

## Nelson County

### **EMS Revenue Recovery Program & Billing Policy for Ambulance Transport Services**

**Premise: No one will ever be denied necessary medical transport services due to either the inability to pay or lack of insurance.**

**Authorization:** This policy is hereby established pursuant to the Code of Virginia §32.1-111.14, Powers of governing bodies of counties, cities and towns, that authorizes the exercise of powers necessary to assure the provision of adequate and continuing emergency services and to preserve, protect and promote the public health safety and general welfare; pursuant to the Code of Virginia §38.2-3407.9, authorizing the reimbursement for ambulance services, and pursuant to the authorization of the Nelson County Board of Supervisors on May 9, 2006 enacting Chapter 13 (Emergency Services) of the Code of Nelson County, establishing an EMS Revenue Recovery Program.

#### **EMS Revenue Recovery Program:**

1. The purpose of the County's EMS Revenue Recovery Program is to provide financial support for the County's paid and volunteer emergency medical services programs.
2. The County utilizes an "Insurance Only" billing program as provided for in the Office of the Inspector General's Opinion establishing this basis for the provisions of the County's EMS Revenue Recovery Program.
3. All consumers of medical transport services will receive a patient packet at the time of transport containing the following:
  - *Emergency Medical Services Revenue Recovery Fact Sheet (Appendix A)*  
(Includes fees for EMS Revenue Recovery Program- **Appendix B**)
  - *Notice of Privacy Practices (Appendix C)*
  - *Combined Notice to Ambulance Patients - HIPPA Acknowledgement Form & Authorization to Bill Insurance Company Consent Form (Appendix D)*
  - *Financial Hardship Waiver Request Form (Appendix E)*

**Established Fees:**

1. The fees for the EMS Revenue Recovery Program (**Appendix B**), as approved for ambulance transport services, are established by resolution and adopted by the Board of Supervisors. Ambulance transport fees will be periodically reviewed to ensure compliance with the Center for Medicaid Services and Medicare standards and subsequently amended from time to time.

**Covered by Insurance:**

1. All consumers of ambulance transport services, or the responsible party, will be required when possible to provide information regarding available insurance coverage as part of the patient intake process administered by providers of EMS transport services.
2. Authorization to use this information for billing purposes is also required to be given at the time of transport, whenever possible; via completion of the Combined Notice to Ambulance Patients form (**Appendix D**). If the consumer of ambulance transport services or responsible party is unable to provide this information at the time of transport, the County's billing company will attempt to obtain this information and authorization of its use for billing purposes, directly from the consumer.
3. All consumers of ambulance transport services, or the responsible party, will receive written notification from the County's billing company of the value of services received and notice of billing forwarded to their insurer(s).
4. If any insured party requires EMS transport within a given calendar year that exceeds their insurance policy's annual limits and no additional insurance coverage is available, the fees for service beyond these coverage limits will be billed to the consumer and the consumer will be subject to the County's billing policy.
5. If the insurance company denies coverage of the transport, the billing company will verify the information that was submitted to the insurance company and resubmit the claim for reconsideration. If the insurance carrier still denies coverage of the transport, the consumer of the services, or responsible party, will receive a bill from the County's billing company and be subject to the County's billing policy.
6. Insured residents of the County who receive medical transport originating in Nelson County will receive a waiver of their insurance policy's co-payment for services.
7. Insured non-residents of Nelson County who receive medical transport originating in Nelson County, will be billed by the County's billing company for their insurance policy's co-payment for services and will be subject to the County's billing policy.

### **Not Covered by Insurance:**

1. All consumers of ambulance transport services, or responsible party, not covered by insurance, will receive the first bill from the County's billing company, within 30 days of the date of service, and will be subject to the County's billing policy.

### **Collection of Payments:**

1. The County's contracted billing company will collect all payments for ambulance transport services; no provider of ambulance transport services will accept or receive payment on behalf of a patient or consumer of ambulance transport services.
2. The County's contracted billing company will accept payment by cash, check, or money order.
3. The County reserves the right to authorize the billing company to establish payment plans in accordance with the County's established Payment Plan Guidelines (**Appendix G**).

