

Attention: Collings Lakes Residents there is an important change in your ambulance coverage effective Sunday, October 9, 2011

Collings Lakes Fire and Rescue has provided ambulance coverage 24 hours a day for the northern part of Buena Vista Township for the past 8 years. Due to changes in staff availability they will only be offering service 12 hours a day, 7 days a week in the evenings and overnight hours. During the day time arrangements have been made with AtlantiCare to provide ambulance service. Effective October 9, 2011 an ambulance from AtlantiCare will be based at the Collings Lakes Fire House to provide prompt daytime coverage. AtlantiCare has taken the place of the Hammonton Rescue Squad who previously was providing this service. AtlantiCare has been providing service to Buena Vista Township for quite some time with their paramedic units that respond to life threatening calls.

AtlantiCare sends bills for their services, as did the former Hammonton Squad. Services provided by our volunteer rescue squads currently do not bill our residents. Residents served by AtlantiCare's Paramedic Unit have always received bills which are covered by various healthcare plans. Residents who will now be served by AtlantiCare's ambulance will now also receive bills when they are transported to a hospital.

Residents receiving bills from AtlantiCare may call the number provided on the bill for more information and billing options or the EMS Office at 609-407-6360 and ask for the Billing Manager. If you have healthcare provided by your employer or paid for by yourself personally most of the charges other than a deductible or Co-Pay will be covered. If you receive Medicare or Medicaid your charges will be covered through those plans. If you have no health insurance and fall within certain income levels AtlantiCare will assist you in applying for the Charity Care Program through the State of New Jersey.

See commonly asked Question and Answers below for more details:

Frequently Asked Questions about Ambulance Billing

Q: Who determines ambulance charges and billing?

A: The regulations proscribing ambulance billing and balance-billing are dictated by the New Jersey Insurance Code and other regulatory agencies, including, but not limited to Medicare and Medicaid, depending on the patient. They differ slightly depending on the type of health plan at issue.

Generally, regulatory billing guidelines operate through health care contracts. That is, the regulations have contract provisions that require health care providers, health care insurers, or both not to charge patients for the cost of medical services and supplies beyond the coinsurance, co-pays, and deductibles in their health plans. The regulations do not directly govern health providers charges except through their contracts with insurers.

. AtlantiCare bills a transport charge based on the services rendered and a per mileage rate. The charges are the same regardless of the patient's insurance. The patient's insurance determines how much to bill the patient (Co-Pay or Deductible).

Q: If I have a Managed Care Program, how much am I responsible for in my ambulance transport bill?

A: In most health care plans the DOBI regulates, the regulations prohibit balance-billing (after the patient meets co-pay and deductible obligations) for hospitalization (including anesthesia and radiology services) in a network hospital. NJAC 11:22-5.6(b).

In virtually all health care plans the DOBI regulates, the regulations prohibit balance-billing for in-network health services and supplies. NJAC 11:24-15.2(b)(7), 11:24-9.1(d)(9) (health maintenance organizations); NJAC 11:24B-5.2(a)(12) (organized delivery systems); NJAC 11:4-37.3(b)(1) benefit plans that use selective contracting arrangements); NJAC 11:24A-4.15(b) (extending the proscriptions of NJAC 11:4-37 to all "provider contracts").

The amount billed to the patient (Co-Pay and/or Deductible) is determined by the patient's insurance company, not AtlantiCare.

Q: If I am on Medicare and Medicaid, how much am I responsible for in my ambulance transport bill?

A: Providers of health services who treat patients who have Medicare and Medicare supplemental coverage must agree not to bill patients for any part of the cost of any covered service. 42 USC § 1395cc(a)(1)(A); NJAC 11:4-23.8(c)(12)(iii), (13)(iii), (g)(3)(iii). Federal Medicaid regulations also demand that participating providers agree to "accept, as payment in full, the amounts paid by the agency plus any deductible, coinsurance or copayment required by the plan to be paid by the individual." 42 CFR 447.15.

Approved Charges are determined by Medicare, not AtlantiCare. If a patient has a secondary insurance, the patient will most likely not have any financial responsibility.

Medicaid patients currently have no out of pocket costs for any medical services in the state of New Jersey.

Self Pay Programs

Q: If I am a self pay patient and I can't pay my ambulance bill by the due date, what should I do?

A: Never ignore a medical bill for financial reasons. If you cannot pay your bill by the due date, call the number on your bill (the healthcare provider) to explain why you can not pay by the date.. AtlantiCare's financial counselors can assist you them in determining whether you qualify for state and/or federal assistance programs and/or work with you to develop a payment plan.

AtlantiCare does have a self pay discount program that only charges uninsured patients a fixed percentage base on Medicare. If a patient can not afford the balance, the patient should call the AtlantiCare Business Office customer service at 609-272-2500 or the EMS Billing Office at 609-407-6360 and ask for assistance. The patient will be advised on what they need to do to apply for financial assistance or the patient can set up a payment plan if they are not interested in the financial assistance programs.

Billing Questions

Q: What should a person do if he or she has a question about charges on a bill for an ambulance transport?

A: If you think you have received an incorrect bill, to call your insurance company or the health care provider.

If a patient feels they were charged incorrectly, please contact AtlantiCare Business Office customer service at 609-272-2500 for assistance.