



## NOTICE

Date: 14 June 2010

To: Georgia Emergency Medical Services Agencies

From: Regina Medeiros  
Trauma Program Director and Contract Liaison  
MCG Health, Inc.  
Trauma Services Room BA-4411  
1120 15<sup>th</sup> Street  
Augusta, GA 30912

This notice provides an outline of the requirements and timeline for FY 2010 EMS Uncompensated Care Reimbursement Program approved by the Georgia Trauma Care Network Commission (GTCNC). Reimbursement will be provided to Georgia licensed ambulance agencies for qualifying trauma care-related uncompensated care claims delivered during calendar year 2008, January 1 through December 31.

**Each participating EMS agency is required to do the following:**

**Step One:**

- Contact each Georgia state-designated trauma center receiving trauma patients from their service in calendar year 2008 and request a list of all trauma registry patients transported to that facility during calendar year 2008 by the respective EMS agency. The agency will supply the trauma center with an EMS provider point of contact name, phone number, and email address for questions and follow-up correspondence. The report from the trauma center shall be provided in a Health Insurance Portability and Accountability Act (HIPAA) compliant format. The report will include the following data elements: patient name, hospital medical record number and/or trauma registry number, EMS provider number, social security number or date of birth, ED arrival admit date and PCR number.
- Submit to Regina Medeiros, contract liaison, an affidavit (format to be provided by contractor and approved by the Trauma Commission) affirming the following information\*:
  - Claims payments were pursued in accordance with standard EMS billing practices. This includes, but is not limited to, the mailing of at least three bills for payment when an address is reasonably available. If payment has not been received after a period of at least 90 days after the mailing of the first



attempt at billing and EMS is not aware that any payment is forthcoming for the services provided, the claim may be submitted to the contractor.

- The EMS agency maintains documentation supporting each claim collection attempt. The documentation must be available upon request by the Trauma Commission or other State agency for audit purposes and for a period of five (5) years from the date of the last collection attempt. A memo documenting all reasonable attempts at collection, signed by the agency director, will be provided as a scanned .pdf document and submitted to contractor with claim accounting spreadsheet. The original letter will be maintained by the EMS agency.
- Verification via the Georgia Health Partners (GHP) <http://www.ghp.georgia.gov> web page that patient is not eligible for coverage for the payment of the claim under Medicare or Medicaid will be maintained by the EMS agency for each claim submitted.

\* Form templates can be downloaded from <http://www.gtnc.org>

### **Step Two:**

Send by encrypted email, in a HIPAA-compliant format an uncompensated care claims list/report with verification of each patient's listing in the Trauma Registry. List each uncompensated care claim individually on an accounting spreadsheet (excel format will be provided) with the following information:

- Patient first and last name
- Patient social security number
- Date of service
- Pick-up point
- Final trauma center destination
- Healthcare Common Procedures Coding System for services rendered by submitting EMS agency
- Total charges

**All claims submitted for reimbursement under this program in the required documentation format must be submitted to Regina Medeiros, contract liaison, no later than close of business on Friday, August 27, 2010. Any request for an extension must be in writing and received no later than close of business on Friday, July 30, 2010. Requests will be forwarded to the Georgia Trauma Commission for approval and final determination. No payments for claims submitted after August 27, 2010 will be made without an approved extension.**



**Georgia Trauma Care**  
*NETWORK COMMISSION*

All documentation submitted under this program must be sent via email as described above to contract liaison Regina Medeiros at [rmedeiro@mail.mcg.edu](mailto:rmedeiro@mail.mcg.edu) in a HIPAA compliant format.

If you have any question or concerns please do not hesitate to contact Regina via email or by phone at 706.721.3153