



Fire Department

**Mark Rohlifing**  
Chief

**Gerard Washington**  
Assistant Chief  
**Daniel Lipski**  
Assistant Chief  
**Michael Romas**  
Assistant Chief

February 12, 2013

Alderman Terry Witkowski, Chair  
Members of the Public Safety Committee  
City Hall, Room 205  
200 E. Wells St.  
Milwaukee WI 53202

RE: EMS Collections Update

Dear Alderman Witkowski and Members of the Public Safety Committee:

This is a communication to inform members of the Council that the Milwaukee Fire Department has contracted with a collections company and, in March of 2013, will begin collections of delinquent Advanced Life Support (ALS) treatment/transport accounts.

The Milwaukee Fire Department (MFD) has billed for ALS treatments and transports to hospitals since 2006. From that time to the present, the City has accrued several million dollars of uncollected revenue from those services. The Public Safety Committee directed the MFD [files 090697 and 100221] to pursue collections of these accounts.

In the summer of 2011 MFD personnel began extensive research into the collections of unpaid medical bills, which is a very specific type of collections with unique bylaws and rules. By the end of 2011, the MFD had compiled a list of requirements and completed its draft of an "RFP for Medical Collections" which was submitted to City Purchasing by January of 2012.

An evaluation team made up of members from the City Attorney's Office, the City Comptroller's Office, the Budget Office and the MFD completed a very thorough and detailed process under the guidance of City Purchasing choosing Harris & Harris Collections late last fall.

Before the actual transfer of patient records to collections could begin, several additional legal documents had to be written and agreed upon. These included but were not limited to:

- Two business agreements with the collections company and the billing company that indemnify the City under HIPAA regulations.
- The creation of a write-off policy in compliance with federal regulations that protects low income people from being pursued.
- A standard operating guideline agreed upon by all three parties for the transfer of patient accounts from billing to collections.

The billing company, ADPI Intermedix, worked with the MFD on the legalities of the write-off policy, advanced notification to patients, and explanations on how customers could apply for financial hardship if they felt they qualified.

Test transfers of patient records have already begun. The MFD's goal is to get the full process into motion during the first half of the month of March. A notice is being sent to customers warning them in advance of the collections process. The notice directs them to call the billing company if they need to make payment arrangements or apply for hardship exemptions before going to collections. Based on the billing company's previous experience with other municipalities undergoing the same process, they expect there will be a significant number of calls from customers.

The MFD is preparing a list of speaking points to be forwarded to Council members for their reference when constituents call them.

Sincerely,

  
MARK ROHLFING  
Chief

MR/cf



November 9, 2012

RE: Emergency Medical Response Account # XXXXX

We are writing you today to notify you that you have a past due balance in the amount of \$XXX for your EMS transport, provided by the City of Milwaukee.

Please contact the billing services customer service line at **888-987-2085** to make payment arrangements for the balance owed.

You may also send payment directly to:

Milwaukee Fire Department  
1105 Schrock Road Suite 610  
Columbus, OH 43229

If there is no response within 10 days of this letter, your account will be forwarded to a collection agency.

We appreciate your immediate attention to this matter.

Thank you,

**Milwaukee Fire Department**

*(Date)*

*Name*

*Address*

Provider **Milwaukee Fire Department**

Acct#: \*\*\*\*\*

Date of Service: \*\*\*\*\*

Dear (patient name),

We appreciate your concern regarding the above account and are sorry to hear of the financial hardship you are experiencing at this time. We also understand that on the date of transport you had no health insurance coverage to assist you in resolving this account.

**\*\*NOTICE\*\*** If you have received financial assistance through the hospital for the same date of service as stated above, then you can forward a copy of this letter (must have date of service and signed by a hospital representative) to the address below. At this time you do not have to complete the attached application or forward the required documentation. We will review the hospital's financial assistance letter and notify you via U.S. Mail of our determination.

If you did not receive financial assistance through the hospital, we have enclosed an application for financial hardship. Please fill this out completely AND be sure to attach the required documentation:

- Verification of current employment or unemployment status.
- A copy of your tax returns (W-2 forms, at least) for the current and previous year. Returns or W-2 forms for the current and previous year are preferred.

Please return to: **Milwaukee Fire Department**

**1105 Schrock Road, Ste 610**

**Columbus, Ohio 43229**

We will review and notify you via U.S. Mail of our determination. If you should have any questions or concerns, please do not hesitate to contact Patient Accounts at 888-987-2085. We are available Monday through Friday between the hours of 9:00am and 5:00pm EST. We look forward to assisting you in resolving this account.

Respectfully,

Patient Accounts



## PATIENT APPLICATION FOR FINANCIAL HARDSHIP

### **Instructions to Patient:**

Please complete this form in its entirety and return to:

Milwaukee Fire Department  
1105 Schrock Road, Ste 610  
Columbus, Ohio 43229

Account#: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Responsible Party (if different than patient): \_\_\_\_\_

City/State/Zip of Responsible Party: \_\_\_\_\_

I am applying for a Hardship Determination in order that you will consider waiving my co-pay/co-insurance/deductible (or total charge if uninsured) for services and care provided to me on \_\_\_\_\_ (date of service).

I am supplying the following information so that you can make an accurate determination of my case. The monthly dollar amount provided is from all sources, including Social Security Benefits, pensions, annuities, dividends, etc. Attached you will find verification of my employment/unemployment status and copies of my federal tax returns or W-2 forms for the current and previous years.

**(CONTINUE ON NEXT PAGE)**



<b>Monthly Income:</b>	<b>Self:</b>	<b>Spouse:</b>
Wage/Salary	\$ _____	\$ _____
Social Security	\$ _____	\$ _____
Pension	\$ _____	\$ _____
Interest Income	\$ _____	\$ _____
Other	\$ _____	\$ _____
Total:	\$ _____	+ \$ _____ = \$ _____

Size of Household (please include yourself): \_\_\_\_\_

Statement of Agreement: "I am supplying this information to request that the *Milwaukee Fire Department* waive collection of all or part of the Medicare or other deductible/co-insurance amounts, in my case, due to financial hardship. I also understand that the *Milwaukee Fire Department* can and will begin to attempt to collect charges should my financial situation improve. I agree to be responsible for any balance remaining after the application of any waiver by *the Milwaukee Fire Department*, if any."