CONTRA COSTA COUNTY FIRE PROTECTION DISTRICT

POLICY

AMB-1 – Approved Billing Rates

Effective:	September 2022	Pages:	1 of 1
Revised:	September 2022	Next Review:	TBD
Approved by:	Assistant Fire Chief Terence Carey – Emergency Medical Services Division		

INFORMATION

The Contra Costa County Fire Protection District ("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 in the contract. The District Board of Directors adopts the contractually mandated rates on an annual basis through adoption of an ordinance. The rates may be amended or altered as provided by the contract between the County and the District, and by rate-setting ordinance.

Emergency Ambulance Services Fee Calculation

The current rates for emergency ambulance response base rate, mileage rate, oxygen administration charge, and treat and refused transport rate are set forth on Contra Costa County's Emergency Medical Services website at: https://cchealth.org/ems/ambulance-rates.php.

For each emergency ambulance service call, the 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, the District shall charge the patient the oxygen administration charge, whether transported or not. If a patient is treated and refuses transport, the District shall charge the treat and refused transport rate.

POLICY

All patients receiving emergency ambulance services will be billed according to the fees for service identified on Contra Costa County's Emergency Medical Services website at: https://cchealth.org/ems/ambulance-rates.php, regardless of their residency. Separate fire first responder fees may be assessed, as a line item in addition to the fees identified above.

CONTRA COSTA COUNTY FIRE PROTECTION DISTRICT

POLICY

AMB-2 – Billing Guidelines for Death On Arrival or Death During Transportation

Effective: September 2022 Pages: 1 of 1

Revised: September 2022 Next Review: TBD

Approved by: Assistant Fire Chief Terence Carey – Emergency Medical Services Division

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 set forth below regardless of the insured status of the patient.

Time of Death Pronouncement	Medicare Payment Determination
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.	

CONTRA COSTA COUNTY FIRE PROTECTION DISTRICT

POLICY

AMB-3 – Returned Checks

Effective:	September 2022	Pages:	1 of 1
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Approved by:	Assistant Fire Chief Terence Carey – Emergency Medical Services Division		

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

POLICY

AMB-4 – Payment Plans

Effective: September 2022 Pages: 1 of 1

Revised: September 2022 Next Review: TBD

Approved by: Assistant Fire Chief Terence Carey – Emergency Medical Services Division

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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 the option of an interest-free extended payment plan. 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 36 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

POLICY

AMB-5 – Compassionate Care Program

Effective: September 2022 Pages: 1 of 2

Revised: September 2022 Next Review: TBD

Approved by: Assistant Fire Chief Terence Carey – Emergency Medical Services Division

INFORMATION

Not every patient has the ability to pay a bill for emergency ambulance services, particularly if they are not insured. This policy establishes the District's Compassionate Care Program for patients with financial hardships and establishes criteria for the District to discount up to 100% of a patient's ambulance services bill based on income.

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, or Medi-Cal, and whose injury is not compensated under a Workers' 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 the District determines that a financial hardship may prevent the patient from paying the total amount of their bill, the District may provide the patient with a Compassionate Care Program (CCP) application if:

    a. All available insurance has been billed and exhausted and/or there is a remaining amount owed after the District has sent the third bill.

    or

    b. The patient is an Uninsured Patient.

    or

    c. At any time, the patient notifies the District of hardship in paying any amount owed greater than $50.

All applications will be reviewed and approved or declined by District management. Patient's must submit proof of eligibility based on the requirements outlined below. Application will be denied if the applicant does not financially qualify, or does not provide the required documentation outlined in the Compassionate Care Program (CCP) application.

Total household income as defined by the U.S. Health and Human Services:

0- 125% of the federal poverty level or below will receive 100% waiver of all balances owed (up to 5 accounts).

126 - 200% of the federal poverty level or below will receive a 75% waiver of all balances owed (up to 5 accounts).

201 - 250% of the federal poverty level or below will receive a 50% waiver of all balances owed (up to 5 accounts).

250%+ - above the federal poverty level no discount will be approved.

*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.

