SACRAMENTO COUNTY PHYSICIANS EMERGENCY MEDICAL SERVICES

PROVIDER OPERATIONS MANUAL

SACRAMENTO COUNTY

TABLE OF CONTENTS

PROGRAM OVERVIEW

In 1987, the Legislature enacted Senate Bill (SB) 12 allowing each county to establish, finance, and administer a Maddy Emergency Medical Services (EMS) Fund. It is named after the bill's author, Ken Maddy. It was subsequently amended in 1988 (SB 612, Maddy) to create a penalty assessment of two (2) dollars out of every ten (10) dollars that is levied on applicable vehicle code fines, penalties, and forfeitures (Government Code Section 76000). Deposits into the Maddy EMS Fund are made monthly by the courts.

In 2007, the Legislature enacted SB 1773 (Richie's Fund) allowing each county to assess an additional penalty in the amount of two (2) dollars for every ten (10) dollars upon applicable vehicle code fines (Government Code Section 76000.5). The additional revenues to be deposited into a county's Maddy EMS Fund to support local emergency medical services agencies, trauma services, uncompensated emergency care, and pediatric care.

SB 12 and all its amendments and SB 1773 refer to the Health and Safety Code, Section 1797.98a(b)(A) that establishes and governs the distribution of fifty-eight percent (58%) of ninety percent (90%) of the Maddy EMS Fund for physicians and the conditions under which physicians may claim for uncompensated emergency services.

The funds are intended to reimburse emergency physicians, including on-call physician specialists, providing emergency medical consultations and/or treatment to nonpaying patients on the calendar day on which emergency medical services is first provided and on the immediately following two (2) calendar days.

Providers with unpaid claims for emergency obstetric/pediatric and emergency department services may, subject to claiming requirements and after the passage of the specified waiting period as defined below, submit claims quarterly for partial reimbursement.

BILLABLE SERVICES

Providers may submit claims to PEMS for reimbursement of the eligible services listed below:

1. Emergency services provided by physicians and surgeons, except those physicians and surgeons employed by county hospitals, up to the point that the patient is stabilized in:
    a. General acute care hospitals that provide basic or comprehensive emergency services.
    b. A site that was approved by the County prior to January 1, 1990, as a paramedic receiving station for the treatment of emergency patients.
    c. A standby emergency department that was in existence on January 1, 1989.

2. Services are eligible only if they are delivered on the date of initial medical screening and the following consecutive two (2) calendar days:
    a. If a patient must be transferred to another facility for a higher level of treatment, services delivered on the date of transfer and next consecutive two (2) calendar days are eligible.

3. Medical screening examinations required by law to determine whether an emergency exists notwithstanding a determination after the examination that a medical emergency does not exist.

4. Inpatient and outpatient obstetric services which are medically necessary, as determined by the attending physician.

5. Inpatient and outpatient pediatric services which are medically necessary, as determined by the attending physician.

6. Emergency, obstetric, and pediatric services provided by, or in conjunction with, a properly credentialed nurse practitioner or physician's assistant rendered under the direct supervision of a physician or surgeon who is present in the facility where the patient is being treated and who is available for immediate consultation.

7. Emergency obstetric or pediatric services which had no payments from any source.

PATIENTS ELIGIBLE UNDER PEMS

Providers may submit claims to PEMS for reimbursement for patients who meet the following criteria:

1. Patients who do not have medical coverage for emergency services.
2. Patients who cannot afford to pay for their services.
3. Patients without a responsible third party from which payment is forthcoming.
4. Patients not covered by any program that receives federal funding, with the exception of Section 1011 of the Federal Medicare Prescription Drug Improvement and Modernization Act of 2003.

