

**RESOLUTION NO. 2026-04**

**RESOLUTION OF THE BOARD OF DIRECTORS OF THE SOUTHERN MARIN EMERGENCY MEDICAL  
PARAMEDIC SYSTEM APPROVING THE BILLING, COLLECTIONS, AND WRITE-OFF POLICY AND  
THE FINANCIAL HARDSHIP AND COMPASSIONATE CARE POLICY**

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**WHEREAS**, the Southern Marin Emergency Medical Paramedic System (“SMEMPS”) is a Joint Powers Authority formed pursuant to the California Joint Exercise of Powers Act (Gov. Code §§ 6500 *et seq.*) for the purpose of providing paramedic and pre-hospital emergency medical services, and has the authority to establish policies through Board of Director approval; and

**WHEREAS**, the establishment of uniform and consistent billing, collections, and write-off procedures is necessary to ensure compliance with applicable laws governing emergency medical services billing, help ensure more accurate budgeting and revenue forecasting, and promote transparency; and

**WHEREAS**, the establishment of a corresponding financial hardship and compassionate care policy is necessary to provide a fair and consistent process for evaluating when to grant a payment plan, billing reduction, or billing waiver based primarily on financial need and other extenuating circumstances; and

**WHEREAS**, staff has drafted a proposed Billing, Collections, and Write-Off Policy and a Financial Hardship and Compassionate Care Policy (collectively, “Policies”); and

**WHEREAS**, the Policies are determined to be in the public interest because they will help ensure transparency, fiscal responsibility, and promote equitable access to SMEMPS ambulance services regardless of income level and extenuating circumstances; and

**WHEREAS**, on May 27, 2026, the Board held a duly noticed public meeting and voted to approve the Policies.

**NOW, THEREFORE, BE IT RESOLVED** as follows:

1. The above recitals are true and correct and incorporated as findings herein.
2. The Board approves the Billing, Collections, and Write-Off Policy as set forth in Exhibit “A” attached hereto and incorporated herein.
3. The Board approves the Financial Hardship and Compassionate Care Policy as set forth in Exhibit “B” attached hereto and incorporated herein.
4. The Board reserves the right to amend/revise the Policies from time to time in its discretion by Resolution..
5. This Resolution shall become effective immediately upon its adoption.

**RESOLUTION PASSED AND ADOPTED**, at a meeting of the Board of Directors of the Southern Marin Emergency Medical Paramedic System the 27<sup>th</sup> day of May, 2026 by the following vote:

**AYES:** Director: Chun, Tucker, Chair Devitt  
**NOES:** Director: None  
**ABSTAIN:** Director: None  
**ABSENT:** Director: None  
**RECUSED:** Director: None

**APPROVED:** James H Devitt

By: Jim Devitt  
Board of Directors Chair, S MEMPS

**ATTEST:** Tommy Hellyer  
Tommy Hellyer, Executive Officer, S MEMPS

**SOUTHERN MARIN EMERGENCY MEDICAL PARAMEDIC SYSTEM**

**AMBULANCE TRANSPORT AND EMERGENCY MEDICAL SERVICES**  
**BILLING, COLLECTIONS, AND WRITE-OFF POLICY**

1. Purpose.

The purpose of the Ambulance Transport and Emergency Medical Services Billing, Collections, and Write-Off Policy (Policy) is to establish a process for the billing and collection of reimbursements, and write-offs of uncollectible accounts, for emergency medical services (EMS) and ambulance transport services provided by the Southern Marin Emergency Medical Paramedic System (SMEMPS).

2. Scope.

This Policy applies to all billing, collections, and write-offs for EMS and ambulance transport services by the SMEMPS, including SMEMPS personnel and employees, and contracted third-party billing and/or collection agencies.

3. Procedures.

A. Billing and Invoicing.

1. SMEMPS shall bill for all applicable charges for EMS and ambulance transport services rendered by SMEMPS pursuant to the fee schedule established by the SMEMPS Board of Directors, including for responses outside of SMEMPS's jurisdiction pursuant to a mutual aid request or agreement.
2. All applicable charges for EMS and ambulance transport services rendered to a patient shall be billed directly to the patient and the patient's third-party payor, including but not limited to federal, state, and local healthcare benefit programs, private insurance carriers, health maintenance organizations, and health service benefit plans, and shall be billed uniformly without regard to ability to pay or probability of payment, subject to any applicable limitations set forth in 3(D) herein.
3. Prior to the submission of a claim, SMEMPS personnel or contractors shall ensure that patient health care records and treatment documentation are accurate and complete.
4. Billing statements sent directly to patients shall be itemized and all charges clearly explained.

