

The Perrysburg Township Emergency Medical Services Billing Policy

**Perrysburg Township's Standard Operating Plan for Billing for Emergency
Medical Services as Authorized by Ohio Revised Code 505.84**

**The Perrysburg Township plan for the establishment of a reasonable charge for the provision
of emergency medical services has been approved by the Perrysburg Township Fire Chief, The
Perrysburg Township Board of Trustees, and Perrysburg Township's legal counsel in
accordance with Ohio Revised Code 505.84**



Purpose:

To provide Perrysburg Township with a uniform procedure for recovering costs associated with the provision of Emergency Medical Services (EMS) within Perrysburg Township and other municipalities.

Background:

Perrysburg Township has conducted EMS billing since its inception in order to defray the costs associated with providing the service. This practice is pursuant to Ohio Revised Code 505.84 which states "A board of township trustees may establish reasonable charges for the use of fire and rescue services, ambulance services, or emergency medical services."

Originally, the billing was handled in-house and completed by crew members and eventually we hired a part-time billing clerk to handle this. In 2011 after the retirement of our billing clerk we decided to out-source billing. At that time, we interviewed a few different companies but selected Medicount Management out of Cincinnati, Ohio. In exchange for their service, they retain 7.5% of the revenue that they collect.

Perrysburg Township tries to bill the insurance company whenever possible, and we have the necessary information. If there is a deductible, copay, and/or balance that amount is then billed to a secondary insurance company. If there is no secondary insurance company that amount is then billed to the patient. If we do not have billing information the initial bill will go to the patient. If the patient provides the needed billing information, we will then attempt to bill that company. Whatever balance is left over after this process may then be sent to the Ohio Attorney General's Office (OAG) for collection. If contact can be made with the patient within these processes, we will determine if the patient has a hardship and per the hardship policy, we will work with them to collect the balance before forwarding the account onto the OAG.

Procedure:

1. Following all EMS calls where a billable service was provided the crew will ensure that a thorough and accurate electronic patient care report (ePCR) is completed as soon as reasonably possible but no later than the end of their scheduled shift. Once the report is locked by the crew member completing the report it shall be transmitted to a third-party administrator (TPA) as designated by the Perrysburg Township Board of Trustees.
2. Crews will make reasonable efforts to obtain the following information:
 - a. Patient's name, gender, address, phone number, social security number, and date of birth;
 - b. Information pertaining to the EMS run including, but not limited to: nature of call, incident location, zip code, squad assessment, treatment, and narrative, crew-member identifiers and training levels, receiving hospital, and transport mileage;
 - c. Insurance information including: the patient's primary and secondary insurances, payor address(es), group, guarantor identification number, primary insured's name, social security number, relationship to the patient, address, date of birth, and gender, if available.
 - d. Assignment of Benefits form (AOB) with required signatures;
 - e. Medical information releases;
 - f. Advance Beneficiary Notice of Noncoverage (ABN);
 - g. Physician Certification Statement (PCS); and
 - h. If required, physician signatures on medical charts and other medical documents.
 - i. Crew signatures which must be legible
3. The current TPA will make reasonable attempts to collect the largest percentage of the bill as possible as allowable by law. When appropriate and the information is available the current TPA will first bill the patient's insurance company.
4. The TPA will communicate with patients and third-party payors on a regular monthly cycle. Up to three attempts will be made to communicate with patients where there is inadequate information for Emergency Medical Services billing purposes.
5. If the insurance company does not pay the bill or the entire bill the remaining portion of the bill will be forwarded to the patient or responsible party for payment as allowable by law.
6. If a patient is unable to pay due to financial constraints, they may complete a financial hardship form to request assistance with the bill (See Appendix A).
7. The TPA will forward to Perrysburg Township the monies that they have collected on behalf of Perrysburg Township minus a 7.5% collection fee.