### **Financial Hardship:**

1. All consumers of ambulance transport services will receive a patient packet at the time of transport containing a Financial Hardship Waiver Request form (**Appendix E**).
2. All consumers of ambulance transport services, or responsible party, expressing financial hardship will first be encouraged, by the County's billing company to utilize the County's established payment plan guidelines (**Appendix G**). All consumers of ambulance transport services expressing financial hardship and the inability to pay will be referred to the County for completion and submission of a Financial Hardship Waiver Request form (**Appendix E**).
3. All consumers of ambulance transport services, or responsible party, lacking health insurance, or subject to the County's billing policy, may at any point during the billing process, submit a completed Financial Hardship Waiver Request form (**Appendix E**) to the County, certifying financial hardship and requesting a waiver of fees.
4. The County will use its established Financial Hardship Waiver of Fees Guidelines (**Appendix F**) in determining the waiver of fees. The County reserves the right to require the provision of additional information regarding the applicant's financial status in making this determination.

**Non-payment:**

1. In the case of non-payment, the consumer, or responsible party, will receive a notification of the account's past due status from the County's billing company at 30 days, 60 days and 90 days unless specifically directed otherwise by the County in writing. After 120 days, the account will be considered uncollectible and will be added to the uncollectible debt list, which will be forwarded by the billing company to the County, for consideration of write off. The County's billing company will then proceed, as directed in writing, on each of these accounts.
2. Any non-routine inquiries pertaining to payment issues, requests for fee waivers, and other extraordinary requests received by the County's billing company will be directed to the County for resolution. If applicable, the County will work with the billing company in forwarding past-due accounts to a County designated collection agent.
3. Nelson County's billing company will not pursue payment recovery through a debt collection agent without express authorization from the County Administrator or his designee.
4. The County reserves the right to authorize the billing company to terminate payment plans due to non-payment in accordance with the County's established Payment Plan Guidelines (**Appendix G**).

**Overpayments and Refunds:**

1. The County's billing company will notify the County of the existence of any overpayments or credit balances existing on accounts and will submit a payment requisition including any necessary documentation to the County. The County will be responsible for processing and paying any refunds for overpayments and credit balances due to consumers.

The policies herein have been reviewed and approved by the County Administrator, Stephen A. Carter

\_\_\_\_\_  
Stephen A. Carter

\_\_\_\_\_  
Date

## **Appendix**

**Appendix A** - Emergency Medical Services Revenue Recovery Fact Sheet

**Appendix B** - Fees for EMS Revenue Recovery Program

**Appendix C** – Notice of Privacy Practices

**Appendix D** – Combined Notice to Ambulance Patients – HIPPA  
Acknowledgement Form & Authorization to Bill Insurance  
Company Consent Form

**Appendix E**- Financial Hardship Waiver Request Form

**Appendix F** - Financial Hardship Waiver of Fees Guidelines

**Appendix G** - Payment Plan Guidelines

## **Appendix A - Emergency Medical Services (EMS) Revenue Recovery Fact Sheet**

### **Nelson County, Virginia Department of Emergency Services**

Phone: 434-263-7048

Fax: 434-263-7046

E-mail: [jmiller@nelsoncounty.org](mailto:jmiller@nelsoncounty.org)

Nelson County Department of Emergency Services

P.O. Box 277

Lovington, VA 22949

### **Ambulance Billing Frequently Asked Questions**

#### **Why does the County have a revenue recovery program?**

Medicaid, Medicare, and private insurance policies include the cost of ambulance transport. As the need for additional emergency responders increases, local governments have sought ways to pay for these services without raising property taxes. Many other local governments in Virginia have found that billing Medicaid, Medicare, and private insurance for ambulance transport service has resulted in a large amount of revenue being recovered to help fund EMS services. The availability of such revenues led Nelson County to join more than 40 cities, counties, and towns in Virginia that currently have such a system.

#### **How does this affect me?**

If you have private insurance or are covered by Medicaid or Medicare, it will probably not affect you since you already pay for the cost of ambulance transport through your policy or coverage.

#### **Why does the County need this money?**

The number of 911 calls being placed to Nelson County has increased in recent years. The increase in calls has challenged the ability of our emergency personnel to consistently deliver the needed services to residents and citizens.

**How will the money be used?** This revenue will be used to fund EMS needs, including personnel and equipment.

### **What percentage of this money will come out of the pockets of citizens?**

Payments from individuals are expected to account for only 5% of total revenues recovered. In Chesterfield County, for example, only \$40,000 of the \$1.2 million generated by the ambulance fees in the first year came from individuals. The majority of the revenue will come from Medicaid, Medicare, and insurance company payments. In many communities, nearly one-half of the revenue is recovered from Medicare alone.

## **How It Works**

### **How does the billing work?**

You will not receive a statement or bill directly from the County. Nelson County has contracted with a billing company to handle ambulance transport billing and all billing related inquiries on its behalf. You will receive a notice of billing to your insurance provider or a bill, from the billing company, within 30 days of each date that ambulance transport services are provided.

