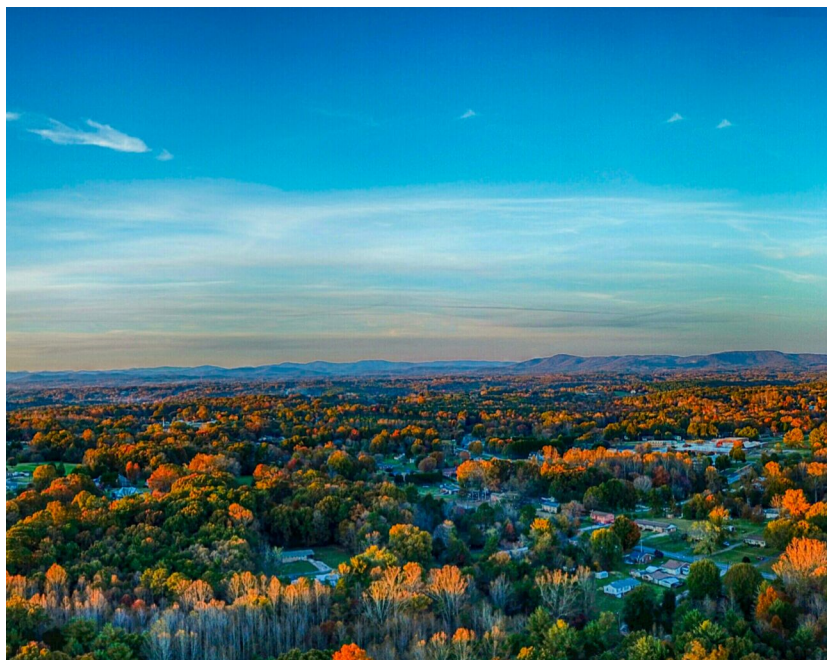


# SEPTEMBER 2019

# PINTLER BILLING SERVICES

## Quarter Three Newsletter



### YOUR DATA - A GREAT SOURCE OF INFORMATION

When you receive your month-end reports do your eyes light up at the prospect of discovering valuable insights into the performance of your agency? Or, do your eyes glaze over as you set them aside because you are unclear what you are looking at, or how to apply the information to your agency?

Month-end reports provide not only a status of the cash flow and AR for your accounts, but also offer an opportunity to internally audit your trips and make sure all of the billable transports are being captured. The reports we provide are highly customizable, and are formulated to offer multiple views of your data over the past 30 days. We are happy to help you interpret them if you need any assistance, or to create new ones to better address any specific items your agency would like to track. Take advantage of this valuable source of information, and give us a call if you'd like any help with reports.

### EMT SPOTLIGHT: Don Wells



#### DON WELLS

**YEARS OF SERVICE:** 31 years  
**EDUCATION:** AS Degree: Fire Science from Columbia College, Paramedic: Cabrillo College, Santa Cruz ETC, Occupational Hearing conservationist  
**CERTIFICATIONS** FP-C, CCEMT-P, NREMT, Montana CC Paramedic, Wyoming CC Paramedic, ACLS, BLS, PALS NRP, Stable, CAOHC

#### Don's Background

"I am the Father of two amazing sons, both teenagers now that are exceptional students and athletes.

I started my EMS career in 1988 when I became an EMT as part of my fire science program.

**1988-1991** I worked as a seasonal firefighter during summers, was a ski patrol during winters, while continuing to attend school. After four years, I went to Santa Cruz for my Paramedic program.

**1992-1996** Upon graduating, I was employed with American Ambulance in Fresno county. During my years there I was a member of the (STAR Team) in which we did swift water, scuba, and high angle rescue. I also started my Flight Paramedic career with Sky Life.

**1996** I relocated to Montana and continued to work as an Industrial Paramedic/Medical Administrator for Medcor Inc. (1996-2007) and a Flight Paramedic at St. Vincent's Help Flight. (1996-2002)

**2007-2010** I was the EMS Manager with St. Peter's Hospital in Helena.

**2010** Started MMS, My occupational hearing conservation business.

**2010-2014** Flight Paramedic/MCL with Summit Air out of the Bozeman base in in 2015 the Helena Air Base.

**2015-2018** Summit was purchased by REACH Air, Flight Paramedic.MCL

**2018-Present** I accepted the Director Position with Montana Medical Transport, Helena.

#### Highlight of Working in EMS for Don

All of it! Good and Bad. Life learning every day.

