

**CONTRA COSTA COUNTY FIRE PROTECTION DISTRICT**  
**Emergency Ambulance Services**

**POLICY**  
**AMB-1**

<b>SUBJECT: Approved Billing Rates</b>			
Revision Date  3/1/2018	Replaces  NEW	Approved By  Fire Chief	Pages  1
DISPOSITION: Place in Billing and Collections Policy & Procedure Manual			

**INFORMATION**

The District will charge patients emergency ambulance services billing rates that are established by the Contra Costa County Emergency Medical Services Authority. The contract between the County and the District mandates that the District charge the rates set forth below. The Fire District Board of Directors adopted the rates set forth below through adoption of Ordinance No. 2018-10. The rates may be amended or altered as provided by the contract between the County and the Fire District, and by amending the rate-setting ordinance.

**Emergency Ambulance Services Fee Calculation**

For each Emergency Ambulance Service call, District shall charge the patient the Emergency Ambulance Response Base Rate, plus mileage costs at the Mileage Rate. If oxygen is administered to a patient, District shall charge the patient the Oxygen Administration Charge, whether transported or not. If a patient is treated and refuses transport, District shall charge the Treat and Refused Transport rate.

1. Emergency Ambulance Response Base Rate..... \$2,245.40
2. Mileage Rate (for each mile traveled with a loaded patient)..... \$53.56
3. Oxygen Administration Charge..... \$187.46
4. Treat and Refused Transport..... \$481.00

**POLICY**

All patients receiving emergency ambulance services will be billed according to the fees for service identified above, regardless of their residency. Individual fire district or fire department first responder fees may be assessed, as a line item in addition to the fees identified above, as applicable to each jurisdiction.

**CONTRA COSTA COUNTY FIRE PROTECTION DISTRICT**  
**Emergency Ambulance Services**

**POLICY**  
**AMB-2**

<b>SUBJECT: Billing Guidelines for Death On Arrival or Death During Transportation</b>			
Revision Date  1/1/16	Replaces  NEW	Approved By  Fire Chief	Pages  1
DISPOSITION: Place in Billing and Collections Policy & Procedure Manual			

**INFORMATION**

This policy is established for instances in which a patient is provided emergency ambulance services, but is pronounced dead at the scene, or where a patient dies during transportation to the hospital.

**POLICY**

In all instances where a patient is pronounced dead at the scene or dies during transportation to the hospital and prior to being transferred to the receiving hospital, the District will invoice and follow the Medicare guidelines for reimbursement (as set forth below) for these events shall be followed, regardless of the insured status of the patient.

<b>Time of Death Pronouncement</b>	<b>Medicare Payment Determination</b>
Before dispatch.	None.
After dispatch, before patient is loaded onboard ambulance (before or after arrival at the point-of-pickup).	The provider's/supplier's BLS base rate, no mileage or rural adjustment; use the QL modifier when submitting the claim.
After pickup, prior to or upon arrival at the receiving facility.	Medically necessary level of service furnished.

**CONTRA COSTA COUNTY FIRE PROTECTION DISTRICT**  
**Emergency Ambulance Services**

**POLICY**  
**AMB-3**

<b>SUBJECT: Returned Checks</b>			
Revision Date 1/1/16	Replaces NEW	Approved By Fire Chief	Pages 1
DISPOSITION: Place in Billing and Collections Policy & Procedure Manual			

**INFORMATION**

Returned checks cause additional work and expense to process and collect revenue from operations. This policy authorizes the Fire District to charge additional fees to cover this expense.

**POLICY**

A Non-Sufficient Funds (NSF) fee of \$25.00 will be charged to the patient for all returned checks.

