

Summary Report on the Findings of Beatrice Fire and Rescue

EMS Billing Assessment

By Dale Gibbs
1112 West 35th Street
Kearney, Nebraska 68845

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Executive Summary

The Beatrice Fire and Rescue is a well-run department of the City of Beatrice and everyone should be proud of their role in the operation. I found a sincere desire by everyone to explore additional ways to improve the billing and reimbursement aspects of the operation and, most importantly, a realization that a review was necessary.

EMS billing is a difficult and complex process. Regulations by the Centers for Medicaid and Medicare Services (CMS) have necessitated expertise by personnel in EMS agencies that are not found in other health care billing personnel. This expertise is almost exclusively gained by on-the-job training and both Shirley Parde and Cathy Roeveer are to be congratulated for their knowledge. Both have given more of their personal time to the process than they should be expected to. It is evident, however, that they are doing a good job with an overall 72.73% collection rate for calendar year 2005.

My task was to review the Beatrice Fire and Rescue overall billing process, including the patient documentation necessary for billing and to review the process to enhance the Advanced Life Support (ALS) tiering response for the surrounding Basic Life Support (BLS) services.

Following are my findings.

Patient Documentation

First, Beatrice Fire and Rescue is to be commended for using the e-NARSIS system. Proper utilization of the system provides a better picture of the patient encounter for the receiving hospital and those working with the patient. Two additional, and equally important, benefits are that this system can provide aggregate information about the ambulance service utilization and its importance to the citizens of Beatrice and surrounding area. When the same information is provided to the state, it can be used to show the value of the state's EMS system overall.

One of the drawbacks to the system, however, is the option to use the auto-generated narrative. I would offer that it is much better to write one's own narrative of the patient encounter than to rely on the auto-generated one, which is only as complete as what is entered into the programs drop-down or check boxes. There is always much more to a patient encounter than can be reduced to fill in the blanks. Both the history of the encounter and the billing process is not served well by any auto-generated narrative. I believe it invites EMS providers to not be attentive to the patient, which is a disservice.

Currently, the EMS crew, after entering the patient documentation into the system, designates the call for billing purposes as ALS or BLS. This is undoubtedly the most common way to begin the billing process but because of changing CMS rules and regulations it is also becomes problematic if the crews are not continually updated on the changes as well.

ALS Tiering Process Billing

The Department has instituted an ALS intercept service to the surrounding BLS services. It appears to be well thought out and is modeled on other successful tiering programs but not fully utilized. Tiering of ALS services with BLS services is an example that provides huge paybacks to patients receiving ALS treatments earlier than they would have without it.

Additionally, if done correctly and monitored constantly, it will foster better relations with volunteer services. Volunteer services in rural areas are under more pressures than in the past and it is paramount that all paid full-service ambulance services assist them in making their task easier. Contracts are not yet in place but are the immediate needs for instituting a successful tiering program.

Rural EMS is changing and the future can be affected positively if there is an on-going collaboration with paid services. A successful tiering program established in a county or district can be an important first step to a countywide EMS system. One in which there is common leadership, medical direction and mission for the area's residents.

Billing Process

The Department has been using the EMS billing program from Ortivus NA, formerly SweetSoft, for some time and has received regular updates but there has been no formal training given to Shirley. Additionally, it is currently thought that the software purchased was not all that could have been purchased for a better billing process. Consequently, it appears that more time is being spent than should be on unnecessary tasks, such as creating paper copies of the bills and manually reentering data into other programs.

Between Shirley and Cathy, it was estimated that they might spend approximately 1.5 FTEs, or 3,120 hours in a year on the billing process. If one looks at the total number of ambulance calls in 2005 (1960), it would mean the average time spent billing for one call would be 1 hour and 35 minutes. Of course, not all of those calls are billable and Shirley and Cathy do not spend time on those, but the point to be made then is that 1 hour and 35 minutes is very conservative. To put it into perspective, an ambulance crew could respond to a call, assess, treat and transport a patient to Beatrice Community Hospital, write their report and be ready for the next call in about the same time it takes to submit the bill.