#### Favorite Aspects

Developing clinicians and services

Critical Patient Care

Camaraderie among EMS/Medical community

Life has certainly not been mundane

### COMPLIANCE CORNER BY JODI PAINE, CACO

#### 3 CRUCIAL COMPLIANCE STEPS TO COMPLETE THIS MONTH

**1. Medicare enrollments** should be updated promptly any time there is a change to the information for your service. Some changes are required to be updated within 30 days (such as change in ownership, a change in practice location, and a final adverse legal action) and other changes need to be updated within 90 days. To verify the accuracy of your current enrollment, go to <http://pecos.cms.hhs.gov/pecos/login.do#headingLv1> and update as necessary. This step will also help when it comes time to revalidate the enrollment for your service so that the information is current. It also keeps your service compliant with Medicare guidelines and helps to avoid a gap in billing due to your Medicare enrollment being deactivated.

**2. NPPES contact info** should be verified and updated with current and accurate information for your service. Go to <http://nppes.cms.hhs.gov/#/> and review your information. This is crucial with the upcoming data collection requirements as CMS will use the contact information from this site to reach out to your service about their reporting requirements. To remain in compliance and avoid fines, this should be updated regularly with current information any time there is a change to the information for your service.

**3. OIG exclusions list** should be checked every 30 days for everyone involved in your service, including but not limited to crew members, administrative staff, board members, and dispatchers. Individuals can be excluded for a number of reasons and services who hire an excluded individual who is on the LEIE (list of Excluded Individuals/Entities) are subject to penalties and would need to refund any funds paid by Federally funded health care programs (Medicare and Medicaid) while those individuals were employed, Schedule a reminder so that these checks are done each month. Go to <http://exclusions.oig.hhs.gov/> and choose the search for multiple individuals (you can do up to 5 at a time) and enter names of each individual. Save the results of these searches to document your compliance efforts. If there is an individual involved in your service who is on the exclusion list, notify Pintler Billing immediately so we can assist you with what steps to take next.

Send Jodi an email ([jodi@pintlerbillingservices.com](mailto:jodi@pintlerbillingservices.com)) or give her a call to report your efforts towards these three important steps, and you will be entered in a drawing for a \$50 gift card to Cabela's! The deadline for entering is October 31, 2019.

"Save one life, you're a hero.  
Save one hundred lives, you're an EMT."



### MEDICARE AMBULANCE POLICY CHANGES

CMS recently announced two proposed changes to their current ambulance policies. One is a proposed change to the PCS, which would create a non-physician certification statement in addition to the current PCS (Physician Certification Statement) to differentiate which medical professional is signing for medical necessity on non-emergent transports.

The second proposed change is more significant. CMS is preparing to implement a data collection system for ground ambulance transports that will randomly sample 25% of enrolled providers nationwide, which they estimate is equal to approximately 2,500 ambulance providers. CMS will create a reporting tool(s), and then require that the identified ambulance providers use it to report on a wide range of data regarding their organization. Some of the reporting items will include: number of transports (identified by level of service), number and types of crew members, costs associated with facilities, and other related information about the organization and operations. There will be a fine imposed on any ambulance service that is requested to participate if they do not report within the time frame required. The fines begin with a blanket 10% reduction in payment applied to payments for transports billed after non-compliance, following a 3 month grace period.

We are continuing to monitor these announcements, and as they move from proposal to policy we will educate our clients on the best way to comply with the new requirements. One important way you can prepare for the upcoming policy implementations is to double check your current NPI and Medicare enrollment data to make sure it is accurate. Your service contact information as it currently appears on the NPPES site is how CMS will attempt to reach you, should you be identified as an ambulance agency that must report. See step 2 in the Compliance Corner column in this newsletter.

9.11.2001 Never Forget



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