

CENTRAL CALIFORNIA EMERGENCY MEDICAL SERVICES

Manual:	Emergency Medical Services Administrative Policies and Procedures	Policy Number: 205
Subject:	Fresno County Rural Ambulance Contractor Reimbursement Program	Page: 1 of 3
References:	Fresno County Resolution #80-202 Fresno County Ordinance #0-627	Effective: 10/23/1980

I. PURPOSE

The rural ambulance contractor reimbursement program provides reimbursement to approved rural ambulance providers for non-transports (dry runs) and uncollectable transports. The funding provided for each approved rural ambulance contractor, in Fresno County Budget Unit 5240, is an estimation of dry runs and uncollectable transports in each of the assigned response areas for each year.

II. POLICY

Each rural ambulance contractor will maintain an agreement with the County of Fresno to provide ambulance transport services. Within each agreement the County will agree to reimburse the rural ambulance contractor for appropriate non-transports (dry runs) and uncollectible transports. The reimbursement of rural ambulance contractors will adhere to the following policies and procedures.

The rural ambulance contractor shall assign its "uncollectable accounts" to Fresno County. "Uncollectable accounts" are those accounts receivable for which the rural ambulance contractor has been unable to collect payment after they become past due or delinquent. Fresno County has the discretion to pursue any and all collection efforts for the compromise and settlement of such accounts and shall retain any revenues it receives on such accounts and shall have no obligation to pay the rural ambulance contractor any portion of such revenues collected. In the event that the contractor receives any payment or portion of payment of a claim submitted to the County, the payment shall be forwarded to the County.

II. PROCEDURE

Patient transport billings that are determined by the rural ambulance contractor as uncollectible shall be forwarded to the County of Fresno.

A. Qualifying Uncollectibles

- a. The patient transport must originate within Fresno County; and
- b. The response is dispatched by the Fresno County EMS Communications Center; and
- c. The response is dispatched as a Priority 1, 2, 3 or 4; and

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EMS Division Manager	07/01/2005
EMS Medical Director	

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- d. Interfacility and patient transports with a destination outside the EMS Region (Fresno, Kings, Madera or Tulare Counties) are not to be submitted to the County.

B. BILLING PROCESS

- 1. The rural ambulance contractor shall send out ambulance itemized billings within ten (10) days after the date of service and shall make a good-faith effort to collect charges directly from the patient or the patient's insurance.
- 2. Balance due statements shall be issued no more than forty-five (45) days.
- 3. The rural ambulance contractor will provide appropriate follow-up to the ambulance billing for payment.

C. ASSIGNMENTS TO COUNTY

- 1. After one hundred twenty (120) days uncollectible billings may be referred to the County's Accounting Division on the approved forms for those billings where payment has not been received.
 - a. If a patient is under 18, every effort should be made to include a parent's name or guardian. A Social Security Number, California Drivers License, and/or employment information for the parent should be included with the claim if available.
- 2. The Accounting Division will forward the uncollectible transport form to the Fresno County EMS Division for response verification.
- 3. The Fresno County EMS Division will verify the response and return the claims to the Accounting Division.
- 4. Claims must be submitted to Fresno County on the following forms:
 - a. Attachment A - Auditor Controller/Treasurer Office Uncollectable Accounts Form
 - b. Attachment B - Transport – Uncollectable Account Form

E. ADDITIONAL INFORMATION

1. Medi-Cal Patients

If the appropriate Medi-Cal number has been received, then Medi-Cal will be billed under their appropriate procedures. When Medi-Cal claims are denied because the patient is not eligible, then this becomes a private pay patient and the rural ambulance contractor follows the procedures above. If the rural ambulance contractor did not follow the proper billing procedures, then these accounts are written off. After payments are received, the balances are written off and shall not be billed to the County of Fresno.

Patients are billed as indicated; however, additional time is allowed so that Medi-Cal applications can be completed.

As of August 1, 1999, the Fresno County Trip Tickets are no longer necessary for Medi-Cal patients.

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2. Private Insurance Billing Procedures

Insurance companies are billed as a courtesy and are allowed the time necessary to process the bill. After the insurance company pays its portion, the patient is billed for the remainder. If the insurance company denies the bill, it reverts to the same as a private pay patient and can be submitted to Fresno County.

3. Medicare Patients

The rural ambulance contractor currently bills Medicare for the patient on an assigned basis after receiving authorization from the patient. If the insurance company denies the bill, it reverts to the same as a private pay patient and can be submitted to Fresno County.

4. Medical Services Program (MSP)

MSP is a temporary assistance program for a small group of qualified individuals. When MSP claims are denied by Fresno County because the patient is not eligible, it reverts to the same as a private pay patient and can be submitted to Fresno County. Claims submitted to Fresno County must contain the Fresno County Case Number for that patient or include the appropriate MSP documentation.

Since MSP claims are processed differently than other claims, MSP claims must be submitted on a separate Transport – Uncollectable Account Form (Attachment B). MSP claims must not be submitted with claims other than MSP claims.

5. Multiple patients – Rural ambulance contractors can bill for more than one patient, but all patients in the same transport ambulance must be billed at the Medi-Cal multiple patient rate.

6. Mileage – Charges claimed for mileage shall be computed one way. In the case of a completed run, mileage shall be from the place of patient receipt to the place of patient delivery. In the case of a “dry run”, mileage shall be from the point of dispatch to the point of cancellation.