Given the complexities of EMS billing, automating as many tasks as possible will reduce the number of human errors and increase the number of "clean" claims submitted. The proper software helps to ensure that the bill being submitted is correct and compliant with all current regulations. It should be evident that taking out as many opportunities as possible for error the City's liability for false billing will be reduced significantly.

Operations Related to Billing

There are many issues relating to every day operations of an ambulance service that affect billing and, although Beatrice Fire and Rescue has done a good job with the overall operation, there are a few issues that are recognized as opportunities for improvement.

Nursing Home Transfers not Medically Necessary

Many times, the ambulance has picked up the patient from the nursing home, after they have called 911 for an ambulance, and when the patient has been stabilized and does not meet criteria for admission to the hospital, Beatrice Fire and Rescue, is called to make the return trip. It is recognized that CMS almost never reimburses for trips from the Emergency Department back to the Nursing Home. However, it is also recognized that for most nursing homes, it is very difficult to be able to provide transportation for its residents after hours. These late night transports then become the unreimbursed calls of the local ambulance service.

Chief Daake indicated that he would schedule a meeting between the fire department and the nursing home administrators to discuss this problem. CMS guidelines clearly indicate the responsibilities of the nursing homes to their residents (e.g. transportation for necessary medical needs not available at the nursing home) and the meeting should be productive with an agreeable outcome for all parties.

Performance Improvement

In 2005 a new Medical Director was named and Chief Daake indicated, at the time of the visit, that Dr. Brett Studley was becoming a very active Medical Director. This is extremely important to the continuing quality of the ambulance service. A Medical Director who takes an interest in patient care is able to demonstrate the importance of quality to the crews who provide that care and patients are the beneficiaries.

Performance improvement is not about finding fault; rather it is about finding opportunities to provide better patient care through efficiencies, new techniques or equipment, and policies and protocols.

Performance improvement looks for opportunities for better documentation for legal, clinical and billing purposes. All are important, because if it cannot be shown that the care being provided and the operations of the service are not being reviewed for betterment; someone else will provide that service. Taxpayers, patients and those paying for their services expect the lowest price and the most efficient service. If you can show you are providing all of the above, EMS will remain local and controlled by the community, which obviously has served the community and surrounding area for many years.

Recommendations

Recognizing that Beatrice Fire and Rescue is providing the City and surrounding area a quality EMS system, these recommendations are submitted as opportunities for greater improvement of the system.

Patient Documentation

E-NARSIS

As was mentioned previously, the auto-narrative portion of e-NARSIS is not in the best interests of patients, the EMS provider or the EMS service. By actually writing one's narrative, a much better job of quality improvement can be done and it provides a much better means to justify the agency's billing process. If there is any question at all as to how to submit and how to pay a call, the narrative is used for determination. A proper narrative can provide the true essence of a call, the criticality, the complexity, etc. where the auto-narrative cannot. An EMS provider does not provide his or her assessments, treatments and reassessments and retreatments the same for each call but the auto-narrative can certainly make it appear that is the case. EMS providers are not robots on calls and their narratives should reflect the complex thinking and treatments they provide.

Education

By providing the EMS staff periodic review of the billing rules and regulations, and the problems encountered by Shirley and/or Cathy in their day-to-day activities in gathering the information from what the crews provide, a smoother billing operation will result. Additionally, when the EMS personnel understand the problems encountered and that what they document, or do not document, makes a difference to the overall operation, they will become more attentive to the process. It is in their interests, as well, to know the overall collection rate, the number of claims denied and what they can do to improve the rate and timeliness of reimbursement.

