administration Adjustments - Contractual adjustments will be made upon notification of receipt of the Explanation of Benefits (EOB) consistent with Department of Veterans Affairs rules and regulations.
- E. Railroad Retirement Adjustments - Contractual adjustments will be made upon notification of receipt of the Explanation of Benefits (EOB) consistent with the Railroad Retirement Board rules and regulations.
- F. HMO Adjustments - Contractual adjustments under Medicare assignment and other Health Maintenance Organizations (HMOs) will be made upon notification by receipt of the Explanation of Benefits (EOB) consistent with Medicare assignments and HMOs rules and regulations.
- G. Adjustment of Accounts Receivable - Balances shall be removed from the active accounts receivable ledger once it has been determined by the County or the County's billing agent that reasonable efforts to collect the balance were made and the balance has been referred to a third party collection agency. The collection agency will perform debt collection services as set forth in the agreement with Manatee County. The annual total write-off shall not exceed the Bad Debt Allowance, established by the Clerk of Courts Finance Department in conjunction with the external Auditors, in accordance with generally accepted accounting principles. The EMS Business Operations Section shall provide a detailed report to the Board for their review and ratification of all such accounts deemed uncollectible, prior to the end of each fiscal year.
- H. Other Adjustments - (other than correction of inadvertent errors) will be reflected on a patient's account, when based on extenuating circumstances, it is in the best interest of Manatee County to make such adjustments. All adjustments not specified in this resolution must be

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approved by the Public Safety or Financial Management Director or their respective designees. Adjustments made in this manner will be ratified by the Board annually.

- I. Court Actions - including bankruptcy, probate, or any other action requiring adjustment to the account of an ambulance patient will be made as specified by the court document.
- J. INS Detainees - have their medical expenses paid by the U.S. Immigration and Naturalization Service (INS) in accordance with agreements with Manatee County Government. Amounts not paid by INS will not be billed to the patient, and the account will be adjusted to zero.

SECTION FOUR: WAIVER OF EMS USER FEES

- A. User fees for EMS ambulance and non-transport advanced life support stand-by services for the following community special events shall be waived as the Board finds a valid public purpose is hereby established in recognition of their contributions to the community: (1) Manatee County Fair and (2) Heritage Festival events.
- B. It is recognized that certain service recipients or responsible parties may need to be identified and processed as hardship cases. Hardship cases would be determined by the Community Services Department using the criteria established for the Individual Fee Assistance Program as approved by the Board or as determined eligible in accordance with the Indigent Care Agreements with Manatee Memorial Hospital and Blake Medical Center. If determined eligible, the patient will be exempt from charges for ambulance services. Account balances for these accounts will be adjusted upon determination of eligibility as verified by the Community Services Department Director or designee.
- C. Payments will be pursued from inmates and other payers that may be responsible for their medical care in accordance with FS 901.35 and/or 951.032 and/or Board approved Health Services Agreement. Compliance with FS 901.35(2) will be accomplished by adjusting these accounts to zero without further billing to other County funding sources.
- D. It is recognized that it is not cost effective to process billings and/or pursue collection of accounts with small balances of \$25 or less, or to issue checks for refunds of \$10 or less. Once the balance on an account falls below \$25, invoices may be sent, but other collection efforts will be discontinued. Refund checks will be issued for accounts that have credit balances greater than \$10. Refund checks of \$10 or less will be issued when requested within one year of the payment date that created the refundable amount by the payer that is owed the refund.

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- E. Insufficient Patient Demographics balances shall be removed from the accounts receivable ledger once it has been determined by the County or the County's billing agent that reasonable efforts to collect patient demographics have been exhausted.

- F. EMS fees incurred by law enforcement officers, firefighters, paramedics and other public safety agency employees as a result of the performance of their public safety duties, whether on or off duty, which are not covered by workers' compensation benefits shall be waived.

SECTION FIVE: REPEAL OF PRIOR RESOLUTION

Resolution 08-144 is hereby repealed in its entirety.

SECTION SIX: EFFECTIVE DATE

This Resolution shall take effect immediately upon adoption.

Schedule A, Ambulance Fees shall apply to ambulance services performed on or after January 1, 2014.

ADOPTED in open session with a quorum present and voting this 22nd day of October, 2013.

BOARD OF COUNTY COMMISSIONERS
OF MANATEE COUNTY, FLORIDA



BY: Larry Bustle
Chairman

ATTEST: R. B. Shore
Clerk of the Circuit Court

BY: Robin Liberty, D.C.

SCHEDULE A

AMBULANCE FEES
Effective January 01, 2014

<u>ITEM</u>	<u>CHARGE</u>
<u>TRANSPORT SERVICES</u>	
Basic Life Support Non-Emergency Transport.....	\$ 400
Basic Life Support Emergency Transport.....	\$ 500
Advanced Life Support Non-Emergency Transport.....	\$ 500
Advanced Life Support Emergency Transport, Level 1.....	\$ 600
Advanced Life Support Emergency Transport, Level 2.....	\$ 700
Interfacility Transport..... (one way)	\$200
Specialty Care.....	\$800
Patient Deceased – treated but not transported..... (If transported, level of service rendered is charged)	\$407
<u>MILEAGE RATES</u>	
Mileage, charge per loaded mile.....	\$ 10
<u>SERVICES WITHOUT TRANSPORT</u>	
Advanced Life Support Level 1 services rendered without transport are billed at the Advanced Life Support non-emergency rate.....	\$ 500
Advanced Life Support Level 2 services rendered without transport are billed at the Advanced Life Support Level 1 amount.....	\$ 600
Emergency Helicopter Response Preparation in addition to charges for Advanced Life Support services.....	\$ 300

MULTIPLE TRANSPORTS

For two patients transported simultaneously, the charge will be equal to 75 percent of the charge for the level of care given, plus 50 percent of the mileage charge.

For three or more patients transported simultaneously, the charge will be equal to 60 percent of the charge for the level of care given, plus the applicable mileage charge divided by the number of patients on board.

Schedule A

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<u>ITEM</u>	<u>CHARGE</u>
<u>SPECIAL EVENTS AND MISCELLANEOUS RATES</u>	
Stand-by Time for ambulance and crew, per hour Minimum charge will be for three hours and charges will Be rounded up to the next hour.	\$ 160
Stand-by Time for staff without ambulance, per person per hour..... Minimum charge will be for three hours and charges will be rounded up to the next hour.	\$ 60
Wait Time for ambulance and crew, per half hour..... Minimum charge will be for half hour and charge will be rounded up to the next half hour.	\$ 50
Medical Record Release.....	\$ 5