5. Patients will receive an initial billing statement followed by at least three (3) subsequent billing statements if payment is not received.
6. The initial billing statement sent to a patient shall request third-party payment information and ask the patient to contact the billing office. A toll-free number and return envelope shall be provided.
7. SMEMPS may, either directly or through a contractor, bill insurers or carriers on a patient's behalf and may accept payment on an assignment basis, as required by law.

B. Patient Responsibility and Cost Sharing.

1. Except as provided for by this Policy or applicable law, all patients or their legal representatives are liable for co-payments, deductibles, and other patient responsibility amounts not covered by insurance or health care service plan contracts, as permitted by law.
2. Co-payments, deductibles, in-network cost-sharing amounts, and other patient responsibility amounts shall count toward the limit on a patient's annual out-of-pocket expenses for essential health benefits, as defined in California Health and Safety Code Section 1367.005 and California Insurance Code Section 10112.27.
3. Insured and health service plan enrollees shall be responsible only for payment of the in-network cost-sharing amount established in an applicable health insurance policy or health care service plan contract.

C. Employee and Family Accounts.

1. Accounts of SMEMPS personnel, staff, employees, contractors (including vendor and billing contractors), volunteers, Board members, and any other persons directly associated with SMEMPS and/or their immediate families shall be treated in the same manner as any other patient. No preferential treatment shall be granted.
2. Such accounts shall be administered by disinterested SMEMPS or contractor staff to avoid any potential conflict of interest.

D. Balance Billing Restrictions and Limitation on Patient Charges.

1. Pursuant to AB 716 (Health and Safety Code § 1371.56 and Insurance Code § 10126.66) when SMEMPS provides ambulance services to a patient who is insured by a State-regulated health care service plan or health insurance policy,

SMEMPS shall limit the amount billed to the patient to no more than the applicable in-network cost-sharing amount. SMEMPS shall not bill, charge, or send to collections any additional unpaid amount and may pursue any remaining amount directly from the responsible plan or insurer.

2. Pursuant to AB 716 (Health and Safety Code § 1797.233) SMEMPS shall not require an uninsured patient or a self-pay patient to pay an amount more than the established payment by Medi-Cal or the Medicare fee-for-service amount, whichever is greater.
3. For Medicare beneficiaries, SMEMPS will accept the Medicare-allowed charge as payment in full, collecting only the unmet Part B deductible and coinsurance. For Medi-Cal beneficiaries, SMEMPS will accept Medicaid payment as payment in full and will not pursue the patient for any remaining balance.

E. Collections and Write-Offs.

1. The following shall apply to SMEMPS or its contractor regarding uncollected debt:
  - i. SMEMPS or its billing agency shall write off bulk write-off amounts not contractually allowed by Medicare and Medi-Cal and amounts prohibited by balance billing restrictions and provide reports of such write-offs.
  - ii. For patients covered by private insurance and health service plans, all charges shall be applied uniformly, without regard to ability to pay or likelihood of collection.
  - iii. Any account aged without payment activity shall be referred to the Executive Officer or designee for review. Documentation shall include:
    - Account notes
    - Proof of billing statements and dates of mailing/electronic contact
    - Summary of billed amounts and payments received
    - Summary of outstanding balances
    - Evidence of payment plan, if applicable

After 180 days without payment from an insurance carrier or health service plan, following three collection attempts, and absent a financial hardship and compassionate care waiver request, SMEMPS or its contractor shall transfer uncollected balances to a collection agency designated by SMEMPS.

- iv. After 365 days without payment of the in-network cost-sharing amount by an insured or health service plan enrollee, following three collection attempts, and absent a financial hardship and compassionate care waiver request,

SMEMPS or its contractor shall transfer uncollected balances to a collection agency designated by SMEMPS.

- v. After 365 days without payment of from an uninsured or self-pay patient, following three collection attempts, and absent a financial hardship and compassionate care waiver request, SMEMPS or its contractor shall transfer uncollected balances to a collection agency designated by SMEMPS.

2. The following shall apply to SMEMPS or its billing agency regarding aged accounts:

- i. After the close of each fiscal year and in conjunction with SMEMPS' annual independent audit, the SMEMPS Executive Officer and SMEMPS Treasurer (or their designees) shall review all unpaid accounts to determine which should be recommended for write-off in their reasonable discretion.
- ii. Recommendations for write-off shall be submitted to the SMEMPS Board of Directors for approval annually at the end of each fiscal year.
- iii. Upon approval by the SMEMPS Board of Directors, the SMEMPS Treasurer, or designee shall write off the amounts on SMEMPS's books and shall notify SMEMPS's billing agency and/or collections agency of accounts to be written off.