### **What if I have insurance?**

If you have insurance coverage, the insurer, whether Medicaid, Medicare, or a private company, will receive the bill; and you as the consumer, will receive a notice of what has been billed to your insurance provider. Nelson County is currently using the Office of Inspector General (OIG) opinion, stating that if you are insured (either through Medicaid, Medicare, or private insurance), live in Nelson County, and you are a taxpayer; then your ambulance transport co-payment is considered paid through County taxes.

### **Will insurance generally pay all of my bill?**

Most insurance companies pay 80% of the charges for ambulance transport. Additionally, the Office of Inspector General's opinion, says your co-payment is considered paid by your County taxes. However, any balance remaining after your applied insurance payment and co-pay waiver, could be your responsibility.

### **What if I do not have insurance?**

If you do not have insurance, Medicaid, or Medicare, a bill will be sent to you or the responsible party. If you are not able to pay in full, the billing agency will gladly work with you to set up a payment plan. As long as regular payments are made, no additional collection efforts will be pursued.

### **What methods of payment will you accept?**

Payment by cash, check or money order is accepted.

## **Ability to Pay**

### **What if I am unable to pay?**

Nelson County's EMS revenue recovery policy includes financial hardship provisions. If you can demonstrate financial hardship in accordance with the County's policy, a reduction in fees is available, up to 100%. A financial hardship waiver of fees can be requested at any time during the billing process. You must complete a **Financial Hardship Waiver of Fees Request Form** and return it to Nelson County for consideration. **No one will ever be denied EMS transport services due to the inability to pay.**

### **If I have a balance to be paid on my bill, will I be refused ambulance service?**

Nelson County will not deny ambulance service to those with delinquent accounts or anyone else. This program will not change the ambulance service provided to anyone in Nelson County, regardless of insurance coverage or any other factor. Emergency responders will have no knowledge of who has paid and who has not paid.

### **If EMS comes to my house but I don't need transport, will I receive a bill?**

No.

## **Medicaid Eligibility**

Medicaid coverage includes the cost of ambulance transport. You may be eligible for Medicaid if you meet certain income levels and persons in household criteria. Please contact your local Department of Social Services at 434-263-8334 to determine your eligibility.

## **Insurance Information**

### **Will my health insurance premiums increase as a result of this billing?**

Unfortunately, health insurance premiums continue to rise regardless of whether or not a community decides to bill for EMS transports. Such factors as prescription-drug coverage, litigation, technology improvements in the medical field and depressed insurance company investment returns have resulted in escalating health insurance premium costs. However, ambulance transports costs represent less than 1% of health care expenditures. Many other local governments in Virginia have implemented a revenue recovery program for ambulance transport fees, and have reported no evidence that EMS billing increases health insurance premiums.

### **What type of information will I have to give when the ambulance arrives?**

Persons using Emergency Medical Services are asked to provide any insurance information you have at the time of service, whenever possible. Attending to the patient's medical needs will always be first priority.

**What if I am unable to provide the insurance information at that time?**

If your insurance information is not available at the time of service, the billing company will attempt to obtain the information at the hospital. If the information cannot be obtained, you may receive a letter from the billing company asking you to provide the information. When the billing company receives the information, your insurance provider will be billed. You will not receive any further correspondence or bills until the insurance company has made a determination on your claim.

**Will my insurance forms be filed for me?**

Yes, the County’s ambulance transport billing company will gladly file all insurance claims and forms on your behalf.

**Rates**

**What are the billing rates for EMS transport services?**

The rate charged for transport services depends on the level of medical services required by the patient, the level of expertise of the responders (EMT, Paramedic, etc.), and the number of loaded miles the ambulance travels. Rates are periodically set by the Board of Supervisors to maintain compliance with the Center for Medicaid Services and Medicare standards and are subject to change.

**Current rates as of March 22, 2012:**

Basic Life Support (BLS)	\$470.00
Advanced Life Support 1 (ALS1)	\$550.00
Advanced Life Support 2 (ALS2)	\$775.00
Mileage (All Service Levels)	\$13.00 per loaded mile

## **Appendix B - Fees for EMS Revenue Recovery Program**

Established October 10, 2006 by the Nelson County Board of Supervisors pursuant to §13.1 (Fees for Emergency Ambulance Service) subsections (c) and (d) of Chapter 13 (Emergency Services), Article I (Emergency Ambulance Service) of the Code of Nelson County.

