



SENECA COUNTY

Emergency Services



Standard Administrative Guideline

Subject: Overpayment Reimbursement

Reference Number: 50

Effective Date: 9-2015

Review Date: Annual Review: 2-2020

- A. Seneca County EMS recognizes that overpayment by patients, insurance companies, and Medicare/Medicaid (CMS) is an unavoidable situation due to electronic payments, and the complexity of the medical billing/payment structure.**
- B. The policies and procedures set forth in this guideline are designed to:**
- 1. Avoid overpayments as much as possible and to expeditiously reimburse those who overpay; no matter what the reason or circumstance.**
 - 2. The contracted EMS billing service for Seneca County EMS shall run an “Aging Report” with “Call Details” every 30 days to identify any overpayments made by the patient, insurance company, or CMS.**
 - 3. Seneca County EMS shall immediately reimburse any individual, insurance company, or CMS as soon as a recoupment request is made and verified.**
 - 4. For all private pay patients that are deemed to require a recoupment payment in excess of \$20.00; payment shall be processed within 30 days of verification.**
 - 5. Overpayment Verification:**
 - 1. Verified through Seneca County EMS & their contracted EMS billing agency; through normal accounting practices of accounts receivable vs. accounts payable.**
 - 2. Recoupment request is made by patient, insurance agency, or CMS.**
 - 3. Seneca County EMS shall verify that notification has been made to the agency that needs to be paid back (patient, insurance, or CMS).**

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4. **Recognize and accept that most overpayments are recouped by Insurance companies and CMS electronically and automatically.**
5. **Any amount less than \$20.00 will be considered administratively not necessary and not be refunded.**
6. **Seneca County EMS shall ensure that payment is made within 30 days of receipt of a verified recoupment request.**

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