

**SOUTHERN MARIN EMERGENCY MEDICAL PARAMEDIC SYSTEM**  
**AMBULANCE TRANSPORT AND EMERGENCY MEDICAL SERVICES**  
**BILLING, COLLECTIONS, AND WRITE-OFF POLICY**

1. Purpose.

The purpose of the Ambulance Transport and Emergency Medical Services Billing, Collections, and Write-Off Policy (Policy) is to establish a process for the billing and collection of reimbursements, and write-offs of uncollectible accounts, for emergency medical services (EMS) and ambulance transport services provided by the Southern Marin Emergency Medical Paramedic System (SMEMPS).

2. Scope.

This Policy applies to all billing, collections, and write-offs for EMS and ambulance transport services by the SMEMPS, including SMEMPS personnel and employees, and contracted third-party billing and/or collection agencies.

3. Procedures.

A. Billing and Invoicing.

1. SMEMPS shall bill for all applicable charges for EMS and ambulance transport services rendered by SMEMPS pursuant to the fee schedule established by the SMEMPS Board of Directors, including for responses outside of SMEMPS's jurisdiction pursuant to a mutual aid request or agreement.
2. All applicable charges for EMS and ambulance transport services rendered to a patient shall be billed directly to the patient and the patient's third-party payor, including but not limited to federal, state, and local healthcare benefit programs, private insurance carriers, health maintenance organizations, and health service benefit plans, and shall be billed uniformly without regard to ability to pay or probability of payment, subject to any applicable limitations set forth in 3(D) herein.
3. Prior to the submission of a claim, SMEMPS personnel or contractors shall ensure that patient health care records and treatment documentation are accurate and complete.
4. Billing statements sent directly to patients shall be itemized and all charges clearly explained.

5. Patients will receive an initial billing statement followed by at least three (3) subsequent billing statements if payment is not received.
6. The initial billing statement sent to a patient shall request third-party payment information and ask the patient to contact the billing office. A toll-free number and return envelope shall be provided.
7. SMEMPS may, either directly or through a contractor, bill insurers or carriers on a patient's behalf and may accept payment on an assignment basis, as required by law.

B. Patient Responsibility and Cost Sharing.

1. Except as provided for by this Policy or applicable law, all patients or their legal representatives are liable for co-payments, deductibles, and other patient responsibility amounts not covered by insurance or health care service plan contracts, as permitted by law.
2. Co-payments, deductibles, in-network cost-sharing amounts, and other patient responsibility amounts shall count toward the limit on a patient's annual out-of-pocket expenses for essential health benefits, as defined in California Health and Safety Code Section 1367.005 and California Insurance Code Section 10112.27.
3. Insured and health service plan enrollees shall be responsible only for payment of the in-network cost-sharing amount established in an applicable health insurance policy or health care service plan contract.

C. Employee and Family Accounts.

1. Accounts of SMEMPS personnel, staff, employees, contractors (including vendor and billing contractors), volunteers, Board members, and any other persons directly associated with SMEMPS and/or their immediate families shall be treated in the same manner as any other patient. No preferential treatment shall be granted.
2. Such accounts shall be administered by disinterested SMEMPS or contractor staff to avoid any potential conflict of interest.

D. Balance Billing Restrictions and Limitation on Patient Charges.

1. Pursuant to AB 716 (Health and Safety Code § 1371.56 and Insurance Code § 10126.66) when SMEMPS provides ambulance services to a patient who is insured by a State-regulated health care service plan or health insurance policy,

SMEMPS shall limit the amount billed to the patient to no more than the applicable in-network cost-sharing amount. SMEMPS shall not bill, charge, or send to collections any additional unpaid amount and may pursue any remaining amount directly from the responsible plan or insurer.

2. Pursuant to AB 716 (Health and Safety Code § 1797.233) SMEMPS shall not require an uninsured patient or a self-pay patient to pay an amount more than the established payment by Medi-Cal or the Medicare fee-for-service amount, whichever is greater.
3. For Medicare beneficiaries, SMEMPS will accept the Medicare-allowed charge as payment in full, collecting only the unmet Part B deductible and coinsurance. For Medi-Cal beneficiaries, SMEMPS will accept Medicaid payment as payment in full and will not pursue the patient for any remaining balance.

E. Collections and Write-Offs.

1. The following shall apply to SMEMPS or its contractor regarding uncollected debt:
  - i. SMEMPS or its billing agency shall write off bulk write-off amounts not contractually allowed by Medicare and Medi-Cal and amounts prohibited by balance billing restrictions and provide reports of such write-offs.
  - ii. For patients covered by private insurance and health service plans, all charges shall be applied uniformly, without regard to ability to pay or likelihood of collection.
  - iii. Any account aged without payment activity shall be referred to the Executive Officer or designee for review. Documentation shall include:
    - Account notes
    - Proof of billing statements and dates of mailing/electronic contact
    - Summary of billed amounts and payments received
    - Summary of outstanding balances
    - Evidence of payment plan, if applicable

After 180 days without payment from an insurance carrier or health service plan, following three collection attempts, and absent a financial hardship and compassionate care waiver request, SMEMPS or its contractor shall transfer uncollected balances to a collection agency designated by SMEMPS.

- iv. After 365 days without payment of the in-network cost-sharing amount by an insured or health service plan enrollee, following three collection attempts, and absent a financial hardship and compassionate care waiver request,

SMEMPS or its contractor shall transfer uncollected balances to a collection agency designated by SMEMPS.

- v. After 365 days without payment of from an uninsured or self-pay patient, following three collection attempts, and absent a financial hardship and compassionate care waiver request, SMEMPS or its contractor shall transfer uncollected balances to a collection agency designated by SMEMPS.
2. The following shall apply to SMEMPS or its billing agency regarding aged accounts:
    - i. After the close of each fiscal year and in conjunction with SMEMPS' annual independent audit, the SMEMPS Executive Officer and SMEMPS Treasurer (or their designees) shall review all unpaid accounts to determine which should be recommended for write-off in their reasonable discretion.
    - ii. Recommendations for write-off shall be submitted to the SMEMPS Board of Directors for approval annually at the end of each fiscal year.
    - iii. Upon approval by the SMEMPS Board of Directors, the SMEMPS Treasurer, or designee shall write off the amounts on SMEMPS's books and shall notify SMEMPS's billing agency and/or collections agency of accounts to be written off.
  3. A patient may apply for a reduction or waiver of an EMS and ambulance transport fee under SMEMPS's Financial Hardship and Compassionate Care Policy. The billing agency shall provide all patients with information regarding the Financial Hardship and Compassionate Care Policy. The SMEMPS website will contain information where the application can be found and downloaded.

F. Non-Financial Need Waivers.

1. A waiver may also be granted when the level of response or services provided does not justify the normal charges. Waivers shall be granted by the Executive Officer and/or designee in their discretion. Examples include:
  - i. The call did not require response by ambulance or fire apparatus.
  - ii. Treatment provided was below ALS or BLS levels.
  - iii. The call was not initiated by the patient and care was refused.

2. The determination of an application for a non-financial waiver is committed to the sole discretion of the SMEMPS Executive Officer and shall be made solely on the basis of relevant patient treatment and call run records.

4. Policy Review.

This policy shall be reviewed periodically by the SMEMPS Board of Directors and updated as necessary to remain compliant with state and federal law.