Rates are periodically set by the Board of Supervisors to maintain compliance with the Center for Medicaid Services and Medicare standards and are subject to change. The fees listed below were approved by the Board of Supervisors on March 22, 2012.

<b><u>Service Level</u></b>	<b><u>Fee</u></b>
(1) Advanced Life Support 1	\$550.00
(2) Advanced Life Support 2	\$775.00
(3) Basic Life Support	\$470.00
(4) Mileage (all Service Levels)	\$13.00 per loaded mile

## Appendix C – Notice of Privacy Practices

### Nelson County Virginia Department of Emergency Services

#### Notice of Privacy Practices as required by The Code of Federal Regulations (45 CFR Section 164.520)

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

#### Notice Version 1.0

**Effective Date: January 2007**

**Purpose of this Notice:** The Nelson County Department of Emergency Services (NCDES) is required by the Health Insurance Portability and Accountability Act (HIPAA) of 1996 to protect the privacy of healthcare information obtained when treating you and to provide you with a notice of privacy practices concerning the use of such information shortly following the time of service. Accordingly, this notice describes how and when our agency can use and disclose your healthcare information along with describing your legal rights pertaining to the use and disclosure of such information. This notice also provides contact information for questions and for obtaining further assistance if you need more help. If you were provided this notice by emergency personnel who responded to assist you, a signature form requesting your acknowledgement of receiving this notice should be included with this pamphlet. Please sign and return the acknowledgement form to an ambulance crew member indicating you received this information. Our agency is required to abide by the terms of this notice as long as it is in effect. We reserve the right to change the terms of this notice and apply such changes to all protected health information that we maintain. A copy of our current (or revised) privacy policy is available at our business office or on our website.

**General Use of Healthcare Information:** Protected Health Information, or PHI, is medical information obtained by emergency personnel during patient assessment and treatment or similar information provided to us by another agency for the same purpose. Such information includes verbal, written or electronically recorded data that can be individually identified by name, social security number or other means of personal identification. NCDES may use PHI for the following purposes without your written permission:

**1. Treatment** – PHI used for treatment purposes includes verbal, written and electronically recorded data that describes your medical condition and/or the treatment provided to you. This information may be communicated to other healthcare personnel for the purpose of continuing or transferring care and treatment (including doctors and nurses who give orders allowing us to treat you) and includes communication of PHI by radio, telephone and/or other electronic devices between healthcare personnel, ambulances, hospitals and 911 communication centers. A written report documenting your care and treatment, as well as other information we may obtain in the course of such care and treatment shall be provided to the hospital or other healthcare facility you were transported to.

**2. Payment** – PHI for payment purposes includes written and electronically recorded data used for securing financial reimbursement of our agency’s charges. This may include organizing your PHI and submitting a claim for charges to your insurance company, another insurance company responsible for paying your claim, a workers compensation administrator or insurer, or another third party identified by you as being responsible for payment of your charges either directly or by following the terms of a payment plan. Claims for charges may be submitted directly or through the use of a third party billing company and/or clearing house. Follow-up use of PHI for payment purposes may include management of billed claims for services rendered, medical necessity determinations and reviews, insurance company appeals, utilization review and collection of outstanding accounts. Designated agency personnel, including contractual personnel, may review and use PHI to verify your eligibility for certain services including eligibility for “hardship” classification, other special designations and for “subscription plan” services, if offered.

**3. Healthcare Operations** – PHI used for healthcare operations includes written and electronically recorded data needed for management purposes (including quality assessment and improvement, reviewing the competence or qualifications of emergency personnel, conducting or arranging for medical review, legal services, and auditing functions, including fraud and abuse detection and compliance programs, business planning and development, business management and general administrative activities), accreditation, licensing, training programs or other programs that support and/or improve services. Other uses include the preparation of records and/or use of PHI for filing required documentation, document requests and other administrative support activities. NCDES is required by the Virginia Department of Health to report certain data elements contained within your PHI for the purpose of assessing EMS system performance on an annual basis. Finally, NCDES may also prepare **de-identified** information (PHI with name, social security number and other means of personal identification removed) for other purposes including data collection, fundraising and certain marketing activities.

**Healthcare Information Provided to Individuals Involved With Your Care or Payment of Charges:** We may disclose certain PHI to a family member, relative, friend or other person who you or emergency personnel identify as being involved in your care or payment of charges if: (1) emergency personnel obtain your verbal agreement prior to the disclosure of such information; (2) you were provided the opportunity to object to such a disclosure but did not; or (3) in the event you are incapable of objecting, disclosing such information would be in your best interests as determined by the professional judgment of emergency personnel. In each of these cases, information disclosed to an identified individual shall be relevant to involving such an individual in your care or payment of charges.

