

Bill Bray

From: Fredrick Rubenstein <frubenstein@jpnlaw.us>
Sent: Monday, December 17, 2018 2:25 PM
To: Bill Bray; Jack Layne
Cc: James Nolan; Brian Bontempo; Mark Tinitigan
Subject: FW: South River EMS email from the state

Follow Up Flag: Follow up
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Bill,

Below is the response from the NJ Department of Health.

Fred

New Provider Application Letter

ems_system@njlincs.net

Dec 5, 2018, 3:23 PM (12 days ago)

to

12/5/2018 3:22 PM

Provider ID:

Trade Name: Borough Of South River Ems

Dear Applicant :

OEMS has completed the initial review of your application and you are now eligible to continue the licensure process. To become licensed to provide mobility assistance vehicle and/or basic life support ambulance service, you must complete all of the following steps within 180 days from the date of this email. You may not provide this service until the entire licensing process is completed.

1. Purchase and fully equip the vehicle(s) appropriate for the type of service you have applied to provide. Please review N.J.A.C. 8:40 for Mobility assistance vehicle service/basic life support ambulance licensure criteria.

During the provider survey, an inspection of all your company's vehicles will be conducted. Please log on to your account, and input all of the vehicle information for each vehicle under the manage vehicle tab. The auto generated message regarding electronic payment must be completed prior to the vehicle survey. At least one vehicle matching the type of provider license applied for must pass or conditionally pass before the approval expiration date above. (ie, you must have both a passing Mobility Assistance Vehicle (MAV) and a passing ambulance if you applied for both types of services.)

2. Purchase all the types and amounts of insurance required in N.J.A.C. 8:40-3.3, and upload a properly completed certificate of liability insurance directly to the licensing system under provider attachments. The certificate must be uploaded prior to the date of your provider survey.

The Certificate Holder must read:
New Jersey Department of Health
Office of EMS
PO Box 360
Trenton, NJ 08625

3. Write a standard operating procedure (SOP) manual for use by all your current/future employees, and upload the manual to the licensing system under Provider Attachments. It must include the topics listed in N.J.A.C. 8:40-3.5 and must be uploaded to the licensing system.
4. Design a patient call report PCR/Trip Sheet form which meets the requirements listed in N.J.A.C. 8:40 for the type of service to be provided. This must be a medical record and not your billing form. Upload this form to the licensing system under Provider Attachments. All 911 agencies must utilize an electronic Patient Care Reporting (ePCR) program that is compliant with the most current version of the National EMS Information System (NEMSIS). For a list of compliant software, visit: www.NEMSIS.org
5. Recruit and hire staff that is trained to the appropriate level for the type of service to be provided. Obtain the original certification cards from your employees. Do not accept a copy of a card from anyone. Make copies of both sides of each certification card for your files and return the original cards to your employees. Complete the Staff Roster form available on the website and upload the completed form with copies of the staff certifications as a single PDF file. A review of your staff credentials will be completed during the provider survey.
6. You must take a copy of this letter to Motor Vehicles when you register your vehicle(s).
7. Upload a draft picture or scheme of your vehicle(s) markings, including both sides, front and rear of vehicle.
8. Call Christopher Tams to set up an appointment for the provider licensure and each vehicle survey as soon as you feel your company is ready for licensure. The entire provider licensure survey must be successful prior to receiving your license(s).
9. Update all address, phone number and email changes to the licensing system.

A BLS ambulance providing emergency response (911) shall maintain at least one additional backup ambulance, fully equipped, which can be utilized to provide emergency response listed in N.J.A.C. 8:40-6.15(e)1.

Once you successfully complete the provider and vehicle survey, and have met all the above requirements, your service will be licensed.

Remember, you cannot operate or bill for service until your company is licensed. Also note that if you allow this application approval to expire, you will need to submit a new application and application fee to be licensed. If you have any questions, you may contact me at (609) 633-7777.

Sincerely,

Christopher Tams
Licensing Coordinator

New Jersey Department of Health
Office of EMS

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Actions

Save & Close

Cancel

Edit Provider

You must have a primary and secondary contact person listed. All officers are listed separately. The Medical Director and SCTU Coordinator are found under Officers. Make sure all insurance information is completed prior to license renewal. All 911 agencies, please click on the tab "other" and complete the emergency response section.

General	Address	Address (cont.)	Contacts	Contacts (cont.)	Proprietors
Officers	Insurance	Other			

General Info

Trade Name: *

Borough Of South River Ems

Provider ID (external): *

Provider License Classification/Type:

BLS

Business Type:

Municipal Government

FEIN Number: *

[Data Encrypted]

☒ Bill For Service☒ Uses Electronic Patient Care Reporting

Have you, any of the principals, owners, operators, managers, or any other person mentioned in this application ever been suspended from Medicare, Medicaid indicted for or convicted of Medicare or Medicaid fraud or any other crime?

☒ No☐ Yes

Have you, any of the principals, owners, operators, managers, or any other person mentioned in this application ever owned, operated managed or had a financial interest in a (MAV), (BLS), (SCTU), (MICU) service or other Healthcare Facility? If so please explain on separate sheet of paper and upload to the file.

☒ No☐ Yes

Memo:

[REDACTED]

[REDACTED]

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General

Address

Address (cont.)

Contacts

Contacts (cont.)

Proprietors

Officers

Insurance

Other

Physical Address (use Office Address)

Street 1: *

48 Washington Street

Street 2:

City: *

South River

State:

New Jersey

Zipcode: *

08882

County:

Middlesex

Municipality:

South River Boro

Mailing Address

☒ Use Physical Address

Street 1: *

Street 2:

City: *

State:	New Jersey ▼
Zipcode: *	
County:	None ▼
Municipality:	None ▼

