

	Subject: EMS Billing Policy	Policy Number EMS-001
	Approved By: Chief Jim Boito	Page: 1 of 10
	Refer To: EMS Coordinator	Effective Date: August 1 st , 2025
	Policy Review Date: May 2025	Revised Date: August 2025

PURPOSE: The purpose of this Emergency Medical Services Billing Policy is to provide information and direction on both billing and collection for the Albany Fire Department emergency medical care and ambulance transport services.

RESPONSIBILITY: It is the responsibility of the Albany Fire Department to seek reimbursement for emergency medical services and ambulance transportation expenses from patients, including those covered by third-party insurance agencies. All personnel are responsible for understanding and complying with this policy.

POLICY: It is the policy of the Albany Fire Department that emergency medical services and ambulance transportation services will be billed for as applicable within this policy.

The Albany Fire Department is sensitive to the needs of patients and their ability to pay for ambulance transport and EMS services. Our billing contractor is conscientious about billing and collecting fees for these services. Therefore, it is the policy of the Albany Fire Department that only after multiple and thorough attempts have been made to collect ambulance transport and EMS fees, will a collection agency be considered.

DEFINITIONS:

- A. AFD – Albany Fire Department.
- B. Advanced Life Support (ALS) or Basic Life Support (BLS) Assessment - Assessments comprised of any skill or tool available to Albany Fire Department EMS personnel which is used to evaluate a patient's mental status, vital signs or other body functions for the purpose of determining if ALS and/or BLS interventions and/or transport are necessary in the best interest of the patient.
- C. ALS Intervention - The act or a method of interfering with patient outcome or course by performing Advanced Life Support (ALS) skills such as inserting an IV, administering medications, performing advanced airway maneuvers, or other treatment that would normally be considered to be within a Paramedic's scope of practice in Albany County. Skills that are utilized by a Paramedic to determine if ALS interventions and/or treatment are necessary, such as 12-Lead acquisition or glucose testing, will be considered part of a patient assessment.
- D. Against Medical Advice (AMA) - When a patient is offered an evaluation, medical care and/or transportation to a medical facility, and refuses the services offered.
- E. BLS Intervention - The act or a method of interfering with patient outcome or course by performing Basic Life Support (BLS) skills, such as administering oxygen, performing chest compressions or ventilations with a bag valve mask, wound care, splinting, or other treatment that would normally be considered to be within an Emergency Medical Technician's scope of practice in Albany County.
- F. DOD – Determination of death.
- G. EHR – Electronic health report (patient care report).
- H. EMS – Emergency Medical Services.
- I. ESO Solutions – Software used by AFD EMS personnel to complete patient care reports.
- J. Face Sheet - The hospital emergency room/admitting registration form that includes the patient's demographic and insurance information.
- K. Health Insurance Portability and Accountability Act (HIPAA) - A federal law enacted by Congress to protect and secure health records. Health providers, health insurance plans, and clearinghouses are required to meet HIPAA standards.

- L. Patient Care Report (PCR) – Report required by Albany County protocol to be completed for every patient, describing the care rendered and provided to the staff at the receiving hospital. Exceptions are for multi-casualty incidents and refusal of service.
- M. Skip Tracing - Process by which additional information is obtained by the billing contractor, e.g., SSN, and/or tracing a patient's residence chronologically to obtain a valid patient mailing address.
- N. Treatment/Non-Transport (TNT) - TNT applies to patients who are assessed and treated on-scene by the ambulance crew, but who refuse transportation to the hospital. Albany County EMS policy must be strictly adhered to when considering refusal of transport. A TNT trip that include ALS interventions is billable.
- O. Refusal of Service - Applies to those persons who are refusing all EMS services, including an assessment and transportation. Patients who refuse service cannot be billed.
- P. Quality Assurance/Quality Improvement – The process by which AFD reviews and improves the delivery of emergency medical services.

