

<b>NORTH SHORE FIRE DEPARTMENT</b>	
<b>STANDARD OPERATING PROCEDURES</b>	<b>SECTION: 100 S.O.P. #108</b>
	<b>INITIAL: 11-15-18</b>
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<b>SUBJECT: Fees for Service</b>	<b>PAGE 1 OF 1</b>

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**PURPOSE**

To define Departmental policy on fees for service.

**SCOPE**

This procedure applies to all members.

**PROCEDURES**

The Department has adopted a fee for service schedule that charges for a variety of services.

**EMS Services**

Department EMS providers will document the services and care rendered in the electronic patient care record. Each patient care record goes through a quality assurance process as accordance with Department procedures. Following initial quality assurance check, the status of the record in the Imagetrend Elite Software will be changed by the EMS Lieutenant to Completed/Ready for Billing.

EMS Medical Billing Associates, the Department Contractor, will review the record and process it to issue a bill for service to the identified insurer or individual.

Patients are billed for services as defined in the Department’s Fee Schedule. Patients who received services in which they are not transported to the hospital will be billed in accordance with the Fee Schedule for any service in which a service in which a billable supply is used as part of patient care/assessment.

EMS Medical Billing will send three bills to a patient.

When a patient requests a write-off, EMS Medical Billing Associates (EMBA) will mail the patient a hardship packet to complete.

If the patient does not return the hardship packet to EMBA, the account will continue through the billing cycle, up to and including being forwarded to external collections.

If the patient returns the hardship packet that includes correspondence from the destination hospital that approves forgiveness of a portion or all of the patient’s hospital debt related to this

37 incident, EMBA will apply a similar percentage write-off of the patient's balance due to the  
38 NSFD related to this incident.

39 If the patient returns the hardship packet without correspondence from the destination hospital  
40 related to this incident, EMBA will apply a discount according to the federal poverty guidelines  
41 published annually by the US. Department of Health & Human Services at  
42 <https://aspe.hhs.gov/poverty-guidelines>.

43  
44 For all hardship packets return to EMBA, EMBA will provide written notice of determination to  
45 the patient or authorized representative, and to NSFD.

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47 If a patient does not pay the bill, it is the policy of the Department to send the remaining balance  
48 to Americollect Collections Agency. If collections is unable to collect, EMS Medical Billing will  
49 confer with the Finance Director to determine whether to file a suit against the party. EMS  
50 Medical Billing is authorized to file a suit on behalf of the Department without approval of the  
51 Finance Director if EMS Medical Billing determines that the patient received payment for the  
52 invoice directly from the insurer and did not pay the EMS invoice from that payment.

53  
54 If the contracted collection agency is unable to collect on an account after 9 months, it is turned  
55 over to the Wisconsin Tax Intercept Program (TRIP).

56  
57 EMS Medical billing is authorized to do the following on behalf of the Department:

- 58 • Write off any balances under \$9.99
- 59 • Accept the Medicare allowable from hospitals when Medicare denies a claim as an  
60 inpatient stay

### 61 62 **Lift Assist Fee**

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64 The Department will charge a Lift Assist Fee to patients whom require assistance from the  
65 Department for lifting assistance. Patients who are transported to the hospital, or who have any  
66 injuries from the incident the lead to the need for lifting assistance will not be charged the Lift  
67 Assist Fee. The following procedure will be used to administer the Lift Assist Fee.

68  
69 **First Time Fall:**

- 70 1. First time fall will be cross checked in the current database of residents that have had a  
71 home assessment.
- 72 2. If patient has not had a home assessment they will be offered one at that time. The  
73 patient does have the opportunity to refuse but will be mailed a letter outlining the fall  
74 prevention program and fees that may be associated with future falls.
- 75 3. If the patient has not had an assessment in the past two years and agrees to the home  
76 assessment, we would conduct the home assessment and look for any obvious factors  
77 that may have contributed to the fall. At the end of the home assessment, the patient  
78 would be offered the fall risk assessment, which would be conducted by the North  
79 Shore Health Department RN or NSFD Community Paramedic

- 80 4. If the patient is found to have had a home assessment within the past two years, we  
81 decided there would be limited value in providing another home assessment and the  
82 patient would be offered a fall risk assessment based on the guidelines of the CDC.  
83 This would be administered by a Health Department RN or possibly an NSFD  
84 Community Paramedic. The patient would have the right to refuse but would be  
85 mailed a letter outlining the fall prevention program and fees that may be associated  
86 with future falls.
- 87 5. If a patient is willing to participate in the fall risk assessment, this would be scheduled  
88 by the North Shore Fire Department or Health Department. The goal of the fall risk  
89 assessment is to figure out what may be causing a fall. The risk assessment includes a  
90 medication review, and we are hopeful we could establish open lines of  
91 communication with the primary care physician. Contact with the primary care  
92 physician is a critical component of the process and the program. This considers the  
93 many reasons a person could be experiencing falls and connects the dots to get the  
94 help they need. We all agreed if there is an issue with illness, medication, or physical  
95 impairments, the primary care physician would be the most appropriate recourse to  
96 resolve the problem.

97  
98 **Second Fall:**

- 99 1. If the patient has experienced a second fall and has refused prior resources, the patient  
100 would again be offered the home assessment or fall risk assessment, whichever is  
101 applicable. The patient would have the right to refuse. If refused, a second letter  
102 would be mailed outlining the fall prevention program and fees that may be associated  
103 with future falls.
- 104 2. If the patient has had a home assessment and experiences a second fall, the patient will  
105 be offered the fall risk assessment. The offer would come via phone call. If the patient  
106 refuses the fall risk assessment, a letter would be sent outlining the fall prevention  
107 program and fees that may be associated with future falls.

108  
109 **Third and Subsequent Falls:**

- 110 1. If the patient has experienced a third fall and has refused prior resources, the patient  
111 would again be offered the home assessment or fall risk assessment (whichever is  
112 applicable). If the patient refuses, then the EMS Manager will notify EMS Medical  
113 Billing to charge the patient the Lift Assist Fee.
- 114 2. If a person enrolled in the fall prevention program experiences a third fall, the  
115 Department will continue working with the primary care physician to resolve the  
116 problem.

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**121 Vehicle Clean-Up Services**

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123 The Department charges a fee for extinguishment of automobile fires, extrication from vehicle  
124 accidents and removal of hazards created by a vehicle which includes fluid spills and de-  
125 energizing vehicle electrical systems.

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127 EMS Medical Billing, the Department Contractor, processes reports identified for billing for this  
128 service from the Department. Bills may be sent to the vehicle insurer or an individual, whichever  
129 is applicable.

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131 If the vehicle owner has a hardship, they should be directed to contact EMS Medical Billing.

132

133 If a patient does not pay the bill, it is the policy of the Department to send the remaining balance  
134 to collections and/or implement the Wisconsin Tax Refund Intercept Program (TRIP) as outlined  
135 above.

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**137 Fire Prevention/Inspection Fees**

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139 The Community Risk Reduction Bureau manages invoicing for fees relating to fire prevention  
140 and inspection services. Invoices are sent to the applicant. Services are not performed unless fees  
141 are paid.

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**143 Administrative & Other Fees**

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145 Administrative and other fees for service are managed by the Finance Director.