



MANATEE COUNTY FLORIDA

November 17, 2009

TO: All Proposers

SUBJECT:

Request For Proposal (RFP) #09-3109FL
Emergency Medical Transportation Billing Services

ADDENDUM #1

The following items are issued to add to, modify and clarify the Request For Proposal document. Proposals are to be submitted on the specified time and date due, in conformance with the additions and revision listed herein.

Responses are provided to the following questions:

1. Please provide clarification to B.03, item q.

Detail the processes that your firm will take when billings are not paid.

2. Can you please tell us the intended term of the contract or is the term negotiable?

A three (3) year initial term with two (2) additional one year options.

3. What is the expected award date and intended start of contract?

Award: 2/28/2010 Start: 4/19/2010.

4. What is the term of your fiscal year?

Fiscal Year is from October 1st through September 30th.

Financial Management Department – Purchasing Division
1112 Manatee Avenue West, Bradenton, FL 34205
PHONE: 941.749.3042 FAX: 941.749.3034
www.mymanatee.org

5. Please provide the following information regarding your FY2008 & FY2009 EMS billing:

- a. What is your fee schedule for the following Levels of Service (LOS): BLS-E; BLS-NE; ALS-E; ALS-NE; ALS2; SCT; and TWTs.

Refer to Resolution R-08-144 (attached).

- b. For the 23,507 transports reported for 2008, what percentage or how many of these were for each of the Level of Service (LOS) categories listed above?

Requested information for each level of service is not available.

- c. Do you charge for other services such as; treatment without transport, oxygen or IV administration, or any other applicable charges and, what are the fees charged for each

Refer to Resolution R-08-144 (attached).

- d. When was the last fee increase? What were your fees prior to the increase?

Resolution R-08-144 is effective from July 1, 2008 through current date. Refer to Resolution R-07-153 for prior fees (attached).

- e. Can you please provide the gross charges monthly by date-of-service and monthly collections by date-of-service?

The requested breakdown of the monthly gross charges and collections by date of service is not available.

- f. What was your gross collection rate last year?

The gross collection rate for 2008 was 50.7%.

- g. What was your net collection rate last year?

The net collection rate for 2008 was 59.7%.

- h. While you provided the mix of payments by payer class, can you please provide your percentage of charges to each payer class (Medicare, Medicaid, Private Insurance & Self Pay)?

The percentage of charges to each class is provided in Section E, Scope of Services, E.01, Overview. The mix of payments by payer class is not available.

- i. Please provide the collection percentages (gross and net) for each payer class.

The collection percentage (gross and net) for each payer class is not available.

- j. What was your Medicare allowable for BLS, ALS, ALS2, and mileage?

The Medicare allowable for the above listed items is not available.

- k. Please provide the number of accounts that were deemed by the billing agent to be: Medicare not medically necessary, Medicaid not medically necessary, Medicare accounts held or not-filed for not having a valid signature.

The number of accounts that were deemed by the billing agent for the reasons above is not readily available.

6. What amount was the total gross dollars charged for CY 2007? What amount was the total gross revenue collected for CY 2007?

**The total gross dollars charged was approximately \$11.5 Million.
The total gross revenue collected was approximately \$6 Million.**

7. While you provided the billable transports for 2008, can you please provide the same for 2007? What do you anticipate as transport volume for FY2010?

The transports billed for 2007 were 22,734. There is no estimate for transports for FY2010.

8. Do you have any provider agreements with insurance companies?

Yes.

9. Does the County or the current biller use a VISA platform to facilitate payment of the Vendor's fees? In most cases, these arrangements involve a fee. Is there a fee amount for each transaction and how much is it?

The County does not use a VISA platform to facilitate payment of the vendor's fees.

10. Is the current bank account a lock box facility? If so, what bank company is used? If not, given the security and bonding benefits of a lock box facility, would the City accept such an approach or, how are payments currently received and information provided to the billing partner for posting purpose?

All payments are and will continue to be handled by the County. A PDF file is uploaded by the County that contains the daily deposit details.

11. What is the current fee being charged the County for these services?

The current fee charged is \$.25 per item.

12. RFP Section B.03.c, page 9. – With regard to reference client information to be provided, for the size of the account, are you looking for annual transports?

The County is looking for client information for which your firm has provided similar EMT billing services.