KEY CONTACTS

Administrator	**Marissa Steiner** **Office Phone:** (562) 766-2000 Ext. 238 **Cell Phone:** (562) 826-0880 **E-mail:** msteiner@amm.cc
Administrative Client Liaison	**Candace Rodriguez** **Office Phone:** (562) 766-2000 Ext. 389 **E-mail:** candacerodriguez@amm.cc
Customer Service - Claims	855-536-2021
Claim Status	https://claims.amm.cc/
Appeals Address	Sacramento County PEMS – Advanced Medical Management, Inc. Attn: Appeals & Grievance Unit 5000 Airport Plaza Drive, Suite #150 Long Beach, CA 90815

CLAIM SUBMISSION REQUIREMENTS

Sacramento County Physicians Emergency Medical Services (PEMS) providers are required to submit claims when services have been rendered when they have waited at least three (3) months from the date of billing the patient or third party, during which time at least two (2) attempts must be made to obtain payment. If the provider received no reimbursement for any portion of the amount billed, the provider will submit the claim to Advanced Medical Management (AMM) for reimbursement.

Effective October 1, 2018, the PEMS program will no longer accept paper claims. Claims will be submitted electronically to Advanced Medical Management's approved clearinghouse for review, validation, and approval prior to payment. PEMS physicians must enroll with Advanced Medical Management's approved clearinghouse, Office Ally, for electronic claims submission.

Office Ally - www.officeally.com.
Customer Support: 866-575-4120
Payer ID #: AMM22

For step by step instructions on submitting claims through Office Ally, please refer to Exhibit B.

Acceptable Submission Formats:

- Electronic ANSI 5010 837 professional claim transaction

* If you have questions related to electronic claims submission, please contact:

AMM Claims Operations Manager
Rachel Miller
562-766-2000 Ext. 231
racosta@amm.cc

Claim Status

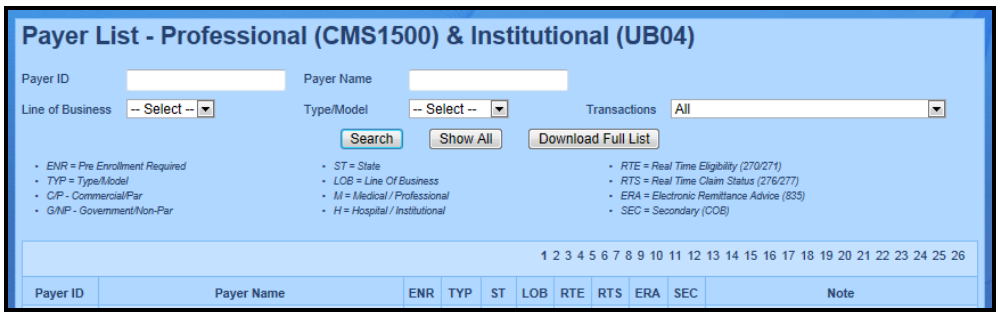
Use AMM Claims Manager to check claim status. Visit https://claims.amm.cc/ to register.

FISCAL YEAR QUARTER	PATIENT DATE OF SERVICE	REQUIRED COLLECTION PERIOD	CLAIM SUBMITTAL (Immediately following the required minimum collection period efforts)	DISTRIBUTION
FIRST	JULY 1- 31 AUGUST 1-31 SEPTEMBER 1-30	1. A period of not less than 3 months has passed from the date the physician billed the patient or responsible third party, during which time the physician has made reasonable efforts* to obtain payment and has not received payment for any portion of the amount billed, or 2. The physician has received actual notification from the patient or responsible third-party that no payment will be made for the services rendered by the physician.	OCTOBER - DECEMBER NOVEMBER - DECEMBER DECEMBER	END OF JANUARY
SECOND	OCTOBER 1-31 NOVEMBER 1-30 DECEMBER 1-31		JANUARY - MARCH FEBRUARY - MARCH MARCH	END OF APRIL
THIRD	JANUARY 1-31 FEBRUARY 1-28 MARCH 1-31		APRIL - JUNE MAY - JUNE JUNE	END OF JULY
FOURTH	APRIL 1-30 MAY 1-31 JUNE 1-30		JULY - SEPTEMBER AUGUST - SEPTEMBER SEPTEMBER	END OF OCTOBER

** Reasonable effort is considered to be sending one billing and two follow-up statements to individual payors over a three month period of time; complying with standard claiming requirements established by third-party payors; and making all normal appeals to private and governmental third-party insurance programs*

