City of Bellevue BLS Transport Financial Assistance Policy

The following criteria for provision of financial assistance to emergency medical services (EMS) transport users are consistent with the requirements of WAC 246-453-001 through 246-453-060 for hospital charity care. However, this policy is not intended to adopt any provisions stated therein except to the extent required to provide a financial assistance policy that meets the criteria established by law to qualify for reimbursement from third parties. If a conflict exists between the provisions of this policy and the law, the law will govern to the extent necessary to remain eligible for such reimbursement. If no such conflict exists, this policy will govern.

Policy:

It is the City of Bellevue (the City) and Fire Department policy that the ability to pay is never a condition of or impediment to emergency medical service or transportation. 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 evaluate eligibility for financial assistance. The City, following guidelines described below, shall extend financial assistance to qualifying individuals.

Financial Assistance applications are available upon request through the EMS billing service responsible for obtaining approval signatures for write-offs from the City at the time each application is processed. The billing service will report financial assistance account activity, and the amount of EMS financial aid to the City on a regular basis.

Definitions:

"Financial Assistance" is reducing or canceling a debt owed to the City for EMS transportation

"Responsible Party" is the individual responsible for the payment of any EMS transport user fees not covered by third-party sponsorship.

"Third-Party Coverage" and "Third-Party Sponsorship" means an obligation on the part of an insurance company or governmental program which contracts with medical service providers and patients to pay for the care of covered patients and services.

"Guarantor" is a person or entity that agrees to be responsible for another's debt or performance under a contract

Responsibilities:

The billing service provides financial assistance applications to patients upon request, collects completed applications and supporting documentation, and forwards applications to the Fire Department for review when received.

The City reviews documentation requesting financial assistance against established guidelines and makes a determination of qualification. The Fire Chief or his designee will review the application and make a recommendation to the Fiscal Manager and/or EMS Program Manager who signs the section of the application indicating either approval or denial of financial assistance. The application is returned to

the billing service after review. A copy of the financial assistance determination is kept on file for future reference.

The billing service will provide a summary of financial assistance account activity no less than monthly.

Guidelines:

1. The following criteria will be used in making fair, equitable, and consistent decisions regarding eligibility for financial assistance.
2. Ability to pay is never a condition of emergency medical service or transportation.
3. Financial assistance is secondary to all other financial resources available to the patient including insurance, government programs, or other third-party sponsorship.
4. Full debt forgiveness will be provided to a responsible party with a gross family income at or below 200% of current, published Federal Poverty Income Guidelines.
5. Financial assistance will be provided according to Federal Poverty Income Guidelines and the sliding scale below:

	2011 Poverty Guidelines			
Persons in Family	**100%**	**200%**	**300%**	**400%**
1	$10,890	$21,780	$32,670	$43,560
2	14,710	29,420	44,130	58,840
3	18,530	37,060	55,590	74,120
4	22,350	44,700	67,050	89,400
5	26,170	52,340	78,510	104,680
6	29,990	59,980	89,970	119,960
7	33,810	67,620	101,430	135,240
8	37,630	75,260	112,890	150,520
For each additional person, add	3,820	7,640	11,460	15,280

	200% or below	**201% - 300%**	**301% to 400%**	**>400%**
Financial Assistance Provided	100%	50%	25%	0%

6. Requests for financial assistance may be initiated by sources such as; a physician, community or religious groups, social services, hospital personnel, the patient, guarantor, or family member. The City will use the application process through the billing service to determine initial interest in an qualification for financial assistance. The City's decision to provide financial assistance has no bearing on the responsible party's financial obligations to other healthcare providers.
    a. Applications for financial assistance are available from the billing service upon request.
    b. The City shall base its decision on the suitability of financial assistance and the amount of debt forgiveness upon data submitted by the responsible party or other parties as defined above.
    c. Documents submitted that demonstrate a grant of financial assistance from the receiving medical facility, for medical care on the date of transport, shall be deemed evidence of qualification of financial assistance. Upon presentation of such documentation and an application through the billing service, the City will grant proportionally equivalent financial assistance.
    d. Any one of the following documents shall be considered sufficient evidence upon which to base the determination of financial assistance eligibility (income information may be annualized as appropriate):
        i. A "W-2" withholding statement for the most recent tax year
        ii. Current Pay Stubs
        iii. An income tax form from the most recent tax year
        iv. Forms approving or denying eligibility from Medicaid and/or state-funded medical assistance programs
        v. Forms approving or denying unemployment compensation or written statements from employers or welfare agencies
    e. All documentation shall be forwarded from the billing service to the Fire Department for review and City approval. The Fire Chief or his designee will review the documentation and make a recommendation to the Fiscal Manager and/or EMS Program Manager who signs the section of the application indicating either approval or denial of financial assistance. The application is returned to the billing service after review. A copy of the financial assistance determination is kept on file by both the Fire Department and the billing service for future reference.
    f. A letter notifying the applicant of the City's financial assistance determination will be sent by the billing service on behalf of the Fire Department to all applicants.
7. Financial assistance may be provided to a responsible party with gross family annual income greater than 400% of Federal Poverty Income 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 such consideration.
8. Reasonable payment arrangements, consistent with the responsible party's ability to make payments, will be extended for amounts not eligible for debt forgiveness. Monthly payments, without interest, may be arranged.
9. Financial assistance determinations made by the City may be appealed to the City Manager
10. The City realizes that certain persons may have no financial means to pay for their BLS transport user fee, and also lack the social network/family necessary to help them complete the paperwork required to apply for financial assistance. In these cases, the City may approve financial assistance even if no formal application has been submitted. The billing service will

notify the Fire Department when such situations occur, and the Fire Department will evaluate the financial need on a case-by-case basis.

Individual Written Notice of Financial Assistance

It is the policy of the City of Bellevue Fire Department that no person will be denied emergency medical care because of an inability to pay for such services.

The City of Bellevue Fire Department will provide needed emergency service without charge or at a reduced cost without discrimination to those persons with documented inadequate or no means to pay for care.

To be eligible to receive needed ambulance transport services without charge or at a reduced cost, you or your family's gross annual income must be at or below levels established by national poverty guidelines for this area.

You may also qualify for financial assistance from the City of Bellevue Fire Department if you have been granted financial assistance by the medical facility to which you were transported.

If you think you may be eligible for Financial Assistance under this policy, please complete and sign the application below, attach the required income documentation, or provide a grant of "hospital charity" and submit the completed application packet to:

City of Bellevue Fire Department
C/O Systems Design
P.O. Box 3510
Silverdale, WA 98383

You will be notified of the determination made in your request for financial assistance and any reduction in your charges once the Fire Department has reviewed your application.

City of Bellevue BLS Transport Financial Assistance Policy

Patient's Name:	
Contact Phone:	
Date of Service:	
Hospital transported to:	
Responsible Party:	
Name: (if different from patient)	
Relationship:	
Current Employer:	
Employed From:	
Previous Employer:	
Spouse Employer:	
Employer 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:				
Child Support:				
Pension/Retirement				
Other Income:				
Total Income:				

Please attach documentation of any listed income such as W-2's, pay stubs, tax returns, or forms approving or denying eligibility from Medicaid and/or state-funded medical assistance, forms approving or denying unemployment compensation or written statements from employers or welfare agencies.

Was *Charity Care* granted by the receiving medical facility? **Yes** ☐ **No** ☐

Yes, please attach documentation of the charity care decision by the receiving medical facility.

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

_____

Signature (Patient or Responsible Party) Date

(City use only)

Current Account Balance:	Adjustment by City	New Balance:

_____

Signature (City of Bellevue Fire Department) Date