

CITY OF EDMONDS FINANCIAL ASSISTANCE POLICY

The following criteria for provision of financial assistance to EMS Transport Users are consistent with the requirements of WAC 246-453-001 through 246-453-060.

Policy

It is City of Edmonds and Fire Department policy that ability to pay is never a condition of service. All aspects of pre-hospital service will be provided to all patients without discrimination toward those with no or inadequate means to pay.

The most recent Federal Poverty Guidelines (updated annually in February) shall be used to implement a process for debt forgiveness. The Fire Department and/or its designated agent(s), following guidelines described below, reserve the right to extend debt forgiveness to persons unable to complete the required application process.

Financial Assistance applications are available upon request through the EMS billing company who is responsible for obtaining approval signatures for write-offs from the Edmonds Fire Department at the time that each application is processed. The billing company will report financial assistance account activity, and the amount of EMS fee debt forgiveness (written off) to the City and the Fire Department on a regular basis.

Definitions

Debt Forgiveness is canceling a debt owed to the City for EMS services rendered, either partial or in full.

Financial Assistance is the provision of medical assistance to persons without the ability to pay for such services, either partial or in full payment, and is also known as Indigent Care.

Responsibilities

The billing company ascertains whether those persons claiming to need financial assistance, actually meet criteria according to the current Federal Poverty Guidelines. These guidelines are the same criteria used by hospitals to establish the need for economic assistance.

It is the responsibility of the billing company to notify the Fire Department of the existence of such accounts. Supplemental information, such as income level, cost of living, etc. is also provided.

It is the responsibility of the Fire Department EMS Administrator to review the documentation requesting debt forgiveness according to the financial assistance guidelines. The EMS Administrator signs the approval document and faxes it back to the billing company. A copy of this request is kept on file for future reference at both locations. The City is kept informed of the financial assistance account activity on a monthly basis.

Guidelines

- A. Criteria for determining the financial status of applicants for debt forgiveness assists in making consistent and objective decisions regarding the eligibility for financial assistance, and ensures maintenance of a sound financial base and fairness to all EMS transport service users.
1. Service Categories. Emergency medical services will be provided for persons needing financial assistance.
 2. Eligibility Criteria. Debt forgiveness is secondary to all other financial resources available to the patient including insurance, government programs, third party liability, and liquid assets.
 3. Full debt forgiveness will be provided to a patient with a gross family income at or below 100% of current published Federal Poverty Income Guidelines.
 4. A partial debt forgiveness schedule will be used to determine financial assistance according to current published Federal Poverty Income Guidelines.
 5. Debt forgiveness may be provided to a responsible party with gross family annual income greater than 200% of the federal poverty guidelines if circumstances such as extraordinary non-discretionary expenses, future earning capacity, and the ability to make payments over an extended period of time warrant consideration.
 6. Reasonable payment arrangements, consistent with the eligible responsible party's ability to make payments, will be extended for amounts not eligible for debt forgiveness. Up to four monthly payments without interest may be arranged. The Fire Department reserves the right to revoke any debt forgiveness and assign all unpaid balances to collections if an extended payment agreement is in default.
- B. Eligibility Determination. Requests for consideration may be proposed by sources such as physician, community or religious groups, social services, hospital personnel, the patient, guarantor, or family member. The Fire Department will use an application process through their billing company to determine initial interest in and qualification for financial assistance. The Fire Department's decision to provide debt forgiveness in no way affects the responsible party's financial obligations to physicians or other healthcare providers.
1. The Fire Department shall base their decision of eligibility based upon the data gathered via the billing company along with their recommendation.
 2. Applications for debt forgiveness are available through the billing company upon request.
 3. Criteria for meeting debt forgiveness eligibility are verified through utilization of the current Federal Poverty Guidelines which are also utilized by most healthcare institutions. The billing company utilizes documentation provided by the patient to verify the need for debt forgiveness. Such documentation may include tax returns, payroll check stubs, letters of verification of absence of income from responsible parties, etc.

4. All documentation is forwarded from the billing company to the Fire Department for review and approval for those cases that meet financial assistance criteria. The request is signed by the Fire Department EMS Administrator and returned to the billing company. A copy of the documentation is kept by the Fire Department.
5. A letter of denial is sent by the billing company on behalf of the Fire Department to those persons not meeting Financial Assistance Policy requirements.
6. Appeals. The responsible party may appeal the determination of eligibility for debt forgiveness by providing additional information of verification of income or family size to the billing company.
7. The City and the Fire Department realize that certain persons may have no financial means to pay for their EMS transport, but also lack the social network/family necessary to help them complete any paperwork required to apply for financial assistance. It is with this limited population in mind, that the City/Fire Department realizes that there may be individual cases in which there will be no application process completed. The billing company will notify the EMS Administrator when these situations occur.

Attachments

2008 Federal Poverty Guidelines
Financial Assistance Application Form

2008 Federal Poverty Guidelines

Family Size	100% Charity	75% Charity	50% Charity	25% Charity
1	\$10,400.00	\$13,000.00	\$15,600.00	\$18,200.00
2	\$14,000.00	\$17,500.00	\$21,000.00	\$24,500.00
3	\$17,600.00	\$22,000.00	\$26,400.00	\$30,800.00
4	\$21,200.00	\$26,500.00	\$31,800.00	\$37,100.00
5	\$24,800.00	\$31,000.00	\$37,200.00	\$43,400.00
6	\$28,400.00	\$35,500.00	\$42,600.00	\$49,700.00
7	\$32,000.00	\$40,000.00	\$48,000.00	\$56,000.00
8	\$35,600.00	\$44,500.00	\$53,400.00	\$62,300.00

For each additional family member:

Add	\$3,600.00	\$4,500.00	\$5,400.00	\$6,300.00
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Individual Written Notice of Financial Assistance

It is the policy of the City and the Fire Department that no person will be denied needed emergency medical care because of an inability to pay for such services. The Fire Department will provide needed emergency services without charge or at a reduced charge and without discrimination to those persons with no or inadequate means to pay for needed care.

To be eligible to receive needed ambulance services without charge or at a reduced charge, you or your family's annual income must be at or below certain levels established by national poverty guidelines for this area. If you think you may be eligible for Financial Assistance, please contact:

Systems Design Northwest
800-585-5242 or 360-692-5242
FAX 360-698-4968
info@SystemsDesignEMS.com
www.SystemsDesignEMS.com

You will be notified of any reduction in your bill once your application has been reviewed.

Sample Financial Assistance Application Form

Patient's Name		Contact Phone #	
Date of Service			
Transported to			

Responsible Party	
Name	
Relationship	
Current Employer	
Employed From	
Previous Employer	
Spouse Employer	
Employed From	
Previous Employer	

Income	Family Member 1	Family Member 2	Family Member 3	Family Member 4
Name				
Relationship				
Wages				
Self Employment				
Public Assistance				
Social Security				
Unemployment				
Worker's Comp.				
Alimony				
Child Support				
Pension/Retirement				
Dividend Income				
Rental Prop. Income				
Other Income (detail)				
Total Income				

The above information is true and correct to the best of my knowledge. I authorize the City of Edmonds Fire Department to verify for the purpose of financial assistance eligibility determination.

Signature (Patient or Responsible Party)

Date

Current Account Balance	Adjustment (by Fire Department)	New Balance

Signature (Fire Department)