**CONTRA COSTA COUNTY FIRE PROTECTION DISTRICT**  
**Emergency Ambulance Services**

**POLICY**  
**AMB-4**

<b>SUBJECT: Payment Plans</b>			
Revision Date	Replaces	Approved By	Pages
10/25/16	1/1/16	Fire Chief	1
DISPOSITION: Place in Billing and Collections Policy & Procedure Manual			

**INFORMATION**

This policy addresses situations where a patient wants to enter into a payment plan to assist the patient in paying their ambulance bill. Payment plans will only be permitted as described in the policy below.

**POLICY**

1. The District will offer individuals who are unable to pay their bills in one payment interest-free extended payment plans. The terms of the payment plan will be negotiated between the District and the patient, but will at least meet the following minimum requirements:
  - a. Minimum monthly payment of \$50.00;
  - b. If balance of the bill can be paid in three months, the plan may call for monthly payments of \$25.00;
  - c. The maximum term of the payment plan is 12 months; and
  - d. Payment will be made via cash, check, or credit card.
2. The District will not send unpaid bills to a collection agency while the patient is attempting in good faith to negotiate a reasonable payment plan.
3. The District may declare the payment plan inoperative if the patient fails to make all consecutive payments during a 90-day period.

**CONTRA COSTA COUNTY FIRE PROTECTION DISTRICT**  
**Emergency Ambulance Services**

**POLICY**  
**AMB-5**

<b>SUBJECT: Compassionate Care Program</b>			
Revision Date  1/1/16	Replaces  NEW	Approved By  Fire Chief	Pages  1
DISPOSITION: Place in Billing and Collections Policy & Procedure Manual			

**INFORMATION**

Not every patient may have the ability to pay a bill for emergency ambulance services, particularly if they are not insured. The Compassionate Care Program (CCP) is established for financial hardships and to establish criteria for the District to discount 100% of a patient's ambulance services bill.

**POLICY**

1. The term "Uninsured Patient" means an individual that does not have third-party coverage from a health insurer, health care service plan, Medicare, Medi-Cal, and whose injury is not compensated under a Worker's Compensation plan, automobile insurance, or other insurance as determined and documented by the District. A patient who has reached a lifetime limit on the patient's insurance benefits will be considered an "Uninsured Patient" for services in excess of that limit.
2. If a patient informs the District that a financial hardship may prevent the patient from paying the total amount of their bill, the District will provide the patient with a Compassionate Care Program (CCP) application if the following criteria are met:
  - a. The applicant is prescreened at an income level that is equal to or less than the transport areas defined hardship level (125% of the federal poverty level).
  - b. The patient is an Uninsured Patient.
3. A patient must submit an application for the Compassionate Care Program and provide all necessary documentation within 60 days after initial billing. Eligibility for a 100% discount of ambulance services fees will be denied if the applicant does not financially qualify, or does not provide the required documentation within 60 days of the initial billing. If the patient makes a reasonable effort to obtain documentation, but is unable to do so through no fault of his/her own, an attempt will be made to make an eligibility determination without such documentation.

4. All applications will be reviewed and approved or declined by District management.
5. If a patient's application is approved under the CCP, the patient will receive a 100% write-off of their bill.

**CONTRA COSTA COUNTY FIRE PROTECTION DISTRICT**  
**Emergency Ambulance Services**

**POLICY**  
**AMB-6**

<b>SUBJECT: Write-Off Policy</b>			
Revision Date	Replaces	Approved By	Pages
10/25/16	1/1/16	Fire Chief	2
DISPOSITION: Place in Billing and Collections Policy & Procedure Manual			

**INFORMATION**

As a normal course of business, certain charges may be uncollectable balances. In the case of certain government payers, such as Medi-Cal, the Fire District must agree to take what is allowable under the government program. In other cases, there may be a need to write off a small amount that is not likely to be recovered or is not worth the time and expense in attempting to recover. This policy authorizes certain charges to be written off as uncollectable balances.