PAYER LIST

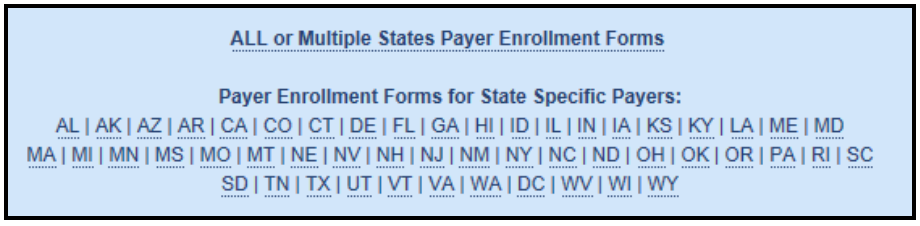
Office Ally has the ability to submit to thousands of insurance companies (payers). To review the list of payers we have a connection with, please visit our Payer List under Resource Center > Payer Lists, or by clicking here.



PRE-ENROLLMENT

Certain payers require pre-enrollment to be completed before submitting claims electronically through a clearinghouse. If the necessary steps are not taken, your claims may be rejected back until pre-enrollment has been completed. You can find the necessary payer enrollment forms under Resource Center > Payer Enrollment Forms, or by clicking here.

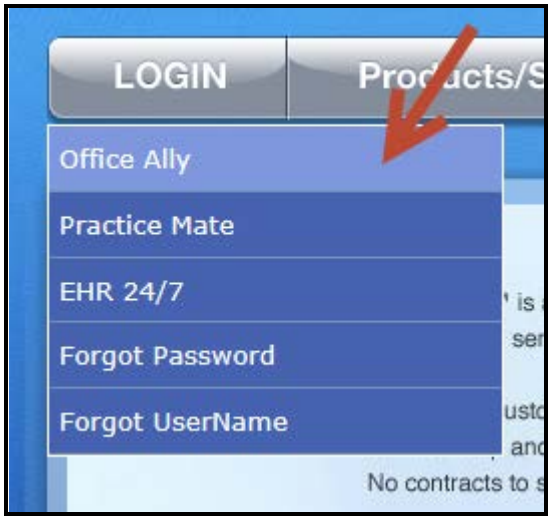
Payer enrollment forms will be separated based on the state they're for. If a payer is not state specific, it will be listed under the "ALL or Multiple States Payer Enrollment Forms" section.



If a payer is not able to receive electronic claims or we don't yet have them available on our payer list, Office Ally can send paper claims on your behalf. In order to activate this feature, the Update printing option form will need to be completed. This form is located under Resource Center > Office Ally Forms/Manuals > Account Management.

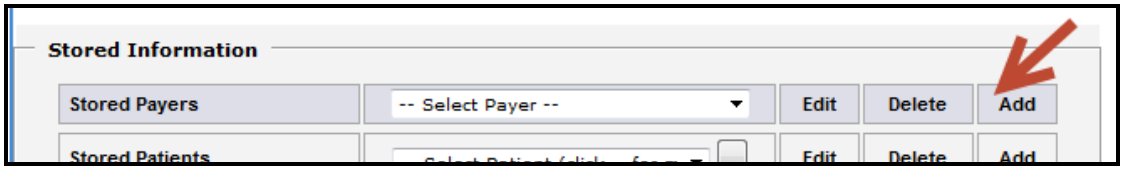
CREATING AND SUBMITTING CLAIMS

Once you have completed the necessary pre-enrollment forms (if needed), you can begin submitting claims through Office Ally's Online Claim Entry tool. To access the Online Claim Entry tool, go to Office Ally's home page, hover over the log in link, and click on Office Ally. Enter in your user name and password that was assigned to your account.

