The Pulse

by **Medicount**

How did the Affordable Care Act change the EMS billing industry in 2015?

A few years ago, when Obamacare was slated to go in effect, everyone in our industry wondered how it would impact EMS billing. Our initial thought was 1) more people are going to have insurance, which is obviously a good thing, and 2) since the ACA is also a cost savings initiative, allowables would most likely decrease. Basically, it should have been a wash. Instead, there would be a fundamental shift in payer allocations from those that previously carried a higher paying primary insurance.

The Effects of ACA

| 132% | 111% | 102% | 95% |

Adjustments ■ Insured Patients ■ Resident Write Offs ■ Amount per Check
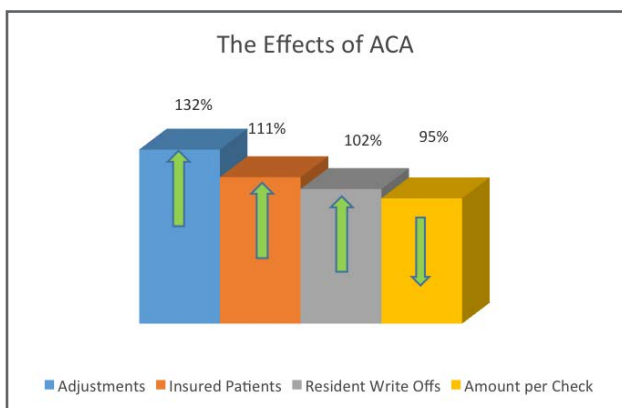
In 2015 we saw a significant increase in Medicaid equivalent products (HMOs) obtained though the "marketplace." This means that patients shopped the marketplace and found ACA plans from varying insurance providers. These plans applied significant downward pressure for many of our clients' revenues for a few reasons.

The majority of chosen plans contain deductibles of $3,000 or more. Deductibles are the enemy of EMS billing programs because we either write them off as a resident adjustment or attempt to bill the patient for the amount - 8 out of 10 do not pay. Over the past 10 years we have seen a 30 percent increase in policies that have $1,000 or more deductible. Medicount has often explained to clients that it is not in our best interest to bill your claims out quickly, as we would only be absorbing the deductible. It's best to let the hospital do that. This practice has never been more important than now.

Additionally, these ACA plans pay significantly less than to what we have been accustomed; many at or around Medicaid rates. Considering an ALS emergency call pays only $165 in Ohio, many times we see half the reimbursements from the past. This has resulted in a 10 percent decrease in the average check amount from 2013.

Ambulance Inflation Factor on the decline for 2016

Looking ahead, the Centers for Medicare and Medicaid Services (CMS) announced that the Ambulance Inflation Factor (AIF) for calendar year 2016 is negative 0.4 percent. This means that ambulance services will see a slight reduction in Medicare reimbursement rates this year.

Important reminder regarding your 2016 drug license

Each year Medicare requires a copy of your most up to date Drug License in order to approve ALS payments. Once you receive your Drug License, please send us a copy so we may process it with Medicare. You can email a scanned copy to: aking@ medicount.com.

Please be advised that payments will be reduced to "mileage only" for ALS runs if Medicare does not have your renewed license on file. For those departments that are only BLS certified, a copy of your Drug License is also required.

Tips for evaluating ePCR programs

At Medicount, our clients often ask us about ePCR programs. Do we accept this one or that one? Which one do we recommend? What should we be looking out for?

When evaluating various ePCR programs, we recommend asking a few questions before committing.

On which platform does the program run? The trend out there today is to utilize Android or IOS operating systems and hardware. From a cost perspective these products allow for significantly cheaper hardware options than traditional windows-based programs. Even "tablet"-based Windows machines will cost you between $1800-$5000. Most Android and IOS tablets can be purchased for around $500, and sometimes you can find them for less than $300. The price of three to seven tablets is equivalent to that of one Windows Toughbook. As for durability, we have yet to see someone break one of their Android or IOS tablets, just make sure to put protective cases on them.

What add-ons does the program offer? If they don't offer everything you want, ask what their timeline is before they offer it? Below is a list of features that your ePCR should offer (or at least plan to offer):

- **Monitor Interface** - Zoll monitors may be tough to interface with unless you are using a Zoll ePCR program.

- **Customization** - Ideally a program allows you to add custom fields, change the locations of the fields and report on those created fields. Some programs allow you to personally add those, others require you to go through them. Still others don't provide customization options. Note: if you do create custom fields make sure you do not break any NEMSIS or State required fields.

- **Past Patient Look Up** - Access to past patient history is a tremendous feature to have while tending to a patient out in the field. Access to current and previous meds, surgical history and any chronic ailments can be available by matching a few patient specific data. It is important to note that you shouldn't have, or give, the ability to look up patients by name alone. It makes your department vulnerable to unauthorized access to patient information, including SSN. The most common search configuration should include DOB and SSN.
- CAD Interface - Depending on your CAD vendor, a good ePCR programmer should have the ability to import CAD data in real time. Costs vary, usually between $80-$150, but initial programming shouldn't cost much, if anything. CAD data should import all your times (including time call in at patient, at hospital, in service) and locations.

