




**PRINCE GEORGE'S COUNTY, MARYLAND  
FIRE/EMERGENCY MEDICAL SERVICES DEPARTMENT GENERAL ORDER**

<b>General Order Number:</b> 05-19	<b>Effective Date:</b> January 2010
<b>Division:</b> Emergency Medical	
<b>Chapter:</b> 19-Emergency Transportation Fee	
<b>By Order of the Fire Chief:</b> Marc S. Bashoor 	<b>Revision Date:</b> January 8, 2016

**POLICY**

This General Order establishes guidelines and procedures governing operations and administration of the emergency transportation fee.

**DEFINITIONS**

**Advanced Life Support - 1 (ALS-1)** –Transportation by ground ambulance and the provision of medically necessary supplies and services including the provision of an ALS assessment or at least one ALS intervention.

**Advanced Life Support - 2 (ALS-2)** – Transportation by ground ambulance vehicle and the provision of medically necessary supplies and services including: (1) at least three separate administrations of one or more medications by intravenous push/bolus or by continuous infusion; or (2) ground ambulance transport and the provision of at least one or more specified ALS-2 interventions. These interventions are: manual defibrillation/cardioversion, endotracheal intubation, central venous line, cardiac pacing, chest decompression, surgical airway or intraosseous line. This also clarified that administration of the same medication three or more times qualifies as ALS-2 level transport.

**Basic Life Support (BLS)** – Transportation by ground ambulance vehicle and the provision of medically necessary supplies and services, including BLS ambulance services as defined by the state. The ambulance must be staffed by an individual who is qualified in accordance with state and local laws as an Medical Emergency Technician – Basic (EMT-B).

**Career Provider** – A member of an ALS or BLS crew that is certified or licensed with the Maryland Institute for Emergency Medical Services System (MIEMSS) and is an employee of the Prince George’s County Fire/EMS Department.

**County ALS Unit** – an ALS transport unit owned by the County that meets or exceeds all applicable standards for operational ALS service in Prince George’s County.

**County BLS Unit** – a BLS transport unit owned by the County that meets or exceeds all applicable standards for operational BLS service in Prince George’s County.

**Emergency Transportation** - The emergent transportation of patients within the scope of the EMS Operational Program managed by the Prince George’s County Fire/EMS Department as designated by the Prince George's County Fire Chief (Code Sec. 11-345).



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**Revenue Sharing Plan** – A plan to share revenue collected through emergency transportation fees between the County and a volunteer corporation when the transport meets the requirements described in this General Order.

**Volunteer ALS Unit** – an ALS transport unit owned by a volunteer corporation that meets or exceeds all applicable standards for operational ALS service in Prince George's County.

**Volunteer BLS Unit** – a BLS transport unit owned by a volunteer corporation that meets or exceeds all applicable standards for operational BLS service in Prince George's County.

**Volunteer Provider** – A member of an ALS or BLS crew that is certified or licensed with the Maryland Institute for Emergency Medical Services System (MIEMSS) and is a qualified member of a volunteer corporation and a member of the Prince George's County Fire/EMS Department in good standing.

### **PROCEDURES / RESPONSIBILITIES**

#### **I. General Provisions**

- A. As set forth by Prince George's County Code, Section 11-346 et seq., and defined in Section 11-345, Prince George's County is authorized to bill and collect for emergency transportation fees and related services.
- B. By Executive Order, only the authorized agent identified by Prince George's County shall be permitted to bill for emergency transportation fees on behalf of Prince George's County, Maryland.
- C. Furthermore, pursuant to Prince George's County Code, Section 11-346, no person shall be denied emergency care or transportation because of an inability to pay the fee required by the County Code, and no person shall be questioned about an ability to pay such fee at the time the service is requested or rendered.
- D. Providers must always act in the patient's best interest. Patient care shall not be delayed, interrupted, or otherwise impacted to obtain necessary patient information or consent signatures. Information for critically ill or injured patients may be obtained at the receiving facility after the transfer of care.
- E. If a patient asks about the emergency transportation fee schedule, the provider must provide accurate and objective information.



