Approved: May 15, 2024
Ordinance: 24-02
Resolution:

MORAGA-ORINDA FIRE DISTRICT
DISTRICT POLICY
Ordinance 24-02, Exhibit "B"
03

AMBULANCE TRANSPORT AND EMERGENCY MEDICAL SERVICES COLLECTIONS POLICY

1. It shall be the policy of the Moraga-Orinda Fire District that personnel of the District, or the District's designee, will make reasonable attempts to recover ambulance transport and emergency medical costs from patients who have received care by the Moraga-Orinda Fire District.

2. Reimbursement requests will be made to all insurance companies, Health Maintenance Organizations, Medicare, Medical, and individuals, as appropriate.

   As authorized by Health and Safety Code Section 13917, waivers for co-payments for residents and/or taxpayers living within the geographic boundaries of the Moraga-Orinda Fire District will be granted as their tax dollars are used to provide the base level of services provided.

   Co-payments for non-residents and/or non-taxpayers will not be waived as these individuals have not financially contributed to the support of the District.

3. The District's collection process for individuals will include an initial billing invoice and a follow-up statement.

4. The District may, in its sole discretion, elect to grant hardship waivers. Individuals can request a hardship waiver and must complete a Hardship Application. Hardship waivers can be approved by the Fire Chief. Hardship requests that are not approved by the Fire Chief may be appealed to the Board of Directors of the Moraga-Orinda Fire District.

5. Accounts of employees and/or relatives of District employees shall be treated in the same manner as any other patient. In no instance should the employee and/or relative receive preferential treatment. Accounts of employees and/or relatives of District employees shall be administered and processed by disinterested District employees.

6. The District has established a contractual agreement with a "collections agency" to process those claims that the District deems uncollectible.

7. The District will charge and collect ambulance transport and emergency medical services fees in compliance with AB 716. As required by Health and Safety Code Section 1797.233:

(a) The District shall not require an uninsured patient or self-pay patient to pay an amount more than the established payment by Medi-Cal or Medicare fee-for-service amount, whichever is greater.

(b) (1) The District shall only advance to collections the Medicare or Medi-Cal payment amount, as determined pursuant to subdivision (a), that the uninsured or self-pay patient failed to pay.
(2) The District, or an entity acting on its behalf, including a debt buyer or assignee of the debt, shall not report adverse information to a consumer credit reporting agency or commence civil action against the individual for a minimum of 12 months after the initial billing regarding amounts owed by the individual pursuant to subdivision (a).
(3) With respect to an uninsured patient or self-pay patient, the District, or an entity acting on its behalf, including an assignee of the debt, shall not use wage garnishments or liens on primary residences as a means of collecting unpaid bills pursuant to this section.
(c) The District remains subject to balance billing protections for Medi-Cal beneficiaries under Section 14019.4 of the Welfare and Institutions Code.

8. As required by Health and Safety Code Section 1371.56:

(a) (1) The District shall require an enrollee who receives covered services from a noncontracting ground ambulance provider to pay no more than the same cost-sharing amount that the enrollee would pay for the same covered services received from a contracting ground ambulance provider. This amount shall be referred to as the "in-network cost-sharing amount."
(2) An enrollee shall not owe the noncontracting ground ambulance provider more than the in-network cost-sharing amount for services subject to this section. At the time of payment by the plan to the noncontracting provider, the plan shall inform the enrollee and the noncontracting provider of the in-network cost-sharing amount owed by the enrollee and shall disclose whether or not the enrollee's coverage is regulated by the department or if the coverage is not state-regulated.
(b) (1) The in-network cost-sharing amount paid by the enrollee pursuant to this section shall count toward the limit on annual out-of-pocket expenses established under Section 1367.006.
(2) Cost sharing arising pursuant to this section shall count toward any deductible in the same manner as cost sharing would be attributed to a contracting provider.
(3) The in-network cost-sharing amount paid by the enrollee pursuant to this section shall satisfy the enrollee's obligation to pay cost sharing for the health service.
(c) The District shall only advance to collections the in-network cost-sharing amount, as determined by the plan pursuant to subdivision (a), that the enrollee failed to pay.
(1) The District, or an entity acting on its behalf, including a debt buyer or assignee of the debt, shall not report adverse information to a consumer credit reporting agency or commence civil action against the enrollee for a minimum of 12 months after the initial billing regarding amounts owed by the enrollee pursuant to subdivision (a).
(2) With respect to an enrollee, the District, or an entity acting on its behalf, including an assignee of the debt, shall not use wage garnishments or liens on primary residences as a means of collecting unpaid bills pursuant to this section.
(d) (1) Unless otherwise agreed to by the District and the health care service plan, the plan shall directly reimburse the District for ground ambulance services the difference between the in-network cost-sharing amount and an amount described, as follows:
(A) If there is a rate established or approved by the District, at the rate established or approved by the District, including an exclusive operating area pursuant to Section 1797.85.
(B) If the District does not have an established or approved rate for that service, the amount established by Section 1300.71 (a)(3)(B) of Title 28 of the California Code of Regulations.
(2) The District has jurisdiction over the ground ambulance transport if either of the following applies:
(A) The ground ambulance transport is initiated within the boundaries of the District's regulatory jurisdiction.
(B) In the case of ground ambulance transports provided on a mutual or automatic aid basis into another jurisdiction, the District where the noncontracting ground ambulance provider is based.

(3) A payment made by the health care service plan to the District for services as required in subdivision (a), plus the applicable cost sharing owed by the enrollee, shall constitute payment in full for services rendered.
(4) Notwithstanding any other law, the amounts paid by a health care service plan for services under this section shall not constitute the prevailing or customary charges, the usual fees to the general public, or other charges for other payers for an individual ground ambulance provider.
€ A health care service plan or a provider may seek relief in any appropriate court for the purpose of resolving a payment dispute. A ground ambulance provider may use a health care service plan's existing dispute resolution processes.
(f) The District remains subject to the balance billing protections for Medi-Cal beneficiaries under Section 14019.4 of the Welfare and Institutions Code.
(g) This section does not apply to a Medi-Cal managed health care service plan or any entity that enters into a contract with the State Department of Health Care Services pursuant to Chapter 7 (commencing with Section 14000), Chapter 8 (commencing with Section 14200), and Chapter 8.75 (commencing with Section 14591) of Part 3 of Division 9 of the Welfare and Institutions Code.