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Gig Harbor Fire & Medic One

RESOLUTION 2024-04
February 27, 2024

BE IT RESOLVED that the Board of Fire Commissioners of Pierce County Fire Protection District No. 5 hereby adopts the attached Medical Billing Policy which is attached hereto and incorporated herein by this reference and shall supersede and replace all prior editions of the policy:

Medical Billing Policy No. 6000.3.

Approved at a regular meeting of the Board of Fire Commissioners, Pierce County Fire Protection District No. 5, this 27th day of February, 2024.

PIERCE COUNTY FIRE PROTECTION DISTRICT NO. 5

DocuSigned by:
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Chairman

DocuSigned by:
Alex Wilsie
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Commissioner

DocuSigned by:
Kevin Entze
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Commissioner

DocuSigned by:
Tom Sutich
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Commissioner

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Commissioner

Attest:

DocuSigned by:
Dennis Doan
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District Secretary

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Pierce County Fire Protection District 5

“Gig Harbor Fire & Medic One”

Billing Policy Manual

Emergency Response Services

Effective March 1, 2024

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GIG HARBOR FIRE & MEDIC ONE

Organizational Policy

Title:	Medical Billing Policy
Reference:	6000.3
Applies to:	All Personnel
Approved by:	Assistant Chief Perry Oldenburg
	Finance Director Krystal Hackmeister

Contents

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District Emergency Medical Services Billing Policies

1.0 Purpose

The District has established a billing program and polices to cover costs associated with providing emergency medical care, patient transport and rescue services. These policies are intended to provide transparency for those who receive our services, establish a billing philosophy, provide guidance, as needed, to third party billing agents and ensure that the district meets billing standards established by insurance providers. These policies and programs are specific to emergency service response and do not apply to other programs that the district may authorize or participate in.

1.1 Philosophy

As a public agency the district has a responsibility to manage funds carefully. Our philosophy is to bill for services provided as they relate to the costs incurred in providing emergency medical care, patient transport and rescue services. The district's programs are designed to lessen the burden on persons who receive our services. They further take into consideration the tax payer supported levies the district relies upon to cover operational, administrative and capital expenditures, as well as grant awards and supplemental insurance payment programs that the district may be eligible to receive.

These programs and polices shall be periodically reviewed to ensure consistency in fees and processes among similar agencies across the region.

1.2 Services for which Fees Apply

The District has established a billing schedule for all emergency response services provided by our personnel. The following services, as defined and considered herein, shall be included in our billing schedule. As applicable and when clarity is needed, additional definitions as described by the Centers for Medicare and Medicaid may apply to BLS and ALS emergency definitions.

BLS Emergency: Emergency response and transportation by ground ambulance vehicle, with the provision of medically necessary supplies and services, including basic life support ambulance services as defined by the state. BLS ambulance services are staffed by an individual who is qualified in accordance with state and local laws as an emergency medical technician (EMT), Advanced EMT or Paramedic.

ALS (1) Emergency: Emergency response and transportation by ground ambulance vehicle, with the provision of medically necessary supplies and services, including the provision of an advanced life support assessment or at least one advanced life support intervention. ALS assessment is an assessment performed by an ALS crew (Advanced EMT or Paramedic) as part of an emergency response that was necessary because the patient's reported condition at the time of dispatch was such only an ALS crew was qualified to perform the assessment.

ALS (2) Emergency: Emergency response and transportation by ground ambulance vehicle, with the provision of medically necessary supplies and services including: a) at least three separate

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administrations of one or more medications by intravenous push/bolus or by continuous infusion (excluding crystalloid fluids); or b) ground ambulance transport and the provision of at least one of the following ALS2 procedures: manual defibrillation/cardioversion; endotracheal intubation; central venous line; cardiac pacing; chest decompression; surgical airway, or intraosseous line.

Mileage: Mileage charges begin at the location of the emergency scene and conclude upon arrival of our medic unit at the destination facility.

Standby Services: As available, district staff may provide or be scheduled for standby, dedicated on site First Aid services at programs and events within The District. Standby time is charged from the time personnel arrive at the event until the conclusion of onsite services. In the event of an emergency, personnel providing standby services may be recalled from the event without notice. Should this occur, no charges will be applied for time that the personnel were unavailable. For the purpose of this item, standby services do not include a dedicated medic unit. On site emergencies that require an ambulance will be responded to in the same manner as any other 911 call.

Billing Agents, Process, Credit, Waivers and Collections

2.0 Billing Agent

The District may elect to use a third-party billing agent to submit claims and process payments on their behalf. Prior to contracting with any billing agent, the district will require that any third-party agent used to process claims and billing statements has procedures in place that will ensure:

1. the agent/agency and their employees are adequately trained in appropriate Health Insurance Portability and Accountability Act (HIPAA) processes, and;

2. claims issued and payments received are adequately accounted for and remitted to the district in a timely, efficient manner, and;

3. records of all claims processed and payments received, whether through private or public insurance or submitted by the patient individually, are maintained in accordance with state records retention laws.

The name, address, phone number and email of the billing agent used by the district shall be appropriately displayed on the district website. Further, upon request of a/the patient or their advocate, the district shall make this information available to those who have limited or no access to the district website.

2.1 Billing Process

At the time of service, or as soon thereafter as feasible, patients or their advocate shall make arrangements to provide insurance information to the District. Alternatively, insurance information

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may be provided directly to the districts third party billing agent if or when incident reports and billing cycles have been closed.

