

# **Town of Epping Ambulance Bill Delinquency Policy**



*January 1, 2024*

### **Purpose:**

To oversee delinquent ambulance balances and authorize write-offs, as well as ensure that bad debt is properly monitored, ensure that the vendor reports accurately and distinguishes between collectible (pending) and uncollectible (delinquent) balances, and oversee the quality of the vendor's work.

### **Procedures:**

All balances within the vendor system are either “pending” (actively being worked) or “Delinquent.”

Delinquent balances are those where:

1. Insurance payment, if available, has been submitted, pursued, and payments received.
2. For non-residents if the patient is uninsured or *after* insurance has been paid, the patient has been billed at least three times at 30-day intervals for any remaining balances.
3. The non-resident patient has not paid any of the three invoices within 30 days of the final bill.

### **Transparency:**

Delinquencies, write-offs and subscriber (resident) adjustments shall be clearly reported to the Select Board in a depersonalized report.

**Delinquent Balances** are reported on a monthly basis. Delinquencies are categorized to assist in understanding the individual situation:

- a. Delinquent – Bad Address. The address supplied by crews is invalid. MBS has checked for a better address via its internal “skip trace” system and no better address is available. These often are uninsured or transient patients.
- b. Delinquent – Ins. Denied. Patient’s insurance was billed leading to a denial. The patient was billed three times, and the balance was not paid.
- c. Delinquent – Insurance Paid to Pt. In this case a bill was submitted to an insurance payer and that payer chose to send the payment to the patient. This is often done to force the EMS provider into the insurer’s network. That patient has been billed three times, and the balance has not been paid.
- d. Delinquent – Ins. Repriced. Insurance has paid and the patient had a cost sharing balance. The patient has been billed three times, and the balance has not been paid. In these cases, the insurer “repriced” the bill.
- e. Delinquent – Making Payments. The patient has requested and was granted a monthly payment plan covering his or her balance. The patient has been billed and has failed to pay three consecutive invoices.

- f. Delinquent – Pt. Cost Sharing. This is the largest category. Insurance has paid according to policy, and the remaining patient cost sharing balance has been billed three times and not paid. Most of these balances are small and a large balance represents a high deductible plan.
- g. Delinquent – Uninsured. No insurance was received from either the patient or the crew and was not available from the destination facility. The uninsured patient then failed to pay three consecutive invoices.

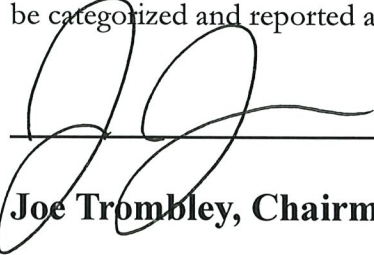
After the write-off policy has been followed, the write-offs shall be depersonalized and reported in the next monthly report.

**Write Off Authority:**

The Board of Selectman authorizes the vendor to write off small balances (\$20 or less) each month without specific Board approval (but fully reported) without referral to collections. In addition, the Board of Selectmen authorizes the vendor to write off all balances for Epping residents before sending any bills (not yet delinquent) without referral to collections. Those amounts will be reported as “Adjustments – Subscriber”.

Refer to Collections. The Board of Selectman authorizes the vendor to write off balances for delinquent non-residents over \$20 by standing order authorized under this policy and refer the balances to the collection agency designated by the town.

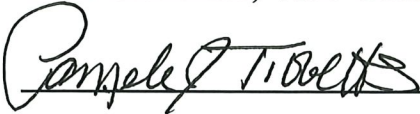
Deceased. The vendor is authorized to write off balances where the patient is deceased, which shall be categorized and reported as “Write Off – Deceased.”



**Joe Trombley, Chairman**



**Tom Gauthier, Vice-Chairman**



**Pamela Tibbetts, Selectman**

N/A

**John Cody, Selectman**



**Bob Jordan, Selectman**