

EXECUTIVE SUMMARY NOTICE OF BILLING PRACTICES

Fundamental Premise

Rescue Inc. is committed to a Guarantee of Service. No patient will ever be denied access to emergency medical care and medically necessary transportation due to the inability to pay. The agency is furthermore committed to providing the highest quality of care in a fiscally responsible manner.

Fee Schedule

The agency will traditionally update in the first quarter of each year, based on the current federal ambulance fee schedule, a matrix of billable charges for services rendered. The fee schedule may also be adjusted at any time at the discretion of the Board of Trustees. For federally sponsored programs, the agency accepts assignment concerning allowable amounts in exchange for services rendered. The agency is anticipating that under the Patient Protection & Affordable Care Act, a multifactor productivity adjustment will be utilized by the federal government to further reduce allowable reimbursement levels.

<u>Activity</u>	<u>Charge</u>
Basic Life Support – Emergency	\$ 525.00
Basic Life Support – Non Emergency	\$ 500.00
Advanced Life Support – Emergency Level 1	\$ 520.00
Advanced Life Support – Emergency Level 2	\$ 660.00
Advanced Life Support – Non Emergency	\$ 510.00
Specialty Care Transport – Interfacility	\$ 770.00
Loaded Ground Mileage (rounded to nearest integer)	\$ 14.00/mile
Paramedic Intercept	\$ 350.00 *
No Patient Transport – Basic Life Support Treat and Release	\$ 100.00
No Patient Transport – Advanced Life Support Treat and Release	\$ 300.00
Event Standby Coverage – Basic Life Support Ambulance	\$ 50.00/hr
Event Standby Coverage – Advanced Life Support Ambulance	\$ 75.00/hr
Emergency Medical Technician Personnel	\$ 50.00/hr

Note: * unless different rate negotiated

On a separate note, ambulance services provided to a patient in a Skilled Nursing Facility (SNF) under a Prospectus Payment System (PPS) or an inpatient still admitted to an acute or critical access hospital will be billed to the facility at 100 % of the Medicare allowable (see attachment B).

 <p>RESCUE INC. 541 Canal Street, P.O. Box 393 Burlington, Vermont 05402</p>	<p>Emergency Medical Services</p>	<p>Administrative Offices Tel: 802-257-7679 Fax: 802-254-6679 www.rescueinc.org</p>
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Billing Cycle

Ambulance service, from most insurance carrier's perspective, is considered a transportation benefit. At the time of service, field personnel will collect upon the patient's authorization, insurance information and policy numbers. At that time, the patient will additionally be informed of the agency's privacy policy practices for protected healthcare information. Patients not reporting any insurance information shall be billed as a self pay for services rendered.

The agency's practice will be to bill a patient's insurance for medically necessary transportation at 30, 60, and 90 day intervals. Additionally during the processing cycle, the agency may contact the patient in writing and /or by telephone in order to review the billing activity in progress. After the 90 day window, as a last resort, if no terms have been arranged with the agency, the bill will be forwarded to a collection agency. After referral to collection agency, acceptor of service (patient) will also be subject to all collections charges and fees, and will also be assessed interest at a rate of 1.5 % per month, commencing upon referral.

In circumstances of no patient transport, the patient would be billed directly for services rendered.

Compassionate Billing

The agency will work with patients in a compassionate manner to work out a plan of action or in special circumstances waive a balance completely due to hardship. An internal mechanism shall be established by the agency to review and approve in a confidential manner any terms of payment directly with the involved party.

The agency will furthermore provide, as feasible, a mechanism to contact state and federally sponsored mechanisms to assist in management of healthcare needs and financial hardship.

Subscription Ambulance Program

The agency will offer on an annual basis, a subscription ambulance program, with a benefit period extending from July 01 of each year to June 30 of the following year. Eligible enrollees must be a resident within Rescue Inc.'s coverage area. The enrollment fee may not be prorated or waived, and the benefit period will start on the day of enrollment going forward. The enrollment application will outline the scope of benefits for emergency ambulance service and any allowable benefit for non emergency transportation.

The intent of the subscription program is to prevent a subscriber from incurring an additional out of pocket expense for services rendered. There will be two fee schedules associated with subscription ambulance service; one for residents who currently have health insurance, and a separate mechanism for residents without any health insurance.

Questions or Concerns

Users of Rescue Inc. services may feel free to contact the agency during business hours Monday through Friday 8 AM – 5 PM by calling 802-257-7679 with any questions or concerns.

 RESCUE INC. <small>141 Canal Street, P.O. Box 393 Bradford, Vermont 05302</small>	Emergency Medical Services	Administrative Offices Tel: 802-257-7679 Fax: 802-254-6679 www.rescueinc.org
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Attachment B

NHIC New England Medicare Part B Allowance Schedule
Publication Date January 2011

<u>Proc</u>	<u>Activity</u>	<u>Allowable</u>
A0426	Basic Life Support – Emergency	\$ 259.23
A0428	Basic Life Support – Non Emergency	\$ 216.03
A0427	Advanced Life Support – Emergency Level 1	\$ 410.45
A0433	Advanced Life Support – Emergency Level 2	\$ 594.07
A0429	Advanced Life Support – Non Emergency	\$ 345.64
A0434	Specialty Care Transport – Interfacility	\$ 702.08
A0425	Loaded Ground Mileage (rounded to nearest integer) 1-17 miles	\$10.41/mile
A0425	Loaded Ground Mileage (rounded to nearest integer) 18-50 miles	\$ 6.93/mile
A0425	Loaded Ground Mileage (rounded to nearest integer) over 50	\$ 8.68/mile

- Originally adopted December 18, 2007
- Revision Date: January 22, 2008; Medicare Rate Schedule attached and Skilled Nursing Facility language added.
- Revision Date: February 23, 2008; overall rate revision and additional collections language added.
- Revision Date: February 17, 2009; overall rate revision.
- Revision Date: February 9, 2010; New Medicare Rate Schedule, no other rate adjustments.
- Revision Date: September 16, 2010; impact statement of Patient Protection & Affordable Care Act
- Revision Date: September 20, 2011; New Medicare Rate Schedule, no other rate adjustments.