**Other Use of Healthcare Information:** By law, NCDES may disclose some of your healthcare information, including PHI, to responsible parties who request such information in certain circumstances. Such disclosures can be made without your written authorization and without your opportunity to verbally object. These circumstances may include the following:

**1. Mandated Requirements of Law** – Disclosures of PHI to government agencies and/or officials as required by law. Such disclosures comply with and are limited to the relevant requirements of such laws.

**2. Public Health Activities** – Disclosures of PHI to federal, state or local government public health officials in certain situations including to prevent and/or control disease, injury or disability; to report vital events such as birth or death; to assist with public health surveillance, investigations or interventions; to report adverse events, product defects, biological product deviations or other similar problems and to report, investigate or track communicable diseases.

Disclosure to an employer of employee PHI as related to workplace activities to the extent required by law.

**3. Victims of Abuse, Neglect or Domestic Violence** – Disclosures of PHI to state and/or local government social service agencies, law enforcement agencies (LEAs) or other responsible government officials to report suspected cases of abuse, neglect or domestic violence, to the extent required by law.

**4. Health Oversight Activities** – Disclosures of PHI to federal and state government health oversight agencies for oversight activities including audits; civil, administrative or criminal proceedings or actions and other related functions to the extent required by law.

**5. Judicial and Administrative Proceedings** – Disclosures of PHI for judicial and administrative proceedings in response to the order of a court, administrative tribunal or, in some cases, a subpoena, discovery request or other lawful process that is not accompanied by an order from a court or administrative tribunal.

**6. Law Enforcement Purposes** – Disclosures of PHI to law enforcement agencies (LEAs) for the following reasons:

**A. Pursuant to process and as otherwise covered by law.** PHI provided to LEAs for: reporting certain wounds or injuries; responding to a warrant, subpoena or summons issued by a court or other judicial officer; a grand jury subpoena or an administrative request, including an administrative subpoena or summons, a civil or an authorized investigative demand, or similar process authorized under law.

**B. Limited information for identification and location purposes.** PHI provided to LEAs for the purpose of identifying or locating a suspect, fugitive, material witness or missing person, as long as the information transferred only includes the following: name and address; date and place of birth; social security number; ABO blood type and rh factor; type of injury; date and time of treatment; date and time of death, if applicable; and a description of distinguishing physical characteristics, including height, gender, race, hair and eye color, presence or absence of facial hair (beard or moustache), scars, and tattoos.

**C. Victims of crime.** PHI provided to LEAs about an individual who is or is suspected to be a victim of a crime provided that: the individual agrees to the disclosure or emergency personnel are unable to obtain the individual's agreement because of incapacity or other emergency circumstance, as long as (1) the LEA represents that such information is needed to determine whether a violation of law by a person other than the victim has occurred, and such information is not intended to be used against the victim and (2) the LEA represents that immediate law enforcement activity that depends upon the disclosure would be materially and adversely affected by waiting until the individual is able to agree to the disclosure and (3) the disclosure is in the best interests of the individual as determined by emergency personnel, in the exercise of professional judgment.

**D. Decedents.** PHI provided to LEAs for the purpose of reporting a death if emergency personnel suspect that the death may have resulted from criminal conduct.

**E. Crime on premises.** PHI provided to LEAs that in good faith constitutes evidence of criminal conduct occurring on the premises of NCDES property.

**F. Reporting crime in emergencies.** PHI provided to LEAs at emergency incident scenes that appears necessary to alert LEAs to: the commission and nature of a crime; the location of such a

crime or the victim(s) of such a crime and the identity, description, and location of the perpetrator of such crime.

**7. Decedents** – Disclosures of PHI to coroners, medical examiners and funeral directors for the purpose of identifying a deceased person, determining a cause of death or completing other duties as authorized by law when assisting such officials.

**8. Tissue Donation** – Disclosures of PHI to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of cadaveric organs, eyes, or tissue to facilitate organ, eye or tissue donation and transplantation.

**9. Research Purposes** – Disclosures of PHI for healthcare research purposes, provided that all requirements of federal and state laws governing the use of PHI for such research are met.