3. A patient may apply for a reduction or waiver of an EMS and ambulance transport fee under SMEMPS's Financial Hardship and Compassionate Care Policy. The billing agency shall provide all patients with information regarding the Financial Hardship and Compassionate Care Policy. The SMEMPS website will contain information where the application can be found and downloaded.

F. Non-Financial Need Waivers.

- 1. A waiver may also be granted when the level of response or services provided does not justify the normal charges. Waivers shall be granted by the Executive Officer and/or designee in their discretion. Examples include:
  - i. The call did not require response by ambulance or fire apparatus.
  - ii. Treatment provided was below ALS or BLS levels.
  - iii. The call was not initiated by the patient and care was refused.

2. The determination of an application for a non-financial waiver is committed to the sole discretion of the SMEMPS Executive Officer and shall be made solely on the basis of relevant patient treatment and call run records.

4. Policy Review.

This policy shall be reviewed periodically by the SMEMPS Board of Directors and updated as necessary to remain compliant with state and federal law.

## **SOUTHERN MARIN EMERGENCY MEDICAL PARAMEDIC SYSTEM**

### **FINANCIAL HARDSHIP AND COMPASSIONATE CARE POLICY**

A. Purpose. The purpose of the SMEMPS Financial Hardship and Compassionate Care Policy (Policy) is to establish procedures that govern the modification or waiver of emergency medical services (EMS) and ambulance transport charges based on current year Department of Health and Human Services (HHS) poverty guidelines and the guidelines set forth herein. This Policy is implemented in conjunction with the Ambulance Transport and Emergency Medical Services Billing, Collections, and Write-Off Policy to ensure fair and consistent financial assistance procedures. EMS and ambulance transport charges may be waived, reduced, or a subject to a payment plan based on this Policy and the requirements herein. Any such waivers, reductions, or payment plans are determined to be in the public interest.

B. Scope. As authorized pursuant to California Health and Safety Code section 13919, this Policy applies to all patients treated or transported by the Southern Marin Emergency Medical Paramedic System (SMEMPS). No patient shall ever be denied necessary EMS or ambulance transport services based on their inability to pay or lack of insurance. SMEMPS is committed to nondiscrimination. This Policy applies regardless of a person's sex, race, color, religion, ancestry, national origin, disability, medical condition, sexual orientation, language, or citizenship or immigration status.

C. Procedures and Decision.

1. Every effort consistent with the SMEMPS Ambulance Transport and Emergency Medical Services Billing and Collections Policy shall be made to collect payment from third-party payors including but not limited to federal, state, and local healthcare benefit programs, private insurance carriers, health maintenance organizations, and health service benefit plans.

2. Patients who are unable to pay their co-pay, deductible, or who are uninsured or otherwise unable to pay their EMS and ambulance transport bills, may request a financial hardship review of their EMS and ambulance transport charges pursuant to this Policy. Patients, or their designees, must complete the SMEMPS "Financial Hardship and Compassionate Care Waiver Application" (Application), which may be downloaded at SMEMPS.org or requested from the billing company for SMEMPS, Wittman Enterprises, by calling 1-800-906-6552. The Application and all supporting documentation shall be submitted to Wittman Enterprises. The Executive Officer shall then receive all information from Wittman Enterprises for review and shall make the final decision on the Application pursuant to this Policy.

3. When complete, the Application and supporting documentation shall be forwarded to the Executive Officer or designee for review and decision.

4. Review of the Application shall be pursuant to the Eligibility Guidelines set forth in this Policy. The Executive Officer or designee may waive all charges, reduce all charges, establish a payment plan, or deny the request. The decision shall be in writing. Decisions shall be

maintained pursuant to S MEMPS's record retention policy but in no event less than two (2) years. No collection activities will progress while an Application is under review. A decision shall be made within a reasonable time after receiving a completed Application. The decision shall be final.

5. Nothing herein shall create an entitlement to financial assistance.

D. Eligibility Guidelines.

1. Eligibility shall be primarily based on whether the patient qualifies as low-income with a gross family income at or below 300% of the Federal Poverty Level as established annually by HHS.

2. Additional circumstances may be considered on a case-by-case basis including, but not limited to, catastrophic financial hardship as a result of illness, injury, or otherwise, and homelessness.

3. If any insured patient requires EMS and/or ambulance transport care within a calendar year that exceeds their policy limits and no additional coverage is available, such cases shall be reviewed on an individual basis considering factors including, but not limited to, those listed herein, and other extenuating circumstances.