

RESOLUTION NO. 4550

A RESOLUTION ADOPTING EMS BILLING POLICIES FOR THE CITY OF MILES CITY, MONTANA

WHEREAS, the City of Miles City provides ambulance services to residence in the City of Miles City and to residences of the surrounding Custer County, Montana;

AND WHEREAS the City of Miles City wishes to implement EMS Billing Policies governing the billing procedure for collection of payment for ambulance services;

NOW THEREFORE, IT IS RESOLVED BY THE CITY COUNCIL OF THE CITY OF MILES CITY, MONTANA AS FOLLOWS:

1. The EMS Billing Polices attached hereto as Exhibit "A" is hereby approved and adopted by the Council, effective immediately.

SAID RESOLUTION FINALLY PASSED AND ADOPTED BY A DULY CONSTITUTED QUORUM OF THE CITY COUNCIL OF THE CITY OF MILES CITY, MONTANA, THIS 13th DAY OF FEBRUARY, 2024.



John L. Hollowell, Mayor

ATTEST:



Mary Rowe, City Clerk

EXHIBIT "A"

EMS BILLING POLICIES

PURPOSE: To establish guidelines for billing patients for EMS services.

GENERAL: The EMS services provided by City of Miles City will be billed to insurance companies and patients by Pintler Billing Services and according to the executed Billing Agreement. In addition to the general outline described in the Billing Agreement, these policies adopted by City of Miles City on **February 13, 2024**, will provide specific direction to Pintler Billing Services for purposes of obtaining payment from patients and/or insurance companies on behalf of City of Miles City.

BILLING PROCEDURES:

- **PHASE 1:** Standard billing practice – Pintler Billing Services will send a claim to the appropriate insurer, or if none exists, a statement will go to the patient/guarantor. Once the insurer has paid, any remaining balance will be billed to the patient.

If a patient is deceased (after transport & care but prior to paying their bill), Pintler Billing Services will attempt to collect payment by a search the Miles City Star, Legal Notices, Notice to Creditors and send the bill to the estate address in the Notice to Creditor. If no payment is received after this attempt: or there is no estate, write off these accounts in full after 90 days.

If an insurance company responds to the claim with a negotiation request, Pintler Billing Services will refuse the request and send the claim back to the payer for processing.

If a patient responds to a bill with a request for a write-off or reduction, a financial assistance/hardship form will be sent to them for completion. These forms will be returned to Pintler Billing Service for review and determination. If the patient information as reported on the financial assistance/hardship form reveals that the patient is low income as indicated by the current Federal poverty guidelines (as recorded in <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>), proceed as follows:

- a) Income falls at or below 100% of the federal poverty line, write off the balance with City of Miles City Council approval.
- b) Income falls between 100% and 150% of the federal poverty line, set up monthly payments between \$25-\$50/month, and write-off the last 10% of their original balance IF they consistently make on time payments each month during the agreed upon period.

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- c) Income is above 150% of the federal poverty line, set up monthly payments between \$50-\$100/month, with a minimum monthly amount due equal to at least \$50 or 10% of the total balance due, whichever is less.

In the event that the financial assistance/hardship form is not returned for consideration within 30 days, and the balance due is more than 60 days past due, the account will move to Phase 3.

All completed financial assistance/hardship forms will be considered upon receipt and determined according to the policies set within this document. If a determination is unable to be made using this guidance, the request will be forwarded to the Chief/Director for a final decision.

- **PHASE 2:** Past due billing (accounts 45 days past due with no response from the patient)

If there has been no contact from the patient Pintler Billing Services will pursue the account with a call to the receiving hospital to request updated information and all available resources will be used to locate the patient (including next of kin listed on demographics document, alternate phone numbers, new search for insurance coverage, etc.). If these efforts do not reveal additional or new information the account will move to Phase 3.

If the patient/guarantor communicates with our office, and states they are unable to pay their bill in full immediately, and requests a payment plan, the following applies:

-Pintler Billing Services will first offer to split the bill in half and accept 50% of the balance immediately with the remainder due the following month.

-If the patient/guarantor is unable to pay in two payments, negotiation will move to an offer of the following options based on the total amount due on their account:

Accounts owing more than \$500 will be set up at a minimum of 10% of the balance due per month. Pintler Billing staff will begin the conversation by suggesting a 40% payment, gradually reducing the amount to the minimum 10%.

Accounts with less than \$500 owing will be set up with a minimum of \$50 due per month.

-If the patient/guarantor states they are unable to pay at all, refer back to process for handling write-off or reduction request described in Phase 1. A financial assistance/hardship form will be provided to the patient and the parameters described in Phase 1 will be applied upon receipt of the completed document.

An account may stay in Phase 2 indefinitely provided the patient is making regular payments toward the balance. These accounts will be monitored monthly to ensure that

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payments are being received. If monthly payments are not received on schedule, a call will be made to the patient and an attempt to restart the payments will be made. If there is a default on the second attempt at a payment plan, the account will move to Phase 3.

- **PHASE 3:** Accounts in this phase will be considered delinquent. Accounts with a balance over \$100 and no payment received and no effort or communication from the patient after 90 days of billing and attempted contact, and/or no current address or phone number available will be assigned to Phase 3.

Accounts in Phase 3 will be reviewed for any updated demographics (verification of information will be confirmed through hospital face sheets) and will be checked for retro-active Medicaid coverage. If no new information is found these accounts will be sent to the contracted collections agency for pursuit and will be assigned to Bad Debt by Pintler Billing Services. **EXCEPTION:** Accounts with an account balance less than \$100 will be written off rather than be sent to collections.

The first step by the collections' agency may be a 30 day "pre-collect" period which allows the patient a window to make payment in full with no record on their credit. This window also allows full collection of payment without paying a fee to the collections' agency. If the account is not paid within the 30 day pre-collect period, it will proceed to straight collections and will be subject to the agreement between the EMS Company and the collections agency.

EXCEPTIONS:

1. *Any exceptions to the above policy or additional exceptions will be provided to Pintler Billing Services by the City of Miles City.*