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**II. Fee Schedule**

A. As of January 1, 2010, the emergency transportation fee schedule is as follows:

BLS Transport	\$500
ALS-1 Transport	\$650
ALS-2 Transport	\$750
Loaded Mileage	\$5/mile

B. Patients with insurance - Any insurance payment received from a County resident will be considered payment in full. The County does not “balance bill” for additional co-payments or deductibles.

C. Out-of-County residents are billed for any outstanding balance.

D. Patients without insurance or financial hardship - Patients can be assured that arrangements can be made to prevent any additional financial hardship due to an emergency transportation fee bill.

E. Soft Collections – All patients that are unable to make payments are not referred to collections agencies to seek payment.

F. Providers shall never use financial considerations to make patient care and transportation decisions. No patient shall be denied EMS service based on the ability to pay or a lack of insurance coverage.

G. Providers shall not use the emergency transportation fee as a basis to initiate a patient refusal. Such behavior is not in the interest of patient care and will not be tolerated.

H. Employees and Members of the Fire/EMS Department will not be responsible for emergency transportation fees. Bills are generated automatically and will be sent to the address documented on the electronic patient care report (ePCR). Any bills generated must be forwarded to Fiscal Affairs so the accounts can be adjusted.

**III. Billing Documentation**

A. Several critical patient data elements should be documented by EMS providers to ensure the best possible billing performance. Each of the following data elements must be entered into the ePCR immediately after the incident, or as soon as practical.

1. The Patient’s Full Name
2. The Patient’s Date of Birth
3. The Patient’s Social Security Number
4. The Patient’s Home Address
5. The Patient’s Home Phone Number



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### **IV. Personal Information Data Security**

- A. The security of this personal data is of utmost importance. Any hand written notes of patient information must be shredded upon completion of the electronic patient care report. At no time should this information be outside the custody of the provider.

### **V. Consent for Billing**

- A. Federal insurance regulations require a patient's written consent to bill the patient's insurance carriers for transportation services. Providers must secure a signature, or suitable substitute, from each patient that is transported by the Prince Georges County Fire/EMS Department.
- B. This consent for billing has no bearing on consent for treatment or transportation.

### **VI. Revenue Sharing Plan**

- A. This procedure identifies those transports that are eligible for revenue sharing. Revenue sharing will be applied to collected emergency transportation fees using the following conditions:
  - B. Collected revenue will be shared as follows:
    - 1. Driver Affiliation - 25% of the collected revenue will be distributed to the County if a career provider, or to the volunteer corporation if a volunteer provider.
    - 2. Aid Provider Affiliation - 25% of the collected revenue will be distributed for the primary aid provider, to the County if a career provider, or to the volunteer corporation if a volunteer provider.
    - 3. Unit Ownership - 25% of the collected revenue will be distributed to the owner of the transport unit.
    - 4. Unit Maintenance - 25% of the collected revenue will be distributed to the County for maintenance/repairs, fuel, and insurance of the transport unit unless the volunteer corporation has made arrangements with the Apparatus Maintenance Division (AMD) of the Department to maintain/repair, fuel, and insure the unit independently.

### **VII. Use and Distribution of Revenue Sharing Funds**

- A. The intent of the shared revenue funds is to supplement or enhance services. At no time are these funds meant to replace funds normally provided by the County for the daily operations of the volunteer component of the Department.



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- B. The volunteer corporations are granted spending discretion over those funds collected, with County approval.
  