BILLING PROCEDURES:

AFD seeks reimbursement for EMS and ambulance transportation services, including treatment, when ambulance transport is not provided.

AFD shall bill for applicable services of an EMS response, whether or not the patient and/or the primary on-scene medical provider deems ambulance transport is necessary.

911 System User Fee Calculation:

911 System user fees are determined by the Alameda County Emergency Medical Services Agency (ALCO EMS) and approved by the Alameda County Board of Supervisors. Changes to user fees are determined by ALCO EMS utilizing the established parameters contained in the Alameda County Contracted 911 Ambulance Transport Provider Agreement. The calculations utilized to determine the maximum allowed fees are covered in the “Contracted Revenue” section of the agreement between the County and the contracted private ambulance provider. Appendix B contains the “Contracted Revenue” section of the County agreement. The City of Albany can increase our user fees

to remain equivalent to the County's Contracted Private Provider rates per the City's agreement with ALCO EMS (Section 10.2 and Exhibit G). Annually in July, the ALCO EMS provides all 911 ambulance providers (private and public) in the County with an updated fee schedule in accordance with Section 10.2 of the City's agreement with the County. Exhibit G can be amended if approved by the City Council.

AFD EMS and Ambulance Transport Fees:

First Responder Fee: The first responder fee is for paramedic level services in responding to emergency medical service calls.

Treatment/Non-Transport (TNT) Fee: The treatment/non-transport fee shall be limited to patients who receive an ALS medical intervention, such as intravenous medication administration, and subsequently refuse transport.

Transport Fee: When a patient is transported to the hospital in an AFD ambulance.

- A. Billable Incidents – All calls for EMS service which result in the following situations:
 - a. First Responder fee is charged for responses to emergency medical service calls.
 - b. Treatment/Non-Transport fee is charged when a patient receives ALS interventions performed by AFD EMS personnel. (See exceptions listed in Section B.)
 - c. Transport fee is charged when a patient is transported by an AFD ambulance.
- B. Non-Billable Incidents – It is the policy of the AFD to provide EMS services at no cost to the patient when the following conditions are met:
 - a. Patient was assisted without need for medical services (e.g. assistance getting back into bed); and
 - b. Patient or designee did not call for service (e.g. friend or neighbor called) and patient refuses medical care.
 - c. DOD – at no time will the family of the deceased patient be responsible for an unpaid remaining balance after the insurance carrier has paid or denied a claim.

- d. Law enforcement requested treatment or transport for victims of violent crime.

Billing accounts 180 days or older may be sent to a collection agency, unless the account is active. Refer to the Emergency Medical Services and Ambulance Transport Billing Protocols on page 5 for additional information.

BILLING DOCUMENTATION

The following documentation is needed to submit a claim: Patient name, patient date of birth, patient sex, patient social security number (or last four digits), Medicare unique id number or insurance policy number, patient condition, patient signature, or signature of patient's representative or hospital representative, pick up location, destination, chief complaint, date of service, time of events, level of service, vital signs, narrative, supplies used, medications – dosages and times given, and loaded fractional mileage.

Ambulance Crew – for all transports, the ambulance crew shall make every attempt to obtain the patient's signature on the PCR. If the patient is incapable of signing, the crews shall document the reason and obtain a signature from the patient's representative. If a patient representative signature is not obtained, the crew shall document a legitimate reason as to why the patient and/or patient representative was unable to sign and shall obtain the signature of the hospital representative, acknowledging the patient's name and time of transfer of care, and obtain a copy of the hospital face sheet for all patients transported to a hospital. Electronic copies of the face sheets shall be attached to the patient care report.