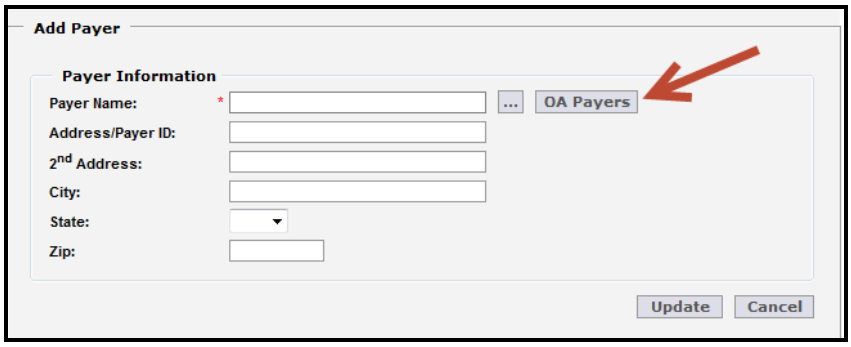


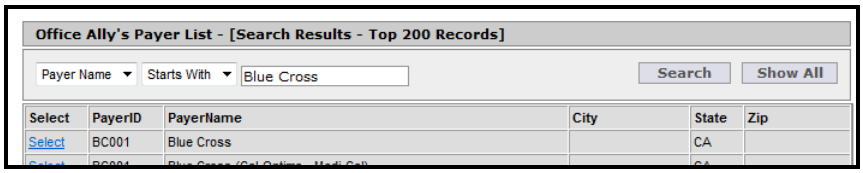
From the Service Center menu, hover over the "Online Claim Entery" link. There will be mulitple claim form options to choose from. The insert claim form you select will allow you to begin completing the online claim form immediatly. In this section we will select " Managed Stored Information". This area of Online Claim Entry will allow you to build and store data for future claim use so that you will not have to manually enter data for each claim you create.

To begin adding stored information , click on the the 'Add' button to the right of Stored Payers. This will be the list of payers that you plan on submitting claims to.



Below, you will see the available fields that can be filled in. Click the 'OA Payers' button to open a database of all payers that can be submitted to electronically. Enter the name of a company, click 'Search' and locate a payer from the search results.

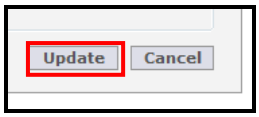




For electronic submission, the only required fields are the 'Payer Name' and 'Payer ID'. The Payer ID is the electronic address for a specific insurance company, replacing the need for a mailing address. Click 'Select' next to the payer you choose and the information will copy to the table for you.

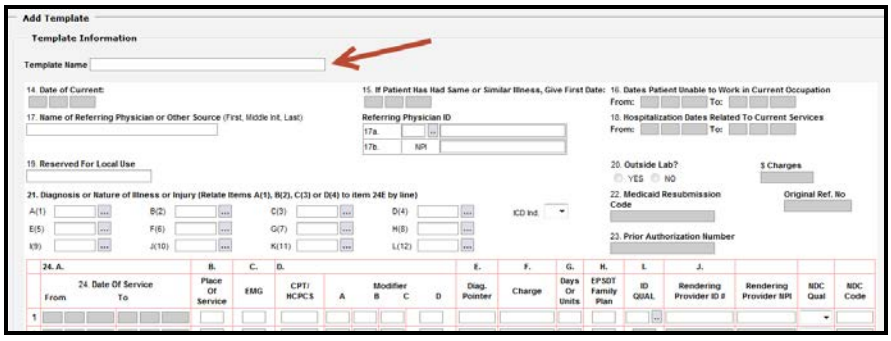
If you cannot find a payer on our payer list, include the payer's mailing address on the claim. Office Ally will attempt to find the matching Payer ID based on the listed payer name and address. If we cannot determine an electronic connection for the listed payer and you have authorized paper submission, we will print and mail the claims for you.

Click the 'Update' button at the bottom of the screen to add that payer to your stored information list.

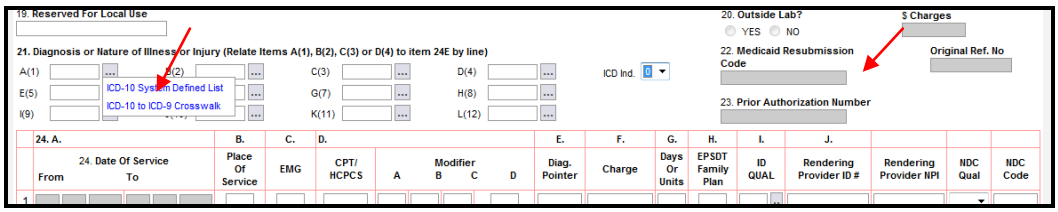


Patients, Billing Providers, Rendering Providers, and Facilities can be entered similarly by clicking the 'Add' button, entering the desired information, and clicking 'Update'.