**POLICY**

1. Bankruptcies. The District is prohibited by law from billing a patient after it has received a notice of automatic stay because the patient has filed for bankruptcy.
  - a. The District will write off bills for patient bankruptcy filings upon the District's receipt of documentation in any of the following forms:
    - i. Documents opening the bankruptcy case and providing the details of the filing including:
      - A. Notice of Automatic Stay;
      - B. Case meeting of creditors and establishment of case deadlines
      - C. Notice of a case dismissal being vacated, and order to reopen case;
    - ii. A document regarding status of the case and date of hearings;
    - iii. Dismissal of the case establishing that the creditors may once again collect on the patient's debt, including:
      - A. Notice of Dismissal;
      - B. Order Closing Case without Entry of Discharge; and
      - C. Discharge of Debtor;
2. Small Balances. Account balances of \$10.00 or less will be written off.

3. Minor's Accounts. Minor's accounts will not be written off; however the Compassionate Care Program application (AMB-5) may be completed by the guardian of the minor.
4. Deceased Patient. If a patient lives in a state where community property laws apply and the patient has a surviving spouse, the District will proceed to collect payment of the bill.
  - a. If there is no surviving spouse the account will be written off.
5. Timing of Write-Offs. All write-offs will be approved by the District Board of Directors on a quarterly basis at a regularly scheduled board meeting.
6. Medicare Copay; Uncollectable Medicare Amount.
  - a. The District will proceed to collect payment from a Medicare insured patient for the Medicare insured patient's copayment responsibility.
  - b. The District will not proceed to collect payment from a Medicare insured patient for the amount of a bill not covered by Medicare unless Medicare denies coverage completely (e.g., Not Medically Necessary), in which case the District will invoice a Medicare insured patient at the published Medicare Allowable Rate.
7. Private Health Insurance. The District will proceed to collect payment from privately insured patients for the amount of a bill not paid by the patient's insurance.



**CONTRA COSTA COUNTY FIRE PROTECTION DISTRICT**  
**Emergency Ambulance Services**

**POLICY**  
**AMB-7**

<b>SUBJECT: Payment Settlements, Victim of Crime Program, Discount Programs, Filing of Claims</b>			
Revision Date 1/1/16	Replaces NEW	Approved By Fire Chief	Pages 1
DISPOSITION: Place in Billing and Collections Policy & Procedure Manual			

**INFORMATION**

The policies below address various issues not otherwise found in the policy manual.

**POLICY**

1. Discount Programs. The Fire District will not provide prompt payment discounts or hospital discount programs.
2. Ambulance Services provided to District employees and District Ambulance Subcontractor personnel Injured while on duty. A District employee, or an employee of District's ambulance subcontractor, that requires an emergency ambulance transport due to an injury suffered while on duty will not receive a bill for emergency ambulance services.
3. Victims of Crime (VOC) program. Upon verification, victims transported or receiving services as a result of a criminal act will not be charged directly for the services provided. The VOC fund will be invoiced for the services provided.
4. Filing of Estate Claims. The District will file claims against the estate of a patient as necessary to recover fees for services provided.

**CONTRA COSTA COUNTY FIRE PROTECTION DISTRICT**  
**Emergency Ambulance Services**

**POLICY**  
**AMB-8**

<b>SUBJECT: Customer Complaint Procedure</b>			
Revision Date  1/1/16	Replaces  NEW	Approved By  Fire Chief	Pages  2
DISPOSITION: Place in Billing and Collections Policy & Procedure Manual			

**INFORMATION**

The purpose of this procedure is to ensure that all customer complaints are thoroughly investigated, and resolution is provided to the complainant in a timely, consistent manner.

