

RAPPAHANNOCK COUNTY FIRE and RESCUE ASSOCIATION	NUMBER: 1301
STANDARD ADMINISTRATIVE POLICY	PAGE 1 of 2
SUBJECT: EMS Cost Recovery Policy	EFFECTIVE DATE: 2/6/18
WRITTEN BY: P Komar	ISSUED BY: <i>Frank Huff, President</i> 2-6-18

PURPOSE: The purpose of this policy is to define the Policies related to EMS Cost Recovery from Billing for Ambulance Transports.

BACKGROUND: The previous County Ordinances defined specific guidelines that conflicted with CMS Guidelines. This Policy ensures the applicable sections of document remain in effect after the rescinding of the Ordinance.

SCOPE: This Policy applies to all Rappahannock County rescue and/or emergency medical services stations licensed by the Virginia Department of Health, Emergency Medical Services branch.

POLICY:

1. **Compassionate Billing Policy:** This Policy will define the parameters to be followed for EMS Cost Recovery. By Law the EMS Billing agent must send an invoice for all EMS Transports outside of their primary service areas (defined for this guideline as all of Rappahannock County and for those areas within which companies have a defined "first due" assignment). The guidelines below will define the specific Rappahannock Guidelines for EMS Billing.
2. For all residents of Rappahannock County or any other county serviced by Rappahannock County EMS Agencies or other service areas considered "primary service area" the Insurance Co-Pay associated with EMS Cost Recovery for a treatment and transport by the County Ambulance Services will be waived.
3. Medicaid: billing in accordance with Medicaid payment Schedules
4. Medicare: billing in accordance with Medicare payment Schedules.

5. The specific fee amounts to be charged for each level of Life Support, and for each mile of transport by ambulance, shall be set annually by Majority vote of the Rappahannock County Volunteer Fire and Rescue Association based on Fee recommendations from the Billing Agent/s and all companies must comply with those rates.
6. No Billing will occur if patient is not transported. Billing of DOA is allowed under CMS Guidelines provided the family (if residing in the "primary service area") does not receive a bill if no insurance exists.
7. If a patient does not have the means to pay for ambulance services, they may request a waiver that enables all or part of the bill to be written off.