

ALACHUA COUNTY COMPREHENSIVE COLLECTION POLICY				
Activity	Environmental	Solid Waste	Miscellaneous	Returned Checks
1 st Bill	October each year	End of each month	End of each moth	Certified letter with late fee (\$25 for checks less than \$50, \$30 for checks more than \$50 and less than \$300, \$40 for checks more than \$300 or 5%, whichever is greater See Ch 68.065(2) & 832.08(5))
2nd Bill	30 days after 1st bill Total days = 60	30 days after 1st bill Total days = 60	30 days after 1st bill Total days = 60	+ 30 days - 2nd notice
3rd Bill	30 days after 2nd bill Total days = 90	30 days after 2nd bill Total days = 90	30 days after 2nd bill Total days = 90	+ 30 days - 3rd and Final notice
4th Bill	30 days after 3rd bill Total days = 120	Apply bills to escrow accounts - No further collection activity necessary	30 days after 3rd bill Total days = 120	+ 15 day (a) prepare for State Attorney - get ID info from dept (b) try calling - allow no more than 10 days
5th Bill	No 5th bill Go to collection agency activity	N/A	No 5th bill go to collection agency activity	+ 10 days - Send Affidavit to State Attorney
Sort for Collection Agency. determine if additional county action is justified, keep those that are, send to Collection Agency after additional work, if no result	30 days after 4th bill Total days = 150	N/A	30 days after 4th bill Total days = 150	State Attorney pursues checks under \$300 for 2 years and over \$300 for up to 4 years
Collection Agency billings	1 initial 1 follow up 30 days later Total days = 180	N/A	1 initial 1 follow up 30 days later Total days = 180	F&A sends memo to State Attorney for updates on outstanding checks
End of Collection Activity	Collection Agency notifies County of write down & ones that need additional work ie small claims, ect	N/A	Collection Agency notifies County of write down & ones that need additional work ie small claims, ect	N/A
Account turned over to County Attorney, Small Claims filed, write down approval BOCC	Account turned over to County Attorney, Small Claims filed, write down approval BOCC	N/A	Account turned over to County Attorney, Small Claims filed, write down approval BOCC	Write down approval from BOCC for those collected after State Attorney activity

*For Ambulance see Alachua County EMS Billing and Collection Policy

Alachua County EMS Billing and Collections Policy

Original Policy Date: October 1, 2023
Current Policy Date: **October 1, 2023**

1.0 PURPOSE

To establish billing and collection procedures for emergency medical services provided by the Alachua County Fire Rescue. The objective is to maximize revenue recovery for user ambulance services fees to support the costs for the program and to lessen the burden on taxpaying citizens, particularly those citizens who may not use the service.

2.0 SCOPE

Alachua County utilizes in-house staff in the Fire Rescue Medical Billing Office to provide emergency medical services (EMS) billing and collection services according to the Alachua County Schedule of Fees, Alachua County policies, Alachua County Clerk's Office policies/processes and applicable state and/or federal laws.

3.0 DEFINITIONS

- a. Emergency Medical Services (EMS): Defined as the system of services that responds to emergencies utilizing highly skilled pre-hospital clinicians. EMS billing is sometimes interchangeably referred to as ambulance billing.
- b. Financially Responsible Party: The party that has responsibility for all or a portion of the patient's healthcare costs; includes health insurance, the patient directly, a guardian or other guarantor, or other third party that is not a health insurance plan.
- c. Health Insurance Portability and Accountability Act (HIPAA): The Health Insurance Portability and Accountability Act of 1996; as amended.
- d. Insurer: The party in an insurance contract undertaking to pay compensation. This may include Medicaid, Medicare, Tricare, and private insurance companies.
- e. Patient: A person receiving emergency medical care by ACFR.
- f. Patient Care Report (PCR): A legal document used to collect essential elements of patient assessment, care, and transport.
- g. Payer: A term most commonly used interchangeably with insurance company, or insurer, as a responsible party for ambulance service fees. A payer may be any third-party responsible for an invoice or claim for ambulance services.

4.0 FEE SCHEDULE

The rate and rate definition for each service is published each fiscal year in the Alachua County Schedule of Fees and is posted to the Budget and Fiscal Services webpage: <https://alachuacounty.us/depts/omb/budgetinformation/pages/feescharges.aspx>.

The actual service level code (CPT) billed to Medicare, or other regulated payers, may vary from the service rate billed/reimbursed will be based on Medicare policy definitions, as outlined in the CMS Benefit Policy Manual, Chapter 10 - Ambulance Services as published on the CMS.Gov website: <https://www.cms.gov/medicare/ambulance-fee-schedule/ambulance-specific-manuals>.

Service billing levels may include, but are not limited to:

Advanced Life Support (ALS emergency and non-emergency)

Advanced Life Support 2 (ALS2)

Basic Life Support (BLS emergency and non-emergency)

Specialty Care Transport (SCT)

Mileage (Loaded, per mile; in addition to base rate for service level)