13. RFP Section B.03.g, page 10. - Per FL statutes, there can be no relationship (incentive) between the Medicaid payment and the billing fee. Is it acceptable to submit a flat fee per Medicaid account (irrespective of payment)?

The wording for Section B.03.q, page 10 answers this question as follows: Provide a total proposed fee as a percent of revenue collected related to the performance of these services, except for Medicaid. In accordance with Florida Statutes, provide a flat rate fee for each account paid by Medicaid.

14. RFP Section B.03.q, page 11. – By defaulted “clients”, are you referring to “payers” or “patient accounts”?

Default clients should be identified in your firm’s detail recovery process.

15. RFP Section C.01 and C.02, page 12. - While the County mentioned that it has not assigned weights for the evaluation factors, how will the County rank/evaluate pricing and perceived ability to determine award? Are there particular points that will be used to determine ability? Is there a particular methodology to be used to evaluate and select?

See Section C for detail.

16. RFP Section E.03.p, page 15. – What methodology does the County follow for providing surveys to patients (random selection of how many patients each week, every first patient statement, etc.)?

Survey questionnaires or inserts would be provided by the County to patients at the County’s request.

17. RFP Section E.03.y, page 16. – Who is the collection agency that the County utilizes?

Per-Se, A McKesson Company.

18. Would the County like for the billing vendor to submit notice of privacy practices to patients on their behalf?

Refer to response #16.

19. RFP Section E.03.gg, page 17. – Are we correct in presuming that “performing billing services on new collection cases” is not the option referred to but rather, the “existing cases”? And if so, at what point is the rate negotiated?

The County will have the option to authorize the selected proposer to perform billing services on new collection cases at the proposed rate or for all existing cases at a separately negotiated rate.

20. E.03.f. page 14. - The County mentioned its current use of the Healthware Solutions ePCR data collection system. What type of laptops or hardware units do you currently use? How long have you had these units in service?

ToughBook CF-19 Touch Screen. Deployed in November 2008.

21. How many vehicles/stations do you have? How many EMTs/Paramedics?

18 Stations, 23 ambulances (5 are spare units), a ALS non-Transport, 4 supervisor, 3 off road, 135 paid and about 20 volunteers.

22. What is the name of your current billing service provider?

Per-Se, A McKesson Company.

23. How long have you used your current billing service provider?

Since April 2005.

24. What is the fee for service being charged by your current billing service provider?

The fee for service is an amount equal to five and one half percent (5.5%) of the Net Collections made by or through Per-Se on County's accounts receivable during the previous month. In accordance with applicable Florida law, the service fee for the provision of services with respect to those of County's charges for which reimbursement from the Medicaid program is sought on County's behalf, will be equal to eight dollars and fifty cents (\$8.50) per patient encounter, regardless of the amount of the charges associated with any such encounter and the amount of reimbursement, if any, to County from the Medicaid program with respect to such charges.

25. Does the county believe that more could be collected by their current vendor?

The question is not relative to the acquisition process.

26. Please provide a breakdown of transports into BLS, ALS1, ALS2, Specialty Care Transport (SCT).

The County does not have a breakdown of transports.

27. Please provide your current rates for each of the ambulance transport categories listed above.

Refer to Resolution R-08-144 (attached).

28. Does the County bill for service where no transport occurs? If so, what is the charge?

Refer to Resolution R-08-144 (attached).

29. Does the County bill for mileage, if so what is the charge per mile?

Refer to Resolution R-08-144 (attached).

30. What are the average miles per transport in the County?

5.25 miles.

31. Does the County bill for supplies used on calls?

No.

32. Does the County utilize a "lockbox" for collections?

Yes.

33. Is the County satisfied with the current ePCR data collection system?

Yes.

34. If using "ePCR" software, on what type of device or "field hardware" does the software reside?

ToughBook CF-19 Touch Screen.

35. Has the County considered other "ePCR" software and/or hardware for its medics in the field? If so, which products have you looked at?

The County will consider new products that may be proposed.

36. How does the current vendor receive patient/trip data from the County? Is data "pushed" to the vendor or is it "pulled" by the vendor?

Through a sFTP site. Pushed.

37. What were the gross billings in dollars in 2008?

For calendar year 2008, gross billings in dollars was approximately \$12.5 Million.

