



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

General Order Number: 05-19	Effective Date: December 11, 2023
Division: Emergency Medical	
Chapter: Emergency Transportation Fee	
By Order of the County Fire Chief: Tiffany D. Green	Issue Date: December 11, 2023

PURPOSE

This General Order establishes the policy that governs the administration of the emergency transportation fee process within the Prince George's County Fire/Emergency Medical Services (EMS) Department.

SCOPE

The scope of the General Order is intended for all members of the Fire/EMS Department.

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 (1) ALS-1 intervention.

Advanced Life Support - 2 (ALS-2) – Transportation by ground ambulance vehicle and the provision of medically necessary supplies and services, including at least three (3) separate administrations of one or more medications by intravenous push/bolus or by continuous infusion, or the provision of at least one (1) ALS-2 intervention.

ALS-2 Interventions – The administration of and/or provision of either of the following specified interventions: manual defibrillation/cardioversion, endotracheal intubation, central venous line, cardiac pacing, chest decompression, surgical airway, or intraosseous line.

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 of Maryland.

Career Clinician – A member of an ALS or BLS crew who is certified or licensed by the Maryland Institute for Emergency Medical Services System (MIEMSS) and is a Department employee.

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, Maryland.

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, Maryland.

Emergency Transportation – The exigent transportation of patients for purposes within the scope of the EMS Operational Program as designated by the Prince George's County Fire Chief and defined by

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[Prince George's County Code Subtitle 11 Division 8, Sec. 11-345.](#)

Ground Ambulance Transportation – An ambulance staffed by an Emergency Medical Technician – (EMT), Cardiac Rescue Technician (CRT), or Paramedic who is qualified in accordance with Maryland state and local laws.

Revenue Sharing Plan – The plan that governs how revenue collected through emergency transportation fees will be distributed and split between the County and a volunteer corporation when the transport meets the requirements specified 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, Maryland.

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, Maryland.

Volunteer Clinician – A member of an ALS or BLS crew who is certified or licensed by MIEMSS, is a qualified member of a volunteer corporation, and is a member of the Department in good standing.

POLICY

I. General Emergency Transport Provisions

A. Governing Authority

1. [Prince George's County Code, Subtitle 11 Division 8, Section 11-346](#) authorizes the County to bill and collect for emergency transportation fees and related services.
 - a) The Emergency Transportation Fee Schedule will be in accordance with current legislation as approved by the Prince George's County Council.
 - b) Despite this authority, no person will be denied emergency care or transportation because of an inability to pay the fee required by the County Code; and
 - c) No person will be questioned about an ability to pay such a fee at the time the service is requested or rendered.

B. Fee Transparency

1. If a patient asks about the emergency transportation fee schedule, the clinician must provide accurate and objective information.

C. Controlling interest

1. Clinicians are required to always act in the patient's best interest.
 - a) Patient care must not be delayed, interrupted, or otherwise impacted to obtain necessary patient information or consent signatures; and
 - b) Information for critically ill or injured patients must be obtained at the receiving facility after the transfer of care.



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II. Emergency Transport Fee Responsibilities

A. Clinician Documentation Responsibilities

1. EMS Clinicians are responsible for documenting several critical patient demographic elements at the time of transport to ensure the best possible billing performance.
 - a) Critical Patient Information
2. Unless extraordinary circumstances prevent otherwise, EMS Clinicians are responsible for obtaining and entering all critical patient elements into the electronic patient care report (ePCR) at the time of transport and/or prior to leaving the transport facility.
3. In addition to obtaining the signatures of the patient and transport facility, EMS Clinicians must obtain the following patient information:
 - a) Full Name, and
 - b) Date of Birth, and
 - c) Social Security Number, and
 - d) Home Address, and
 - e) Home Phone Number

B. Data Security

1. EMS Clinicians are responsible for securing all personal information obtained from patients and at no time should this information be outside the custody of the clinician.
 - a) The security of this personal data is of utmost importance, and
 - b) Any hand-written notes of patient information must be shredded upon completion of the electronic patient care report.

C. Billing Consent

1. Federal insurance regulations require a patient's written consent to bill the patient's insurance carriers for transportation services.
 - a) Clinicians are responsible for securing a signature, or suitable substitute, from each patient that is transported by the Department.
 - b) A patient's consent for billing has no bearing on the patient's consent for treatment and/or transportation.

D. Fee Billing Responsibilities

1. Employees and Members of the Department are not responsible for billing and/or collecting emergency transportation fees from patients.
 - a) Vendor Billing Responsibilities
 - (1) The Department will retain an outside vendor to administer its emergency transportation fee billing process.



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- (a) The vendor is responsible for obtaining the following:
 - (i) ePCR patient information, including transportation data, and
 - (ii) Clinician affiliation information from MIEMSS, and
 - (iii) Unit ownership and maintenance information from the Apparatus Maintenance Division (AMD).
 - (b) The vendor is responsible for automatically generating all emergency transport fee bills and issuing those bills to the address documented on the ePCR.
 - (c) The vendor is responsible for forwarding any bills generated to the Fiscal Affairs Division so the accounts can be properly adjusted.
- b) Vendor Reporting Responsibilities
- (1) The vendor is responsible for providing the following monthly reports that are necessary to ensure the proper administration of the billing process:
 - (a) Run Reconciliation – This report compares data provided from the billing export of the ePCR system to ambulance transport data.
 - (b) Accounts Receivable – This report delineates 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.
 - (c) Revenue Generated – This report specifies the amount of revenue generated and is sorted by unit number.
 - (d) Payer Split – This report notifies the respective eligible parties exactly how the revenue generated will be split in accordance with the Revenue Sharing Plan and is an indication of the data quality generated by the clinicians in the field.

