

Williamson County EMS Financial Hardship Assistance Policy

Purpose: To objectively evaluate the financial ability of patients to make payments for their ambulance services and make appropriate decisions as to when a waiver may be appropriate.

This policy is in effect during the time Williamson County EMS participates in the Texas Ambulance Services Supplemental Payment Program.

Background: As discussed in this “Financial Hardship Assistance Policy”, many patients may be unable to make payment of the cost sharing amount, or the total amount due for the ambulance service that was provided. In the interest of being compassionate for the less fortunate, but also to avoid improper discounts and to maximize collection of accounts receivables, ambulance services should employ a financial hardship determination policy to make discretionary, case-by-case determinations as to when financial hardship is met, and when a discount or waiver should be offered. Most insurers/payors require a patient to make partial payment (e.g. the cost-sharing, or co-payment and deductible amount). Financial hardship determination is the exception, not the rule.

Policy: Waivers of payments, and other discounts will be made on a discretionary basis, taking such considerations as financial hardship and ability to pay into account.

Procedure:

- 1) Patients will be billed promptly for any balance due. This includes billing for cost-sharing amounts for patients with some type of insurance (e.g. Medicare, Commercial) as well as billing the patient directly, where the patient has no insurance. Attempts to collect payment and deductible amounts (after insurance has paid) from the patient may be waived in the following circumstances:
 - a. If the patient is a resident of the County (identified by their billing address and zip code), contacts billing to negotiate their balance. The remaining amounts beyond cost-sharing (coinsurance and/or deductible) may be adjusted. A discounted rate to meet the Basic Life Support rate (BLS) or Advanced Life Support rate (ALS) will be offered. A patient will be responsible for any deductible or co-insurance.
- 2) Attempts to collect co-payments or deductible amounts or payment in full from the patient may be revised in the following circumstance:
 - a. If the patient contacts Williamson County EMS and indicates they are suffering a financial hardship and are unable to make payments, the patient will be offered the following options:
 - Step 1: Ensure that insurance benefits have been maximized
 - Step 2: Payment plan
 - Step 3: Review of County Resident Status – discounted rate
 - Step 3: Financial Hardship consideration - guidelines are listed below
 - Step 5: Continue dunning process and refer to Williamson County EMS exhausted efforts policy

A patient is eligible to be declared a “Financial Hardship” case and may be eligible for discounted services if his personal income is at or below the following income levels:

<u>Size of Household</u>	<u>Income Guidelines for 50% Discounted Service</u>	<u>Income Guidelines for 100% Discounted Service</u>
1	\$18,210	\$12,140
2	\$24,690	\$16,460
3	\$31,170	\$20,780
4	\$37,650	\$25,100
5	\$44,130	\$29,420
6	\$50,610	\$33,740
7	\$57,090	\$38,060
8	\$63,570	\$42,380

For families with more than 8 members, add \$4,320 to the 100% discount for each additional family member, and add \$6,480 to the 50% discount. The 50% discount is based upon 150% of the 2018 Poverty Income Guidelines for the 48 contiguous states. The 100% discount represents the 2018 Poverty Income Guidelines for the 48 contiguous states (separate standards apply for Alaska and Hawaii). Poverty Guidelines as published in the Federal Register annually. The 2018 figures were published at 83 FR 2642 (January 18, 2018). Under this policy, adjustments shall be made in order to follow newly published and current Federal Poverty Income Guidelines, as amended.*

*Families will be defined as:

Using the Census Bureau definition, a group of two or more people who reside together and who are related by birth, marriage, or adoption. According to Internal Revenue Service rules, if the patient claims someone as a dependent on their income tax return, they may be considered a dependent for purposes of the provision of financial assistance.

- 3) If a patient is unable to maintain a minimal repayment plan and claims financial hardship, the patient will be requested to provide the following:
 - a. Proof of approval for alternate assistance programs or life circumstances listed in the included application.
 - b. A copy of tax returns (or W-2 forms, at least) for the previous year. Returns or W-2 forms for the previous 2 years are preferred. Completed items on the enclosed application listing current monthly income and expenses, with supporting documents.
- 4) Non-covered services provided to Medicaid patients and non-responsive hardship applicants are presumed charity care.
- 5) If financial hardship does not apply, the patient must make routine time payments on their account. If promised payments are not made, the patient will be referred to Williamson County EMS per exhausted efforts policy.
- 6) Only the Williamson County EMS Billing Account Manager may approve a financial hardship case. Under no circumstances may personnel disclose hardship criteria to the patient. Personnel should gather as much information as possible from the patient and present this information to the Billing Manager for approval. The hardship determination will be communicated to the patient within thirty days of the receipt of the application. A determination letter will be mailed to the patient. If the patient

exceeds the income criteria, they will be billed in accordance with the direction of their insurance company, if any. A patient's financial and insurance status is subject to change. If a patient qualified for financial hardship at one time does not mean that the patient will qualify for transports in the future. Past showing of financial hardship shall not preclude future attempts to collect on future transports.

Williamson County EMS Financial Hardship
Determination Response Letter

(To be sent to patient after review of financial information)

The law requires that emergency medical service providers must attempt to collect any unpaid portion of the annual Medicare Part B or insurance deductible and the applicable co-insurance amount from the beneficiary. However, two conditions may permit the emergency medical service provider to waive collection of these amounts. One of the conditions is that of financial hardship for the beneficiary to meet such payment amounts.

Based upon discussions with you, the emergency medical service provider has determined that, due to your current financial situation, you are unable to pay the unpaid portion of your deductible and/or the co-insurance amount. Due to these circumstances, the emergency medical service provider waives your obligation for payment of the charges for the following service:

Service: _____ Charge: _____ Date: _____

Amount waived: _____

Service: _____ Charge: _____ Date: _____

Amount waived: _____

However, if future discussion with you regarding your financial situation indicates that your situation has improved enough to enable you to pay, the emergency medical service provider will require payment of charges incurred for that date of service.

Statement of Agreement: "I understand that the emergency medical service provider is waiving collection of the Medicare deductible/co-insurance or other balances in my case due to financial hardship. I also understand that the emergency medical service provider can and will begin to attempt to collect charges should my financial situation improve."

Signature of Beneficiary

Date

Signature of Billing Management Representative

Date