ALS Tiering Process Billing

ALS tiering is a very successful program improving both patient care and the relationships among different EMS provider services. To be successful, however, the process has to be locally driven by the BLS providers. Find a BLS champion for the concept and work with them to sell it to the other providers. Dr. Studely, of course, must also be a champion and, since he is not the Physician Medical Director for all of the services in Gage County, his support to the other PMDs is vital.

Education by the BLS champion and the Physician Medical Directors will be far more successful in convincing the BLS providers than will the effort by Beatrice Fire and Rescue. Beatrice Community Hospital can also be of assistance in providing education and should also be part of the process.

Beatrice Community Hospital is the one entity in Gage County that is common to all the EMS and Medical providers and, other than the patient, will benefit the most from a successful tiering process. Therefore, Beatrice Community Hospital should take the lead role in facilitating the education and implementation of tiering.

Another entity not always part of the design process is the dispatching service. Tiering is many times successful or not successful depending upon the dispatching. To be the most effective, the service should all be certified as Emergency Medical Dispatchers and implementing the system without that knowledge will be problematic. And, to be truly successful the process must be fair to the dispatchers. They should not be put into the situation of having to determine which EMS agency is participating in the tiering program and which is not. The Administrator for the dispatch service, obviously, must also be a champion of the program and should make it clear to everyone that all should participate or none at all.

At the time of my visit, there may have been one contract that had been signed by the Department and a BLS provider (Wymore) for intercept services. In order for Beatrice Fire and Rescue to be reimbursed for the intercept, a contract has to be in place with each of the BLS services that spell out the billing process. These contracts, obviously, will be the last thing to do before implementing the system.

Problems are common with each new tiering system and this one will be no exception. Initially, there will be frustration by both the BLS and ALS services perceptions of what should or should not have been tiered or not tiered. This is where a robust performance improvement (PI) program can help resolve the issues as they occur. An additional and even more frustrating problem is when the ALS service arrives to a tiered patient before the BLS service does. If the two towns are close, this is not uncommon and, again, provides an opportunity for PI by looking at why it occurred and what might be changed in the process to reduce the frustration but not reduce the timeliness of the required care.

If one looks at EMS in Nebraska today, we see very little of a true EMS System. There are many EMS services but hardly any Systems. The proper planning for, implementation and monitoring of a countywide tiering system are tremendous first steps to a true EMS System. This EMS System properly maintained can also be linked to surrounding Systems for a truly integrated EMS System.

Billing Process

The current billing software is not performing as well as it should be and more time is being spent on the process than should be. As was mentioned, the total time spent on billing may be as high as 1.5 FTEs. One FTE is too much.

The Ortivus billing software is generally viewed as an accurate and well thought-out program and I believe the current version possessed by Beatrice Fire and Rescue is capable of much more than it is being utilized for. In order to determine if it is indeed capable of more, I recommend:

- Visiting with the Ortivus representative in person to:
 - Determine if the program is the latest version and has all updates.
 - Provide education to Shirley and Cathy on what the program can provide them with special attention to populating fields directly from

- Working with surrounding communities also using e-NARSIS and Ortivus or other billing software to determine what features they have and what benefits or problems they have encountered
- Purchasing Ortivus software not available with the current package that would enhance the billing process.
- Continued personal contact with the Ortivus representative for on-going two-way education on the product.

Shirley referred to an organization she belongs to consisting of people in the fire service of Nebraska. These statewide organizations can many times provide one with guidance on a variety of topics and I would imagine there is a wealth of information available about billing from them. Shirley indicated she would visit with some and, if she has not done so yet, I encourage her to do so.

Making the billing process faster and less burdensome allows more time for other responsibilities. Combining better documentation by the EMS personnel and utilizing technology for cleaner bills may also mean a higher collection rate and a much faster cash flow. Even though Beatrice Fire and Rescue is tax-supported the more money collected from the EMS calls means lower taxes for the citizens.

