

Resolution No. 2019-127
Exhibit “A”

FARMERS BRANCH FIRE DEPARTMENT - CHARITY CARE POLICY

Approved:

Revised:

Reviewed:

BACKGROUND

On December 21, 2017, the Texas Health and Human Services Commission (HHSC) received Centers for Medicare and Medicaid Services’ (CMS) approval to extend the Texas’ 1115 waiver program, which authorizes the Ambulance Supplemental Payment Program (ASPP). The extension is for an additional five-year period beginning October 2017 through September 2022. The ASPP ensures that millions of low-income Texas residents have access to care.

The ASPP renewal will provide level funding amounts for the first two years based on the reimbursement methodology that is currently in place. Beginning October 1, 2019, the reimbursement methodology will be revised to reimburse providers for uncompensated Charity Care costs only and will no longer include the reimbursement of Medicaid shortfall costs.

EMS providers who wish to participate in the ASPP after October 1, 2019 must have a Charity Care policy in place to distinguish the costs that will be included in the program.

CHARITY CARE POLICY

Charity Care is defined as free or discounted medical care provided to patients unable to pay for all or part of medical costs. The Farmers Branch Fire Department understands that the Charity Care does not include bad debt, uninsured, or Medicaid shortfall costs. A breakdown of these definitions is included below.

TERM	DEFINITION	ASPP REIMBURSEMENT POTENTIAL
Charity Care	Free or discounted medical care provided to patients who are unable to pay for all or part of medical costs due to limited income or financial hardship	These are the only costs eligible for ASPP beginning October 1, 2019
Bad Debt	Results when a patient who has been determined to have the financial capacity to pay for healthcare services is unwilling to settle the claim	Written-off accounts will not be eligible for ASPP beginning October 1, 2019
Uninsured Costs	Calculated costs of providing services to individuals that have no third-party coverage for medical expenses	Included in prior ASPP reports
Medicaid Shortfall Costs	Calculated costs of providing services to Medicaid Fee-for-Service (FFS) and Medicaid Managed Care Organization (MCO) recipients	Included in prior ASPP reports

PURPOSE OF THE CHARITY CARE POLICY

It is the mission of the Farmers Branch Fire Department to provide EMS to individuals within its operating territory in need of emergency care or transport, regardless of the source of and ability to make payment for such services. Charity Care is not available to patients who are able to pay for medical care. Charity Care does not cover residents who are underinsured, have high deductibles or co-payments.

PROCEDURE TO DETERMINING CHARITY CARE ELIGIBILITY

The Farmers Branch Fire Department's Charity Care policy is not intended to replace any third-party payments or other program coverage. All determinations will be made by Emergicon, LLC, and all patients' supporting data for eligibility will be archived. The Farmers Branch Fire Department reserves the right to overrule any Charity Care assignments made by Emergicon, LLC.

Emergicon, LLC will notify residents who have received EMS of their eligibility to benefit from the Charity Care policy. The notice will specify that patient eligibility for the Charity Care policy is determined by measuring the patient's income level, employment status, and presumptive eligibility by examining credit scores and economic data associated with the patient's specific geographic locations. A determination of eligibility under this policy will be made within 90 working days from the date of received EMS was received.

Determination of Eligibility:

Federal Poverty Level (FPL) Phone Interview

Emergicon, LLC's standard private pay protocol is to send three invoices to the patient. After the third invoice is sent, Emergicon, LLC will contact the patients who have not responded to the invoices. All phone conversations at Emergicon, LLC are recorded. During the initial patient contact, Emergicon, LLC will answer any questions and potentially set up payment. After all attempts to receive payment have been made, Emergicon, LLC will ask the patient a series of questions to determine Charity Care eligibility. If the patient is willing to participate, Emergicon, LLC will reference the FPL sliding scale discount table and ask the following questions:

- What is your family size?
- Are you currently employed?
- What is your gross annual family household income?

Federal Poverty Level Sliding Scale Discount Table

100% POVERTY LEVEL DISCOUNT

FAMILY SIZE	GROSS ANNUAL INCOME
1	\$ 12,140
2	\$ 16,460
3	\$ 20,780
4	\$ 25,100
5	\$ 29,420
6	\$ 33,740
7	\$ 38,060
8	\$ 42,380
For each additional person, add	\$ 4,320

If the patient's information fits within the FPL parameters above, Emergicon, LCC will label the patient's invoice as Charity Care on their billing software.

Credit Score Soft Pull:

If the FPL phone interview attempt fails, a soft inquiry of the patient's credit score will be conducted in accordance with the Fair Credit Reporting Act (FCRA). This report will not affect the patient's credit rating, and it will provide a basic summary of debt to income ratio and an approximate credit score. A credit score of 550 and below meet the eligibility criteria. Once eligibility is determined, Emergicon, LCC will label the patient's invoice as Charity Care on their billing software.

Geographic Economic Data:

If the FLP phone interview or a patient's credit score soft pull attempts fail, the patient's home address will be cross-referenced with the most recent Internal Revenue Service (IRS) income level report by zip code (SOI Tax Stats - Individual Income Tax Statistics). Any patient residing within a zip code that is zoned as below the current FPL will receive assumptive eligibility and Emergicon, LCC will label the patient's invoice as Charity Care on their billing software.

The Farmers Branch Fire Department may change the charity care determination criteria under this PROCEDURE TO DETERMINING CHARITY CARE ELIGIBILITY section on a regular basis and will maintain the current criteria.

APPROVAL

Name: Charles S. Cox

Title: City Manager

Signature: _____

Date: _____