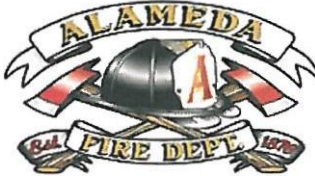


EXHIBIT 5

ALAMEDA FIRE DEPARTMENT

	<b>Subject:</b> EMS Billing Policy	<b>Policy Number</b> GOB 1-62
	<b>Approved By:</b> Chief Nicholas Luby	<b>Page:</b> 1 of 6
	<b>Refer To:</b> Deputy Fire Chief of Support Services	<b>Effective Date:</b> November 17, 2011
	<b>Policy Review Date:</b> April 2026	<b>Revised Date:</b> April 18, 2024

**Operations Volume**

**PURPOSE:** The purpose of the Emergency Medical Services Billing Policy is to provide information and direction on billing and collection for the Alameda Fire Department's and ambulance transport services.

**RESPONSIBILITY:** It is the responsibility of the Alameda 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 to understand and comply with this policy.

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

The Alameda 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 AFD 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—Alameda Fire Department
- B. Advanced Life Support (ALS) or Basic Life Support (BLS) Assessment - Assessments are comprised of any skill or tool available to Alameda Fire Department EMS personnel which is used to evaluate a patient's mental status, vital signs or other body functions for the purposes 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 in a Paramedic's scope of practice in Alameda 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. AMA- Against Medical Advice, 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 in an Emergency Medical Technician's scope of practice in Alameda 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. HIPAA- Health Insurance Portability and Accountability Act is 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. PCR - Patient Care Report. Required by Alameda 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. TNT – Treatment/Non-Transport. TNT applies to patients who are assessed and treated on-scene by the ambulance crew, but who refuse transportation to the hospital. Alameda 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 the Alameda Fire Department reviews and improves the delivery of emergency medical services.

**BILLING PROCEDURES:**

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

The Fire Department 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 Alameda 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, and 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:

1. First Responder fee is charged for responses to emergency medical service calls.
2. Treatment/Non-Transport fee is charged when a patient receives ALS interventions performed by AFD EMS personnel. (See exceptions listed in Section B.)
3. 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:

- patient assist without need for medical services (e.g. assistance getting back into bed); and
- patient or designee, did not call for service (e.g. friend or neighbor called) and patient refuses medical care.
- 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.
- 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 anything documented that is related to the patient's mental status or points to a specific cause 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 things that can be documented for failure to obtain a signature are:

- 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 was 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)

## CRITERIA FOR REDUCTION OR WAIVER OF EMS OR AMBULANCE TRANSPORT FEE

The Alameda 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 will be reduced or waived based on the following criteria:

1. Patients whose total annual household income is less than three hundred and fifty percent (350%) of the current Department of Health and Human Services Poverty Guidelines.

2. 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:
1. Requests for reduction or waiver of EMS or ambulance transport fees will be referred to AFD personnel at [afdemsbilling@alamedaca.gov](mailto:afdemsbilling@alamedaca.gov).
  2. AFD personnel shall log and track all requests for reduction or waiver of fees.
  3. The AFD Financial Hardship Application and attached Appendix A (Department of Health and Human Services Poverty Guidelines) will be sent to the patient. The patient shall complete the Hardship Application and Financial Statement and return to the [afdemsbilling@alamedaca.gov](mailto:afdemsbilling@alamedaca.gov) email address within ninety (90) days of receipt of the application packet.
  4. All fee reductions or waivers will be approved by the Fire Chief or designee.
  5. AFD personnel shall attempt to notify patient within forty-five (45) days of the approval or denial of a reduction or waiver of fees.
  6. AFD personnel shall forward the approval or denial of reduction or waiver request to the billing contractor including the account number, patient name, dollar amount and reason for reduction or waiver or denial of hardship claim.

## EMS AND AMBULANCE TRANSPORT BILLING PROTOCOLS

1. In order to ensure accurate billing, Alameda Fire Department personnel will make every attempt to provide accurate patient and insurance information in each electronic patient care report.
2. 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.
3. The billing contractor bills third-party payers and/or patients based on the information provided by the Alameda Fire Department, and any other credible third-party source.
4. When a patient's returned bill provides current contact information, the billing contractor updates the patient account information and resends billing information accordingly.

5. 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, with the exception of accounts being considered for hardship.
6. Monthly, the billing contractor will provide Alameda 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.
7. Within ten (10) business days of receipt, Alameda 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.
8. At the direction of the Alameda 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.
9. 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.

