

## The Village - EMSAcare FAQ

### **Q: Who is covered under this program?**

*A: All permanent residents of your household, regardless of their age or whether they are a blood relative or not. The person just has to reside in your household. Someone simply in town visiting is not covered. A good test is whether the person receives bills and mail at your address.*

### **Q: What is the City charging for EMSAcare coverage?**

*A: Each household, apartment, and nursing home/assisted living center bed is charged 75 cents a month for the service. \$1.50 is charged to subsidize regular ambulance service costs. The total amount the City of The Village pays to EMSA each can go up or down but is usually in the range of \$100,000 per year.*

### **Q: I have insurance and/or Medicare. I don't get anything by participating. (Isn't it like I'm paying for the same thing twice?)**

*A: If insurance/Medicare always paid 100 percent of ambulance claims, you'd be correct. But the reality is this: insurance and Medicare deny about 30 percent of all ambulance claims. If this happened to you and you weren't participating, then you would be personally responsible for paying EMSA's charge of \$1300 plus \$12 per mile. Even when insurance/Medicare approve claims, many people still have a financial burden – a \$50 to \$250 deductible, a 20 percent co-payment like with Medicare or the difference between the billed charge and how much insurance will cover. If you participate in the program, you have no out-of-pocket costs for EMSA emergency ambulance transports. Whatever insurance/Medicare pays is counted as payment in full.*

### **Q: I have Medicaid. Why should I participate?**

*A: Medicaid patients have no out-of-pocket costs for emergency ambulance service when Medicaid approves the claim. However, when Medicaid denies claims, the patient becomes personally responsible for paying EMSA's full billed charge. By participating in this program, you'd have no out-of-pocket costs for EMSA emergency transports – even when Medicaid denies the claim.*

### **Q: What constitutes an emergency transport?**

*A: An emergency transport occurs any time EMSA transports you to a hospital emergency room for urgent, unscheduled treatment of an unforeseen medical condition.*

### **Q: I own/operate a nursing home/assisted living facility. What does this mean for us?**

*A: Nursing homes and assisted living facilities are classified as commercial customers and you are subject to the monthly fee that pays for EMSAcare. All of your occupants will be covered under EMSAcare.*

### **Q: Do participating customers receive benefits for non-emergency transports, too?**

*A: EMSA non-emergency transports are fully covered if your insurance or other third-party coverage provides benefits for the service. That is, EMSA will accept as payment-in-full whatever your insurer pays on the transport and you won't be subject to out-of-pocket costs. If you don't have insurance or your insurance won't pay for the non-emergency transport, you'll be charged a reduced fee, which is 40 percent off EMSA's standard non-emergency rate. A completed physician certification statement must be provided for a non-emergency transport to be covered. As an example, if you take an EMSA ambulance to the doctor's office for a flu shot it will not be covered by EMSAcare.*

**Q: What constitutes a non-emergency transport?**

*A: A non-emergency transport is a medical transfer that does not have a hospital emergency room as the final destination. For example, EMSA often transports individuals to nursing homes just after hospital discharge.*

**Q: Are there any excluded services?**

*A: Yes. The EMSAcare program does not provide benefits for non-emergency transports without a physician certification statement. Also, repetitive transports for services such as dialysis, radiation therapy and chemotherapy are not included. EMSAcare does not cover non-emergency transports to and from doctors' offices, dentists' offices, physical therapy centers and other facilities. Transports outside of EMSA's service area are also not included. It's a good idea to call EMSA at 396-2888 to discuss eligibility before requesting non-emergency service.*

**Q: Can I opt out of participation in the program?**

*A: No, the City of The Village does not have an opt-out option.*

**Q: I pay the EMS fee at my home, but my husband lives in a nursing home. Does he need a separate membership?**

*A: No. A participating utilities customer does not need to purchase a separate membership for a spouse in a nursing home.*

**Q: I work in Norman (or other community EMSA does not serve), but EMSA doesn't respond out there. What happens if I need an ambulance then?**

*A: EMSA is Oklahoma's largest ambulance service, providing care in 16 communities (Oklahoma City, Edmond, Bethany, Mustang, Nichols Hills, Piedmont, The Village, Yukon, Warr Acres, Lake Aluma, Arcadia and Valley Brook, plus Tulsa, Bixby, Sand Springs and Jenks). Your program benefits will apply to transports within EMSA's service area. If you need an ambulance while at work – or if you're on vacation in another state, for that matter – a different ambulance provider will respond and you may be responsible for paying out-of-pocket charges.*

**Q: What about people who don't have insurance?**

*A: If they participate, they have no out-of-pocket costs for EMSA emergency service. The amount they've paid through their utilities bill is considered payment in full.*

**Q: What about if I need an ambulance while on business in Tulsa?**

*A: EMSA will respond, and your transport to a Tulsa hospital emergency room would be covered. However, an ambulance transport back to The Village from Tulsa would NOT be covered – as it would result in the ambulance leaving the service area during the transport.*

**Q: My Oklahoma City utility bill shows a charge for EMSA, what do I do?**

*A: Residents of The Village should not pay an EMSA fee to Oklahoma City. This fee is included on your bill from the City of The Village. Contact Oklahoma City to get the fee removed. Also contact the City of The Village for assistance.*

**Q: Why is this necessary?**

*A: The City of The Village funds ambulance service and EMSAcare benefits via the fee charged on your bill. Funding ambulance service via this special fee frees up general fund tax dollars for other community needs.*