38 Does the County send delinquent patient balances to collections?

Delinquent patient balances that are considered collectible are sent to a collection agency.

- 39 Does the County have the same billing policies for residents and non-residents? Different policies?

The billing policies are the same for residents and non-residents. Refer to Resolution R-08-144 (attached).

40. Does the County currently utilize a third-party for EMS transport billing? If so, please identify that company and what that company currently charges the county for services.

Responded to previously.

41. What does the County charge as follows for EMS billing?

- a. ALS1
- b. ALS2
- c. BLS
- d. Loaded mileage

Refer to Resolution R-08-144 (attached).

42. In 2008, what was the County's payor mix (percentage) in **charges** as follows:

- a. Medicare
- b. Medicaid
- c. Private Insurance
- d. Self-Pay

Refer to RFP, Section E, Scope of Service, E.01 Overview.

43. Please identify what Florida Medicaid reimburses for: ALS1, ALS2, BLS, and Loaded Mileage?

The County does not have a breakdown of the above requested information.

44. What is the average loaded mileage distance within the County?

Responded to previously.

45. How does the County obtain insurance information from transported patients...from hospitals? From patients' Face sheets? Other means?

Face sheets.

46. The RFP states that Healthware Solutions ePCR software is utilized by the County; is any other ePCR software currently utilized by County EMS personnel?

No.

47. What percentage of the County's transports is coded BLS? ALS1? ALS2?

Responded to previously.

48. Are all County transport vehicles ALS-staffed?

Yes.

49. Please identify your primary transport hospitals and the approximate percentage of total transports each hospital receives.

Primary transport hospitals are Blake Medical Center, Manatee Memorial Hospital and Lakewood Ranch Medical Center. The County does not have an approximate percentage for each hospital.

50. Does the County have an estimated contract award date?

Award: 2/28/2010

51. Does the County have an estimated go-live date?

Start: 4/19/2010

52. What is the term of the award? Are there any renewal options?

A three (3) year initial term with two (2) additional one year options.

53. What is the Medicare reimbursement rate for a BLS, ALS, ALS2, mileage?

Refer to Resolution R-08-144 (attached).

54. What is the Medicaid reimbursement rate for a BLS, ALS, ALS2, mileage?

Refer to Resolution R-08-144 (attached).

55. Does the County currently bill any payors for ancillary services (e.g., oxygen, supplies)? If so, please provide the rates for each service.

No.

56. What is the average mileage per transport?

5.25 miles.

57. Does the County currently outsource transport billing services? If so:

Who provides the service? **Per-Se, A McKesson Company.**
How long have they provided the service? **Since April 2005**
What is the current fee? **See Item 24.**

Why is the County outsourcing the service under the current RFP?
Contract will expire in April 2010.

58. Are there any specific areas where the County wants an improvement in the billing and collection services?

The question is not relative to the acquisition process.

59. At the time of transport, does the County obtain and document the patient's authorization, to release healthcare information to third parties for billing purposes? If not, how does the County obtain this information?

Currently, we have an electronic form the patient can read and sign as a part of the patient.

60. For which payors is the City currently receiving electronic remittances?

VA and Medicaid

61. Will the successful vendor assume responsibility for any backlog of unbilled and/or previously billed accounts? If so, is an aged trial balance report of this backlog available that identifies by payor the volume and dollar value.

This will be determined, proposers may recommend their approach to the question.

62. What is the anticipated growth in the number of transports for the next several years?

Unknown.

No additional questions will be considered after the issuance of this Addendum.

Proposals are to be prepared as instructed in this Request For Proposals and shall be received at Manatee County Purchasing Office, 1112 Manatee Avenue West, Bradenton, Florida, FL 34205 until **4:00 P.M., Wednesday, December 2, 2009.**

Cordially,



Frank G. Lambertson
Contracts Negotiator

Attachments:

Resolution R-08-144
Resolution R-07-152

RESOLUTION R-08-144

RESOLUTION APPROVING USER FEES FOR MANATEE COUNTY AMBULANCE SERVICES; ADOPTING BILLING AND COLLECTION PROCEDURES; AND PROVIDING FOR ADJUSTMENTS, PAYMENT PLANS AND FEE WAIVERS.

