

AS AMENDED ON April 28, 2014

RESOLUTION 2393

**A RESOLUTION OF THE CITY OF SALISBURY, MARYLAND REPEALING
RESOLUTION NO 1194 AND DESIGNATING LIFEQUEST TO ADMINSTRATE A
HARDSHIP PROGRAM FOR EMS SERVICES.**

WHEREAS, the City of Salisbury provides emergency medical treatment and transport services; and

WHEREAS; the City bills patients for their use of emergency medical services; and

WHEREAS, the City realizes that some patents who utilize these services may be unable to provide payments for services rendered due to various hardships; and


WHEREAS, the City desires that specific guidelines be used to permit the write off of bills for persons in these circumstances and ~~that to use~~ Lifquest Services ~~as the~~ administrator of the hardship program.

NOW, THEREFORE, BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF SALISBURY, MARYLAND, ~~that Lifquest Services be designateds~~ the City's EMS billing service (i.e. Lifquest Services) to administer a hardship program, ~~and to~~ use the criteria established by the program; ~~and~~ to write off bills for emergency medical services provided to patients who may be unable to pay for said services due to personal hardships:

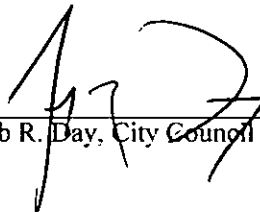
1. The Financial Hardships Policies for the Hardship program are included in the document titled "LIFEQUEST'S FINANCIAL HARDSHIP POLICY"
2. Lifquest Services will submit a recommendation for each applicant to the City.
3. The City Administrator will make the final determination of the write off amount case-by-case based on the information provided by Lifquest Services.

This resolution was introduced, read and passed at the regular meeting of the Salisbury City Council held on the 28th day of April, 2014.

ATTEST:




Kimberly R. Nichols, City Clerk



Jacob R. Day, City Council President

APPROVED BY ME THIS

7th day of May, 2014.



James Upton, Jr., Mayor

City of Salisbury



MARYLAND

JAMES IRETON, JR.
MAYOR

TOM STEVENSON
INTERIM CITY ADMINISTRATOR

TERENCE ARRINGTON
ASSISTANT CITY ADMINISTRATOR

Salisbury



2010

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KEITH A. CORDREY
DIRECTOR OF INTERNAL SERVICES

To: Tom Stevenson, I City Administrator
From: Keith Cordrey, Director of Internal Services *KAC*
Date: March 12, 2014
Re: EMS Hardship Program

After collaboration with the fire department and our EMS Billing Service, Lifequest Services (Lifequest), we have determined that it would be beneficial to participate in a Financial Hardship Program offered by Lifequest.

Their program affords us the following advantages:

- they provide this service to other local governments and thus their scale justifies adequate resources needed to manage the program
- a program which adopts best practices to document and validate the applicants income and expenses
- they use federal poverty guidelines to determine the discounts recommended
- they screen out applications and submit those who qualify
- they use Tax Return, Pay Stub last three months to determine income.
- they inquire to see if debtor has requested charity through local hospital
- after the 120 billing cycle participation in the program is no longer encouraged and it becomes more of a last resort
- if represented by attorney the program is not offered
- the City can modify the Hard Ship criteria used.
- qualified cases are submitted to the city for approval
- there is no cost for them to administrate the plan
- using Social Services as a third party partner has worked out well for the Water Sewer Hardship Program

Please find attached a resolution, a sample patient letter used by Lifequest, poverty level schedule, and a sample Hardship Application.

Service Name

Billing Date: 5-8-2013
Call Number: 000-000-000

Patient Name:

Balance Due: \$721.20

#BWNKMRY
Any Patient
1133 Any Street
Racine, WI 53403

Dear Any Patient,

The enclosed hardship form is a follow up from your phone call or letter to our office requesting consideration of a discount to your bill. The hardship application form is enclosed. You are required to provide us with the following documentation:

- 1. Please submit a copy of your previous year tax return.**
- 2. Please provide your pay stubs from the past three months. If married, please provide income for both you and your spouse.**
- 3. If you draw Social Security or SSDI, please please include a copy of your Award Letter.**
- 4. Please submit written approval/denial response from Medical Assistance if any of the following apply:**
 - If you have children under the age of 18**
 - If you are currently pregnant**
 - If you have been determined disabled**
 - If you are over the age of 65**
- 5. Please submit approval/denial for a charity write off from the treating facility.**

If this documentation is not provided with the hardship forms, your hardship request will be denied and you will be responsible for the entire bill.

