

## **EASTERN ILLINI ELECTRIC COOPERATIVE**

### **REGULATION NO. 24**

**SUBJECT:** Medical Equipment Registry Program

**OBJECTIVE:**

The medical equipment registry program is a service the Cooperative offers to those members who, because of a medical condition, are dependent upon electrically operated medical devices. Members may enroll in the program by submitting a completed Medical Equipment Registry Form. This form must be completed by both the member and the member's medical provider.

There may be occasions when the focus of a medical equipment member changes from registration to payment avoidance. When payment problems arise, special precautionary procedures must be followed prior to a non-payment disconnection. Since it is not the Cooperative's policy to knowingly jeopardize the health of a person who is seriously ill, these precautionary measures ensure that alternative living arrangements are made for the individual dependent upon medical equipment prior to a non-payment disconnection. Before any non-payment disconnection can occur on a medical equipment account, approval from the supervisor in charge of disconnects must be obtained.

**REGULATION:**

**I. Medical Equipment Registry Procedures**

The following procedures are to be followed upon notification by member, a member's physician or a medical equipment company of the existence of medical equipment in a household:

- A. A Medical Equipment Registry Form is to be sent to the member with the Medical Equipment Registry letter. This letter provides the member with 21 calendar days to return the form.
- B. If the Medical Equipment Registry Form has not been returned within 21 calendar days, the Medical Equipment Registry Follow-Up letter is to be sent along with another copy of the Medical Equipment Registry Form. This letter provides an additional 8 calendar days for a response. This letter is sent by USPS Priority Mail with Delivery Confirmation.
- C. If the member fails to respond to the enrollment letter and enrollment follow-up letter, no further follow up is initiated by the Cooperative.
- D. Upon receipt of the Medical Equipment Registry Form, a Medical Equipment Registry Acceptance letter is to be sent to the member, unless it is believed that the medical

equipment registry notification is intended as a means to circumvent payment. This acceptance letter advises the member that the account has been added to the Cooperative's Medical Equipment Registry. Meters and transformers are to be tagged to denote medical equipment if the account is designated as a "Critical Need" account by the member's physician; the member's name is to be added to the Medical Equipment Registry; and the Cooperative's Consumer data file shall be updated with the medical equipment information.

- E. If it is believed that the medical equipment registry notification is intended as a means to circumvent payment, the member will be notified that acceptance requires confirming medical information from the member's physician and that the member is requested to contact his or her physician to authorize immediate release of such information directly to the Cooperative.

## II. Medical Equipment Registry Renewal Procedures

Accounts on the Cooperative's Medical Equipment Registry will be reviewed every two years to assure that information on the Medical Equipment Registry and Consumer database is correct. The review procedures are the same as the initial review.

## III. Medical Equipment Disconnection for Non-Payment Procedures

The following procedures must be followed prior to a non-payment disconnection of a medical equipment account:

- A. Note if a physician has classified the medical equipment need as critical or cautionary from the Medical Equipment Registry form.
- B. Cautionary and critical accounts can be disconnected for non-payment pursuant to the following criteria and procedures.
  - 1. The arrearage must reach \$50.
  - 2. A Medical Equipment Notice of Intent to Disconnect letter must be prepared and mailed 8 calendar days prior to disconnection.
  - 3. In the case of critical care individuals, the third party name, if listed on Medical Equipment Registry Form, will be advised of the pending disconnection of service and the need for alternative living arrangements for the individual dependent upon medical equipment. The reason for disconnection (non-payment) and the amount owed on the account shall **not** be revealed to the third party. The Third Party Notification of Service Disconnection must be mailed or delivered by phone call to the third party. Notification will be documented on the Cooperative's copy of the Notice of Intent to Disconnect letter.
- C. Within 5 calendar days of the scheduled disconnection:

1. An additional attempt is to be made by phone contact regarding the past due account and pending disconnect.
  2. In the case of critical care individual, a critical care tag must be delivered at the service location advising of the pending disconnection of service, the need for alternative living arrangements for the individual dependent upon medical equipment, the reason for disconnection (non-payment) and the amount owed on the account.
  3. **Approval for actual physical disconnection of service must be obtained from the supervisor in charge of disconnects.**
- D. Service may be disconnected for non-payment after all of the above procedures have been followed. A final contact with the member must also be attempted at the time of actual physical disconnection.

Adopted: 09/24/1996  
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