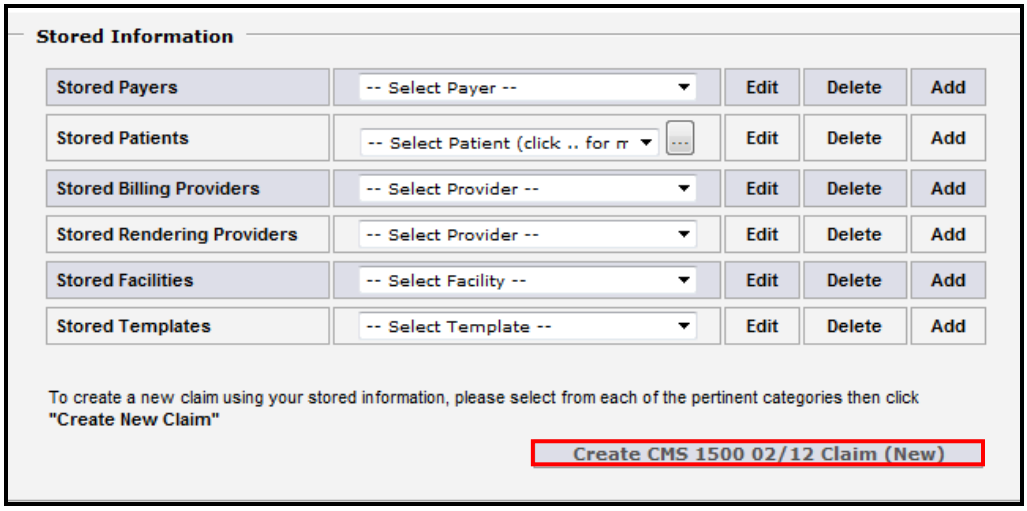
Stored Templates is an optional tool that can help you maximize efficiency when billing. It can be used for storing recurring diagnosis and procedure codes for a specific patient or for storing commonly used codes used for certain types of visits that apply to various patients. Enter a name for the template and any information you would like to appear on the claim form whenever this template is selected.



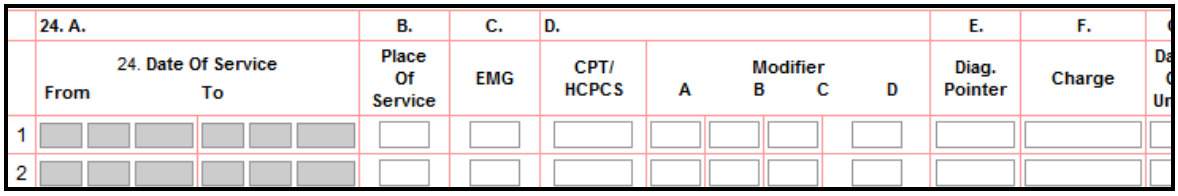
If you plan to enter specific diagnosis codes for your template, the ICD indicator selection will have to be made prior to adding your diagnosis to the template. There will be an option to select either ICD-9 or ICD-10 diagnosis codes from Office Ally's diagnosis code list. When finished, click the 'Update' button to save your template.



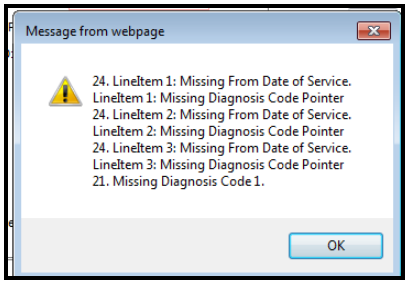
Below is and example of how the Managed Stored Information is used to created a claim with the stored data you have entered. From each drop down list, you will select each item that you would like to be automatically filled in on the claim form. Once the information is selected, click on Create New Claim button.



