

FINANCIAL ASSISTANCE FOR EMS PATIENTS POLICY

SUBJECT: FINANCIAL ASSISTANCE FOR EMS PATIENTS

PURPOSE: To provide a systemic and equitable way to offer financial assistance to those persons or financially responsible party who received pre-hospital emergency medical services and transportation, from the County's Emergency Medical Services (EMS) providers and lack adequate resources to pay for those services. To provide that service while recognizing the need to preserve the dignity of individuals in need of financial assistance.

POLICY: It is part of Charles County's mission to provide necessary pre-hospital emergency medical services to those who are unable to pay for those services. This policy requires patients or financially responsible parties to cooperate with and avail themselves of all available programs (including Medicaid, workers compensation, and other state and local programs), which would appear to provide coverage for those services. Only services for which it is not possible to obtain any other program coverage will qualify for charitable assistance.

All patients or financially responsible parties, regardless of race, creed, sex, age, national origin or financial status may apply for charitable assistance. Each request for assistance will be reviewed based upon an assessment of the patient's and / or family's needs, income, and financial resources.

Since resources are limited, financial assistance must be allocated to the most needy using an equitable method. The method chosen by Charles County evaluates both the income and the accumulated resources of the patient or financially responsible party requesting financial assistance.

Changes in the formula that is used to set Charles County's eligibility scale (income as a percentage of the federal poverty guidelines) as well as the net worth to be exempted will be recommended by the Director of Fiscal Services for Charles County after consultation with the Treasurer of Charles County. The Charles County Commissioners will make all final decisions regarding any proposed changes. Income eligibility schedules will be updated annually by the Director of Fiscal Services for Charles County when the new federal guidelines are published in the federal register.

I. SCOPE:

- A. The financial assistance policy applies to charges for pre-hospital emergency medical services that are rendered by emergency medical personnel from Charles County only. In the event that Charles County provides a more cost effective setting for needed

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services (such as an EMS Subscription Service), financial assistance is only applicable to that service when the patient or financially responsible party takes advantage of the most cost effective setting.

B. Services not covered by this financial assistance policy:

1. EMS services not charged and billed by Charles County or on behalf of Charles County are not covered or affected by this policy; i.e., private physician services or charges from any hospital, emergency department or clinic.
2. Patients or financially responsible parties who qualify for County, State, Federal, or other assistance programs are excluded from this program to the extent that needed services would be provided under those programs.
3. Any transport by emergency medical personnel where the patient is not transported to a hospital's emergency department or labor and deliver unit.

C. Eligibility

Charles County provides scheduled discounting for patients or financially responsible parties who make less than 300% of the federal poverty level and whose assets do not exceed \$20,000 as an individual or \$50,000 within a family.

Charles County believes that pre-hospital emergency medical services are of value to individuals and society, and the provisions of those services generates a claim for payment that should be honored if the patient or financially responsible party has accumulated assets – even in the absence of current income. As a result, if the patient or financially responsible party meets the income criteria for charitable assistance, a second eligibility requirement also needs to be met before charitable assistance is granted.

Charles County also believes that the collection of accounts that would completely deplete the accumulated assets of an individual is not appropriate. Charles County has therefore voluntarily chosen to protect \$20,000 in accumulated net worth of its patients or financially responsible parties, (\$50,000 in accumulated net worth for families) from Charles County claims. In addition, Charles County will not pursue a lien against a primary residence

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or a patient's/financially responsible party's only vehicle. Except when the ownership of the property is being transferred as a result of actions to avoid paying for services.

This program provides free care to those most in need – charitable care is provided to patients or financially responsible parties who have income less than 150% of the federal poverty level. It also provides for a 90% reduction in charges for those between 150% and 199% of the federal poverty level, a 75% reduction in charges for those whose income is between 200% and 232% of the federal poverty level, 50% assistance from 233% to 265% of the federal poverty level, and 25% assistance from 266% to 300% of the federal poverty level.

II. PROCEDURE:

- A. All accounts receivable, collection staff and medical billing agents authorized by Charles County are to be thoroughly familiar with the availability of the charitable assistance program and the criteria for such assistance. Material describing the charitable assistance program is to be given or sent to all patients or financially responsible parties who request this information and public notification regarding the program is to be made annually. Information about the program is to be prominently displayed and personnel are to be particularly alert to offer it to those who do not have insurance coverage. All EMS personnel are encouraged to refer patients or financially responsible parties needing financial assistance to cover services provided to Meridian Financial Management.
- B. Whenever a patient or financially responsible party is approved for scheduled financial assistance, Meridian Financial Management will create and maintain a code within their accounting system for that patient. This code will provide an automatic adjustment of up to 100% of covered charges for eligible services for the patient and their dependant for a period of six months. This code is to be entered or deleted only by credit-department personnel, and should expire six months from the effective date of a completed and approved application – at which time the patient or financially responsible party may re-apply for charitable assistance if their situation continues to merit assistance. Patients or financially responsible parties whose financial assistance improves or who become insured within that six-month period are encouraged to provide that information to Meridian Financial Management.