WHEREAS, Manatee County Emergency Medical Services (EMS) provides ambulance services to the residents and visitors of Manatee County; and

WHEREAS, the Manatee County EMS operating budget is funded exclusively through ad valorem taxes, general revenues and user fees; and

WHEREAS, increasing costs for staffing and medical supplies have increased the cost of EMS services; and

WHEREAS, fees, billing and collection procedures, and provisions for adjustments and waivers were established by the Board of County Commissioners in Resolution R-05-68; and

WHEREAS, it is necessary, expedient, and in the best interest of the citizens to adjust user fees to properly assess a portion of the cost to the users of these services; and

WHEREAS, it is necessary to maintain procedures for billing and collection of EMS fees, for providing adjustments and waivers, and for approving hardship cases and payment plans.

NOW, THEREFORE, BE IT RESOLVED by the Board of County Commissioners of Manatee County, Florida that

SECTION ONE: EMS USER FEES

The schedule of rates attached hereto as Schedule A is adopted as the fees for emergency medical services and ambulance transportation furnished to emergency patients by the Manatee County EMS.

RESOLUTION R-08-144

SECTION TWO: BILLING AND COLLECTION PROCEDURES

The following shall be guidelines for billing and collection procedures for emergency medical service fees and charges:

- A. Initial fees and charges for ambulance service(s) shall be assessed either prior to or following the service provision, as service dynamics reasonably permit. Unpaid fees and charges, subsequent to time of service, shall be reflected in an accounts receivable subsidiary ledger system to be maintained by the Financial Management Department, EMS Billing Section, through a subcontracted vendor, as approved by and coordinated with County Finance Office of the Clerk of Circuit Court. References to the County, or the Financial Management Department, EMS Billing Section throughout this resolution will include and apply to any subcontracted agency providing billing services on behalf of the County.
- B. An initial bill for ambulance services shall be processed in the following manner after service is provided.
 - 1. The County will send an initial bill to the service recipient or responsible party and/or to the service recipient's or responsible party's insurance carrier provided that appropriate insurance information is made available to the EMS Billing Section. Third party billing assignment of payments will be accepted with the unpaid difference, if any, remaining the responsibility of the service recipient or responsible party. Credit card payments will be accepted in accordance with procedures established by the Clerk of the Circuit Court, County Finance Division.
 - 2. The EMS Billing Section will accept Medicare assignment, as a participating provider, and will wait no less than forty-five (45) days for payment if Medicare or other insurance carriers are billed. Upon payment by Medicare, billing for the service recipients co-pay will be forwarded to the service recipient or responsible party or to secondary or other insurance, provided appropriate information has been received by EMS Billing Section. If the claim is denied by Medicare, a bill will be sent to the service recipient or responsible party.
 - 3. If information is provided to the EMS Billing section indicating that Medicaid is the appropriate payment source, then County will send a bill to Medicaid and accept assignment. The EMS Billing Section will

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wait no less than sixty (60) days for payment if Medicaid is billed. If the claim is denied because of no coverage at the time of service, a bill will be sent to the service recipient or responsible party. If Medicaid denies the claim because they have deemed the service as not medically necessary, then the account will be adjusted per the rules and regulations of Medicaid.

4. In the event the service recipient or responsible party does not have or does not provide proof of insurance coverage, the bill for ambulance service(s) shall be sent directly to the service recipient or responsible party for payment. The EMS Billing Section will wait no less than thirty (30) days for payment.
5. If payment or additional billing information is not received within time frames established by the Financial Management Department Director, past due notices and collection efforts will be conducted in accordance with procedures coordinated with the Clerk of the Circuit Court and/or a contracted collection agency.

At any time during the billing process, accounts may be referred to collections staff at the Clerk of the Circuit Court for assistance in locating patients or billing information so that the billing process may continue.

- C. A reasonable and customary payment plan will be made available for service recipients and responsible parties in accordance with procedures established by the Financial Management Department Director. Should the service recipient or responsible party fail to meet the terms and conditions of the payment plan, the unpaid balance shall become due and payable, and subject to established collection procedures.
- D. When ambulance service bill(s), at any stage in this billing and collection process, are returned because the Postal Service cannot effectuate delivery, the EMS Billing Section shall make a reasonable effort to ascertain the correct mailing address. If such efforts fail, the account(s) may be considered for other collection alternatives.
- E. Nothing contained in this section shall preclude reasonable telephone or other appropriate contact for billing and collection purposes, as allowed by applicable laws.