8. Occasionally, money for the payment of an EMS bill may come directly to the Fire Department or the Perrysburg Township Administrative Offices. When this occurs, the money will be appropriately receipted in and deposited in the Perrysburg Township 2281 fund, designated as "the fire and rescue services, ambulance services, and emergency medical services fund."
9. All monies coming into the Fire Department through this billing program will be turned over to the fiscal officer by the end of each month.
10. After all reasonable efforts have been made by the TPA to collect the bill they will then forward delinquent accounts to the Fire Chief or their designee. The Fire Chief or their designee may then forward these accounts to the Ohio Attorney General's Office who will attempt to collect these accounts on behalf of Perrysburg Township.
11. Funds collected by the TPA will be sent to Perrysburg Township on a monthly basis. The funds will then be deposited in the 2281 fund.
12. A Write-Off Policy and a Patient Hardship Policy are attached hereto (See Appendix A).

Rates

The current rates in this Policy were set by the Perrysburg Township Board of Trustees during a regular meeting on December 18, 2024 during which they passed Resolution 2024-____

Definitions:

- **Basic Life Support (BLS)** (42 CFR 414.605): Is a medically necessary emergency response where the patient is transported by ground ambulance vehicle and the patient is provided with medically necessary supplies and services, including BLS ambulance services as defined by the State of Ohio.
- **Advanced Life Support Level 1 (ALS1)** (42 CFR 414.605): Is a medically necessary emergency response where the patient is transported by a ground ambulance vehicle and the provision of medically necessary supplies and services including the provision of an ALS assessment or at least one ALS intervention.
- **Advanced Life Support Intervention:** An advanced life support (ALS) intervention is a procedure that is in accordance with State and local laws, required to be done by an emergency medical technician (EMT-Intermediate) or EMT-Paramedic.
- **Advanced Life Support Level 2 (ALS2)**(42 CFR 414.605): Is a medically necessary emergency response where the patient is transported by a ground ambulance vehicle and the provision of medically necessary supplies and services including (1) at least three separate administrations of one or more medications by intravenous (IV) push/bolus or by continuous infusion (excluding crystalloid fluids) or (2) ground ambulance transport, medically necessary supplies and services, and the provision of at least one of the ALS2 procedures listed below:
 - Manual defibrillation/cardioversion
 - Endotracheal intubation
 - Central venous line
 - Cardiac pacing
 - Surgical airway
 - Intraosseous (IO) line

- The rates established by Resolution 2024-_____ are as follows:
 - **Basic Life Support Services (BLS):** \$900.00
 - **Advanced Life Support Services Level 1 (ALS1):** \$1100.00
 - **Advanced Life Support Services Level 2 (ALS2):** \$1300.00
 - BLS, ALS1, and ALS2 transports will be charged an additional \$25 per loaded mile
 - ❖ Patients who are transported to a landing zone to be transported by air ambulance will be billed according to the above pay scale

Write-Offs:

Revenue Cycle Management requires that claim receivables be written off after certain procedures have been followed. The following are guidelines for writing off a claim. Please note, writing off a claim is considered the last resort as uncollectable claims are not advantageous to Perrysburg Township or its TPA.

A patient account will be written off if the following criteria are met:

1. If all three: No patient name, no address, no phone – write off immediately.
2. The claim related to the patient has gone through the following claims processing procedures:
 - a. Attempt to obtain patient insurance information from the hospital; electronically, face sheets, spreadsheets.
 - b. Run the patient (name and related identifying information) through the hospital patient database, all available insurance databases including Lexis Nexis.
 - c. Attempt to contact the patient by telephone.
 - d. Insurance Request letter sent to patient requesting insurance information.
 - e. The patient has been sent three (3) statements. Or, if statements are returned, try to determine the correct address. If none is available, no further statements are sent.
 - f. Patient's insurance (primary, secondary, other) has paid out the maximum allowable under all policies and guidelines and no further amount is due.
 - g. The patient has not entered into an approved financial hardship plan.
 - h. If the balance is less than \$30 and "a" to "g" above have been met.
 - i. When an EMS Agency submits an account to the Ohio Attorney General's Office for collection, The TPA will write off the account, so it is removed from the EMS Agency's Aging Report.

Billing Questions:

- To provide insurance information, receive a copy of your bill, or for general billing questions please contact our Current TPA, see Appendix B.

Requesting Billing Records (Attorney's Offices):

- Medicount uses ChartSwap for attorney requests for run reports and billing records.

APPENDIX A

PATIENT HARDSHIP POLICY

PURPOSE:

To establish a policy of billing that allows waiving of ambulance transport fees based on established Department of Health and Human Services Poverty Guidelines, and to abide by decisions made by the [United States Department of Health and Human Services](#), Centers for Medicare & Medicaid Services, and the Office of Inspector General (OIG).