Nursing Home Transfers

Chief Daake is on the right path to resolve the nursing home transfer problem. A meeting with all Administrators is necessary to explain the problem and ask for their help in finding a resolution that is acceptable to all. Possible solutions may include:

- Reviewing the number of return transfers done over one year and the costs associated with each and contracting with each one to provide the service according to the previous years costs.
- Simply billing, at the normal rates, each nursing home for returns that do not meet medical necessity.
- Exploring alternate transportation methods (e.g. an on-call driver shared by all nursing homes for after-hours transports).

Performance Improvement

Performance Improvement, in recent years, has become more commonplace and is truly a marker differentiating the average service from a progressive one. To be effective, however, it requires that everyone understand what the process can do and how it will improve both their individual performance and the services. The Medical Director is vital to the process, as well, and should be active in designing the program and following the results.

Because EMS billing is so complex and touches so many aspects of EMS, there are many opportunities for PI. The most obvious billing PI opportunity would be to compare the number of days receivable and the amount of time spent in total to prepare, send and

store each bill after making any changes to the process. I am sure that one could also use other services numbers as comparisons, as well.

If there is a way to determine the number of times that the crews have been asked to clarify something for a bill and compare it to a like period of time after education is provided to them regarding the billing process, this, too, would be an excellent PI tool.

Finally, and most importantly, a PI program for patient care is absolutely necessary. Suggestions include:

- What are the standard times for time of call to the time the page is received and how does the dispatch center compare?
- What are the norms for 10-8 to time the patient (not at the scene) and how does Beatrice Fire and Rescue compare?
- What are the norms for time on scene for BLS and ALS patients and how does Beatrice Fire and Rescue compare?
- Based on the documentation and reviewed by a peer, do treatments follow the protocols?
- Every critical patient's documentation, every intubation, every defibrillation, every "trauma code" or any other type of situation should be reviewed for appropriateness.
- Are each tiering calls paged appropriately (see the first bullet point) and were there any problems during the call?

Establishing standards or thresholds for three bullet points above can help discover things that get in the way of patient care. For instance, does it take an unusual amount of time for the dispatchers to page a call and, if so, why? Is there something that can be changed or added to reduce that time? Additionally, do all crews but one spend at or less than the threshold time at scene? Why does one crew consistently take longer?

The last three bullet points can help drive changes in protocols to improve patient care and also ensures that protocols are followed or show that they are either hindering patient care or are appropriate. Tiering PI is very important to show the collaboration of the care given to the patients. This PI should not be driven by Beatrice Fire and Rescue but rather by the Medical Directors.

An additional PI opportunity would be to involve the ambulance service in the hospital's PI program. Hospitals have had very robust and mature PI programs for many years and the Nebraska Trauma Program is encouraging hospitals that are seeking designations as Trauma Centers to involve the local EMS services in their trauma PI program. It would be of benefit to contact the hospital's Trauma Nurse Coordinator and ask to be involved in the design of that PI process and also with the on-going reviews of the patients brought to them by Beatrice Fire and Rescue.

Summary

The obvious dedication and commitment to the billing process and patient care is to be commended and the willingness to explore alternate methods for both the billing process and patient care is refreshing.

It appears that Beatrice Fire and Rescue is on the edge of a new and exciting time. The tiering process is an excellent example of being proactive in better patient care and will lead to more collaboration with surrounding services for a more realistic and true EMS System in Gage County.

My intent with this report is to validate the many positive efforts by Beatrice Fire and Rescue in providing better services and maximizing revenue, and to offer solutions to identified problems. I hope the solutions are accepted and they result in a better service.

My thanks to Chief Daake, Shirley Parde, Cathy Roever and John Carrel for their hospitality and assistance to me. Again, I commend their dedication and responsiveness in wanting to do things better.

Regarding the suggestions, I am open to questions for clarification and am available to help in any way I can to in implementing any changes you think are viable.

Thank you,

Dale Gibbs
1112 West 35th Street
Kearney, Nebraska 68845