5.0 BILLING PROCEDURES

- a. Intake of patient information will be performed by ACFR personnel in compliance with HIPAA policies.
- b. The data file for Patient Care Reports (PCRs) will be extracted from the PCR software. The file will be electronically imported into the billing software by ambulance billing staff. Ambulance billing staff will establish a review/reconciliation process to ensure that reported EMS services in the PCR software are received by the billing software and are processed for billing.
- c. Ambulance billing staff will promptly file claims with insurers upon receiving required information from the patient or financially responsible party.
- d. Once the insurance has remitted payment or claim processing determination, it will be the responsibility of the billing staff to promptly invoice the patient, or financially responsible party, for any remaining balance.
- e. If no insurance information can be obtained, or if the patient is uninsured, the patient may set-up a monthly payment plan.
- f. Ambulance billing will invoice the patient for fees for services provided by ACFR.
 - i. Following the initial invoice, the billing department will provide four (4) monthly notices/statements during the billing cycle.
 - ii. A collection letter will be submitted to the patient as a final notice to the patient. The letter will include a timeline as to when payment must be received to avoid placement with the collection agency. The letter will also include the projected balance that will be due from the patient, such as collection fees or other additional fees.
- g. If a patient or financially responsible party makes a partial payment, or arranges a payment plan, the billing cycle may be restarted.
- h. Debtors with a documented, repetitive history of non-payment may be referred to the collection agency before the standard billing cycle has been completed.
- i. Debtor accounts with unresolved, invalid mailing address may be placed with collection agency prior to completion of standard billing cycle
- j. Debtor accounts with an invalid mailing address may exceed the standard billing cycle for research for a correct mailing address.

6.0 PAYMENT

- a. The patient or financially responsible party may submit appropriate payment, or payment request, by phone, postal mail, or through Civitek.
 - i. Acceptable forms of payment include: ACH payments approved by Finance & Accounting, personal check, money order, or Civitek payment options, such as credit card, electronic bank withdrawal, and Google pay.
 - ii. Cash payments will also be accepted. A receipt will be provided to the customer to document the payment.
- b. All checks rendered with non-sufficient funds (NSF) will be collected by Finance & Accounting per the policies of the Alachua County Clerk of the Court.

7.0 PAYMENT PLANS

- a. If a patient does not qualify for Medicare or Medicaid and is not privately insured, a waiver may be granted upon application, based on the most recent poverty guidelines of the United States Department of Health and Human Services.
- b. If a patient does not meet the poverty guidelines, the patient may upon application, be approved for a payment plan based on their ability to pay.
- c. Patients or financially responsible parties who receive approval for a payment plan shall make minimum payments based on their ability to pay until the balance is paid in full.
- d. All documentation for hardships and payment plans are subject to confidentiality.

8.0 ADJUSTMENTS & WRITE-OFFS

- a. The County authorizes the Ambulance Billing Office to adjust (write-down) or write-off the following accounts:
 - i. Adjustments required by Medicaid, Medicare, Tricare, HMO plans, state fee schedule mandated payers, or Federal Government sponsored payers.
 - ii. Payer adjustments required per remittance with standard claim adjustment group code and adjustment reason code(s) found in the following web publications: <https://x12.org/codes>; <https://www.caqh.org/core/operating-rules#sub-component-boxy-tabbed-706-tab>
 - iii. Account adjustments as outlined by local contract or governance.
- b. The County authorizes the Ambulance Billing Office to flag accounts for review/ approval of write-off. Accounts may be written-off under the following conditions:
 - i. After review by Finance & Accounting and approval by the Alachua County Clerk, Alachua County Attorney, and/or Alachua County Board of County Commissioners.

9.0 EXEMPTIONS

Exemptions for fees and charges, not otherwise defined, may be granted if the following circumstances exist:

- a. Approval by Alachua County Attorney's Office, County Manager or designee, or Board of County Commissioners.

10.0 REFUNDS

- a. ACFR Ambulance Billing staff will establish a tracking mechanism for overpaid amounts by patients or insurers. Staff will be responsible for initiating refunds, or payer notification of an overpayment, per the payer's process, and in accordance with the most stringent of local, state, or federal guidelines for the payer.
- b. In the event that the Ambulance Billing Office receives a request for a refund, or is assessed an overpayment by any payer, staff shall issue a refund in accordance in accordance with the most stringent of local, state, or federal guidelines for the payer.
- c. Overpaid accounts that require a refund by check shall be reviewed and approved by an Ambulance Billing Supervisor/Manager. The payment request shall be submitted to the Finance Department for remittance of refund to payee/vendor.
- d. Overpaid accounts that exceed the allowed amount, and cannot be refunded to the payee, will be submitted to Finance & Accounting for handling in accordance with the published State of Florida Unclaimed Property law and process: <https://ftreasurehunt.gov/UP-Web/sitePages/ReportUnclaimedPropertyHR.jsf>

11.0 COLLECTIONS PROCEDURES

Unless otherwise defined by contractual agreement or local/state/federal policy, after completion of the billing cycle, or no more than one hundred eighty (180) days from the last payment, remittance or payment agreement, any outstanding account balance will be classified as delinquent and sent to the County contracted collection agency.

Ambulance Billing staff will establish procedures for account placement with the contracted collection agency, including tracking of general account status and payment history.

Collection fees are assessed to the debtor in accordance with the Alachua County Schedule of Fees.

12.0 CITIZEN COMPLAINTS

Resolution of citizen complaints regarding billing of ambulance services will be reviewed by ACFR staff within 1 - 2 business days. If resolution cannot be made from department policy or County Collections Policy, assistance from the County Attorney liaison may be necessary to ensure local, state and/or federal policies are followed. Unresolved billing conflicts may require write-off in accordance with Collections Policy write-off procedures.

13.0 HIPAA COMPLIANCE

ACFR shall follow all HIPAA rules regarding protected health information (PHI), in accordance with guidelines set in federal law as outlined in this web publication: <https://www.hhs.gov/hipaa/index.html>

- a. ACFR shall provide adequate and documented training for all personnel per County policy or directive.