

ORDINANCE NO. 14706

FILE OF CITY COUNCIL

BILL NO. 33 - 2009

APRIL 15, 2009

AN ORDINANCE

Amending Article 391, City Billing for Emergency Medical Services, to maintain compliance with insurance provider rules, update fees which have not been changed since 2005, add new definitions, and clarify the billing process.

BE IT ORDAINED BY THE COUNCIL OF THE CITY OF ALLENTOWN:

SECTION ONE: That Article 391, City Billing for Emergency Medical Services, be deleted in its entirety and the following be substituted:

391.01 PURPOSE

The purpose of this article is to establish uniform criteria for the billing of Emergency Medical Services as provided by the City of Allentown EMS.

391.02 APPLICABLE TO

The Departments of Finance, Police, Fire, and the Bureau of EMS

391.03 DEFINITIONS

ALS: Advanced Life Support -- the provision of an advanced level of care and/or resuscitation efforts utilizing advanced skills, medical equipment and/or techniques by an individual who is trained to provide prehospital emergency medical care at the paramedic or nurse level; which includes, but is not limited to: the administration of intravenous fluids, medications, manual defibrillation, pacing, intubation of the airway and cardiac monitoring.

Advanced Life Support Assessment: Advanced life support (ALS) assessment is an assessment performed by an ALS crew as part of an emergency response that was necessary because the patient's reported condition at the time of dispatch was such that only an ALS crew was qualified to perform the assessment. An ALS assessment does not necessarily result in a determination that the patient requires an ALS level of service, but does allow for an ALS level of payment.

Advanced Life Support, Level 1 Emergency (ALS1-Emergency): The provision of an ALS assessment by an ALS provider and/or the provision of one or more ALS interventions, unless otherwise defined by the Centers for Medicare and Medicaid Services, in which such definition shall be incorporated herein by reference.

Advanced Life Support, Level 2 Emergency (ALS2-Emergency): The administration of at least three (3) medications or in some cases allowable multiple doses of the same medications and/or the provision of one

or more of the following ALS procedures: Manual defibrillation, cardioversion, cardiac pacing, intubation of the airway, central venous line, chest decompression, surgical airway, or intraosseous line; unless otherwise defined by the Centers for Medicare and Medicaid Services, in which such definition shall be incorporated herein by reference.

BLS: Basic Life Support – the provision of a basic level of initial care and/or resuscitation efforts provided by an individual who is trained to provide emergency medical care which includes but is not limited to: CPR, opening and oxygenating the airway, attempting to control external bleeding, applying and operating an AED, bandaging, splinting and other basic skills of the First Responder or EMT. (Paramedics and nurses may also perform BLS skills even though they have a higher level of training)

Disposable Supplies: Disposable supplies utilized in excess of the customary amount and not exchanged/replenished from hospital stock or billed by the receiving hospital.

EMS: Emergency Medical Services -- the services utilized in responding to those persons presumed to be in need of immediate medical care within the jurisdiction of, and areas adjacent to the City of Allentown, provided by the City of Allentown bureau of Emergency Medical Services or those agencies operating in conjunction with the bureau of EMS.

EMS Provider: A person or persons who have been trained to any recognized level of competency as defined by the Pennsylvania Department of Health, including: Ambulance Attendant, First Responder, Emergency Medical Technician – Basic (EMT-B), Emergency Medical Technician – Paramedic EMT-P, Pre-Hospital Registered Nurse (PHRN), Nurse or Physician.

External Automated Defibrillation: The application of an automated external defibrillator (AED) used to attempt to convert lethal abnormal electrical heart rhythms.

Extra Attendant: An additional attendant required to adequately manage patient care on scene or during patient transport.

Mileage: Distance traveled by an ambulance from the point where the patient is picked up ending at the destination facility, usually a hospital.

Non-Resident: An individual domiciled outside of the City of Allentown.

Oxygen Administration: The administration of oxygen for the treatment of conditions resulting from oxygen deficiency.

Patient: Person receiving emergency medical services.

Reasonable Collection Efforts: The issuance of a bill to the patient or to the party responsible for the patient's personal financial obligations, and subsequent billings, collection letters and telephone calls or personal contacts which constitute a genuine, rather than token, collection effort.