- **Native Applications** - Unless you are in an area with complete cellular coverage, we recommend using a product that has a native application installed on your computer. You don't want to lose all of your run date because you lost your data signal. There is at least one program out there that will save that data even with a lost signal.

- **Geocoding** - While most crew members have no desire to log loaded miles for billing purposes, technological advancements have made things easier. Some ePCR programs have the ability to auto-log mileage based upon pick-up and drop-off location via geocoding.

Customer services also goes a long way. How do they handle support tickets? How quickly do they respond to phone

calls or emails? Are they open to suggestions that may improve their product? The ideal provider is flexible, personable and eager to help but also big enough to have the resources to provide all the features listed above.

It has been our experience throughout the years that there is not one magic ePCR product that satisfies everyone's needs and preferences. A product that gets overwhelmingly positive reviews by numerous providers in one area doesn't get a second look somewhere else. Over our 25 years in the business we have developed relationships with many ePCR vendors and will be happy to connect you with some that fit your specific needs. Call us anytime for a referral.

A case in successfully implementing ePCR

Recently, Burlington Fire Protection District in Burlington, Ky., approached Medicount looking for a new ePCR system. They were looking both to improve the features of their current ePCR as well as to find a program that could take advantage of their decision to switch from Windows-based laptops to tablets.

The Windows hardware required too many updates and were too vulnerable to viruses. Android and IOS products, on the other hand, are clean, allow easy installs and are more cost-effective. Burlington chose to take advantage of a special Verizon ran in December, 2015 that included cellular-connected Samsung Galaxy Android Tablets for only $250.

Customer Success Story

In a pinch, Burlington needed to choose a product, gather their pre-launch data, get their site up and running, and train their staff - all between Thanksgiving and New Year's. With the collaboration of the department, the ePCR vendor, their training officers, and Medicount, the transition was a success.

Here are nine tips to help YOU successfully implement an ePCR system:

1. **Hardware** - Select hardware that is compatible with the program you will use. This usually means deciding whether you are always going to be connected, connected when in range of hotspots, or connect via WiFi when back at the station or hospital. Most departments choose to have 24/7 connection through a data plan. Work with your cellular provider to determine the best "bundled" data package that will cover all of the tablets you will use.
2. **Homework** - Any configuration of a system will need data specific to your department, including crew names, ID numbers, unit numbers, meds, protocols, etc. This is usually requested in an Excel spreadsheet. Most departments have all this data saved and can easily transpose it onto a master sheet for the programmers.
3. **Setup** - Create your roles, permissions, other vendor privileges, medical director access, QA workflow, billing approval process, etc.
4. **Admin Training** - Administrators will need to have more knowledge of the product than end users. Form an admin committee to review your rules, learn the reporting, configure any automation, and understand billing audits.
5. **Field Training** - Most ePCRs are easy to navigate, but you still should review the close calls rules, docking/charging procedures and syncing options.

6. **Billing Interface** - Reach out to your billing company as soon as you select your ePCR vendor. Both companies should work behind the scenes to create the billing link for importing. They will also decide whether you are going to push the runs for billing, if they will pull them manually, or an automatic interface is possible. Ideally, you want an automatic interface.

7. **Hospital Interface** - How are you going to get your trip sheet to the hospital? Most give the option to auto fax the call. Your ePCR vendor will help you set that up.

8. **Monitor Installs** - If monitor interface is an option, reach out to Physio, Philips or Zoll and start the process. Your ePCR vendor should give you some insight before that call is made.

9. **CAD Interface** - CAD interface usually needs to be scoped out by the ePCR vendor unless someone else in your area already is utilizing the service. Generally, if the CAD provider has the ability to send data then the ePCR vendor will make it work.

People, planning and process made the Burlington project a success from the beginning. The teams involved were motivated to make a change quickly, they were organized, and all the data/homework was done in a timely manner. Additionally, the department as well as their billing and ePCR partners planned ahead and committed to making sure setup and training were complete and that the new system was up and running within 30 days, despite the holiday season. While the average implementation time is more than 30 days, this case is a perfect example of three entities working together through numerous hurdles to successfully implement a new reporting system.

An overhead view of the Burlington, Ky. Fire District fleet.

About Medicount

Founded in 1990, our Cincinnati–based company is owned and operated by retired Cincinnati firefighter, Joseph D. Newcomb, and his family. The key to our success over the past 25 years has been our uncompromising commitment to helping the communities we serve, thrive and prosper. Unlike many of our competitors, we are 100% focused on the EMS billing industry. We provide local municipalities with comprehensive, efficient, accurate and hassle–free billing and collection systems that help them identify and maximize their revenue potential with minimal operational requirements from their staff.

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