Please note that any documentation related to the patient's mental status or that points to a specific cause as to why the patient cannot sign as the reason that you were unable to obtain a signature must be included in the assessment/narrative of the PCR, as well as in the "unable to sign" section of the PCR. Some key situations that could be documented for failure to obtain a signature include:

- Patient was unconscious and could not hold the stylus/pen
- Patient had a decreased level of consciousness and could not sign
- Patient had suffered a cerebrovascular accident (stroke) and could not hold the pen
- Patient was in shock and could not follow instructions to sign
- Patient was in cardiac or respiratory arrest
- Patient had a traumatic brain injury and not compliant with requests
- Patient was combative and could not follow directions
- Patient was hypoxic and/or hypotensive and could not follow directions

- Family member (or nurse, etc.) refused to sign
- Situation unsafe for AFD personnel to obtain signature (details must be documented within the PCR narrative)

EMS AND AMBULANCE TRANSPORT BILLING PROTOCOLS

- A. To ensure accurate billing, AFD personnel will make every attempt to provide accurate patient and insurance information in each electronic patient care report.
- B. The billing contractor uses all available methods to identify missing or incomplete patient information. These methods include, but may not be limited to, skip tracing to find social security numbers if the patient's date of birth and address are unavailable; and conduct insurance eligibility checks if patient's social security number is unavailable in order to bill major payers, i.e. Medicare, Medi-Cal, Kaiser, Blue Cross/Blue Shield, United Healthcare, Aetna, Cigna, etc.
- C. The billing contractor bills third-party payers and/or patients based on the information provided by the Albany Fire Department, and any other credible third-party source.
- D. When a patient's returned bill provides current contact information, the billing contractor updates the patient's account information and resends billing information accordingly.
- E. If a patient, or patient's representative, has not responded to three (3) invoices with the patient's most current and accurate information, and two phone calls when that contact information is available, the bill is considered for a referral to a collection agency, except for accounts being considered for hardship.
- F. Monthly, the billing contractor will provide Albany Fire Department personnel with a list of accounts for referral to a collection agency. The list contains patients whose contact or billing information could not be obtained by the billing contractor, and patients who have not responded to at least three (3) invoices.
- G. Within ten (10) business days of receipt, Albany Fire Department personnel will provide the billing contractor with any modifications to the collection list and then final list may be referred to the collection agency. The billing contractor will close and zero balance accounts after the accounts are forwarded to the collection agency. The billing contractor will reach out to the collection agency if any payment is received by the billing contractor after the account has been sent to the collection agency.

- H. At the direction of the Albany Fire Department, a collection account may at any time be recalled from the collection agency and referred back to the billing contractor for billing service.
- I. In the instance of pronouncement of death, with the use of Advanced Life Support interventions, the billing contractor will contact patient's family for insurance information if crew is unable to obtain on scene. Billing contractor will not bill for co-pays for pronouncement of death patients. At no time will the family of the deceased patient be responsible for any unpaid balance remaining after the insurance carrier has paid or denied a claim. In these instances, the remaining balance will be waived and the account closed.

CRITERIA FOR REDUCTION OR WAIVER OF EMS OR AMBULANCE TRANSPORT FEE

The Albany Fire Department is committed to maintaining consistency in assisting uninsured and indigent patients, or patients experiencing financial hardship, who request a reduction or waiver of certain EMS and ambulance transport charges and/or co-payment amounts.

- A. Upon request, EMS or ambulance transport fees may be reduced or waived based on the following criteria:
 - a. Patients whose total annual household income is less than the low-income standard set forth by The Department of Housing and Urban Development (HUD) **Current Fiscal Year's Low-Income Limits**.
 - b. The patient was a victim of violent crime.
- B. Patients with health insurance who qualify for a reduction or waiver of the EMS or ambulance transport fee will only be granted a reduction or waiver of the patient balance (out-of-pocket expense).
- C. Reduction or Waiver of Fee Procedure:
 - a. Requests for reduction or waiver of EMS or ambulance transport fees shall be directed to albanyfire@albanyca.org these requests will then be referred to the Fire Chief or their designee.
 - b. AFD personnel shall log and track all requests for a reduction or waiver of fees.
 - c. The patient shall complete the Hardship Application and submit all required supporting documentation (see Financial Questionnaire below). The paperwork shall then be sent in totality to AFD personnel via email (albanyfire@albanyca.org) or certified mail (to the below address) within ninety (90) days of receipt of the application packet. Any packets that are incomplete (i.e. forms not filled out or lacking **all** supporting documentation) shall be deemed incomplete and **not** considered for a reduction or waiver.