CONTRA COSTA COUNTY FIRE PROTECTION DISTRICT

POLICY

AMB-6 – Write-Off Policy

Effective:	September 2022	Pages:	1 of 2
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Approved by:	Assistant Fire Chief Terence Carey – Emergency Medical Services Division		

INFORMATION

As a normal course of business, certain charges may be uncollectible balances. In the case of certain government payers, such as Medi-Cal, the District must agree to take what is allowable under the government program. In other cases, there may be a need to write off an amount that is not likely to be recovered. This policy authorizes the District to write off certain account balances as uncollectible.

POLICY

Bankruptcies

1. 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;
2. A document regarding status of the case and date of hearings;
3. 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;

Small Balances

1. Account balances of $50.00 or less will be written off.

Minor's Accounts

1. Minor's accounts will not be written off.

Deceased Patient

1. 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. In consideration of the surviving spouse's situation, the District may choose to write off any remaining balance after insurance payments have been received.

a. If there is no surviving spouse, the account will be written off.

Timing of Write-Offs

1. All account write-offs will be reported to the District Board of Directors on a semi-annual basis at a regularly scheduled board meeting.

Medicare Copay

1. 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.

Private Health Insurance

1. The District will proceed to collect payment from privately insured patients for the amount of a bill not paid by the patient's insurance.

Lift Assistance

1. The District will not seek payment for calls for Lift Assistance.

Treat and Refused Transport (TNT)

1. Situations where a patient is Released at the scene (RAS) and or Against Medical Advice (AMA) outcomes where no care is rendered will be processed for billing through the insurance company. Any remaining balance may be considered for waiver of payment depending on District's assessment of the patient's ability to pay.

2. If multiple members of the same family fall under TNT guidelines at the same incident only the District may choose to charge only the primary family member the TNT fee.

CONTRA COSTA COUNTY FIRE PROTECTION DISTRICT

POLICY

AMB-7 – Payment Settlements, Victim of Crime Program, Discount Programs, Filing of Claims

Effective:	September 2022	Pages:	1 of 1
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Approved by:	Assistant Fire Chief Terence Carey – Emergency Medical Services Division		

INFORMATION

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

POLICY

Discount Programs

1. The District will not provide prompt payment discounts or hospital discount programs. Except as otherwise provided in another ambulance policy, the District does not accept settlement offers to settle a bill for less than the full amount.

2. Emergency first responders and District employees that require emergency ambulance services due to an injury or illness suffered while on duty will not be billed by the District for emergency ambulance services.

State of California Victims of Crime (VOC) program

1. Upon District's verification, patients transported or receiving services as a result of a criminal act will not be charged by the District directly for the services provided. The VOC fund may be invoiced for the services provided if likely to result in payment.

Filing of Estate Claims

1. 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

POLICY

AMB-8 – Customer Complaint Procedure

Effective: September 2022 Pages: 1 of 1

Revised: September 2022 Next Review: TBD

Approved by: Assistant Fire Chief Terence Carey – Emergency Medical Services Division

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 email account for customer service issues.

2. All inquiries and complaints received by the ambulance subcontractor regarding District operations or first responder services provided by the District will be routed to the District EMS Division.

3. 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:
Regardless of the method of notification, the District will cause a response to be initiated to the complainant as soon as possible. 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 contractor will be in contact as soon as the investigation is complete.

Complaint Resolution:
When a billing investigation is complete and resolution has been determined, the District will cause the EMS billing contractor to notify the complainant in writing of the outcome.

All complaints other than billing complaints will be addressed by the correct division and follow up will be communicated as appropriate.

CONTRA COSTA COUNTY FIRE PROTECTION DISTRICT

POLICY

AMB-9 – Collections

Effective: September 2022 Pages: 1 of 1

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Approved by: Assistant Fire Chief Terence Carey – Emergency Medical Services Division

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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 (1) the account is unpaid after 90 days, (2) three billing invoices have been sent to the responsible party, and (3) the amount payable is greater than $50.00.

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

POLICY

AMB-10 – Request for Information/Reports

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Approved by:	Assistant Fire Chief Terence Carey – Emergency Medical Services Division		

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": means 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.