**POLICY**

1. Customers and patients will have access to the Alliance through the use of a toll free number, the District website, and an e-mail account for customer service issues.
2. The District's ambulance subcontractor will receive, process, and resolve all inquiries and complaints regarding service and patient care related to ambulance transport.
  - a. Any issues, complaints, or inquiries that cannot be resolved by the contractor will be routed to the Fire District EMS Division.
3. All inquiries and complaints received by the ambulance subcontractor relative to Fire District operations or first responder services provided by the Fire District will be routed to the Fire District EMS Division within one business day.
4. The District's EMS billing contractor will receive, process, and resolve all inquiries and complaints regarding medical billing, invoicing, and payment processing.
  - a. Any dispute or inquiry that cannot be resolved by the billing contractor will be routed to the Fire District EMS Division within one business day for follow-up and resolution by District staff.
  - b. All inquiries and complaints received by the ambulance subcontractor relative to billing services, patient payments, or invoices will be routed to the Fire District's EMS billing contractor within one business day.

**Complaint Processing Time:**

1. Regardless of the method of notification, a response shall be initiated to the complainant within two business days. If the complaint, inquiry, or issue is still pending, the complainant is to be informed that their concern is being researched, and a representative from the Alliance will be in contact as soon as the investigation is complete.

**Complaint Resolution:**

1. When the investigation is complete and resolution has been determined, the division responsible for handling the complaint will respond in the same manner in which the complaint arrived.
2. If the complaint is received as written correspondence, a written response advising of the outcome of the investigation is to be sent to the complainant upon a completed investigation into the complaint.

**CONTRA COSTA COUNTY FIRE PROTECTION DISTRICT**  
**Emergency Ambulance Services**

**POLICY**  
**AMB-9**

<b>SUBJECT: Collections</b>			
Revision Date 1/1/16	Replaces NEW	Approved By Fire Chief	Pages 1
DISPOSITION: Place in Billing and Collections Policy & Procedure Manual			

**INFORMATION**

In the normal course of the District conducting emergency ambulance services, it may be necessary to send unpaid bills to a collections service for further attempts to contact the responsible party and recover the fees for providing services.

**POLICY**

1. The District may send unpaid accounts to a collections agency if the account is unpaid after 90 days and the amount payable is greater than \$10.00.
2. The District will not invoice a patient more than three times prior to the sending the patient's account to collections.
3. The District will not use wage garnishments or liens on primary residences as a means of collecting the unpaid bills of any patient who qualified for the Compassionate Care Program.
4. None of the District, the assignee of a District account receivable, or a collection agency may report adverse information to a consumer credit reporting agency concerning, or commence a civil action against, a patient who lacks insurance coverage.

**CONTRA COSTA COUNTY FIRE PROTECTION DISTRICT**  
**Emergency Ambulance Services**

**POLICY**  
**AMB-10**

<b>SUBJECT: Request for Information/Reports</b>			
Revision Date	Replaces	Approved By	Pages
7/20/16	NEW	B. Atlas	1
DISPOSITION: Place under Emergency Ambulance Services			

**INFORMATION**

From time to time, the Contra Costa EMS Agency (CCCEMS) may request data and/or audit reports on focused topics. Per the Emergency Ambulance Services Contract Section M5: *“Contractor shall comply with requests by CCCEMS for data and audit reports on focused topics. These topics may include any services provided under this Contract. CCCEMS shall provide a reasonable timeline for submission of requested focused audit reports at the time of the request.”*

This policy will define “reasonable timeline” and establish a process/system by which the “data and audit reports on focused topics” requests are to be filled.

**POLICY**

1. “Reasonable Timeline”: shall mean ten (10) business days from the date the request is marked as received, unless otherwise agreed to by an authorized representative from both the CCCEMS and the Contra Costa County Fire Protection District (CCCFPD).
2. Upon CCCEMS requests for data and/or audit reports, a reasonable timeline shall be provided, as defined above for submission of information.
3. When the due date/deadline has been agreed upon it will be confirmed by email by both agencies.
4. Upon receipt of confirmation of agreement, the request will be processed. In the event the agreed upon deadline is in danger of being missed, CCCFPD will communicate via email with a status update to the CCCEMS.
5. Upon completion of the delivery on the requested item, a follow-up email from the receiving party will be sent to the providing party confirming the information has been received and the request fulfilled in its entirety.