Resident: An individual domiciled within the City of Allentown.

Rescue: Active utilization of fire department rescue tools and equipment to facilitate extrication of a patient from an entrapped or access-limited area.

SCT: Specialty Care Transport. Inter/intrafacility transportation of a critically injured or ill individual at a level beyond the scope of an EMT Paramedic; unless otherwise defined by the Centers for Medicare and Medicaid Services, in which such definition shall be incorporated herein by reference.

Service Charge: A charge to a patient (which may be paid by the patient's insurance in some cases) who has received an assessment or a BLS level of treatment by an EMS Provider at a scene, through actual, implied or informed consent, but who has refused transport to a hospital for any reason.

Special Event Stand-By: The utilization of an ambulance or squad vehicle and one or more EMS Providers to stand-by at a planned and organized activity, event or contest, where a large group or gathering is expected, when the likely potential for the provision of emergency medical services may exist.

Third Party Payer: An insurance carrier or other coverage provider having a responsibility to pay for medical services rendered to a patient as a result of that patient's accident, injury or illness.

Treat, No Transport Charge: A charge to a patient (which may be paid by the patient's insurance in some cases) who has received an ALS assessment or an ALS level of treatment by an EMS Provider at a scene, through actual, implied or informed consent, but who has refused transport to a hospital for any reason.

391.04 POLICY

- A. The City recognizes the need to bill for these services to aid in the provision of Emergency Medical Services.
- B. No person requiring Emergency Medical Services shall be denied service due to a lack of insurance or ability to pay.
- C. All patients, whether or not domiciled in the City, and/or their financially responsible parties, insurers or carriers will be billed for emergency medical services provided by the City according to the charges established in Section 391.05 or at rates established by the City from time to time.
- D. The City shall make reasonable collection efforts, in some cases according to the most current rules or regulations set forth by the Centers for Medicare and Medicaid Services. The City may bill any applicable co-insurance carriers for such amounts not covered by primary insurances, as applicable by law. Exceptions include only those instances where the City has made a determination that the cost of billing and collecting such co-payments or deductibles exceeds or is disproportionate to the amounts collected.
- E. City residents shall not be held responsible for any balance due that is not covered by an insurance carrier with the exception of the deductible. An exception to this is when City Ambulances are not available due to resource depletion based on heavy call volume and where mutual aid ambulances are substituted to provide EMS services within the City of Allentown. In those cases, City residents may have additional charges above and beyond those covered by insurance based on the billing practices of the mutual aid ambulance service.
- F. The City shall not balance bill when prohibited by law.
- G. The City will allow payment arrangements in the event a patient cannot pay a bill all at once.
- H. A patient who received payment for City EMS bills from a third party payer is obligated to remit such monies to the City of Allentown (provided that the patient has not paid the bills directly). The City shall hold any patient who does not do so liable for any costs or fees related to the City's expenses of recovering the patient's EMS service fee.

391.05 PROCEDURE FOR BILLING EMERGENCY MEDICAL SERVICES

After a patient encounter, the responding EMS personnel will prepare a detailed patient record or chart describing the encounter through a computerized records management system that adheres to State reporting standards. The federal Health Insurance Portability and Accountability Act (HIPAA) shall govern the use, distribution and security of all patient records. This chart of information will be transmitted to the bureau or agency responsible for billing with the following information:

- Name and address of patient and guarantor
- Social Security Number of the patient and guarantor
- Name and address of patient and/or guarantor's insurance carrier (if applicable)
- Date, time and EMS run number
- Point of origin and destination
- Suspected illness or injury
- Signature of the patient (when possible)
- Description of service provided

The billing department will encode the charges as established below:

Ambulance Service	Amount
1. BLS – Emergency	495
2. ALS1 – Emergency	795
3. ALS1 – Treat No Transport	375
4. ALS2 – Emergency	950
5. Specialty Care Transport (SCT)	1100
6. Mileage (Per Loaded Mile)	10.50
7. Rescue Service	750
8. Special Event Stand-By (Per Hour)	80
9. Service Charge	90
10. Trip Sheet Fees	25
11. Failure to provide or respond to a request for insurance information by the City shall result in an additional fifty (\$50) Dollar fee.	
12. Failure to reimburse the City, as a result of an insurance provider paying for EMS Services rendered, shall result in an additional fifty (\$50) dollar fee if reimbursement has not been received in sixty (60) days	

391.06 EFFECTIVE DATE

This regulation is effective thirty (30) days after the passage of this ordinance.