RESOLUTION R-08-144

SECTION THREE: ADJUSTMENT OF EMS USER FEES

The following shall be minimum guidelines for adjustments to ambulance service fees:

1. Medicare and Medicaid Adjustments - Contractual adjustments under Medicare and/or Medicaid assignment will be made upon notification by receipt of the Explanation of Medicare/Medicaid Benefits (EOMB) in accordance with applicable rules and regulations.
2. Victim's Compensation Contractual Adjustments - Contractual adjustments will be made in accordance with applicable rules and regulations.
3. Worker's Compensation Contractual Adjustments - Contractual adjustments will be made in accordance with applicable rules and regulations.
4. Champus/Tricare/Veterans' Administration Adjustments - Contractual adjustments will be made in accordance with applicable rules and regulations.
5. Railroad Retirement Adjustments - Contractual adjustments will be made in accordance with applicable rules and regulations.
6. HMO Adjustments - Contractual adjustments under Medicare assignment and other Health Maintenance Organizations (HMOs) will be made upon notification by receipt of the Explanation of Benefits (EOB) in accordance with applicable rules and regulations.
7. Small balances – Balances under \$25 may be removed from the accounts receivable ledger once it has been determined by the County or the County's billing agent that reasonable efforts to collect the balances have been made. Similarly, balances between negative \$10 and negative one cent will be adjusted to zero unless refunds are requested in accordance with Section Four, D.
8. Adjustment of Accounts Receivable - Annually the EMS Billing Section shall report to the Board past due accounts that are believed to be uncollectible. After approval by the Board, these accounts shall be removed from the active accounts receivable in accordance with generally accepted accounting principles.
9. Other Adjustments - (other than correction of inadvertent errors) will be reflected on a patient's account, when based on extenuating circumstances,

RESOLUTION R-08-144

it is in the best interest of Manatee County to make such adjustments. All adjustments not specified in this resolution must be approved by the Public Safety or Financial Management Director or their respective designees. Adjustments made in this manner will be ratified by the Board annually.

10. Court Actions - including bankruptcy, probate, or any other action requiring adjustment to the account of an ambulance patient will be made as specified by the court document.
11. INS Detainees - have their medical expenses paid by the U.S. Immigration and Naturalization Service (INS) in accordance with agreements with Manatee County Government. Amounts not paid by INS will not be billed to the patient, and the account will be adjusted to zero.

SECTION FOUR: WAIVER OF EMS USER FEES

- A. User fees for EMS ambulance and non-transport advanced life support stand-by services for the following community special events shall be waived as the Board finds that a valid public purpose is hereby established in recognition of their contributions to the community: (1) Manatee County Fair; (2) Manatee County Public High School varsity and junior varsity football games; (3) Heritage Festival events; and (4) Southeastern Guide Dog events. Fees for other community special events may be waived in accordance with procedures approved by the County Administrator.
- B. It is recognized that certain service recipients or responsible parties may need to be identified and processed as hardship cases. Hardship cases would be determined by the Community Services Department using the criteria established for the Individual Fee Assistance Program in accordance with Resolution R-94-35 or as determined eligible in accordance with the Indigent Care Agreement with Manatee Memorial Hospital. If determined eligible, the patient will be exempt from charges for ambulance services. Account balances for these accounts will be adjusted to zero upon determination of eligibility as verified by the Community Services Department Director or designee.
- C. Payments will be pursued from inmates and other payers that may be responsible for their medical care in accordance with FS 901.35 and/or 951.032. Compliance with FS 901.35(2) will be accomplished by adjusting these accounts to zero without further billing to other County funding sources.
- D. It is recognized that it is not cost effective to process billings and/or pursue collection of accounts with small balances of \$25 or less, or to issue checks

RESOLUTION R-08-144

for refunds of \$10 or less. Once the balance on an account falls below \$25, invoices may be sent, but other collection efforts will be discontinued. Refund checks will be issued for accounts that have credit balances greater than \$10. Refund checks of \$10 or less will be issued when requested within one year of the payment date that created the refundable amount by the payer that is owed the refund.

