



April 7, 2016

RE: Emergency Medical Services (EMS) MADDY FUNDING PROCEDURES:

Dear Provider:

The purpose of this letter is to explain the Maddy claims adjudicating process as of **2016**. The Public Health Department (PHD) EMS Agency is the administrator for the EMS Maddy program. The County continues to partner with CenCal Health to adjudicate claims for the Maddy program. Attached are the claims submission schedule for **2016** and the "Maddy Physician Emergency Medical Services Fund Condition Statement" which **must** be signed and submitted to the PHD EMS Agency before a claim can be accepted for payment by CenCal Health.

Legislation requires - and we appreciate - due diligence by your biller in determining the correct payer before claims are submitted electronically to CenCal. Please communicate to your billers that they must check for other payer sources, including the *Hospital Presumptive Eligibility (PE)* program which will provide individuals with temporary, full scope, Medi-Cal benefits for up to 60 days. Screening for this program is a requirement for access to this funding source.

The following requirements must be met in order for claims to be considered for payment:

1. Qualifying services provided must either occur on the calendar day of the Emergency Department visit or the two calendar days immediately following an ED visit *with* admission. Services provided beyond the first three (3) days of admission are not payable.
2. All components of the Maddy Condition Statement must be met:
 - a. Treatment occurred during the course of the hospital visit associated with an emergency department visit
 - b. A diligent effort to determine and bill the patient's primary payer source was made
 - c. Documentation that over a 3 month period at least two attempts have been made to collect payment from the payer or patient; and no payment has been received for any portion of services or written notification from the patient/responsible party that no payment will be made for services.
3. A current signed EMS Maddy Fund Condition Statement must be submitted prior to your first claim submission and must be on file with the EMS Agency for calendar year **2016 and 2017 (2 years)**. Condition statements are not required with each claim.

Medical Groups may submit one form under the group name for all physicians in the group.

4. CenCal will only accept EMS Maddy claims electronically.

Claims Submittal Process:

1. Only universal electronic claim form 837 will be accepted.
2. Claims forms submitted must identify **Member ID = SBMADDY**
3. Please maintain supporting records, as documentation may be requested to process claims or perform audits.

Payment formula:

1. The law requires a payment not to exceed fifty percent of the amount of the claim and for counties to develop a payment schedule and process.
2. Claims will be paid up to fifty percent of the total amount submitted and qualified, limited to the amount of available funding allocated per quarter.
3. All claims submitted during the submittal period will be processed and paid each quarter, and prorated by the amount of funding available.
4. Emergency and specialty care services provided must either occur on the calendar day of the Emergency Department visit or within two calendar days immediately following an ED visit with admission. Services provided beyond the first three (3) days of services are not payable.
5. Claims will be processed according to the Maddy Program allocation pools, hospitals and physicians, and within each allocation pool, the claims will be paid based on the amount of funds available-not to exceed 50% of the total claim. Please note if a claim is submitted that exceeds the three day rule, an average day rate will be calculated based on total charges.

Thank you for your services and continued dedication to our community. Any questions regarding these programs may be directed to Santa Barbara EMS Agency at ems@sbcphd.org or 805 681-5432.

Sincerely,



John H. Eaglesham, Director
Santa Barbara County EMS Agency

Remember to please submit a Maddy Emergency Medical Services Fund Condition Statement to the EMS Agency attention: Reginald Vaughn, EMS Agency 300 N. San Antonio Rd. Santa Barbara, CA 93110 or scanned email copy to ems@sbcphd.org



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Maddy Physician Emergency Medical Services Fund Condition Statement

I, _____, (print name) understand that a Condition Statement is required annually and declare that in submitting this Condition Statement on behalf of _____, (provider name) all claims will have been screened for the following conditions and attest that all claims submitted for compensation under the Maddy Emergency Medical Services Fund meet these criteria:

1. The patient(s) was initially medically screened, evaluated, treated, or stabilized in an emergency department in Santa Barbara County; and
2. Onsite services were provided in a clinical setting; and
3. Payment is being requested for treatment that occurred during the course of the hospital visit associated with the emergency department visit. Payment is not contingent upon patient(s) being admitted to the hospital. Treatment was provided on the calendar day on which emergency medical services were first provided and/or on the immediately following two calendar days. Services may also be for a patient who was transferred to a second facility which provided a higher level of care for the treatment of the emergency condition, which were provided on the calendar day of transfer and/or on the immediately following two calendar days; and
4. I have inquired if there is a responsible third party source of payment; and assessed if the patient qualifies for the hospital presumptive eligibility (PE) program which began on January 1, 2014, and will provide individuals with temporary, no cost, Medi-Cal benefits for up to two months.
5. The patient(s) or responsible third party has been billed for the physician's services and one of the following applies:
 - a) At least three months have passed from the date of the original billing to the patient or responsible third party, during which time at least two attempts have been made to collect payment, and no payment has been received for any portion of services.
 - b) I have received notification from the patient or responsible third party that no payment will be made for my services.
6. Once payment is received from Maddy fund, further collection efforts to obtain reimbursement from the patient(s) will be suspended. If, after receiving payment from the Maddy fund, there is reimbursement from the patient(s) or a responsible third party, the Maddy Fund payment will be promptly refunded to the EMS Agency. These returned funds will be returned and be added to total allocation for future distribution.
7. For audit and/or claims processing purposes, Provider must maintain for a period of three (3) years from the date of service supporting documentation for all claims submitted, along with any additional information the administering agency may require.

Dated: _____

NPI # _____

Provider Name: _____
 Address: _____
 City _____ ST _____ Zip _____



Emergency Medical Services Agency

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2016 MADDY CLAIMS AND PAYMENT SCHEDULE

Maddy Fund Program Service Year Calendar

Quarter	Services Provided Between	Claim Submission Start Date	Claims Final Submission Date	Claims Payment Date
First	January 1 – March 31	1-Apr-2016	15-Jun-2016	15-Jul-2016
Second	January 1 – June 30	1-Jul-2016	15-Sep-2016	15-Oct-2016
Third	January 1 – September 30	1-Oct-2016	15-Dec-2016	15-Jan-2017
Fourth	January 1 – December 31	1-Jan-2017	15-Mar-2017	15-Apr-2017