E. Patient Payment Responsibilities

- 1. Patients with insurance
 - a) 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.
 - b) Out-of-County residents will be billed for any outstanding balance.
- 2. Patients without insurance or with financial hardship
 - a) County residents will not be billed for **any** charges not paid by insurance, including deductibles or co-pays.
 - b) Clinicians must assure patients who reside outside of the County that arrangements can be made to prevent them from incurring any additional financial hardship due to an emergency transportation fee bill and that any patient who is unable to make payments will not be referred to a collection’s agency in an attempt to seek payment.
 - c) Clinicians are prohibited from using financial considerations to make patient care and transportation decisions and from denying EMS service to a patient based on their inability to pay or due to their lack of insurance coverage.



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- d) Providers are prohibited from using the emergency transportation fee as a basis to initiate a patient refusal, as such behavior is not in the interest of patient care.

III. Emergency Transport Fee Revenue Sharing Plan

- A. Emergency transports that meet the criteria established by this plan are eligible for revenue sharing that is applied to any collected emergency transportation fee related to those transports.

1. Revenue Split

- a) Collected revenue will be shared as follows:

- (1) Driver Affiliation – 20% of the collected revenue will be distributed to the County if a career clinician, or to the volunteer corporation if a volunteer clinician.
- (2) Aid Clinician Affiliation – 20% of the collected revenue will be distributed for the primary aid clinician, to the County if a career clinician, or to the volunteer corporation if a volunteer clinician.
- (3) Unit Ownership – 20% of the collected revenue will be distributed to the owner of the transport unit.
- (4) Unit Maintenance – 20% 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.
- (5) EMS Operations Fund – 20% of the collected revenue will be distributed for the County to offset operational costs of emergency medical services equipment and supplies.

2. Revenue Use

- a) County Usage

- (1) 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.
 - (a) All purchases require compliance with existing policies and procedures and must be consistent with current operational policies, practices, and procedures.
 - (b) Facility-related disbursements over \$5,000 must be consistent with the County's Capital Improvement Program and/or the County's



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ability to maintain the facility in the future.

b) Volunteer Corporation Usage

- (1) Upon County approval, the volunteer corporations are granted spending discretion over their designated share of any emergency transport fees collected, as long as the funds are used for one of the designated purposes as listed in subsection (b) of this section.
- (2) A volunteer corporation may utilize its designated share of revenue for the following purposes:
 - (a) Administration
 - (i) For the stand-by support, to include meals for crews during weather-related declared emergencies, and
 - (ii) For any office or technological costs associated with enhancing the delivery or performance of emergency medical services, and
 - (iii) For physical or mental health support for emergency medical services providers.
 - (b) Apparatus
 - (i) Volunteer corporations may only utilize revenue received pursuant to Section III.A.3 to pay debts owed as of October 1, 2023, for the purchase of apparatus. Otherwise, revenue attributable to unit ownership pursuant to Section III A. shall revert to the County,
 - (ii) Except as described above, for the purpose, replacement, rehabilitation, or augmentation of apparatus, and
 - (iii) For the maintenance and repair of apparatus not supported by the County. This includes only vehicles used for emergency response operations as approved by the Fire Chief.
 - (c) Equipment
 - (i) For the purchase of approved personal protective gear and equipment, and
 - (ii) For the purchase of tools, equipment, hose, and appliances, and
 - (iii) For the purchase of equipment and supplies related to firefighter scene rehabilitation, and
 - (iv) For the purchase of safety equipment or enhancements to safety equipment.
 - (d) Facilities
 - (i) For facility renovation, maintenance, repair, or improvement.

3. Revenue Disbursements

a) Fiscal Planning of Emergency Transportation Fees Disbursements

- (1) Volunteer corporations must submit a spending plan of their Emergency Transportation Fee Revenue by November 1st each year for the fiscal year beginning July 1st of the following year to the Deputy Fire Chief/Deputy Director of the Administrative Services Command, or his/her designee. The spending plans are required to provide a more precise estimation of Emergency Transportation Fee disbursements in the formulation of the



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Department's budget for the next fiscal year.

b) Requests for Disbursements

- (1) Volunteer corporations must request funds from the Deputy Fire Chief or Deputy Director, Administrative Services Command, or his/her designee.
- (2) E-mail requests are acceptable.
- (3) Requests may be for purchases, payments, or reimbursements for any authorized uses under this General Order.
- (4) The volunteer corporation is not authorized to submit requests for available funds more frequently than monthly unless an unanticipated, emergent situation exists.
- (5) Each request:
 - (a) Must include the Emergency Transportation Fee Revenue Sharing Expenditure Request Form.
 - (b) Must be made approximately 30 days in advance of the need or no more than 30 days after purchases or payments are made for reimbursements.
 - (c) Must include backup information, i.e., invoices, contracts, estimates, etc., for documentation purposes.
- (6) The disbursement of funds will not be unreasonably withheld, nor denied for any reason other than that the proposed use of funds is noncompliant with the provisions of this General Order.

IV. Audits

- A. The Fire Commission and Fiscal Affairs Division will conduct an audit of each volunteer corporation's Emergency Transportation Fee revenue and expenditures at least once annually.

V. Compliance

- A. Emergency transport fee policy violations and/or falsification of any information provided regarding emergency transport fees will result in disciplinary action, up to and including termination of employment.
- B. The non-compliant provider's career supervisor or volunteer chief will be held accountable when a consistent pattern of non-compliance exists, and appropriate remedial action has not been taken.
- C. Program funds will be subject to audit by the Prince George's County Office of Audits and Investigations.

REFERENCES

[County Code Subtitle 11 Division 8. - Emergency Transportation Fee](#)

Executive Order – August 12, 2008



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ATTACHMENTS

N/A