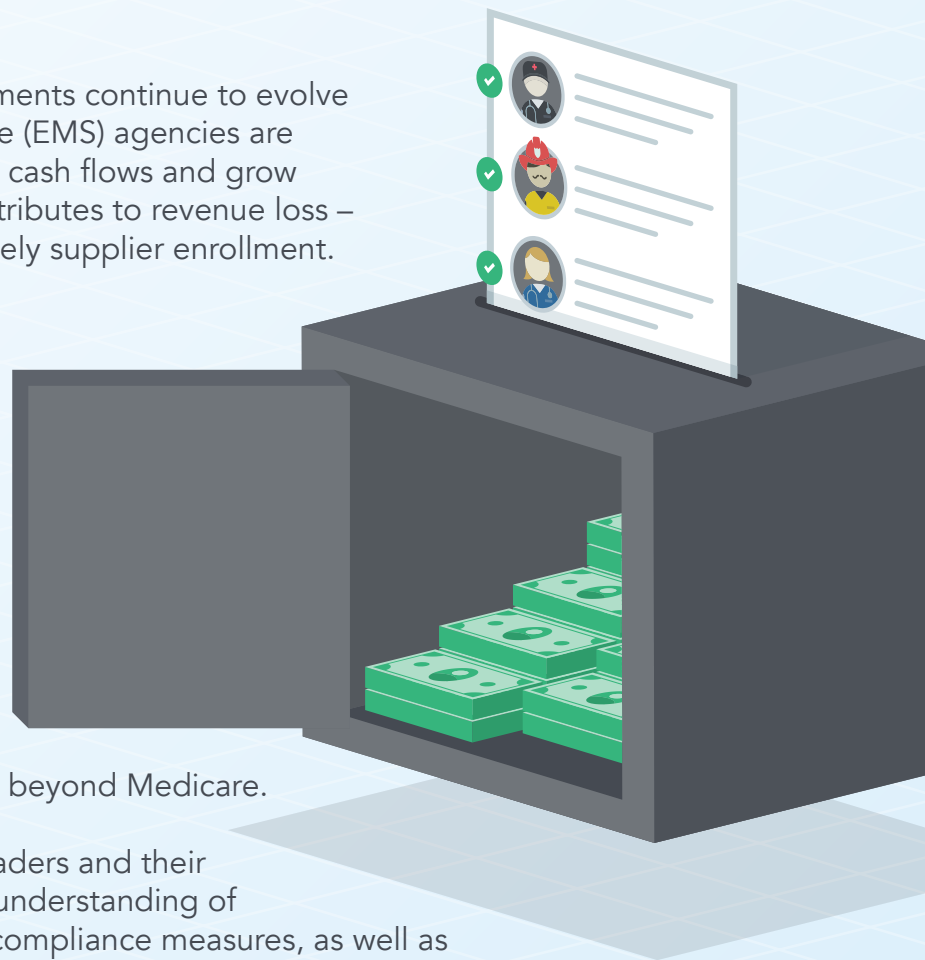


HOW PROACTIVELY MANAGING SUPPLIER ENROLLMENT HELPS TO PROTECT CASH FLOW

As the regulatory and competitive environments continue to evolve at a rapid pace, Emergency Medical Service (EMS) agencies are looking for every opportunity to accelerate cash flows and grow their revenues. One common gap that contributes to revenue loss – and one that is often overlooked – is untimely supplier enrollment.

In early 2018, the Centers for Medicare and Medicaid Services (CMS) estimated that more than 20% of suppliers miss their revalidation timelines.¹ What happens if you do? Medicare will place a hold on your payments, deactivate your billing privileges, and require that you resubmit an enrollment application, which can take up to 120 days to process. Because other federal programs reference CMS's database to confirm supplier enrollment as well, failing to meet revalidation timelines can be felt well beyond Medicare.

To protect their cash flows, EMS agency leaders and their staff will be compelled to develop a deep understanding of regulations, timelines, online process and compliance measures, as well as a process for identify gaps in billing and reimbursement. It will also become increasingly important for EMS agencies to maintain a proactive, disciplined approach to Supplier Enrollment. This issue brief aims to shed light on the potential pitfalls that could contribute to delayed or incomplete supplier enrollment and best practices EMS agencies should adopt to address them.



IDENTIFYING NONCOMPLIANCE RISKS

Agencies often do not realize they have violated enrollment requirements until their billing privileges have been revoked, including automatic termination of any Federal or State program agreements², or their revenue has been negatively impacted. The most common pitfalls that contribute to noncompliance are 1) missing enrollment information; 2) failure to report a substantive change; and 3) lapse in supporting insurance, certifications or licenses.