After you have selected to created the claim form, there will still be required fields to be completed that can not be filled in by the stored information. Dates of service (DOS), diagnosis code pointers, etc. will need to be completed for each new claim.

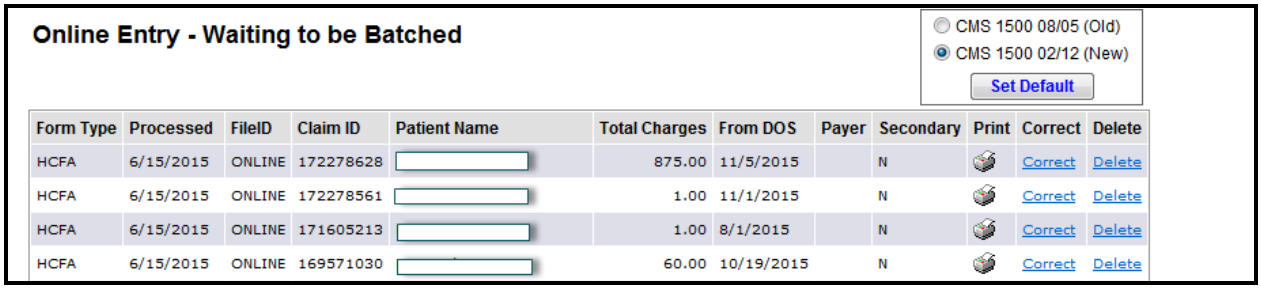


After you enter in the DOS, diagnosis pointers, etc., review the claim for errors and then click the 'Update' button at the bottom of the claim form. The program will alert you if you missed certain required fields. If all required fields were completed, clicking on "Update' will put your claim in the Claims Awaiting Batch section.



CLAIMS AWAITING BATCH

After you have updated your claim, the process of submitting the claim has been completed. Your recently submitted claim is sent to the Claims Awaiting Batch. Your claim(s) will sit in there waiting for Office Ally to pick up them up for processing (occurs every 3 hours). From this section of Office Ally you can edit, print, or delete the claim before the claim is sent to the insurance company.

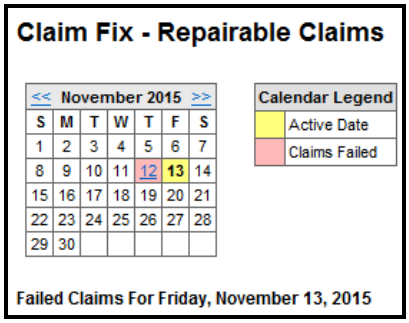


In order to access this section, hover over Online Claim Entry from the blue links on the left and select Claims Awaiting Batch.

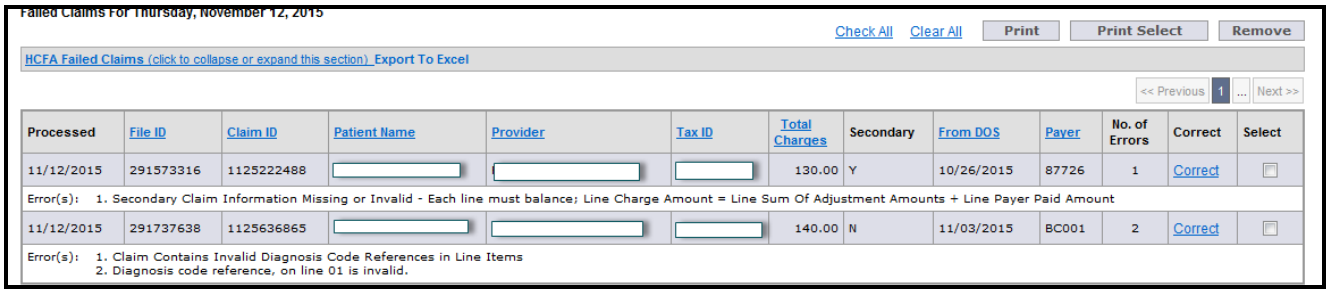
CLAIM FIX / REPAIRABLE CLAIMS

If a claim is rejected during Office Ally's or the payer's scrubbing process, your claims will be sent to 'Claim Fix'. These claims can be easily repaired and re-submitted by hovering over 'Claim Fix' and clicking 'Repairable Claims.'