i. Albany Fire Department
1000 San Pablo Ave.
Albany Ca 94706
Attn. Ambulance Fee Hardship Request

- d. All fee reductions or waivers will be taken into consideration for approval and approved by the Fire Chief or designee on a case-by-case basis.
- e. AFD personnel shall attempt to notify patients within forty-five (45) days of the approval or denial of a reduction or waiver of fees.
- f. AFD personnel shall forward the approval/denial of reduction or waiver request to the billing contractor including the account number, patient name, dollar amount and reason for reduction, waiver or denial of hardship claim.

City of Albany
Financial Evaluation Questionnaire

Albany Fire Department
Attn: Billing Department
1000 San Pablo Ave.
Albany, CA 94706

Information furnished on this document is considered by the City of Albany to be exempt from public disclosure pursuant to Government Code Section 6254(c) and 6255(a). The information provided shall not be released without notification to the provider of the information. Please answer the questions below as completely as possible and return this form to the above address. If you have any questions, please call (916) 381-6552 and ask to speak with the City of Albany Representative. Office hours are 9:00 AM to 4:00 PM, Monday through Friday.

1. Patient's Name: _____
(Last) _____ (First) _____ (Middle initial) _____
2. Date of Service: _____ Run #: _____ Balance: _____
3. Patient's Date of Birth: ____ / ____ / ____ Patients Social Security #: ____ - ____ - ____
(Mo) (Day) (Yr)
4. Is the Patient responsible for paying the bill? Yes ____ No ____
If no: Name of the person responsible: _____
Relationship to Patient: _____
Date of Birth: _____
Social Security #: ____ - ____ - ____

*****The person responsible for paying this bill should answer the rest of this questionnaire*****

5. Demographic Information
Address: _____
Telephone #'s: Home: _____ Work: _____
Marital status: single ____ married ____ divorced ____ widowed ____
Spouses name: _____
Number of people in household: _____ Ages of minor children: _____
Rent or own: _____
Health Insurance coverage (complete all that apply for your household): _____
Medicare identification number _____
Medi-Cal identification number _____
Private insurance (name) _____ Group # _____

Subscriber's identification # _____

6. **Income (ALL APPLICANTS MUST ANSWER A & B, PROVIDE REQUIRED DOCUMENTATION FOR C, AND SIGN / DATE.)**

A. Household Size: _____

(Equivalent to the number of persons residing in the home / unit – those declared in on taxes.)

Household Size	1	2	3	4	5	6
Maximum Annual "Family" Income	87,550	100,050	112,550	125,050	135,100	145,100

HUD 2025 Limit From:

<https://www.huduser.gov/portal/datasets/il/il2025/2025summary.odn>

B. My Family Income in the previous calendar year is below the Maximum Annual Income Above?

Yes No

C. Please enclose in a sealed envelope a copy of your most recently filed Form 1040, 1040A or 1040EZ tax return for all persons residing at the above residence. This form will be stamped and kept "Confidential" and will only be used for determining your income qualification. Please include only the page(s) showing income. If you do not file a tax return please provide an alternate means to document your income (i.e. Social Security expected benefits statement). **Proof of all income must be supplied in order for this financial evaluation questionnaire to be reviewed.**

Certification

I, _____ (print name here) hereby certify that the information contained in the above financial evaluation questionnaire is correct and complete to the best of my knowledge. I further understand that intentional misrepresentation or falsification of any information contained on the questionnaire is punishable by law.

Signature: _____ Date: _____