**10. Averting a Serious Threat to Health or Safety** – Disclosures of PHI to federal, state or local officials when, consistent with applicable law and standards of ethical conduct, emergency personnel acting in good faith believe that the disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public and is made to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat, or is necessary for law enforcement authorities to identify or apprehend an individual: (1) because of a statement by an individual admitting participation in a violent crime that the covered entity reasonably believes may have caused serious physical harm to the victim; or (2) where it appears from all circumstances that the individual has escaped from a correctional institution or from the lawful custody of a LEA.

**11. Specialized Government Functions** – Disclosures of PHI for specialized government functions including the following:

**A. Armed forces personnel.** PHI provided to military command authorities for armed forces personnel serving with the United States and foreign nations for activities deemed necessary to assure the proper execution of the military mission provided that the purpose of such disclosure was previously communicated to armed forces personnel by way of notice in the Federal Register.

**B. Intelligence gathering.** PHI provided to federal officials for conducting lawful intelligence, counter-intelligence, and other national security activities as authorized by the National Security Act (50 U.S.C. 401, et seq.) and implementing authority (e.g., Executive Order 12333).

**C. Protecting government officials.** PHI provided to federal or other government officials for protecting the President of the United States and other officials as authorized by 18 U.S.C. 3056, or to foreign heads of state or other persons authorized by 22 U.S.C. 2709(a)(3), or for conducting investigations authorized by 18 U.S.C. 871 and 879.

**D. Correctional institutions and other law enforcement custodial situations.** PHI provided to correctional institutions or LEAs having lawful custody of an inmate or other individual if such agencies represent that the requested PHI is necessary for: (1) the provision of health care to such an individual; (2) the health and safety of such individual or other inmates; (3) the health and safety of the officers, employees or others at the correctional institution; (4) the health and safety of correctional institution officers, employees or others, LEA officers or other persons responsible for transporting or transferring inmates from one institution, facility, or setting to another; (5) law enforcement on the premises of the correctional institution; and (6) the administration and maintenance of the safety, security, and good order of the correctional institution.

**12. Workers Compensation** – Disclosure of PHI to workplace or other officials as authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs, established by law, that provide benefits for work-related injuries or illness without regard to fault.

**Other Uses or Disclosures of PHI:** Prior to using or disclosing your PHI for any purpose other than described in this notice, our agency must first obtain your written authorization permitting us to do so. You also may revoke such authorization by providing written notice to our HIPAA Privacy Officer listed on the back of this pamphlet.

**Abbreviated Notice:** The information provided in this notice is abbreviated and does not describe all contents of the Code of Federal Regulations (45 CFR, Subpart E, “Privacy of Individually Identified Health Information” Section 164.500-534) for use and disclosure of protected health information. Readers of this notice desiring more information concerning the HIPAA Privacy Standard are encouraged to visit the websites listed on the back of this pamphlet.

**Patient Rights Described by HIPAA:** You are entitled to certain rights regarding the use, disclosure and content of your PHI. Specific requests concerning your rights must be made in writing to our HIPAA Privacy Officer listed on the back of this pamphlet. Your HIPAA rights include:

**1. A right to request restrictions on certain uses and disclosures of your PHI** – You may request to restrict certain uses or disclosures of your PHI. Your request will be considered and you will be notified if the request will be honored. By law, we are not required to agree to any restrictions that limit our ability to provide treatment, secure payment or conduct business operations.

**2. A right to receive confidential communications of your PHI** – You may request to receive PHI or other communications from us by alternative means or at alternative locations. Your request will be considered and, if reasonable, you will be notified that it will be honored.

**3. A right to inspect and copy your PHI** – You may request to obtain copies of your patient care report (PCR) or other records maintained by us that refer to your PHI. Requests remain confidential and become part of your record. In certain circumstances we can deny your request. If we deny your request, you will be notified of the reason for the denial.

**4. A right to amend your PHI** – You may request to amend your PHI if you believe it to be inaccurate or incomplete. Your request will be considered and, if verified, you will be notified that your PHI has been amended.

**5. A right to receive an accounting of disclosures of your PHI** – You may request an accounting of disclosures of your PHI for purposes other than treatment, payment, healthcare operations or reasons previously authorized by you. In certain circumstances we can deny your request but generally you will be notified of all such disclosures.

**6. A right to obtain a paper copy of this notice** – You may request a paper copy of this notice, even if you agreed to receive this notice electronically, by visiting our business offices or requesting the notice in writing.

**Complaints:** In the event you believe that your PHI was used or disclosed improperly by NCDES or that your rights as described by HIPAA and this notice were violated, you may file a written complaint with our agency’s HIPAA Privacy Officer or with the Secretary of Health and Human Services. Contact information for each may be found on the back of this pamphlet. In the event you make a complaint, our agency is prohibited by federal law from retaliating against you by any means available to us.