- E. Because ambulance fees charged for treatment and transportation of public safety workers would be covered by worker's compensation insurance, the policy of waiving emergency medical services charges for firemen, police and EMS personnel, whether responding to an emergency on-duty or off-duty, was rescinded by R-04-125. Should insurance not be available, fees will be waived so that no public safety employee is adversely affected for being injured while fulfilling their responsibilities to the public.

SECTION FIVE: EFFECTIVE DATE

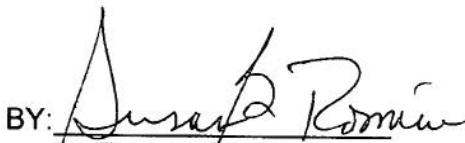
This Resolution rescinds and replaces R-07-152 and shall become effective for ambulance services performed on or after July 1, 2008.

ADOPTED in open session with a quorum present and voting this ²⁴~~10th~~ Day of June, 2008.

BOARD OF COUNTY COMMISSIONERS
OF MANATEE COUNTY, FLORIDA

BY: 
Chairman

ATTEST: R. B. Shore
Clerk of the Circuit Court

BY: 
Deputy Clerk



RESOLUTION R-08-144

SCHEDULE A

AMBULANCE FEES
Effective June 10, 2008

<u>ITEM</u>	<u>CHARGE</u>
<u>TRANSPORT SERVICES</u>	
Basic Life Support Non-Emergency Transport.....	\$323
Basic Life Support Emergency Transport.....	\$407
Advanced Life Support Non-Emergency Transport.....	\$388
Advanced Life Support Emergency Transport, Level 1.....	\$550
Advanced Life Support Emergency Transport, Level 2.....	\$699
Patient Deceased - treated but not transported..... (If transported, level of service rendered is charged)	\$407
<u>MILEAGE RATES</u>	
Mileage, charge per loaded mile.....	\$9.63
<u>SERVICES WITHOUT TRANSPORT</u>	
Advanced Life Support Level 1 services rendered without transport are billed at the Advanced Life Support non-emergency rate.....	\$388
Advanced Life Support Level 2 services rendered without transport are billed at the Advanced Life Support Level 1 amount.....	\$550
Emergency Helicopter Response Preparation..... in addition to charges for Advanced Life Support services	\$253
<u>MULTIPLE TRANSPORTS</u>	
For two patients transported simultaneously, the charge will be equal to 75 percent of the charge for the level of care given, plus 50 percent of the mileage charge.	
For three or more patients transported simultaneously, the charge will be equal to 60	

RESOLUTION R-08-144

Schedule A Cont'd

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percent of the charge for the level of care given, plus the applicable mileage charge divided by the number of patients on board.

ITEM

CHARGE

SPECIAL EVENTS AND MISCELLANEOUS RATES

Stand-by Time for ambulance and crew, per hour..... Minimum charge will be for three hours and charges will be rounded up to the next hour.	\$ 160
Stand-by Time for staff without ambulance, per person per hour..... Minimum charge will be for three hours and charges will be rounded up to the next hour.	\$ 60

RESOLUTION R-07-152

**RESOLUTION APPROVING USER FEES
FOR MANATEE COUNTY AMBULANCE
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COLLECTION PROCEDURES; AND
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PAYMENT PLANS AND FEE WAIVERS.**

WHEREAS, Manatee County Emergency Medical Services (EMS) provides ambulance services to the residents and visitors of Manatee County; and

WHEREAS, the Manatee County EMS operating budget is funded exclusively through ad valorem taxes, general revenues and user fees; and

WHEREAS, increasing costs for staffing and medical supplies have increased the cost of EMS services; and

WHEREAS, fees, billing and collection procedures, and provisions for adjustments and waivers were established by the Board of County Commissioners in Resolution R-05-68; and

WHEREAS, it is necessary, expedient, and in the best interest of the citizens to adjust user fees to properly assess a portion of the cost to the users of these services; and

WHEREAS, it is necessary to maintain procedures for billing and collection of EMS fees, for providing adjustments and waivers, and for approving hardship cases and payment plans.