MISSING ENROLLMENT INFORMATION

To maintain supplier enrollment, agencies are required to submit a host of documentation including licenses and certifications; proof of vehicle liability insurance; a map and description of the intended service areas; a comprehensive staffing plan; a listing of equipment, supplies and medications approved and signed by the medical director, etc. Ensuring all documentation is complete, up-to-date and consumable can be burdensome. As requirements continue to evolve and regulations become more complex, critical information is often accidentally omitted.



FAILURE TO REPORT A SUBSTANTIVE CHANGE

Agencies are in violation of enrollment requirements if their ownership changes; they move or add locations; their medical director retires, etc. and they fail to report changes to the Authorized Official (AO). Continuing to operate would be considered fraudulent and result in revocation of billing privileges for noncompliance and risk of disbarment from the Medicare Program. Moreover, any fraudulent billing can lead to violation of the False Claims Act, civil and criminal penalties, and referral to the OIG, resulting in monetary penalties as well as up to 10 years imprisonment.³



LAPSE IN INSURANCE, CERTIFICATION OR LICENSES

Supplier enrollment requires current vehicle liability insurance; a BLS or ALS ambulance service license; a valid American Red Cross or National Safety Council first aid course or its equivalent; and a valid American Red Cross or American Heart Association cardiopulmonary resuscitation card; etc. A lapse in any insurance coverage, training certifications or licenses would be in immediate violation of enrollment requirements and result in revocation of billing privileges.

IMPLEMENTING A COMPLIANCE CULTURE



To keep pace with licensing, certifications, and revalidation timelines, EMS agencies should have an ongoing review cadence – either monthly or quarterly – to review upcoming expiration dates and the latest submission requirements. To further facilitate continuous improvement, EMS agencies will need visibility into noncompliance issues – including the tracking and measuring of common roadblocks – to support semi-annual performance reviews and enable greater visibility into performance outliers that contribute to potential revenue risks.



Maintenance and storage of all pertinent documents in one secure, centralized location is also paramount to ensuring that deadlines are met. It is imperative that licensure and certification details on CMS.gov and other applicable payer websites and directories are regularly reviewed and updated. Proactively managing documentation mitigates the risk of last-minute scrambling.

RE-ENFORCING BEST PRACTICES AND SHARED RESPONSIBILITY

Enrollment process should be monitored with the same controls and scrutiny that are applied to claims processing and inventory management. While risk areas and opportunities for improvement may vary across agencies, the following is a recommended checklist to help your agency remain in compliance with supplier enrollment requirements.

AT THE AGENCY LEVEL:



Ensure revalidation requests are responded to within the specified timeline or, when a due date is not provided, within 5 business days



Immediately report any adverse action, supplier conduct or suspensions in licensing.



Maintain current correspondence and addresses, including payment and banking information.



Report any substantive changes – e.g. ownership or managing authority; geographic locations; vehicles; etc. - to CMS within 30 days of the change



Educate staff regarding the evolving regulatory landscape and provide guidance as needed.

AT THE STAFF LEVEL:



All licensing and certifications must be kept current.



Participate in training to ensure compliance with the evolving landscape of Federal regulations and guidance.

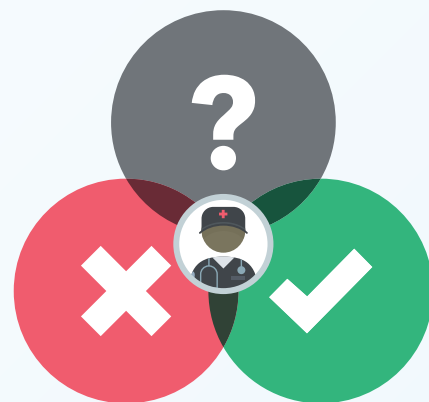


Participate in training to ensure compliance with Federal regulations and guidance as well as state mandated regulations and guidance for enrollment.

GETTING STARTED

AM I AT RISK OF NONCOMPLIANCE?

When evaluating your agency's risk, it is important to first assess your existing organizational structure, technology and processes to identify gaps. To decide how your resources and workflows support your enrollment program objectives – plus how to augment them – consider the following four questions:



1

Do we have the organizational structure required to implement and maintain a supplier enrollment compliance program? Operational requirements and special oversight – such as establishing an expert team to ensure compliance with enrollment and documentation requirements – are necessary to implement best practices and proactively manage supplier enrollment, regardless of the agency size and number of employees. If your team either lacks the necessary experience or is already stretched thin, enrollment services offered by a third-party can relieve the administrative burden placed on smaller businesses and can share best practices with your staff to optimize enrollment and risk management processes.