Submission of the Hardship Discount form does not guarantee that there will be approval of the discount request.

The Hardship Discount program does not cover:

- 1. Non Medically necessary services**
- 2. Accounts greater than 120 days from the date of service listed with a collection Agency**
- 3. Dates of Service that was paid directly to you by the insurance company.
Amount paid by insurance _____**
- 4. Dates of Service pending third party liability payment. (Represented by an attorney)**

If you have any questions or are having difficulty in completing this form please contact our office at 1-888-777-4911 ext: 500.

Sincerely,

Kay F.

Kay F.

LIFEQUEST'S FINANCIAL HARDSHIP POLICY

This policy outlines LifeQuest's policies and procedures in relationship to the application and approval process for indigent patients. LifeQuest will take into account the overall financial circumstances of the applicant and apply this policy consistently.

If approved LifeQuest may elect to reduce or waive certain amounts which are due from patients who can successfully demonstrate that paying the ambulance fees would cause significant financial hardship.

FINANCIAL HARDSHIP CRITERIA:

LifeQuest will take into account a range of factors when deciding whether the payment of the ambulance charges will cause the applicant financial hardship. In making the decision whether to waive the fee, LifeQuest will compare the amount earned, living expenses and debts. Written verification, when available, may be required to substantiate and verify information contained in the financial hardship application.

LifeQuest uses a combination of current year's federal poverty guidelines to help in determining if an applicant qualifies for a full or partial financial hardship.

In applying these guidelines, LifeQuest will also consider and take into account any other income and expenses including money earned in the entire household. Income and employment status verification may be required; including tax returns and bank statements, etc.

1. Whether payments of the ambulance charges will affect the applicants ability to pay for the following living expenses:
 - Food and clothing
 - Rent or mortgage payments
 - Any other basic needs
 - Any special needs (for a serious illness or disability)
2. Whether the applicant has any debts.

Application process for financial hardship

Applicants can request and complete a Financial Hardship Application Form, regardless of account balance. The form can be obtained by calling our office, or sending in a written request.

Privacy of Information

LifeQuest requires independent information to support claims of financial hardship including verification of expenses and income. The information submitted will be treated confidentially and will only be viewed by LifeQuest administrative staff involved in processing requests for waiver of ambulance charges.

Time Frame

After receiving the application and verification, LifeQuest will consider the overall financial situation of the applicant and forward the decision on to the Service for final approval. LifeQuest will render a decision within 10 business days from the date that all required information is received.

Applicants will receive a notification letter outlining whether or not the applicant had been approved or rejected.

Guidelines that will be Followed

Income for household

0-150%	of federal poverty line	100% discount
151-200%	of federal poverty line	75% discount
201-250%	of federal poverty line	50% discount
251-300%	of federal poverty line	25% discount

Persons in family/household	Poverty guideline
1	\$11,490
2	15,510
3	19,530
4	23,550
5	27,570
6	31,590
7	35,610
8	39,630

150%	200%	250%	300%
100%	75%	50%	25%
17,235.00	22,980.00	28,725.00	34,470.00
23,265.00	31,020.00	38,775.00	46,530.00
29,295.00	39,060.00	48,825.00	58,590.00
35,325.00	47,100.00	58,875.00	70,650.00
41,355.00	55,140.00	68,925.00	82,710.00
47,385.00	63,180.00	78,975.00	94,770.00
53,415.00	71,220.00	89,025.00	106,830.00
59,445.00	79,260.00	99,075.00	118,890.00

For families/households with more than 8 persons, add \$4,020 for each additional person.