A calendar will display once in Claim Fix. If a claim was rejected and is awaiting correction, the date will be highlighted in pink.



By clicking on the pink date, it will bring up a list of all the rejected claims for that day. In this section, you can correct the claim by clicking on the 'Correct' link. Once you have corrected the claim, it will be sent to the 'Claims Awaiting Batch' for further processing. There is a remove option as well if you do not plan on correcting/resubmitting the claim from Claim Fix. You can remove the claim by checking the box under the Select column and clicking on the Remove button (top right hand side). After correcting (or removing) the claim from Claim Fix, the calendar date will no longer be pink indicating there is nothing left to fix for that day.


Failed Claims For Thursday, November 12, 2015

Check All Clear All Print Print Select Remove

HCFA Failed Claims (click to collapse or expand this section) Export To Excel

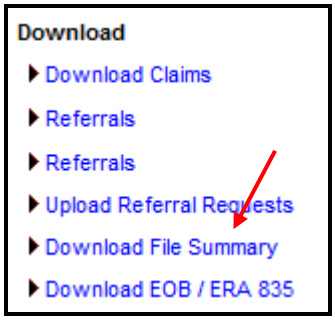
<< Previous 1 ... Next >>

Processed	File ID	Claim ID	Patient Name	Provider	Tax ID	Total Charges	Secondary	From DOS	Payer	No. of Errors	Correct	Select
11/12/2015	291573316	1125222488				130.00	Y	10/26/2015	87726	1	Correct	
Error(s): 1. Secondary Claim Information Missing or Invalid - Each line must balance; Line Charge Amount = Line Sum Of Adjustment Amounts + Line Payer Paid Amount												
11/12/2015	291737638	1125636865				140.00	N	11/03/2015	BC001	2	Correct	
Error(s): 1. Claim Contains Invalid Diagnosis Code References in Line Items 2. Diagnosis code reference, on line 01 is invalid.												

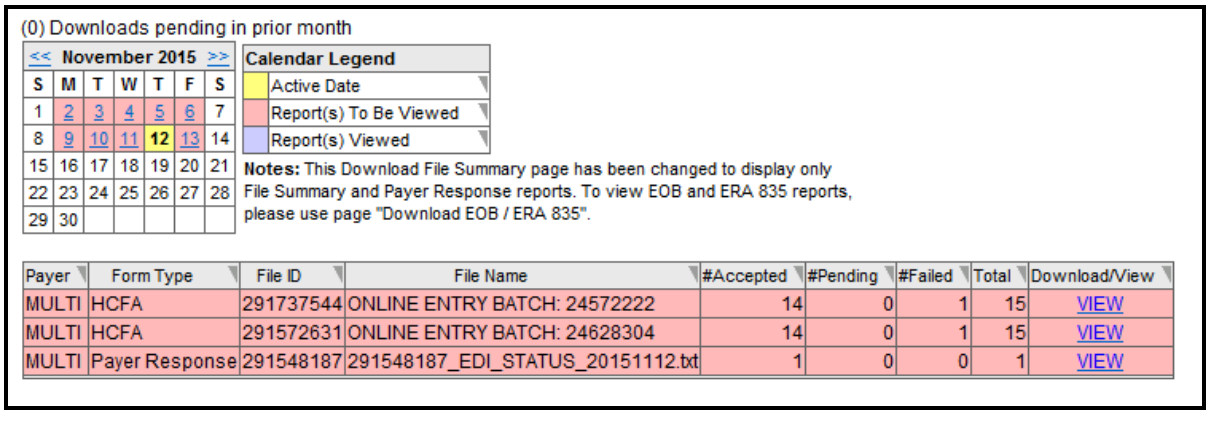
NOTE: Claims that are rejected will remain in the 'Claim Fix' until they are either corrected or removed.

