Purpose:

To ensure adherence to all applicable Medicare, Medicaid, and any other federally funded healthcare (for ease of reference, collectively referred to as “Medicare”) laws, rules, and policies relating to the submission of claims for ambulance services. This includes, among other things, to ensure proper documentation of services, billing, coding, and claim submission. It also provides for the prevention, prompt detection, and appropriate action steps for health care fraud and abuse. Other purposes of the Plan are to:

- Outline and emphasize the organizational commitment to accurate and lawful documentation and submission of claims for ambulance service to Medicare and other third party payers.
- Promote the prevention, detection and resolution of instances of conduct that is not in conformance with applicable federal or state laws, rules and regulations;
- Minimize, through early detection and reporting, any potential exposure to damages and civil and criminal penalties that might result from questionable activities.

Policy:

1. Adherence to the Plan

This Plan is our formal Medicare and third party payor policy as to our approach to billing and compliance. West Des Moines EMS’s staff members who fail to comply with the elements of this plan may face disciplinary action including reprimand, suspension without pay, termination, or even civil and/or criminal charges when violations are severe.
West Des Moines EMS has always strived to maintain a good faith effort to comply with all applicable regulations and laws. In today’s dynamic health care environment, West Des Moines EMS has determined that it would be best to organize, centralize, and formalize procedures, and implement a voluntary compliance plan, referring to existing guidance from the U.S. Department of Health and Human Services, Office of Inspector General (“OIG”), and to existing compliance policies and procedures. We expect all staff members to be fully supportive of this effort.

West Des Moines EMS is committed to proactive management of its billing submission processes to ensure full compliance with Medicare and other government regulations. The policies and procedures described in this document apply to all staff members of West Des Moines (including officers, employees, and volunteers) as well as all vendors who do business or have a contractual relationship with West Des Moines EMS. It is the intention of West Des Moines EMS to enforce all policies and procedures, most importantly those that are designed to prevent and detect issues of noncompliance, so that all reasonable steps necessary are enacted to facilitate full compliance with the law.

2. Contacting the Compliance Officer

West Des Moines EMS Compliance Officer (Deputy Chief of Training) should be contacted when questions on compliance arise or to report potential violations or any concerns regarding compliance. To the fullest extent possible, all communication to the Compliance Officer will be treated confidentially. We also encourage the voluntary reporting of potential compliance issues. To this end and to encourage an open atmosphere of support for this Plan, there will be no adverse action or retaliation against any staff member who makes a good faith report of a compliance concern. Reports can be made to the Compliance Officer anonymously whenever possible.

3. Billing Compliance

Billing Specialists are responsible for the entering of patient and call data into our billing system for the purpose of generating invoices for services rendered.

Daily information will be electronically transferred from the report writing software into the billing system. The patient chart will then be used to assure proper transfer of data and to obtain any other information not present that is needed for billing.

Upon initial review of medical documentation, charts will be audited for proper patient demographics, such as name of guarantor, date of birth, address, telephone number and insurance information. Any chart not having complete HIPAA or Billing Authorization information and signatures will be pulled and a release sent to the patient.

The chart will be reviewed using the EMS Coding Decision Tree and the appropriate billing code assigned to the call.
Charges will be reviewed for compliance and adjusted as necessary by the billing staff to assure that the documentation represents all the charges listed.

Once the call has passed these reviews it is ready to be billed. At least bi-weekly invoices will be sent out to patients and or insurance carriers as is appropriate.

Unpaid accounts will process through the billing system for 90 days at which time the accounts will be reviewed for further action. Further action may consist of resubmittal of insurance claim, mailing an additional statement, phoning the patient and/or guarantor, setting up payment arrangements etc. When attempts at internal collections prove unsuccessful the account will be turned over to our collection agency for further processing.

Quarterly a minimum of 10 calls will be randomly selected for a billing compliance audit. Calls for this compliance check will have a zero balance and must be at least 90 days old. The calls will be processed through the billing compliance computer program and a report given to the Compliance Officer. Any discrepancies will be addressed by the Compliance Officer.

4. Summary of our Plan

The federal government has set forth seven elements necessary for an “effective” compliance program for ambulance services in its “Compliance Program Guidance for Ambulance Suppliers” published by the OIG on March 24, 2003. These guidelines describe that an effective program to prevent and detect violations of law means a program that has been reasonably designed, implemented, and enforced so that it generally will be effective in preventing and detecting criminal conduct. This Plan adheres to the seven elements set forth by the OIG.

Failure to prevent or detect an offense does not necessarily mean that the program was not effective. The hallmark of our program to prevent and detect violations of law is that West Des Moines EMS will exercise “due diligence” in seeking to prevent and detect criminal conduct by its staff members and other agents. Due diligence requires, at a minimum, that we adhere to the steps established in our organizational compliance program as set forth in this Plan.