**Alameda Fire Department  
EMS Billing Policy**

**Appendix A  
Financial Hardship Application**

**Please complete statement, sign, date and return within ninety (90) days of receipt to the Alameda Fire Department, 1300 Park Street, Alameda, CA 94501. Completed statement may also be sent via email to [afdemsbilling@alamedaca.gov](mailto:afdemsbilling@alamedaca.gov).**

*All information relating to financial hardship requests will be kept confidential.*

Patient Name: _____		
Address: _____		
Phone #: _____	Email: _____	
Date of Service: ____/____/____	Account Balance:	\$ _____
Incident scene address or location: _____		
Date of Service: ____/____/____	Account Balance:	\$ _____
Incident scene address or location: _____		
Date of Service: ____/____/____	Account Balance:	\$ _____
Incident scene address or location: _____		
Date of Service: ____/____/____	Account Balance:	\$ _____
Incident scene address or location: _____		
<b>Attach copy(ies) of billing statement(s).</b>		
<b>NUMBER OF FAMILY MEMBERS LIVING IN HOUSEHOLD:</b> _____		
Family Member Name: _____	Relationship: _____	Age: _____
Family Member Name: _____	Relationship: _____	Age: _____
Family Member Name: _____	Relationship: _____	Age: _____
Family Member Name: _____	Relationship: _____	Age: _____
Family Member Name: _____	Relationship: _____	Age: _____
<b>If additional family members, please attach a separate sheet and include name, relationship and age.</b>		

**Alameda Fire Department**  
**Application and Financial Statement for Financial Hardship Consideration**

<b>MONTHLY GROSS HOUSEHOLD INCOME &amp; SOURCE</b>
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	Patient	Spouse or Parents	Dependents
Monthly Salary (Gross)	\$ _____	\$ _____	\$ _____
Public Assistance Benefits	\$ _____	\$ _____	\$ _____
Unemployment Benefits	\$ _____	\$ _____	\$ _____
Social Security Benefits	\$ _____	\$ _____	\$ _____
Workman's Compensation	\$ _____	\$ _____	\$ _____
Child Support	\$ _____	\$ _____	\$ _____
Other (Pension alimony, etc.)	\$ _____	\$ _____	\$ _____
Subtotal:	\$ _____	\$ _____	\$ _____

**Total Monthly Gross Household Income** \$ \_\_\_\_\_

**Please provide applicable documentation of proof of total monthly household income:**

- |   |   |
|---|---|
| <input type="checkbox"/> Not applicable<br><input type="checkbox"/> Not applicable<br><input type="checkbox"/> Not applicable<br><input type="checkbox"/> Not applicable<br><input type="checkbox"/> Not applicable | <input type="checkbox"/> Pay check stubs for the past 90 days for all employed adult family members in the household<br><input type="checkbox"/> Unemployment check stubs for all household members for the past 90 days<br><input type="checkbox"/> Proof of all other total household income received in the past 90 days<br><input type="checkbox"/> Application forms from Medicaid or other State-funded medical assistance program<br><input type="checkbox"/> General assistance income for all household members for the past 90 days |
|---|---|

**In addition to the above documentation, the patient must submit:**

- Most recent signed income tax return, or**
- Letter 4506-T from the Internal Revenue Service (IRS)** stating they did not file taxes for the year. The current version of this form is not available until after April 15 of each year. The phone number for the IRS to obtain this letter is (800) 829-1040.

Person completing this application (if different than the patient):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Failure to complete the application or include required financial documentation will result in the denial of your request.

**I hereby certify, under penalty of perjury, that the above statements are true and correct to the best of my knowledge.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name



**Alameda Fire Department**  
**Application and Financial Statement for Financial Hardship Consideration**

*For Office Use Only:*

<b>Date Received:</b> _____	<b>Patient Name</b> _____
<b>Status</b> Approved          Denied	
Amount Reduced or Waived: \$ _____	Remaining Balance Due: \$ _____
Processed by: _____	Signature: _____
Approved by: _____	Signature: _____
Title: _____	
Upon completion, the Alameda Fire Department to send a copy of the hardship waiver, reduction or denial to the patient and the billing contractor.	
Date Sent: _____	Sent by: _____

The Department of Health and Human Services Poverty Guidelines (48 Contiguous States and D.C.):  
<https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>

If the patient’s total monthly gross household income falls within 200% or less of the established HHS Poverty Guidelines for household income, the patient’s account balance will be waived. If the patient’s total monthly gross household income falls with 201% -299% of the established household income, the patient’s account balance will be reduced by 75%. If the patient’s total monthly gross household income falls within 300 - 399% of the established household income, the patient’s account balance will be reduced by 50%. If the patient’s total monthly gross household income falls within 400% or less of the established household income, the patient’s account balance will be reduced by 25%.

**Alameda Fire Department  
EMS Billing Policy**

**Appendix B**

**Emergency Medical Services Ambulance Transport Services Agreement  
County of Alameda and the City of Alameda**

**Section 10 - Contracted Revenue**

**10.2 User Fees:**

- a. The County shall establish user fees by approval of a majority vote of the Board of Supervisors. City is prohibited from charging in excess of the approved User Fees as set forth in Exhibit G – City’s User Fees – 911 System.
- b. The rates in effect at the time of this Agreement shall be frozen until the County’s Contracted Private Provider rates exceed the rates described in Exhibit G – City’s User Fees. At that time, City’s User Fees will remain equivalent to the County’s Contracted Private Provider rates.
- c. In the event that changes occur that result in at least a ten percent (10%) in costs for providing services pursuant to this agreement, or at least a ten percent (10%) decrease in total collected revenue compared to the preceding twelve (12) month period, City may request increases or decreases in User Fees. Once the data supporting the request has been verified, the EMS Director shall submit the request and justification for an increase in User Fees to the Board of Supervisors for approval.