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RESOLUTION R-07-152

SECTION TWO: BILLING AND COLLECTION PROCEDURES

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- B. An initial bill for ambulance services shall be processed in the following manner after service is provided.
 - 1. The County will send an initial bill to the service recipient or responsible party and/or to the service recipient's or responsible party's insurance carrier provided that appropriate insurance information is made available to the EMS Billing Section. Third party billing assignment of payments will be accepted with the unpaid difference, if any, remaining the responsibility of the service recipient or responsible party. Credit card payments will be accepted in accordance with procedures established by the Clerk of the Circuit Court, County Finance Division.
 - 2. The EMS Billing Section will accept Medicare assignment, as a participating provider, and will wait no less than forty-five (45) days for payment if Medicare or other insurance carriers are billed. Upon payment by Medicare, billing for the service recipients co-pay will be forwarded to the service recipient or responsible party or to secondary or other insurance, provided appropriate information has been received by EMS Billing Section. If the claim is denied by Medicare, a bill will be sent to the service recipient or responsible party.
 - 3. If information is provided to the EMS Billing section indicating that Medicaid is the appropriate payment source, then County will send a bill to Medicaid and accept assignment. The EMS Billing Section will

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wait no less than sixty (60) days for payment if Medicaid is billed. If the claim is denied because of no coverage at the time of service, a bill will be sent to the service recipient or responsible party. If Medicaid denies the claim because they have deemed the service as not medically necessary, then the account will be adjusted per the rules and regulations of Medicaid.

4. In the event the service recipient or responsible party does not have or does not provide proof of insurance coverage, the bill for ambulance service(s) shall be sent directly to the service recipient or responsible party for payment. The EMS Billing Section will wait no less than thirty (30) days for payment.
5. If payment or additional billing information is not received within time frames established by the Financial Management Department Director, past due notices and collection efforts will be conducted in accordance with procedures coordinated with the Clerk of the Circuit Court and/or a contracted collection agency.

At any time during the billing process, accounts may be referred to collections staff at the Clerk of the Circuit Court for assistance in locating patients or billing information so that the billing process may continue.

- C. A reasonable and customary payment plan will be made available for service recipients and responsible parties in accordance with procedures established by the Financial Management Department Director. Should the service recipient or responsible party fail to meet the terms and conditions of the payment plan, the unpaid balance shall become due and payable, and subject to established collection procedures.
- D. When ambulance service bill(s), at any stage in this billing and collection process, are returned because the Postal Service cannot effectuate delivery, the EMS Billing Section shall make a reasonable effort to ascertain the correct mailing address. If such efforts fail, the account(s) may be considered for other collection alternatives.
- E. Nothing contained in this section shall preclude reasonable telephone or other appropriate contact for billing and collection purposes, as allowed by applicable laws.

RESOLUTION R-07-152

SECTION THREE: ADJUSTMENT OF EMS USER FEES

The following shall be minimum guidelines for adjustments to ambulance service fees:

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4. Champus/Tricare/Veterans' Administration Adjustments - Contractual adjustments will be made in accordance with applicable rules and regulations.
5. Railroad Retirement Adjustments - Contractual adjustments will be made in accordance with applicable rules and regulations.
6. HMO Adjustments - Contractual adjustments under Medicare assignment and other Health Maintenance Organizations (HMOs) will be made upon notification by receipt of the Explanation of Benefits (EOB) in accordance with applicable rules and regulations.
7. Small balances – Balances under \$25 may be removed from the accounts receivable ledger once it has been determined by the County or the County's billing agent that reasonable efforts to collect the balances have been made. Similarly, balances between negative \$10 and negative one cent will be adjusted to zero unless refunds are requested in accordance with Section Four, D.
8. Adjustment of Accounts Receivable - Annually the EMS Billing Section shall report to the Board past due accounts that are believed to be uncollectible. After approval by the Board, these accounts shall be removed from the active accounts receivable in accordance with generally accepted accounting principles.
9. Other Adjustments - (other than correction of inadvertent errors) will be reflected on a patient's account, when based on extenuating circumstances, it is in the best interest of Manatee County to make such adjustments. All

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adjustments not specified in this resolution must be approved by the Public Safety or Financial Management Director or their respective designees. Adjustments made in this manner will be ratified by the Board annually.

10. Court Actions - including bankruptcy, probate, or any other action requiring adjustment to the account of an ambulance patient will be made as specified by the court document.
11. INS Detainees - have their medical expenses paid by the U.S. Immigration and Naturalization Service (INS) in accordance with agreements with Manatee County Government. Amounts not paid by INS will not be billed to the patient, and the account will be adjusted to zero.