The district recognizes that a/the third-party billing agent may have established processes in place to efficiently and effectively bill for services. Absent any defined processes that provide greater benefit to the patient or the district, District shall endeavor to close medical incident reports (charts) and submit calls for billing within forty-five (45) calendar days, better defined as no later than fifteen (15) days following the end of the calendar month in which services are provided.

Following submission of medical incident charts, a/the third-party billing agent shall submit claims to insurance providers and remit statements of account to the patient. This process shall occur within thirty (30) calendar days of a/the third-party billing agency having received the medical incident chart. Thereafter, patients shall receive a statement of account no less than once each thirty (30) calendar days.

2.2 Credit

All accounts are due and payable at the time of initial billing. While the district or their third-party billing agent may submit insurance claims on the patient's behalf, the patient is ultimately responsible to pay all fees associated with receipt of services.

The District authorizes their third-party billing agent to make payment arrangements with any patient who has a balance due following or absent any payments received from insurance. Such payment arrangements shall be limited to a credit period of two years (730 days) from the date of the original invoice. Accounts for which payment arrangements have been made shall not be charged interest.

Should the patient fail to make arranged payments, The District or their third-party billing agent may elect to submit accounts to collection, as herein described.

2.3 Uncollectible Accounts

Accounts will be considered delinquent when the following conditions are met:

1. following ninety days of missing or failed payments from insurance providers or patient, except for;

2. when there is communication from a/the insurance provider within the ninety-day time period, indicating payment is forthcoming or services are being reviewed, this communication shall be considered to keep the account active, and;

3. if, upon conclusion of any applicable insurance payments, the patient fails to make payment, negotiated or otherwise, within the timeframe allowed.

The District may elect to use a third-party administrator to process accounts sent to collections. The district retains the right to apply collection charges that are in addition to and separate from the initial fees for service.

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The District may alternatively elect an ongoing review and write off process of uncollectible accounts.

2.4 Waivers

Charity Care

Under the guidance of Washington Administrative Code, 246-453, and the Revised Code of Washington, Title 70, Chapter 70.170, The District may elect a policy related to Charity Care. This policy applies to "indigent persons" as described in WAC 246-453-040 and utilizes the income guidelines provided by the United Stated Department of Health and Human Services.
Financial assistance may be provided to a responsible party with gross family annual income greater than the Federal Poverty Income Guidelines if circumstances such as; extraordinary non-discretionary expenses, future earning capacity, and the ability to make payments over an extended period of time warrant such consideration.

Eligible persons or their designated representative may request this classification be applied to their fees for services. The patient or persons requesting this status must provide all required documentation within thirty (30) days of the request. Failure to provide appropriate information and required documentation may result in the patient being denied Charity Care status.

Following review of any such request, The District shall determine the eligibility of the patient to receive Charity Care. If it is deemed that the patient is eligible, notice shall be provided within forty-five (45) calendar days and the balance of their account, or portion thereof shall be written off.

Specific to this section of the policy, all definitions, procedures, criteria, guidelines, standards and reporting requirements stated in WAC 246-453 shall apply.

Denials of charity care shall be subject to the appeal procedures applicable under RCW 246-453-020 (9) or any recodification thereof.

Resident Levy Write Off Waiver

The District recognizes the contribution of property tax dollars paid by property owners within the taxing district boundaries. In an effort to reduce the burden on these persons, the district shall allow for waiving of co-pays and co-insurance due from patients who are transported and who, at the time of service being provided, meet one or more of the following conditions:

1. at the time of service, have a physical address located within the borders of the district, Washington, or;

2. at the time of service, and as necessary, can provide documentation of ownership of taxable real property located within the borders of the district, Washington, or;

3. the parents or legal guardians of minor children, with whom they may or may not reside, and who may be financially responsible for any fees associated with service, meet the conditions of item 1 or 2 above.

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Utilizing the following guidelines, and in consideration of the criteria above, The District will waive deductibles, co-pays and co-insurance as follows for the services listed:

> ***Medical Transport (ALS 1, ALS 2 and BLS Emergencies)***: following payments from insurance providers, balances due from the patient for deductibles, co-pay or co-insurance shall be waived.

The district shall apply the benefit of this waiver program to those meeting the conditions above, whether they have private or public insurance or, if they are uninsured.

Additionally, The District shall endeavor to continue this waiver program until such time that it becomes financially difficult to continue district operations while providing the waiver to residents of our district.

Authorization to Apply Waivers

The Fire Chief or their delegated personnel charged with coordinating medical billing is authorized to apply waivers outlined in this policy. In all cases, prior to authorizing any applicable waiver, the Fire Chief or their designee shall ensure the guidelines and policies included herein have been met.

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Fees for Service

3.0 Fees for Service

The District charges an "all inclusive" rate for patients treated ***and*** transported. Resident fees are reduced in consideration of support provided through tax dollars and waivers provided for in this policy and resolutions of the Board of Fire Commissioners. Regardless of any waiver that residents are eligible to receive, the district must still establish a fee for the provision of services to ensure accuracy when billing applicable insurance providers. Non-residents are assessed fees comparable to similar services provided throughout the region.

Mileage fees are charged in addition to the "all inclusive" rate and are accounted for beginning at the scene of the emergency and ending at the admitting facility.

Service	**Resident Rate**	**Non-Resident Rate**
BLS Emergency	$ 750	$ 750
ALS 1 Emergency	$1,389	$1,389
ALS 2 Emergency	$1,522	$1,522
Mileage	$21.00/per mile	$21.00/per mile

Adopted: 27th day of February, 2024 by DocuSigned by: Dennis Doan FD05A9A3C0B54D1...

Amended: _____ Amendment Document: _____

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