

PURPOSE

To establish a procedure for handling patient accounts and guidelines for billing and collection.

POLICY

It shall be the policy of the Sisters-Camp Sherman Rural Fire Protection District to establish a billing schedule that will provide the most effective financial management of accounts receivable while accommodating Fire District patron's individual needs.

RESPONSIBILITY

The Administrative Assistant is responsible for EMS and emergency response billing.

AMBULANCE BILLING PROCEDURE

INFORMATIONAL RECORDING (Refer to Book 3 regarding Patient Care Reports).

BILLING

The Administrative Assistant will reconcile each working day the CAD system with the Patient Care Reports received to ensure a report has been completed on each call meeting the criteria in Book 3 Medical Care Reports.

After obtaining all PCR's from the previous shift(s), the Administrative Assistant shall ensure the following:

1. PCR is complete and accurate and includes the CAD run sheet, signature authorization forms, pertinent patient information and billing information.
2. Request face sheet from the receiving hospital. Check primary and secondary insurance.
3. Note on chart any information missing and notify the Shift Commander if items need attention.
4. Check to see if patient is a member of FireMed program.
5. Enter data into billing system.
6. Create and prepare invoices and insurance forms for all ambulance transports.
7. Electronically generate Medicare billing and upload that information to Noridian.

To maximize revenue for the District, billing should be submitted within one working day of providing EMS/ambulance services when possible. Every attempt

shall be made to collect reimbursement from the patient's insurance, including follow-up calls and rebilling when necessary. Secondary insurance shall be billed when information is available.

All charges shall be due and payable within 30 days of the first billing unless a payment agreement has been made between the patient and the Fire District.

Billing shall follow a 30-60-90 day rebilling schedule in an attempt to obtain account closure within 120 days. A "final" bill will be sent in the 90-day billing cycle. Accounts older than 120 days shall be sent to the outside collection agency contracted with the Fire District.

The Fire District will not balance bill current/active FireMed members. Efforts will be made to collect insurance information of FireMed account holders.

BILL ERRORS/CORRECTIONS

In the event of returned mail (billing), the Administrative Assistant will check with the hospital for updated information and make corrections as needed. If the hospital has no updated information, the Administrative Assistant will attempt to contact patient for corrections. If we are unable to contact the patient, we will consider sending the account to the outside collection agency.

PAYMENTS AND CONTRACTUAL ADJUSTMENTS

Deposits and posting payments will be compiled and posted by different office personnel whenever possible.

Standard adjustments may include the following:

1. FireMed/Medicare/Medicaid
2. Insurance contractual adjustment
3. Bankruptcy
4. Collection
5. Deceased
6. Other requests as reviewed by the Board of Directors

All write offs/adjustments will be presented to the Fire Chief or Deputy Chief of Operations in his/her absence. This process will be accounted for by signature/initials on the monthly credit report and given to the auditor at the end of the fiscal year.

FINANCIAL HARDSHIPS

Hardship write offs will be managed in a fair and consistent manner. Considering patient rights and recognizing that everyone requesting emergency medical care through 9-1-1 or direct-call will receive a medical response.

Independent of the requesting party's ability to pay, Sisters-Camp Sherman Fire District will respond, treat and, if necessary, transport the patient to the nearest appropriate medical receiving facility.

Patients requesting a write-off based on a financial hardship must complete a Hardship Request Form. All hardship write-off requests will be reviewed by the Fire Chief. The following options will be considered:

1. Match level of discount approved by Cascade Healthcare Community.
Note: patient must forward a copy of written notice of determination from Cascade Healthcare Community.
2. Agree to payment plan for the balance or pre-determined percentage of the balance.
3. Utilize the outside collection agency if deemed appropriate.

Prior to final action, the documentation and chosen option will be reviewed by the Fire Chief.

RETURNED CHECKS

Returned checks will be billed back to the person endorsing payment. The amount billed back will include incurred bank charges for returned checks plus a \$25 administration fee. Uncollectible returned checks will be turned over to an outside collection agency.

DELINQUENT COLLECTIONS

The Fire District shall contract with a professional agency to manage the collection of delinquent accounts. That agency's policies, subject to Fire District review and approval, will govern the methods of collection once accounts are turned over to them.

Accounts having no activity after 120 days shall be referred to the collection agency.

Mail returns that are unable to locate after our due diligence shall be referred to the collection agency.

MEDICAL BILLING RECORDS

Medical and billing records shall be kept in accordance with HIPAA Regulations.

Medical and billing records shall be kept on file ten years per Oregon Administrative Rules.

Medical and billing records, as well as other confidential records, shall be discharged by the method of shredding.

EMERGENCY RESPONSE BILLING

AUTHORIZATION TO RESPOND

The Fire Chief and the Department are authorized to extinguish uncontrolled fires burning in unprotected areas outside of the boundaries of the District whenever such fires threaten life or property. The Fire Chief or the Chief's designee is authorized to employ the same means and resources in unprotected areas as are used to extinguish similar fires within the district. The District is authorized to recover its reasonable expenses pursuant to ORS 478.310, including equipment and labor costs.

EQUIPMENT COST SCHEDULE

The District shall utilize the current Oregon State Fire Marshal Standardized Cost Schedule from the Oregon Fire Service Mobilization Plan. The Board may adjust the ambulance cost schedule from time to time, as necessary, to recover its reasonable expenses pursuant to ORS 478.310.

BILLED COSTS

If services have been requested by other than Mutual Aid Agencies, the District shall bill the property owner or occupant as authorized by ORS 478.310. However, if the District responds without receiving a request to do so, the Board of Directors may, in its discretion, waive any charges whenever the Board deems it in the best interest of the community or the District.

RESPONSE NOT REQUIRED

Nothing in this policy requires the Fire Chief or the Chief's designee to respond to fires located outside the boundaries of the District. The Fire Chief's obligations are to the residents and property owners of the District. If responses are made hereunder, they shall be made only with such equipment as the Fire Chief or the Chief's designee deems available for the emergency response.

PERSONNEL COSTS

For all non-mutual aid responses outside the District (excluding ambulance response), personnel costs shall be billed at the current rate for each individual including benefit costs.