

**Town of Nahant, MA  
Board of Selectmen**

**Meeting Minutes  
March 16, 2017 7:30 pm**

**Richard J. Lombard, Chairman  
Frank Barile, Vice Chairman  
Chesley R. Taylor Jr., Secretary  
Jeff Chelgren, Town Administrator**

**1. Meeting Opening 7:30 pm**

Pledge of Allegiance – Led by Mr. Lombard

- a. Opening Comments – Mr. Lombard applauded the DPW and Fire for performance during last storm.
- b. Approve Minutes of 3/2/17 and 3/9/17. Mr. Barile made a motion to approve the minutes of 3/2/17. Mr. Taylor seconded the motion. Unanimous vote to approve. Mr. Taylor will prepare 3/9/17 minutes.

**2. Ongoing Business**

- a. Citizen's Forum - None

**3. Town Administrator Report**

- a. **Tudor Wharf Project** – timeline discussion – Mr. Chelgren gave history and timeline. Contractor unable to make timeline because of material delay. Mr. Ball, DPW director, recommended postponing the ramp until fall and extending the contract with Unified Contracting to accommodate lobstermen and recreational boaters. Discussion with Childs Engineering – Fred Radcliffe and Stephanie Smith, and Counsel Dan Skrip about the project. Mr. Taylor made a motion that the contract with Unified Contracting be extended until fall and that Mr. Ball put together a spreadsheet/status report of all projects/costs/timelines. Mr. Barile seconded for discussion. Further discussion. Mr. Lombard called for the vote. Unanimous vote in favor.
- b. **Fire Department - i.) EMS Billing Rates-** Chief Feinberg presented the proposed revised billing rates: going from ala carte to bundled rate and also the proposed write-off policy. Mr. Barile made a motion that the Board of Selectmen vote to approve the revised EMS billing rates and implementation of a standardized hardship write-off policy effective 4/1/17 as presented by Chief Feinberg and attached. Mr. Taylor seconded the motion. Mr. Barile voted yes. Mr. Taylor voted yes. Mr. Lombard voted no. Motion passed 2-1.
  - iii. **Ambulance Enterprise** – Chief Feinberg asked for vote to approve the establishment of an Enterprise Fund. Mr. Taylor made a motion that the Board of Selectmen place on the Warrant an Article to see if the Town will vote to adopt an Enterprise Fund, under the provisions of the General Laws, Chapter 44, Section 53F 1/2, for the operation of an ambulance service. Mr. Barile seconded for discussion. Intent is to generate income – only EMS training overtime and ambulance call backs salary is in the fund. Mr. Chelgren explained that the vote merely places the enterprise fund on the warrant. Mr. Lombard called for the vote. Mr. Barile voted yes. Mr. Taylor voted yes. Mr. Lombard voted no. Motion passed 2-1.

NAHANT FIRE DEPARTMENT  
AMBULANCE BILLING RATE  
PROPOSAL

# Ambulance Billing

• Current		• Proposed Bundled
- Mileage	\$32.00	Rate
- BLS	\$1,205	- Mileage
- ALS1	\$1,950	- BLS
- ALS2	\$3,010	- ALS1
- Oxygen	\$76.23	- ALS2
- Airway	\$184.80	
- IV	\$162.86	
- Cardiac Mon.	\$228.69	
- Defibrillation	\$162.86	

# Bundle billing community comparison

Town	Mileage	BLS	ALS1	ALS2
BillERICA	\$40.18	\$1,560	\$2,186	\$3,577
Cambridge	\$42.00	\$1,696	\$2,150	\$2,795
Cataldo	\$60.00	\$1,210	\$1,910	\$2,210
CMERA (9 Town)	\$31.00	\$1,375	\$1,865	\$2,365
Comstar Avg	\$34.00	\$1,293	\$2,099	\$2,304
Foxborough	\$44.63	\$1,361	\$1,938	\$3,126
Gloucester**	\$46.08	\$1,514	\$1,797	\$2,602
Lynnfield	\$50.00	\$1,660	\$2,150	\$3,150
Medway	\$28.00	\$1,250	\$1,695	\$2,150
Meirose	\$39.00	\$1,750	\$2,150	\$2,725
Middleton	\$35.00	\$1,350	\$2,200	\$2,800
Nahant	\$50.00	\$1,660	\$2,150	\$3,150
North Reading	\$38.00	\$1,250	\$1,650	\$1,850
Norwell	\$28.00	\$1,250	\$1,650	\$2,150
Winchester	\$33.00	\$1,250	\$2,082	\$3,226

\* Rates are not bundled

# Medicare Rates 2016

Medicare rates change annually

Mileage	BLS	ALS1	ALS2
7.24	\$401.35	\$476.61	\$689.82

# Balance Billing

- We balance bill for coverage not provided by the insurance provider
  - Including: deductibles and co-pay
    - Required by law
    - Waiver of fees available\*

Bundle billing will reduce the discrepancies between the insurance company and Nahant billing.

\*see ambulance billing waiver policy

## Financial Hardship

- Customer must fill out a Financial Hardship form.
- Based on income, insurance, and ability to pay, we can waive all or a portion of the ambulance bill.

## EMERGENCY MEDICAL SERVICES RECEIVABLE WRITE-OFF POLICY

1	Obtain write-off request from Nahant Fire Department contracted EMS billing service.
2	Fill out completely the Write-off request form.
3	Must request hardship consideration and express inability to pay.
4	Patient or responsible party may make alternate payment arrangements.
5	All attempts at insurance billing are followed through.
6	Attempts made for three consecutive months to bill patient.
7	If there is no contact at all from patient, account will be forwarded to collection agency, upon approval from the Fire Department. <i>Flu Pitt</i>
8	Only bills that exceed \$100 go to collection agency
9	Outstanding bills will be reviewed at least annually by the Fire Department and recommended for write-off. (any outstanding invoices greater than 3 years old that cannot be located or non responsive)
10	The Town Accountant will review accounts recommended to be written off.
11	Upon completion of write-off the Fire department will promptly notify EMS Billing Service.





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## Ambulance Transport Fee Financial Hardship Waiver Form

Applicant Name:		Account #
Applicant Address:		
Monthly Household Income:	Number of Dependents Living in Household:	
I have an abatement of property tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		
I am covered by Health Safety Net (Free Care) <input type="checkbox"/> Yes <input type="checkbox"/> No		
Responsible Party (if different from applicant):		
Name:	Relationship:	
Address (if different from applicant):		

I do hereby request that I, as either the applicant, or the party who is financially responsible for the applicant, be considered for a reduction in the payment responsibilities as they relate to this EMS transport service fee. By signing this form, I certify that I have no insurance that can be billed for this charge and cannot pay due to financial hardship. I declare that all of the information contained in this document is true and accurate. Further I understand that I may be held liable for any false statements pertaining to this waiver request. I hereby agree to notify the billing agency Pro EMS Solutions of any change in the financial status of the applicant or the responsible party that may affect the ability to pay the ambulance transport fee.

Signature:	Date:
Printed Name:	

For questions regarding the hardship waiver process, please call (617) 492-8484 or via e-mail to: [billing@proems.com](mailto:billing@proems.com)

Mail this application and all attachments to:  
 Pro EMS Solutions, 31 Smith Place, Cambridge, MA 02138 or fax to 617.492.0806

**For Office Use Only:**

Run #:	Approval Signature:
Date of Service:	Date Received:
Claim (circle one):      Approved      Denied	Reason: