



GOVERNMENT OF THE DISTRICT OF COLUMBIA

Fire and Emergency Medical Services Department

PUBLIC NOTICE

Date of Notice: 09/27/2022

Effective Date: 10/01/2022

Reason for Notice: Public notice of ambulance billing policy used for submission of insurance claims and billing of ambulance fees and charges.

When a patient is treated and/or transported by the District of Columbia Fire and Emergency Medical Services (DCFEMS) Department, or by Global Medical Response (GMR, formerly AMR), DCFEMS uses a third party billing service to process insurance claims and bill for ambulance fees and charges. This ambulance billing policy describes responsibilities of the parties, including patient payment responsibility, and identifies exemptions, reductions, and waivers that may be conditionally applied to unpaid patient account balances. The DCFEMS third party billing party is authorized to use this policy for patient account management decision making purposes.

As of **October 1, 2022:**

AMBULANCE BILLING POLICY

OF THE DISTRICT OF COLUMBIA FIRE AND EMERGENCY MEDICAL SERVICES DEPARTMENT

I. AUTHORIZATION

This policy is authorized for use by the DCFEMS ambulance billing administrator on and after the effective date. The DCFEMS third party billing service (by contractual terms and conditions) shall follow the requirements of this policy for patient account management decision making purposes. Identified errors, omissions, or other inquiries should be directed to the DCFEMS third party billing service office representative **by calling 1-202-673-3368** during normal business hours.

II. DCFEMS RESPONSIBILITIES

A. DCFEMS will provide emergency treatment and/or ambulance transport for all patients regardless of their ability to pay for such services.

- B. DCFEMS first responders, including firefighters, emergency medical technicians (EMTs) and paramedics will make emergency treatment and ambulance transport determinations without regard to the cost of such services, or the ability of patients to pay for such services.
- C. The DCFEMS third party billing service will make all efforts to promptly respond to inquiries from patients and/or patient representatives, provide requested information, answer questions, and help with assistance when requested.
- D. The DCFEMS third party billing service will make all efforts to identify patient insurance coverage information for payment of ambulance fees and charges, submit insurance claims, and obtain full payment from insurers to minimize out-of-pocket expenses from patients.
- E. The DCFEMS third party billing service will make all efforts to fairly and impartially apply ambulance billing policy to determine the payment responsibility status and collection eligibility status of patients.
- F. DCFEMS and the third party billing service shall abide by all laws, regulations, and rules pertaining to ambulance billing and insurance claim submission.

III. PATIENT RESPONSIBILITIES

- A. Patients transported by ambulance will provide DCFEMS first responders with their full (legal) name, full residential address, birthdate, driver's license and/or governmental identification number, and/or other requested identity information (all, if capable).
- B. Patients transported by ambulance will describe to DCFEMS first responders what caused their illness or injury, including what happened on the day of their emergency, why they called 9-1-1, and what may have contributed to their needing an ambulance (all, if capable).
- C. Patients transported by ambulance will provide DCFEMS first responders with insurance information, including healthcare insurance, automobile insurance, workers compensation information, and/or other beneficiary policy information (all, if requested and capable).
- D. Patients transported by ambulance will promptly respond to requests from the DCFEMS third party billing service to verify their identity, residential address, and insurance coverage information, along with signing and submitting forms for insurance claim processing on their behalf (all, if requested and capable).
- E. Patients transported by ambulance will promptly respond to requests from their insurers and submit additional information to them, and/or verify the information contained in an insurance claim submitted by the DCFEMS third party billing service (all, if requested and capable).
- F. Patients transported by ambulance will promptly make payment to DCFEMS for unpaid ambulance fees and charges determined to be the responsibility of the patient, and/or submit to the DCFEMS

third party billing service certain information and forms requesting reduction and/or waiver of unpaid account balances based on qualifications (all, if requested and capable).

- G. Other parties representing patients transported by ambulance will act promptly on the patient's behalf in responding to all DCFEMS third party billing service requests described above.

IV. RESIDENCY STATUS

For ambulance billing purposes, DCFEMS shall consider the D.C. Department of Motor Vehicles (DMV) proof of current District of Columbia residency requirement as acceptable documentation to establish DC residency, in addition to any non-expired Government of the District of Columbia issued driver's license, personal identification card, or voter registration card (all, valid on the date of ambulance transport and issued in the patient's full legal name). Patients meeting this requirement will be considered DC residents. Patients not meeting this requirement will be considered out-of-state residents.

V. PAYMENT RESPONSIBILITY

- A. Patients transported by ambulance, or that person's legal guardian and/or duly authorized representative, shall be responsible for payment of ambulance fees and charges and shall remain personally liable for unpaid account balances after insurance claim processing except as follows:
 - (1) Any patient who is a Medicaid plan beneficiary on the date of ambulance transport, including Medicaid Fee-for-Service (FFS) plans, Medicaid Managed Care Organization (MCO) plans and/or other recognized Medicaid plans. The DCFEMS third party billing service shall submit insurance claims for ambulance fees and charges and credit payments according to the rules of such plans. Medicaid plan beneficiaries shall not receive statement of account notices or be billed for ambulance fees and charges even if a Medicaid plan rejects, denies, or does not respond to a submitted claim. Medicaid plan beneficiaries have no financial responsibility for payment and are ineligible for collection of unpaid account balances.
 - (2) Any patient who is a DC resident and a Medicare plan beneficiary on the date of ambulance transport, including Medicare Fee-for-Service (FFS) plans, Medicare Managed Care Organization (MCO) plans and/or other recognized Medicare plans (all sub-part types, including Railroad Medicare and others). The DCFEMS third party billing service shall submit insurance claims for ambulance fees and charges and credit payments according to the rules of such plans. DC residents who are Medicare plan beneficiaries will receive statement of account notices, but shall not be billed for ambulance fees and charges even if a Medicare plan rejects, denies, or does not respond to a submitted claim. DC residents who are Medicare plan beneficiaries have no financial responsibility for payment and are ineligible for collection of unpaid account balances.
 - (3) Any patient who is an out-of-state resident and a Medicare plan beneficiary on the date of ambulance transport, including Medicare Fee-for-Service (FFS) plans, Medicare Managed Care Organization (MCO) plans and/or other recognized Medicare plans (all sub-part types,

including Railroad Medicare and others). The DCFEMS third party billing service shall submit insurance claims for ambulance fees and charges and credit payments according to the rules of such plans. Out-of-state residents who are Medicare plan beneficiaries will receive statement of account notices, but shall only be billed at adjusted rates (by level of service), even if a Medicare plan rejects, denies, or does not respond to a submitted claim. Out-of-state residents who are Medicare plan beneficiaries have limited responsibility for payment and are ineligible for collection of unpaid account balances if full payment is made at adjusted rates.

- (4) Any patient who is a DC resident and a Veterans Healthcare plan beneficiary on the date of ambulance transport, including VA Health administrated plans and/or other recognized Veterans Healthcare plans. The DCFEMS third party billing service shall submit insurance claims for ambulance fees and charges and credit payments according to the rules of such plans. DC residents who are Veterans Healthcare plan beneficiaries will receive statement of account notices, but shall not be billed for ambulance fees and charges even if a Veterans Healthcare plan rejects, denies, or does not respond to a submitted claim. DC residents who are Veterans Healthcare plan beneficiaries have no financial responsibility for payment and are ineligible for collection of unpaid account balances.
- (5) Any patient who is an out-of-state resident and a Veterans Healthcare plan beneficiary on the date of ambulance transport, including VA Health administrated plans and/or other recognized Veterans Healthcare plans. The DCFEMS third party billing service shall submit insurance claims for ambulance fees and charges and credit payments according to the rules of such plans. Out-of-state residents who are Veterans Healthcare plan beneficiaries will receive statement of account notices, but shall only be billed at adjusted rates (by level of service), even if a Veterans Healthcare plan rejects, denies, or does not respond to a submitted claim. Out-of-state residents who are Veterans Healthcare plan beneficiaries have limited responsibility for payment and are ineligible for collection of unpaid account balances if full payment is made at adjusted rates.
- (6) Any patient who is a private healthcare plan beneficiary on the date of ambulance transport, including employer based plans, managed care plans, health system plans, and/or other recognized private healthcare plans, provided such a plan has entered into a participating provider agreement (PPA) with DCFEMS. The DCFEMS third party billing service shall submit insurance claims for ambulance fees and charges and credit payments according to requirements of PPAs with such plans. Private healthcare plan beneficiaries will receive statement of account notices, but shall only be billed for ambulance fees and charges not exceeding the PPA adjusted rates of such plans (by level of service), even if a private healthcare plan rejects or denies a submitted claim. Private healthcare plan beneficiaries have limited financial responsibility for payment and are ineligible for collection of unpaid account balances if a private healthcare plan rejects or denies a submitted claim.
- (7) Any patient who is a DC resident and a small or self-employed private healthcare plan beneficiary on the date of ambulance transport, provided such a plan accepts insurance claims from DCFEMS. The DCFEMS third party billing service shall submit insurance claims for ambulance fees and charges and credit payments for such plans. Small or self-employed

private healthcare plan beneficiaries will receive statement of account notices, but shall only be billed for remaining ambulance fees and charges not exceeding the PPA adjusted rates of other private healthcare plans (by level of service), even if a small or self-employed private healthcare plan rejects or denies a submitted claim. Small or self-employed private healthcare plan beneficiaries have limited financial responsibility for payment and are ineligible for collection of unpaid account balances provided full payment is made at the PPA adjusted rates described.

- B. Patients transported by ambulance, or that person's legal guardian and/or duly authorized representative, may qualify for reduction and/or waiver of unpaid account balances after insurance claim processing for reasons of hardship as follows:
- (1) Any patient who is homeless on the date of ambulance transport, with no fixed residential address, living in the streets, or is temporarily living in a homeless shelter, provided such a patient or that person's legal guardian and/or duly authorized representative completes and submits a hardship request to the DCFEMS third party billing service, or it can be determined (by other means) that such a patient is homeless. Homeless patients have no financial responsibility for payment and are ineligible for collection of unpaid account balances.
 - (2) Any patient who is unemployed on the date of ambulance transport, is receiving unemployment benefits, or is receiving other income assistance, provided such a patient or that person's legal guardian and/or duly authorized representative completes and submits a hardship request to the DCFEMS third party billing service. Patients submitting hardship requests will receive statement of account notices, but shall only be billed at hardship adjusted rates (by level of service). Patients submitting hardship requests have limited financial responsibility for account balance payment and are ineligible for collection of unpaid account balances if full payment is made at hardship adjusted rates determined by review (when applicable).
 - (3) Any patient who is uninsured on the date of ambulance transport with annual income less than two hundred fifty percent (250%) of poverty level for an individual, family, or domestic partner arrangement as determined by "Poverty Guidelines for the 48 Contiguous States and the District of Columbia," published each year by the U.S. Department of Health and Human Services (HHS), provided such a patient or that person's legal guardian and/or duly authorized representative completes and submits a hardship request to the DCFEMS third party billing service. Patients submitting hardship requests will receive statement of account notices, but shall only be billed at hardship adjusted rates (by level of service). Patients submitting hardship requests have limited financial responsibility for account balance payment and are ineligible for collection of unpaid account balances if full payment is made at hardship adjusted rates determined by review (when applicable).
 - (4) Any patient who is permanently disabled on the date of ambulance transport, as defined by Internal Revenue Service (IRS) tax reporting guidelines, provided such a patient or that person's legal guardian and/or duly authorized representative completes and submits a hardship request to the DCFEMS third party billing service. Patients submitting hardship requests will receive statement of account notices, but shall only be billed at hardship

adjusted rates (by level of service). Patients submitting hardship requests have limited financial responsibility for account balance payment and are ineligible for collection of unpaid account balances if full payment is made at hardship adjusted rates determined by review (when applicable).

- (5) Any patient who is experiencing end-of-life medical conditions on the date of ambulance transport, or died following ambulance transport, provided such a patient or that person's legal guardian and/or duly authorized representative completes and submits a hardship request to the DCFEMS third party billing service. Patients submitting hardship requests will receive statement of account notices, but shall only be billed at hardship adjusted rates (by level of service). Patients submitting hardship requests have limited financial responsibility for account balance payment and are ineligible for collection of unpaid account balances if full payment is made at hardship adjusted rates determined by review (when applicable).

C. Patients transported by ambulance, or that person's legal guardian and/or duly authorized representative, may qualify for reduction and/or waiver of unpaid account balances after insurance claim processing for reasons of insurance review as follows:

- (1) Any patient who was not identified as having insurance on the date of ambulance transport, when such a patient submitted insurance coverage information, and the claim filing deadline has expired, provided such a patient or that person's legal guardian and/or duly authorized representative completes and submits an insurance review request to the DCFEMS third party billing service, or it can be determined (by other means) that such an error occurred. Patients submitting insurance review requests will receive statement of account notices, but shall only be billed at adjusted rates (by level of service). Patients submitting insurance review requests have limited financial responsibility for account balance payment and are ineligible for collection of unpaid account balances if full payment is made at adjusted rates determined by review (when applicable).
- (2) Any patient who experienced an insurance claim processing error, when such error resulted in claim rejection or denial, and the claim re-filing deadline has expired, provided such a patient or that person's legal guardian and/or duly authorized representative completes and submits an insurance review request to the DCFEMS third party billing service, or it can be determined (by other means) that such an error occurred. Patients submitting insurance review requests will receive statement of account notices, but shall only be billed at adjusted rates (by level of service). Patients submitting insurance review requests have limited financial responsibility for account balance payment and are ineligible for collection of unpaid account balances if full payment is made at adjusted rates determined by review (when applicable).
- (3) Any patient who experienced insurance claim denial, or an insurer did not respond to a claim, and the claim was re-filed without further action by an insurer or another insurer, provided such a patient or that person's legal guardian and/or duly authorized representative completes and submits an insurance review request to the DCFEMS third party billing service. Patients submitting insurance review requests will receive statement of account notices, but shall only be billed at adjusted rates (by level of service). Patients submitting insurance review

requests have limited financial responsibility for account balance payment and are ineligible for collection of unpaid account balances if full payment is made at adjusted rates determined by review (when applicable).

- (4) Any patient who experienced a high out-of-pocket unpaid balance (\$500 or more), when such a balance was the result of an insurer applied deductible and/or co-pay, provided such a patient or that person's legal guardian and/or duly authorized representative completes and submits an insurance review request to the DCFEMS third party billing service. Patients submitting insurance review requests will receive statement of account notices, but shall only be billed at adjusted rates (by level of service). Patients submitting insurance review requests have limited financial responsibility for account balance payment and are ineligible for collection of unpaid account balances if full payment is made at adjusted rates determined by review (when applicable).
- (5) Any patient who experienced involuntary ambulance transport, and an insurer denied or did not respond to the claim, provided such a patient or that person's legal guardian and/or duly authorized representative completes and submits an insurance review request to the DCFEMS third party billing service or it can be determined (by other means) that involuntary transport occurred. Patients who experienced involuntary ambulance transport have no financial responsibility for payment and are ineligible for collection of unpaid account balances.

D. Patients transported by ambulance, or that person's legal guardian and/or duly authorized representative, may qualify for reduction and/or waiver of all ambulance fees and charges for other reasons of necessity as follows:

- (1) Any person who was not the patient identified by an account number, date of service, or other information provided to the DCFEMS third party billing service, or who was fraudulently identified as the patient, provided such a patient or that person's legal guardian and/or duly authorized representative completes and submits an identity dispute request to the DCFEMS third party billing service, or it can be determined (by other means) that such an error occurred. Persons misidentified as receiving ambulance transport have no financial responsibility for payment and are ineligible for collection of unpaid account balances.
- (2) Any patient receiving ambulance transport who was the victim of crime, when to reduce or waive ambulance fees and charges is in the best interest of the Government of the District of Columbia, as determined by the Chief of DCFEMS (or the Chief's designee) in the exercise of his or her discretion. Patients identified for crime victim reduction or waiver will receive statement of account notices, but shall not be billed for ambulance fees and charges even if an insurance plan or other party rejects, denies, or does not respond to a submitted claim or request for victim assistance. Patients qualifying for crime victim reduction or waiver have no financial responsibility for payment and are ineligible for collection of unpaid account balances.
- (3) Any patient receiving ambulance transport, when to waive ambulance fees and charges is in the best interest of the Government of the District of Columbia, as determined by the Chief of DCFEMS (or the Chief's designee) in the exercise of his or her discretion. Patients qualifying

for waiver have no financial responsibility for payment and are ineligible for collection of unpaid account balances.

VI. COLLECTION ELIGIBILITY

- A. Patient accounts with unpaid balances after the insurance claim processing and patient billing cycle is complete will be classified delinquent between 180 and 360 days after the date a patient received ambulance transport services. Delinquent patient accounts eligible for collection action are as follows:
- (1) Any patient account when the identity, residential address, or insurance coverage information for a patient could not be verified, with an unpaid balance exceeding two dollars (\$2.00).
 - (2) Any patient account not qualified for exemption from billing (as described above) with an unpaid balance exceeding two dollars (\$2.00).
 - (3) Any patient account not qualified for reduction and/or waiver of ambulance fees and charges (as described above) with an unpaid balance exceeding two dollars (\$2.00).
- B. If a delinquent patient account is eligible for collection, it will be transferred to the D.C. Central Collections Unit (CCU) for processing. Once a collection eligible patient account is transferred to the CCU, DCFEMS can no longer assist with account inquiries or accept payments.

This notice was approved for publication by the District of Columbia Fire and EMS Department on 09/27/2022.