SECTION FOUR: WAIVER OF EMS USER FEES

- A. User fees for EMS ambulance and non-transport advanced life support stand-by services for the following community special events shall be waived as the Board finds that a valid public purpose is hereby established in recognition of their contributions to the community: (1) Manatee County Fair; (2) Manatee County Public High School varsity and junior varsity football games; (3) Heritage Festival events; and (4) Southeastern Guide Dog events. Fees for other community special events may be waived in accordance with procedures approved by the County Administrator.
- B. It is recognized that certain service recipients or responsible parties may need to be identified and processed as hardship cases. Hardship cases would be determined by the Community Services Department using the criteria established for the Individual Fee Assistance Program in accordance with Resolution R-94-35 or as determined eligible in accordance with the Indigent Care Agreement with Manatee Memorial Hospital. If determined eligible, the patient will be exempt from charges for ambulance services. Account balances for these accounts will be adjusted to zero upon determination of eligibility as verified by the Community Services Department Director or designee.
- C. Payments will be pursued from inmates and other payers that may be responsible for their medical care in accordance with FS 901.35 and/or 951.032. Compliance with FS 901.35(2) will be accomplished by adjusting these accounts to zero without further billing to other County funding sources.
- D. It is recognized that it is not cost effective to process billings and/or pursue collection of accounts with small balances of \$25 or less, or to issue checks for refunds of \$10 or less. Once the balance on an account falls below \$25,

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invoices may be sent, but other collection efforts will be discontinued. Refund checks will be issued for accounts that have credit balances greater than \$10. Refund checks of \$10 or less will be issued when requested within one year of the payment date that created the refundable amount by the payer that is owed the refund.

- E. Because ambulance fees charged for treatment and transportation of public safety workers would be covered by worker's compensation insurance, the policy of waiving emergency medical services charges for firemen, police and EMS personnel, whether responding to an emergency on-duty or off-duty, was rescinded by R-04-125. Should insurance not be available, fees will be waived so that no public safety employee is adversely affected for being injured while fulfilling their responsibilities to the public.

SECTION FIVE: EFFECTIVE DATE

This Resolution rescinds and replaces R-07-076 and shall become effective for ambulance services performed on or after July 1, 2007.

ADOPTED in open session with a quorum present and voting this 24 day of July, 2007.

BOARD OF COUNTY COMMISSIONERS
OF MANATEE COUNTY, FLORIDA

BY: 
FIRST VICE-Chairman

ATTEST: R. B. Shore
Clerk of the Circuit Court

BY: 
RSC



SCHEDULE A

AMBULANCE FEES
Effective April 1, 2007

<u>ITEM</u>	<u>CHARGE</u>
<u>TRANSPORT SERVICES</u>	
Basic Life Support Non-Emergency Transport.....	\$253
Basic Life Support Emergency Transport.....	\$407
Advanced Life Support Non-Emergency Transport.....	\$305
Advanced Life Support Emergency Transport, Level 1.....	\$482
Advanced Life Support Emergency Transport, Level 2.....	\$699
Patient Deceased - treated but not transported.....	\$407
(If transported, level of service rendered is charged)	
<u>MILEAGE RATES</u>	
Mileage, charge per loaded mile.....	\$8.11
<u>SERVICES WITHOUT TRANSPORT</u>	
Advanced Life Support Level 1 services rendered without transport are billed at the Advanced Life Support non-emergency rate.....	\$305
Advanced Life Support Level 2 services rendered without transport are billed at the Advanced Life Support Level 1 amount.....	\$482
Emergency Helicopter Response Preparation.....	\$253
in addition to charges for Advanced Life Support services	

MULTIPLE TRANSPORTS

For two patients transported simultaneously, the charge will be equal to 75 percent of the charge for the level of care given, plus 50 percent of the mileage charge.

For three or more patients transported simultaneously, the charge will be equal to 60

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percent of the charge for the level of care given, plus the applicable mileage charge divided by the number of patients on board.

SPECIAL EVENTS AND MISCELLANEOUS RATES

Stand-by Time for ambulance and crew, per 1/4 hour.....\$ 40

Stand-by Time for staff without ambulance, per person per 1/4 hour....\$ 15

Minimum charge will be for one hour and charges will be rounded up to the next 1/4 hour.