

## **RESOLUTION NO. 20-14**

### **A RESOLUTION PROVIDING FOR THE IMPLEMENTATION OF A SLIDING FEE SCHEDULE FOR PATIENTS OF THE NEW LEXINGTON EMS WHO DO NOT HAVE HEALTH INSURANCE COVERAGE AND DECLARING AN EMERGENCY**

WHEREAS, the Village of New Lexington EMS has patients that utilize the services of the emergency medical squad who do not have health insurance coverage. Village Council recognizes that the cost of medically necessary ambulance can create a financial hardship and hereby resolves to implement the following **Patient Hardship Policy**:

#### **PATIENT HARDSHIP POLICY**

To establish a billing policy that allows for the waiver of ambulance transport fees based on established Department of Health and Human Services Poverty Guidelines, and to abide by decisions made by the United States Department of Health and Human Services, Centers for Medicare & Medicaid Services, and the Office of Inspector General (OIG).

#### **SCOPE:**

This policy pertains to all individuals transported by clients of Medicount Management, Inc. (MMI).

#### **PROCEDURE:**

1. Patients who are unable to pay their co-pays or deductibles or who are uninsured and unable to make payments may request a financial hardship review of their transport fee. Patients, or their designee, must complete an "EMS Hardship Waiver Form" (see attached). The form is available on MMI's website or can be requested from MMI by calling 513-612-3387.
2. The patient making the waiver request will be asked to provide:

- IRS Form W-2 or unemployment check stubs for the past 90 days
  - Paycheck stubs for the past 90 days for all persons employed in the home
  - Most recent IRS Form 1040, U.S. Individual Income Tax Return, signed
  - Any other relevant information to support the request (e.g., bankruptcy settlement, death or disability in the family, divorce)
  - Approval/Denial Letter from Medicare/Medicaid
3. The waiver application will be forwarded to the patient or patient's representative for review and determination. The determination will be noted on the form and in the patient's account and transmitted by letter to the patient.

**GUIDELINES:**

1. If insurance information is provided, insurance must be billed out before a waiver request is approved or denied.
2. Payment plans will be set up on a recurring credit card; payments due are automatically charged monthly.
3. A minimum \$50 per month payment plan will be implemented when possible.
4. A patient who provides a letter of approval of financial assistance from a medical facility will be approved by MMI for the same reduction amount unless the EMS Agency's collection policy states that patients unable to pay be sent to the EMS Agency for collection.
5. A balance of \$100 or less (approximately) may be written off based on the patient's economic circumstances.

Financial hardship determinations will be based on the following schedule (excluding collection clients):

**Poverty Guidelines, all  
states (except Alaska and  
Hawaii)**

**2020 Annual**

**Household  
/Family Size**

	<b>*100%*</b>	<b>125%</b>	<b>135%</b>	<b>150%</b>	<b>160%</b>	<b>175%</b>	<b>185%</b>	<b>200%</b>	<b>225%</b>
<b>Discount</b>	<b>100%</b>	<b>85%</b>	<b>75%</b>	<b>60%</b>	<b>50%</b>	<b>35%</b>	<b>25%</b>	<b>10%</b>	<b>0%</b>
<b>1</b>	\$12,760	15,950	17,226	19,140	20,416	22,330	23,606	25,520	28,710
<b>2</b>	\$17,240	21,550	23,274	25,860	27,584	30,170	31,894	34,480	38,790
<b>3</b>	\$21,720	27,150	29,322	32,580	34,752	38,010	40,182	43,440	48,870
<b>4</b>	\$26,200	32,750	35,370	39,300	41,920	45,850	48,470	52,400	58,950
<b>5</b>	\$30,680	38,350	41,418	46,020	49,088	53,690	56,758	61,360	69,030
<b>6</b>	\$35,160	43,950	47,466	52,740	56,256	61,530	65,046	70,320	79,110
<b>7</b>	\$39,640	49,550	53,514	59,460	63,424	69,370	73,334	79,280	89,190
<b>8</b>	\$44,120	55,150	59,562	66,180	70,592	77,210	81,622	88,240	99,270
<b>9</b>	\$48,600	60,750	65,610	72,900	77,760	85,050	89,910	97,200	109,350
<b>10</b>	\$53,080	66,350	71,658	79,620	84,928	92,890	98,198	106,160	119,430

**HHS POVERTY GUIDELINES FOR 2020**

The 2020 poverty guidelines are in effect as of January 15, 2020

The Federal Register notice for the 2020 Poverty Guidelines was published January 17, 2020.

**Effective Date**

That this ordinance is hereby declared to be and emergency measure for the preservation of the public peace, health, safety and welfare of the inhabitants of the Village of New Lexington, and shall take effect immediately upon passage or at the earliest period allowed by law.

Passed: 8-17-20



Council President



Mayor



Attest: Council Clerk