## **Important Information**

**Nelson County, Virginia**  
**Department of Emergency Services**  
**HIPAA Privacy Officer**  
P.O. Box 277  
Lovingsston, VA 22949  
Office: (434) 263-7048  
FAX: (434) 263-7046

Please contact the individual listed above for more information concerning our privacy practices or questions about this notice.

### **For More Information about our Agency:**

<http://www.nelsoncounty.com/emergencyservices/>

**Department of Health and Human Services – Office for Civil Rights**  
150 S. Independence Mall West, Ste. 372  
Philadelphia, PA 19106-3499  
(800) 368-1019 (any language)  
(800) 537-7697 (TDD)

### **For More Information about HIPAA:**

<http://www.hhs.gov/ocr/hipaa/>

### **To View HIPAA Regulations Current as of October 1, 2005:**

[http://www.access.gpo.gov/nara/cfr/waisidx\\_05/45cfr164\\_05.html](http://www.access.gpo.gov/nara/cfr/waisidx_05/45cfr164_05.html)

### **To File a HIPAA Complaint with the Office of Civil Rights:**

<http://www.hhs.gov/ocr/privacyhowtofile.htm>

**Appendix D – Combined Notice to Ambulance Patients**  
*(HIPAA Acknowledgement & Authorization to Bill Insurance Company  
Consent Form)*

**Nelson County, Virginia**  
Department of Emergency Services  
P.O. Box 277  
Lovingsston, VA 22949  
Office: (434) 263-7048  
FAX: (434) 263-7046



**COMBINED NOTICE TO AMBULANCE PATIENTS**

**HIPAA Notice of Privacy Practices**

Emergency personnel with the Nelson County Department of Emergency Services (NCDES) are providing you with a separate pamphlet, entitled “Notice of Privacy Practices,” as required by the Code of Federal Regulations (45 CFR Section 164.520). This notice describes how medical information about you may be used and disclosed and how you can get access to such information. Please review it carefully.

NCDES is required by the Health Insurance Portability and Accountability Act (HIPAA) of 1996 to protect the privacy of healthcare information obtained when treating you (known as protected health information or PHI) and to provide you with a notice of privacy practices concerning the use of such information shortly following the time of service. This notice describes how and when our agency can use and disclose your PHI along with describing your legal rights pertaining to the use and disclosure of such information. This notice also provides contact information for questions and for obtaining further assistance if you need more help. Our agency is required to abide by the terms of this notice as long as it is in effect. We reserve the right to change the terms of this notice and apply such changes to all protected health information that we maintain. A copy of our current (or revised) privacy policy is always available at our business office or on our website.

By signing this form I, or the person signing for me, acknowledge receiving a “Notice of Privacy Practices” from emergency personnel with NCDES. I understand that the Notice I received explains my rights and contains information to assist me if I should have questions or a complaint.

**Permission to Use Healthcare Information for Billing Purposes and Financial  
Responsibility Statement**

By signing this form I authorize NCDES to release any information, including protected health information or PHI, to any insurance company, insurance company representative or other authorized third party for the purpose of paying my ambulance fees and charges. I authorize any holder of healthcare information or documentation, including PHI, needed to determine benefits or benefits payable for related services or any service rendered to me now or in the future to be released to NCDES if requested. I authorize that direct payment be made by any insurance company or other third party for any ambulance fees and charges that are reimbursable and owed by me to NCDES.

By signing this form I understand that if I am insured, I am responsible for providing my insurance information to NCDES for the purpose of paying all ambulance fees and charges. I also understand that in the event I am uncooperative or refuse to provide my insurance

information and/or subsequent information to support the filing of an insurance claim on my behalf, NCDES may determine that I alone must pay all ambulance fees and charges directly and that I will be responsible for paying these fees and charges within thirty (30) days of such a determination.

**NOTICE TO MEDICARE BENEFICIARIES**

Current Medicare Rules and Regulations require us to notify you when services provided, or are to be provided, may **not** be covered by Medicare. Medicare pays for services it determines to be Reasonable and Necessary under Section 1882 (a)(1) of the Social Security Act. If Medicare determines that a particular service, although it would otherwise be covered, is **not** Reasonable and Necessary under the Medicare program standards, Medicare will deny payment for that service.