2

Does my RCM partner effectively facilitate timely supplier enrollment and revalidation? A strong partnership between your billing agent, your EDI department and your enrollment team can help you manage inconsistencies and head off enrollment situations before they become an issue. Delegating credentialing authority to your RCM partner is also a good way unburden your staff and optimize process efficiencies.

3

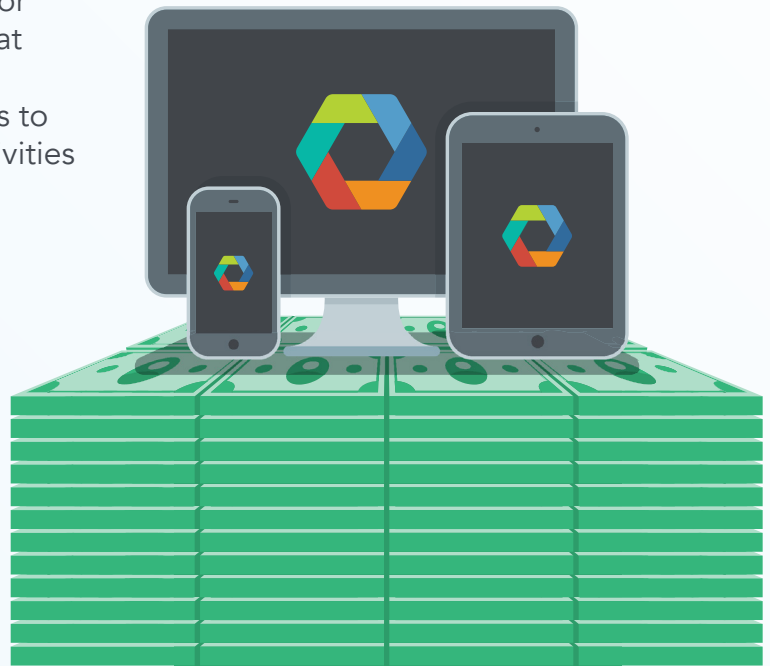
Do we have the right processes in place to manage enrollment, credentialing and licensing in a timely manner? In addition to maintaining an up-to-date schedule of revalidation and recertification deadlines, enrollment activities should be tailored to your agency and prioritized in order of highest revenue-generating payers. For example, if servicing a community with a large proportion of Medicare and Medicaid patients, it will be critical to prioritize activities that support CMS supplier enrollment.

4

Do I have the necessary technology to support my enrollment compliance program, including an electronic documents library? Comprehensive supplier data management requires direct access to clearinghouses and payer management systems as well as a robust tool to aggregate and normalize the data. To stay ahead of the data protection regulations, ensure that your agency or RCM partner leverages credentialing specialists to monitor the development of technology in the healthcare space and guard against potential obstacles to reimbursement by ensuring the right information is in place.⁴

Taken together, these questions point the way for compliant and robust enrollment capabilities that protect EMS cash flows and reduce the risk of avoidable disruptions. This enables EMS leaders to focus their time and energy on higher-value activities to maximize revenue, such as growing their geographic presence and expanding their customer base.

Integra Connect offers the subject matter expertise, unparalleled industry experience and technology-enabled solutions to proactively manage supplier enrollment, helping our clients avoid the often-associated pitfalls and mitigating revenue risks. We are the market leader in comprehensive end-to-end revenue cycle management for health system-based emergency medicine, EMS and hospitalist groups and have a track record of maximizing financial and operational success while advancing the quality of patient service.



SEE HOW INTEGRA CONNECT CAN HELP YOUR AGENCY DRIVE INDUSTRY LEADING FINANCIAL PERFORMANCE.

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¹ The State of the Medical Services Profession: Defining the Gatekeepers of Patient Safety (2018) Retrieved from: <http://www.namss.org/Portals/0/StateOfTheProfession/NAMSS%20State%20of%20Profession%20Report%202018.pdf>

² 42 C.F.R. § 424.535(a)

³ 42 C.F.R. § 424.502

⁴ Hicks, M. (Director), Lookabill, J. (Team Lead), & Martinson, D. (Program Analyst). (2017). Maintaining Compliance with Enrollment Requirements and the Appeals Process. National Provider Enrollment Conference. Cited September 27, 2018.



IntegraConnect

501 South Flagler Drive, Suite 600

West Palm Beach FL, 33401

1 (800) 742-3069

www.integraconnect.com