

LEON COUNTY E.M.S.

Standard Operating Guideline

Title: EMS Billing Process
CAAS: 104.03.01
Effective: June 1, 2005
Reviewed: March 2009, December 2012
Revision: 2
Pages: 3

I. PURPOSE

To provide guidelines for EMS billing and collections.

II. GUIDELINE

Leon County E.M.S. charges all patients for services rendered in accordance with current Federal and State guidelines for E.M.S. billing at the rates established by the Leon County Board of County Commissioners. Leon County E.M.S. will make every effort to collect all money owed to Leon County for services rendered by Leon County E.M.S.

III. PROCEDURE

Responding Crew

The responding crew is responsible for completing a patient care record that accurately describes the services provided to the patient in all instances where the patient is assessed, treated and / or transported. In addition to the patient care information the documentation will include:

- The patient's demographic information including
 - Name
 - Address
 - Date of Birth
 - Social Security number
 - Home telephone number
- The zip code from where the patient was picked up.
- Accurate odometer readings including tenth's of a mile
- Patient's insurance, Medicare and / or Medicaid information including
 - Name of insurance company
 - Name of person primary insured
 - Policy number
 - Group number
 - This information is to be collected on transported patients; it does not need to be collected on Dry Runs/non-transported patients.
- On automobile accidents - the automobile insurance for the vehicle in which the patient was a passenger will also be listed and will include:

- Name of insurance company
- Name of person primary insured
- Policy number
- Group number
- This information is to be collected on transported patients; it does not need to be collected on Dry Runs/non-transported patients.
- When a transport is a result of a “Baker Act”, the crew will enter “Baker Act” into the insurance section along with the patient’s insurance coverage.

The crew is also responsible for getting *all* patients that are assessed, treated and / or transported to sign the Authorization and Agreement for Emergency Medical Services form or its electronic version. A guarantor may sign for the patient if the patient is unable to sign. If the patient refuses to sign or is unable to sign and there is no guarantor available to sign complete the form and note why it was not signed. If this occurs, document why the form or its electronic equivalent is not signed in the narrative section of the run report as well as in the HEALTH EMS “unable to sign” section.

Electronic paperwork will be submitted by uploading the information into the computer system at the end of each shift. Paper forms shall be placed in the lock box in the crew computer room. County stations will assure security of all paper forms and send them to headquarters with the Shift Supervisor.

Billing Coordinator

The billing coordinator will review all patient care records for completeness and will then transmit the documentation to the contracted billing vendor.

In cases where the patient care records appear to be incomplete the Billing Coordinator will provide the record to the Education / IQM Manager for correction. The Education / IQM Manager will coordinate the corrections with the crew members and provide them with a brief educational session on documentation. Crew members who are found to consistently provide incomplete patient care records will be referred to the appropriate supervisor for Disciplinary Action.

In cases where patient care records are found to be missing insurance information, the Billing Vendor will attempt to make contact with the patient, the receiving hospital and/ or any other entity that may have insurance information and request the information. The insurance information provided will then be added to the patient care record. Crew members who are found to consistently provide incomplete insurance information will be referred to the appropriate supervisor for Disciplinary Action.

Once the patient care record is complete, coded and all attempts have been made to provide insurance information it will be sent to the LCEMS billing vendor for completion of the billing process.

To assure that LCEMS has records of all patients assessed, treated and / or transported, daily dispatch records from the CAD system will be compared to the patient care records received by the Billing Coordinator. Discrepancies will be given to the appropriate supervisor for correction.

The Billing Coordinator will send patient care records to the LCEMS billing vendor in electronic format. The LCEMS billing vendor will provide a confirmation of receipt of the records. The records sent will be reconciled against the receipt of records received to assure that no records were lost in the transfer process. This process will be documented by the Billing Coordinator. When the electronic format is not operating the patient care records will be sent by return receipt registered mail. The Billing Coordinator will document all patient care records sent via mail. The return receipt will confirm that the LCEMS billing vendor has received the patient care records.

The billing coordinator will also facilitate data transfers from receiving facilities and provide the information to the LCEMS billing vendor.