- C. The volunteer corporation may utilize the shared revenue for the following purposes:
  - 1. Administration
    - a) Stand-by support, to include meals for crews during weather-related declared emergencies, special events, etc.
    - b) Recruitment and retention support to include: Advertising/marketing costs for recruitment, uniform clothing, non-uniform clothing (t-shirts, jackets, pullovers, etc.), a portion of salary and benefits associated with a recruitment retention coordinator (not to exceed 50%), station internet access and computers in common areas, awards (non-cash). These items are consistent with the eligible costs identified in the FEMA Safer Grant requirements.
  - 2. Apparatus
    - a) Purchase, replacement, rehabilitation, or augmentation of apparatus;
    - b) Maintenance and repair of apparatus, including vehicles that may not be supported by the County.
  - 3. Equipment
    - a) Purchase of approved personal protective gear and equipment;
    - b) Purchase of tools, equipment, hose, and appliances;
    - c) Purchase of equipment and supplies related to firefighter scene rehabilitation;
    - d) Purchase of safety equipment, or enhancements to safety equipment.
  - 4. Facilities
    - a) Renovation, maintenance, repair, or improvement of facilities.
  - 5. Training
    - a) Reimbursement for training, to include any training offered by a bona fide training organization or training company to provide basic or advanced training in fire, rescue, emergency medical or fire service management training; continuing education to maintain certification levels; etc. Training can be by group or individual. If the training requires overnight travel, reimbursement for food and lodging will be based on the current General Services Administration (GSA) per diem rates. Documentation for training reimbursement must include a copy of an invoice from a training organization or speaker brought in for a specific group training program or a copy of a certificate or transcript confirm course completion / attendance for individual reimbursement.



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- b) All purchases require compliance with existing policies and procedures. Purchases must be consistent with current operational policies, practices, and procedures.
- c) Facility-related disbursements over \$5,000 must be consistent with the County's Capital Improvement Program and/or the County's ability to maintain the facility in the future.

### **6. Disbursement**

- a) Volunteer corporations must request funds from the Deputy Fire Chief, Administrative Services Command, or his/her designee. Each request:
  - (1) Must include the Emergency Transportation Fee Revenue Sharing Expenditure Request Form.
  - (2) Must be made approximately 30 days in advance of the need.
  - (3) Must include backup information, i.e., invoices, contracts, estimates, etc., for documentation purposes.
  - (4) E-mail requests are acceptable.
  - (5) The volunteer corporation will not submit requests for available funds more frequently than monthly unless an unanticipated, emergent situation exists.
  - (6) The disbursement of funds will not be unreasonably withheld, nor shall be denied for any reasons other than the proposed use of funds is noncompliant with the provisions of this General Order.

## **VIII. Billing Vendor**

- A. Prince George's County Fire/EMS Department maintains an outside vendor to process emergency transportation fee billing.
- B. The billing vendor receives:
  - 1. CAD incident data;
  - 2. ePCR patient information;
  - 3. Provider affiliation information from MIEMSS or RMS; and
  - 4. Unit Ownership and Maintenance information from AMD.
- C. The billing vendor will provide necessary reports to ensure proper performance of the billing process. Each of these reports will be generated monthly and provided by the volunteer corporations:
  - 1. Report Reconciliation – A comparison between CAD response data and ePCR/RMS reports.



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2. Accounts Receivable – A report detailing each bill generated. This report will be sorted by unit number and incident number. Accounts will be reported by age in 30 day increments out to 180 days.
3. Revenue Generated - A report detailing the amount of revenue generated. This report will be sorted by unit number.
4. Payer Split – A report showing the revenue generated by which payer. This is an indication of the data quality generated by the providers in the field.

### **IX. Compliance**

- A. Providers that do not provide the appropriate billing information will be in violation of this general order and will be subject to disciplinary action.
- B. The career supervisor or volunteer chief will be held accountable when a consistent pattern of non-compliance exists.
- C. Program funds will be subject to audit by the Prince George's County Office of Audits and Investigations.

### **REFERENCES**

Prince Georges County Code, Subtitle 11, Section 345

Executive Order – August 12, 2008

### **FORMS / ATTACHMENTS**

N/A