SCOPE:

This regulation pertains to all individuals transported by Medicount Management, Inc.'s clients except where the client has opted out.

PROCEDURE:

1. Patients who are unable to pay their co-pays or deductibles, or who are uninsured and unable to make payments, may request a financial hardship review of their transport fee. Patients, or their designee, must complete an "EMS Hardship Waiver Form". The form is available on Medicount Management, Inc.'s website (<https://medicount.com>) or can be requested by contacting a representative at Medicount Management, Inc. at 513-772-4465.
2. Documentation needed for consideration of request is to include:
 - W-2 Withholding Statements or Unemployment check stubs for the past 90 days.
 - Paycheck stubs for the past 90 days for all persons employed in the home.
 - Income Tax Return (most recent; signed)
 - Any other information the patient submits as proof. Other circumstances that indicate financial hardship (Proof needs to be submitted for consideration):
 - Proof of bankruptcy settlement
 - Catastrophic situations (Death or disability in family; divorce)
3. The waiver application will be forwarded to the designee for review and decision. Final resolution will be noted on the form and in the patient's account. Once reviewed, a letter will be sent to the patient with the results.

1. A minimum \$50 a month payment plan will be implemented when possible.
2. If a patient was approved for Hospital Care Assurance Program (HCAP) from the hospital they were transported to and submits a copy of the letter, the patient is approved for the same discount percentage as HCAP, unless the client is a collection client.
3. If the balance is \$100 or below, the balance is written off.
4. If insurance information is provided, insurance must be billed out before waiver is approved or denied.

2024 Poverty Guidelines: 48 Contiguous States (all states except Alaska and Hawaii)

Household/ Family Size	50%	75%	100%	125%	150%	175%	200%	225%	250%	275%	300%	325%	350%	375%	400%	425%	450%	475%	500%
Handicap																			
Discount	100%	100%	100%	85%	85%	80%	75%	70%	60%	35%	30%	25%							
1	6,272.50	9,412.5	1,255.00	1,568.75	1,631.50	1,669.15	1,694.25	1,731.90	1,882.50	2,196.25	2,259.00	2,327.175							
2	8,516.7	12,777.50	1,703.33	2,129.17	2,214.33	2,265.43	2,299.50	2,350.40	2,555.50	2,980.83	3,066.00	3,151.137							
3	1,075.83	1,613.75	2,151.67	2,689.58	2,797.17	2,861.72	2,904.75	2,969.30	3,227.50	3,765.42	3,873.00	3,988.058							
4	1,300.00	1,950.00	2,600.00	3,250.00	3,380.00	3,458.00	3,510.00	3,588.00	3,900.00	4,550.00	4,680.00	4,810.00							
5	1,524.17	2,286.25	3,048.33	3,810.42	3,962.83	4,054.28	4,115.25	4,206.70	4,572.50	5,334.58	5,487.00	5,639.42							
6	1,748.33	2,622.50	3,496.67	4,370.83	4,545.67	4,650.57	4,720.30	4,825.40	5,245.50	6,119.17	6,294.00	6,468.83							
7	1,972.50	2,958.75	3,945.00	4,931.25	5,128.50	5,246.85	5,325.75	5,444.10	5,917.50	6,901.75	7,101.00	7,298.25							
8	2,196.67	3,295.00	4,393.33	5,491.67	5,711.33	5,843.13	5,931.00	6,062.80	6,590.00	7,688.33	7,908.00	8,127.67							
9	2,420.83	3,631.25	4,841.67	6,052.08	6,294.17	6,439.42	6,536.25	6,681.50	7,262.50	8,472.92	8,715.00	8,957.08							
10	2,645.00	3,967.50	5,290.00	6,612.50	6,877.00	7,035.70	7,161.50	7,300.20	7,935.50	9,257.50	9,522.00	9,786.50							
11	2,869.17	4,303.75	5,738.33	7,172.92	7,459.83	7,631.98	7,766.75	7,918.90	8,607.50	10,004.208	10,329.00	10,651.592							
12	3,093.33	4,640.00	6,186.67	7,733.33	8,042.67	8,228.27	8,352.00	8,537.60	9,280.00	10,823.67	11,136.00	11,443.33							
13	3,317.50	4,976.25	6,635.00	8,293.75	8,625.50	8,824.55	8,957.25	9,156.30	9,952.50	11,612.25	11,948.00	12,274.75							
14	3,541.67	5,312.50	7,083.33	8,854.17	9,208.33	9,420.83	9,562.50	9,775.00	10,625.50	12,395.83	12,750.00	13,104.17							