DOWNLOAD FILE SUMMARY

To view reports for the claim batches you've submitted, click the 'Download File Summary' link. This calendar is similar to the 'Claim Fix,' but pink dates here signify that a report is available for claims submitted on this date. File Summary reports will show which claims have passed or failed Office Ally's screening process, while EDI Status reports will show which claims have been accepted or rejected by the billed insurance company. These reports can be used to verify the receipt and status of your submitted claims.



Click on a date to view reports from the billed payers on that date. Once you have viewed all reports for a date, it will show a blue background.

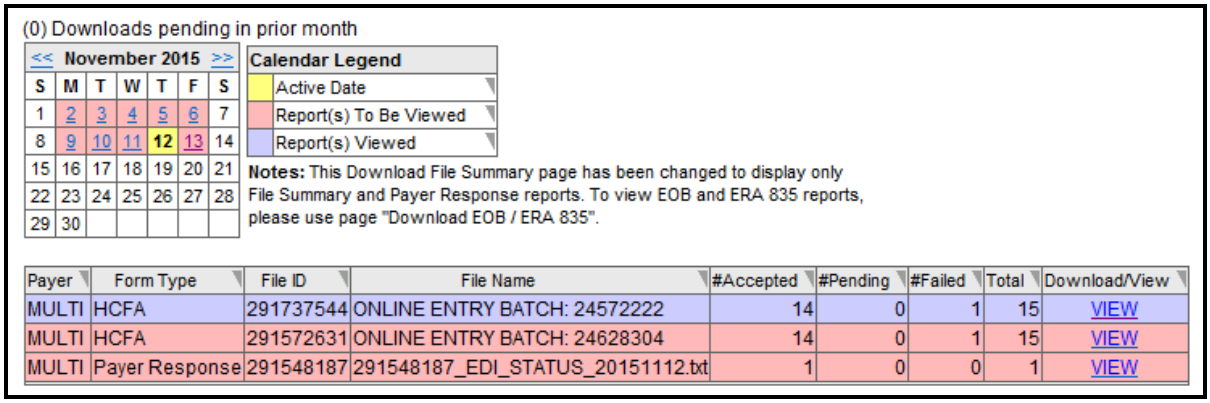

(0) Downloads pending in prior month

<< November 2015 >>						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

Calendar Legend
Active Date
Report(s) To Be Viewed
Report(s) Viewed

Notes: This Download File Summary page has been changed to display only File Summary and Payer Response reports. To view EOB and ERA 835 reports, please use page "Download EOB / ERA 835".

Payer	Form Type	File ID	File Name	#Accepted	#Pending	#Failed	Total	Download/View
MULTI	HCFA	291737544	ONLINE ENTRY BATCH: 24572222	14	0	1	15	VIEW
MULTI	HCFA	291572631	ONLINE ENTRY BATCH: 24628304	14	0	1	15	VIEW
MULTI	Payer Response	291548187	291548187_EDI_STATUS_20151112.txt	1	0	0	1	VIEW



(0) Downloads pending in prior month

<< November 2015 >>						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
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MULTI	HCFA	291572631	ONLINE ENTRY BATCH: 24628304	14	0	1	15	VIEW
MULTI	Payer Response	291548187	291548187_EDI_STATUS_20151112.txt	1	0	0	1	VIEW

Note: These reports will remain available for your records for at least three years.

INVENTORY REPORTING

Within the Inventory Reporting section, you can view all of the claims you sent to Office Ally, whether they have passed or rejected. Inventory Reporting will list the Office Ally Claim/File ID assigned to each claim as well as the Payer ID the claim was sent to, OA's Receive Date, Patients First/Last Name, Patient Acct Number, From/To DOS, Tax ID (Master Vendor), Insured ID, and Total Charges. You are able to click on the Claim ID (blue link) and pull up the claim image. From here you can click on "Print to PDF File" to print that claim image.

Note: Office Ally archives all claims submitted here for at least seven years.

SUPPORT

If you have any questions about Office Ally's Service Center, or would like one-on-one help with any of our products, please call our Technical Support line at (360) 975-7000 Option 2. If you need assistance with claim rejections or claim not on file issues, call our Customer Service line at (360) 975-7000 Option 1. Please have your username ready.