At the present time, and with the information we have been able to obtain thus far, we believe that for that for the services you have requested, or are about to be provided to you, or that were provided to you on \_\_\_\_\_ by NCDES, Medicare is likely to **deny** payment. Therefore, we are required to give notice advising you that in the event Medicare denies payment you will be responsible for payment in full.

**Please read this statement and sign:** I have been notified by NCDES that they believe that in this case Medicare is likely to deny payment for the items/services identified above, for the reason stated. If Medicare denies payment, I understand that I will be personally responsible for the account balance.

\_\_\_\_\_  
Patient or Responsible Party Name

\_\_\_\_\_  
Patient or Responsible Party Signature

\_\_\_\_\_  
Date

**All patients please read this statement and sign:** By signing this statement I acknowledge that I have read, understand and agree to the terms and conditions explained above. Furthermore, I acknowledge receiving a separate pamphlet entitled "Notice of Privacy Practices" from emergency personnel with NCDES explaining HIPAA and my rights as described by the law.

\_\_\_\_\_  
Patient or Responsible Party Name

\_\_\_\_\_  
Patient or Responsible Party Signature

Date \_\_\_\_\_

Incident/Call/Report Number: \_\_\_\_\_ PCR Form Number: \_\_\_\_\_

Patient unable to sign due to the following reason: \_\_\_\_\_ Notice provided to individual listed below: \_\_\_\_\_ Relationship: \_\_\_\_\_ Crew Initials: \_\_\_\_\_

## Appendix E - Financial Hardship Waiver Request Form

### Nelson County, Virginia

Department of Emergency Services

P.O. Box 277

Lovingsston, VA 22949

Office: (434) 263-7048

FAX: (434) 263-7046



### Financial Hardship Waiver Request Form

***THIS FORM MUST BE COMPLETED AND RETURNED TO THE NELSON COUNTY DEPARTMENT OF EMERGENCY SERVICES FOR EACH DATE OF SERVICE AN AMBULANCE TRANSPORT BILL IS GENERATED***

Applicant Name: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Responsible Party (If not the same as Applicant):

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address (if different than Applicant): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

NUMBER OF PEOPLE IN HOUSEHOLD: \_\_\_\_\_ GROSS HOUSEHOLD INCOME: \$ \_\_\_\_\_

*I hereby request that I, as either the applicant or responsible party for the above-named applicant, be considered for a reduction in my payment responsibilities for ambulance transport services. I understand that I will be held liable for any false statements made herein. I also understand that the County reserves the right to require proof of income in consideration of this request.*

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Applicant or Responsible Party (circle one)

#### ***Medicaid Eligibility***

***Medicaid coverage includes the cost of ambulance transport. You may be eligible for Medicaid if you meet certain income levels and persons in household criteria. Please contact your local Department of Social Services at 434-263-8334 to determine your eligibility.***

**ADMINISTRATIVE USE ONLY**

Incident #: \_\_\_\_\_ DAB Invoice #: \_\_\_\_\_

Date of Service: \_\_\_\_\_ Date Received: \_\_\_\_\_

Claim Approved/Denied (Reason): \_\_\_\_\_

\_\_\_\_\_

Date DAB Notified: \_\_\_\_\_ Approval Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Appendix F - Financial Hardship Waiver of Fees Guidelines

The following guidelines used to determine the waiver of fees is based on **200%** of the Federal Poverty Level as established annually by the U.S. Department of Health and Human Services.

The Applicant or Responsible Party completing and submitting a Financial Hardship Waiver Request form qualifies for **100%** waiver of fees if the following guidelines are met:

<b><u># of Persons in Family</u></b>	<b>2013</b>
<b><u>or Household</u></b>	<b><u>200% of Federal Poverty Level</u></b>
1	\$22,980.00
2	\$31,020.00
3	\$39,060.00
4	\$47,100.00
5	\$55,140.00
6	\$63,180.00
7	\$71,220.00
8	\$79,260.00
each additional person add \$4,020.00	

## **Appendix G - Payment Plan Guidelines**

### **Establishment**

1. The County's billing company is authorized to encourage consumers of ambulance transport services, or responsible parties, with the ability to pay, to pay a monthly amount of \$50.00 until such time that their balance is paid in full. Should that amount present a hardship to the consumer, or responsible party, the billing company is authorized to accept a minimum monthly payment amount of \$25.00.

### **Severability**

1. The County's billing company will honor all established payment plans unless such plan is subsequently broken by the non-payment of two consecutive installments. At this point, the account will be rendered uncollectible and placed on the uncollectible debt list to be forwarded to the County for consideration of write-off.