SECTION TWO: That this Ordinance take effect ten (10) days after final passage.

SECTION THREE: That all Ordinances inconsistent with the above provisions are repealed to the extent of their inconsistency.

	Yea	Nay
Michael Donovan	X	
Jeanette Eichenwald	X	
Julio A. Guridy	X	
David M. Howells, Sr.	X	
Tony Phillips	X	
Peter G. Schweyer	X	
Michael D'Amore, President	X	
TOTAL	7	0

I hereby certify that the foregoing Ordinance was passed by City Council and signed by His Honor the Mayor on the 11th day of May, 2009.

Michael P. Hawks

CITY CLERK

- **What Department or bureau is Bill originating from? Where did the initiative for the bill originate?**

Emergency Medical Services / Finance

- **Summary and Facts of the Bill**

The City of Allentown (Emergency Medical Services) EMS fees and the language used to describe our services, have not been updated recently to keep pace with changes to certain insurance provider rules and regulations. Additionally, no billing fee increases have been applied since 2005; adjustment of these fees are necessary to assure compliance with current practices and to maximize allowable and due revenues for our service. The language changes included in this revision adjust definitions to be current with those of Medicare and other government insurances, and add HIPAA (Health Insurance Portability and Accountability Act) specific language. We add new definitions and fees for levels of service provided today that was not provided in the past, such as BLS (Basic Life Support). We clarified our billing practices, most specifically in the area of mutual aid providers' assisting City residents, and we adjusted our fee schedule. The adjustment of the fee schedule will have little to no impact on City residents themselves - the fees charged are paid mostly by insurance companies. By past Ordinance (and unchanged in this revision), City residents were not responsible for the unpaid portion of any City generated EMS bill not completely paid by their insurance company unless required by law. Further, City residents who have no insurance have their bill forgiven by the City as long as the City provided the EMS service, and the resident returned an affidavit (sent to them by EMS billing) stating they have no applicable insurance coverage.

- **Purpose – Please include the following in your explanation:**
 - **What does the Bill do – what are the specific goals/tasks the bill seek to accomplish**
 - **What are the Benefits of doing this/Down-side of doing this**
 - **How does this Bill related to the City's Vision/Mission/Priorities**

The Bill adjusts the language of the proposed revised ordinance to match the current business practices of the City of Allentown EMS. It further adjusts rates charged for EMS services.

The benefit of this Bill is multi-fold: First, it provides clear language to the citizens as to the way EMS services are billed. The Bill also helps to mitigate confusion caused by federal or state mandated operational or billing changes that are not reflected in, or are in contradiction to the original ordinance. Finally, the Bill re-adjusts our fees for service to including cost increases and new services offered.

The Bill serves the current City of Allentown goal of maximizing all sources of revenue in a way that is fair and consistent to our citizens.

- **Financial Impact – Please include the following in your explanation:**
 - **Cost (Initial and ongoing)**
 - **Benefits (initial and ongoing)**
- **Funding Sources – Please include the following in your explanation:**
 - **If transferring funds, please make sure bill gives specific accounts; if appropriating funds from a grant list the agency awarding the grant.**

N/A

- **Priority status/Deadlines, if any**

We respectfully request that this Bill be given priority consideration as there are no anticipated negative aspects to consider.

- **Why should Council unanimously support this bill?**

This Bill simply adjusts an already in place ordinance to be consistent with the rules, regulations and operational aspects of EMS. Passage of this Bill will remove old, confusing, and often contradictory language that is contained in the current incarnation of the Fees section of the approved ordinance and can potentially increase revenues collected by EMS. Unanimous support will amplify Council's own support for EMS and the importance of this essential City service.