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- C. Meridian Financial Management will be responsible for evaluating requests for charitable assistance. Within seven business days following receipt of a completed and documented application for financial assistance, Meridian Financial shall make a determination of probable eligibility. Meridian Financial Management can approve or disapprove requests within the scheduled guidelines without approval from the Charles County Commissioners. Meridian Financial Management will maintain statistical information on the applications received, those denied and those approved - along with the amount of assistance approved for each applicant.
- D. Individual application processing will be handled as follows:
1. Requests for financial assistance must be documented with a completed Charles County EMS Financial Assistance Request Form, along with any supporting documents such as paycheck stub (dated within the last 60 days), primary bank statement (dated within the last 60 days) or tax forms (most recent year). A signature is required on all applications prior to the evaluation process. Financial assistance will not be granted if complete and accurate information and supporting documentation is not provided. Any assistance granted will be rescinded if information given on the application is inaccurate or untrue. The application and supporting documentation is to be retained by Meridian Financial Management, in the patient's file through the period of eligibility for assistance and for at least one year thereafter.
 2. The net asset exclusion (applicable only if the income criteria are met) is to be interpreted as follows:
 - a. Charles County will not pursue collection of an account from a living individual or financially responsible party that meets the income criteria mentioned above, if collection of that account would reduce the net assets of the individual or financially responsible party below \$20,000 (\$50,000 for a family). These limits do not apply to the execution of a patient's or financially responsible party's estate. When an estate is being settled, the claim remains valid in full and will not be reduced to protect asset transfers to heirs.

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- b. Conversely, if an obligated individual or financially responsible party owns a house, a car or other valuable property with a realized net value (value after paying off all debt) in excess of \$20,000 (\$50,000 for a family), whether or not they meet the income criteria, a judgement may be sought or a lien placed on the property. In these cases the collection may be pursued to the extent that the remaining assets after exercising the lien is at or above the level of protected assets listed. However, in no case is a lien against a primary residence to be pursued except when the ownership of the property is being transferred as a result of other actions to avoid paying for services.
3. Meridian Financial Management is to take into account the specific situation of each patient or financially responsible party in electing to recommend the placement of a lien or obtaining judgment to the Charles County Commissioners. Charles County will not execute a lien that would cause the sale of an occupied primary residence or the only vehicle of a patient or financially responsible party, but will maintain that lien until the property is transferred by the patient or their estate. At that time, Charles County will expect satisfaction of the lien.
4. Exception procedure for accounts over \$5,000 or when unusual circumstances merit special considerations. When in the opinion of Meridian Financial Management, an individual or financially responsible party with a self-pay balance in excess of \$5,000 or where unusual circumstances merit an exception, Meridian Financial Management will present the case to the Charles County Commissioners. The Charles County Commissioners can collectively approve financial assistance that does not otherwise meet the program guidelines. In these cases, Meridian Financial Management should do a complete review of the account and can make recommendations based on the totality of the patient's or financially responsible party's situation (available resources, current commitments / liabilities, etc.).

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CHARLES COUNTY SCHEDULE OF EMS FINANCIAL ASSISTANCE

Number of Dependents	Level of Financial Assistance Available				
	100%	90%	75%	50%	25%
1	\$13,965	\$18,620	\$21,692	\$24,765	\$27,930
2	\$18,735	\$24,980	\$29,102	\$33,223	\$37,470
3	\$23,505	\$31,340	\$36,511	\$41,682	\$47,010
4	\$28,275	\$37,700	\$43,921	\$50,141	\$56,550
5	\$33,045	\$44,060	\$51,330	\$58,600	\$66,090
6	\$37,815	\$50,420	\$58,739	\$67,059	
7	\$42,585	\$56,780	\$66,149		
8	\$47,355	\$63,140	\$73,558		
9	\$52,125	\$69,500			
10	\$56,895				

Revised 4/13/04

Notes:

1. Income levels below are the initial qualifiers for a two-part test that also involves net assets.
2. Individuals with net assets in excess of \$20,000 and families with a net asset of more than \$50,000 are not eligible for scheduled financial assistance.
3. Anyone making in excess of \$75,000 is not eligible for scheduled financial assistance.
4. Any patient or financially responsible party with an account balance of more than \$5,000 may request an individualized review of their financial situation.

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Charles County Government
 Department of Emergency Services
 Emergency Medical Services Division
 P.O. Box 630354
 Baltimore, Maryland 21263-0354



Please complete the Financial Assistance Request for EMS Services below by filling out all sections which apply to you. If some of the information is already on the form, please check to be sure that it is correct. Don't forget to sign the form. Please return this form to us as soon as possible. **WE CANNOT PROCESS YOUR REQUEST UNTIL WE RECEIVE THIS SIGNED FORM.** Thank you.

FINANCIAL ASSISTANCE REQUEST for EMS SERVICES

PATIENT'S NAME: _____ S.S.#: _____

PATIENT'S ADDRESS: _____ ACCT #: _____

_____ PHONE: _____

NAME OF RESPONSIBLE PARTY (if other than patient): _____ S.S.#: _____

MONTHLY HOUSEHOLD GROSS INCOME: \$ _____ HOUSEHOLD SIZE: _____

FOR FULL AND COMPLETE CONSIDERATION, I HAVE ATTACHED AT LEAST ONE OF THE FOLLOWING RECENT DOCUMENTS TO CERTIFY THAT THE ABOVE REFERENCED GROSS INCOME IS TRUE AND ACCURATE: (Please check all of the following that are attached)

- Paycheck Stub (dated within the last sixty (60) days.)
- Primary bank statement (dated within the last sixty (60) days.)
- Income Tax forms (most recent year.)

I hereby request of Charles County that I, as the applicant or responsible party for the above named applicant or account, be considered for a reduction in my payment responsibility. I certify that the patient has 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 Charles County if my situation changes and the reduction is no longer necessary.

Signature *Date*

**If you have any questions or need further assistance,
 please call Meridian Financial Management at (888)429-5380.
 Please mail completed form and applicable documentation to:
 CHARLES COUNTY COMMISSIONERS
 P.O. BOX 630354
 BALTIMORE, MARYLAND 21263-0354**

ADMINISTRATIVE USE ONLY

Annual Gross Income based on information provided: \$ _____ Acct #: _____

Approved Payment responsibility of: _____ % Revised Amount Due: \$ _____

Denied Reason: _____

Date MFM notified: _____ Contact Person : _____

Approved/Denied by: _____ Date: _____