Household/ Family Size	200%	225%	250%	275%	300%	325%	350%	375%	400%	500%	600%	700%
Hardship Discount	10%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
1	2.510.00	8.23.75	3.137.50	3.451.25	3.765.00	4.078.75	4.392.50	4.706.25	5.020.00	6.275.00	7.530.00	8.785.00
2	3.406.67	3.813.50	4.258.33	4.684.17	5.110.00	5.535.83	5.961.67	6.387.50	6.813.33	8.516.67	10.220.00	11.923.33
3	4.303.33	4.841.25	5.379.17	5.917.08	6.455.00	6.992.92	7.530.83	8.068.75	8.606.67	10.758.33	12.910.00	15.061.67
4	5.200.00	5.850.00	6.500.00	7.150.00	7.800.00	8.450.00	9.100.00	9.750.00	10.400.00	13.000.00	15.600.00	18.200.00
5	6.096.67	6.858.75	7.620.83	8.382.92	9.145.00	9.907.08	10.669.17	11.431.25	12.193.33	15.241.67	18.290.00	21.338.33
6	6.993.33	7.867.50	8.741.67	9.615.83	10.490.00	11.364.17	12.238.33	13.112.50	13.986.67	17.483.33	20.980.00	24.476.67
7	7.890.00	8.876.25	9.862.50	10.848.75	11.835.00	12.821.25	13.807.50	14.793.75	15.780.00	19.725.00	23.670.00	27.615.00
8	8.786.67	9.885.00	10.983.33	12.081.67	13.180.00	14.278.33	15.376.67	16.475.00	17.573.33	22.966.67	28.360.00	30.753.33
9	9.683.33	10.893.75	12.104.17	13.314.58	14.525.00	15.735.42	16.945.83	18.156.25	19.366.67	24.208.33	29.050.00	33.891.67
10	10.580.00	12.902.50	13.250.00	14.547.50	15.870.00	17.192.50	18.515.00	19.837.50	21.160.00	26.450.00	31.740.00	37.030.00
11	11.476.67	12.911.25	14.345.83	15.780.42	17.215.00	18.649.58	20.084.17	21.518.75	22.953.33	28.691.67	34.430.00	40.168.33
12	12.373.33	13.920.00	15.466.67	17.013.33	18.560.00	20.106.67	21.653.33	23.200.00	24.746.67	30.933.33	37.120.00	43.306.67
13	13.270.00	14.928.75	16.587.50	18.246.25	19.905.00	21.563.75	23.222.50	24.881.25	26.540.00	33.175.00	39.810.00	46.445.00
14	14.166.67	15.937.50	17.708.33	19.479.17	21.250.00	23.020.83	24.791.67	26.562.50	28.333.33	35.416.67	42.500.00	49.583.33

Source: U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation.

Appendix B

Perrysburg Township's current third-party administrator (TPA) contact information:

Web Site: www.Medicount.com

Phone: 1-800-962-1484

Approved by:

Perrysburg Township Fire Chief:

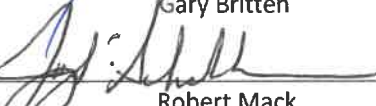

Thomas W. Brice

12-18-24
Date

Perrysburg Township Board of Trustees:


Gary Britten

12/18/2024
Date

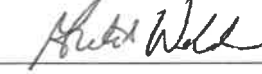

Robert Mack

12-18-2024
Date


Joe Shaller

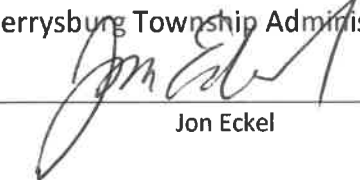
12-18-2024
Date

Perrysburg Township Fiscal Officer:


Gretchen Welch

12-18-2024
Date

Perrysburg Township Administrator:


Jon Eckel

12-18-24
Date

