EMS Financial Services
Practical ambulance reimbursement and compliance consulting

Handouts

BILLING BASICS TO BEST PRACTICES

Presented by:
Maggie Adams

EMS Financial Services
Practical ambulance reimbursement and compliance consulting

From Billing Basics to Best Practices

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Today's Presenter

Maggie Adams has over 25 years' experience in healthcare and the ambulance industry as a business owner and consultant. She has worked with ground and air ambulance organizations nationwide on reimbursement, billing, documentation and compliance issues. For years she has educated field providers and billing personnel on documentation and billing compliance. She was Page, Wolfberg & Wirth's senior consultant, a highly regarded presenter at their national ambulance billing conferences, and a key contributor in developing and delivering educational training sessions for the National Academy of Ambulance Compliance.

Maggie is a member of the Board of Directors of the Ambulance Association of Pennsylvania. She recently spent three years on the Compliance & Regulatory Advisory Board of NEMTAC (Non-Emergency Medical Transportation Accreditation Commission). She has served as a lecturer at the EMS Leadership Academy. She is a member of the Congress of Mobile Medical Professionals (CoMMP), and a member of the Wharton Women's Forum. She has written numerous articles and blogs on EMS billing, compliance, and documentation issues.

Throughout her career, Maggie has been a sought-after speaker and has presented at conferences nationwide. Known for her upbeat and positive personality, Maggie draws the attention of the entire audience as she provides practical solutions to problems faced by all ambulance providers and billing companies. She is a *Cum Laude* graduate of the Wharton School of the University of Pennsylvania. Maggie can be reached by email at maggie@ems-financial.com or by phone at (610) 494-5255.

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Today we discuss the basics of good billing & how to move to best practices

- Regulatory issues
- Payer differences
- Staffing and support
- Contracts
- Facilities
- Follow-up
- Manage outsourced billing

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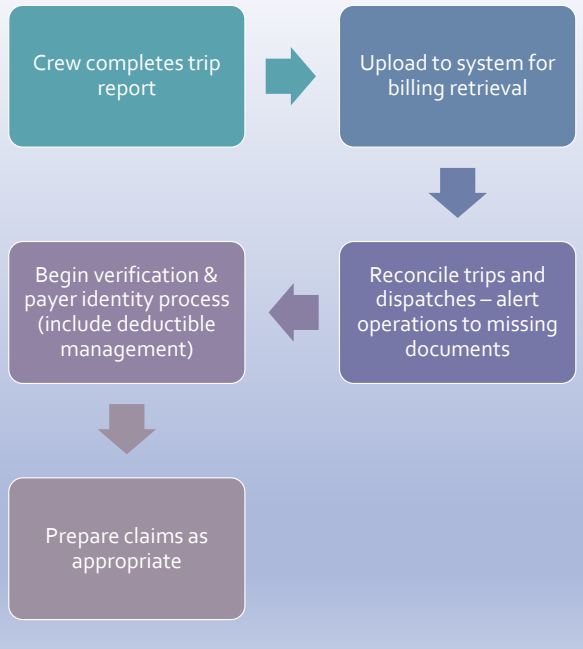
Important Steps



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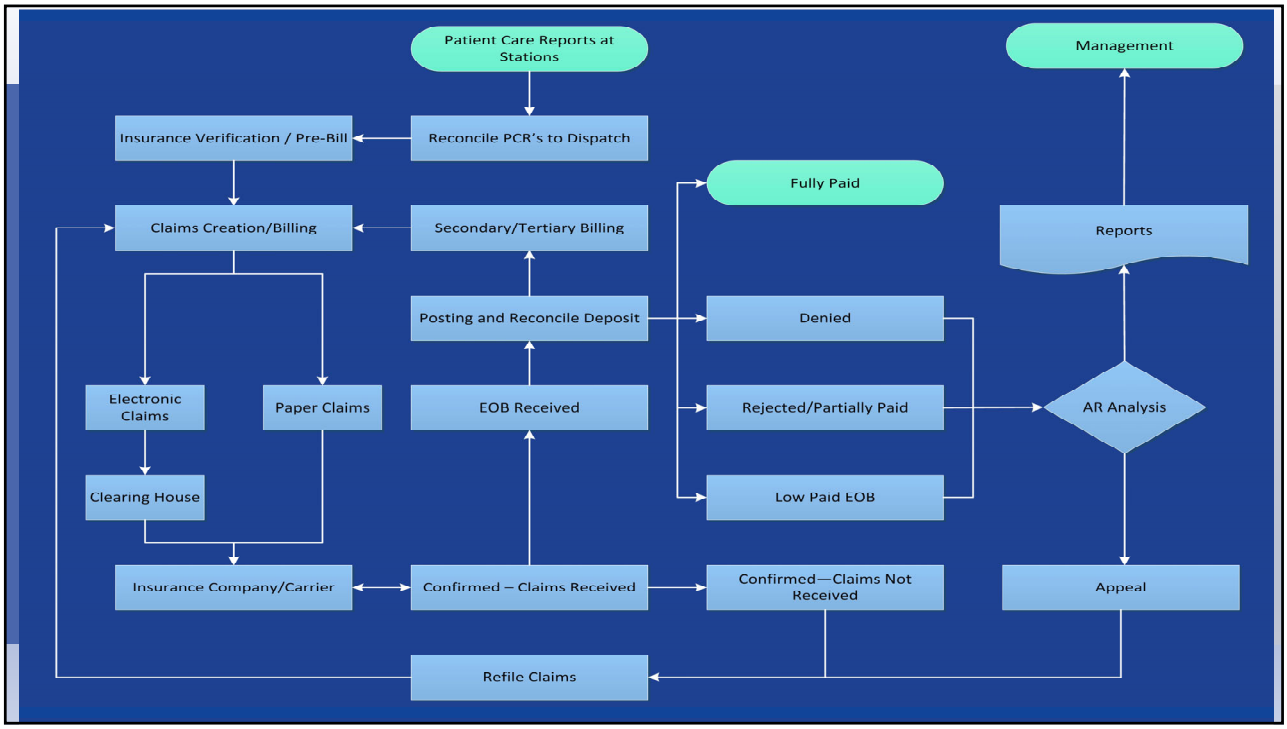

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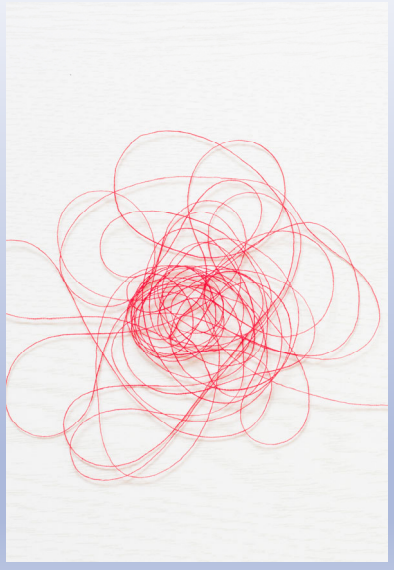
Billing Tangles Can Start in Verification Process

- Services not covered or coverage terminated
- Verifier may go with first option
- Needed authorization not obtained
- Contract obligations not known by verifiers or billers



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Best Practice: Call Intake & Billing Need to Know the Contracts

(include your billing company)

9

Contract Information Needs to be Accessible

- Understand terms & conditions of the contract with facilities and/or third-party payers
- Fee schedules
- Payment policies
- Authorization requirements
- Claim filing deadlines and appeals deadlines
- Dispute resolution process
- Monitor and communicate contract changes or modifications
- Monitor regulatory impact on contract issues

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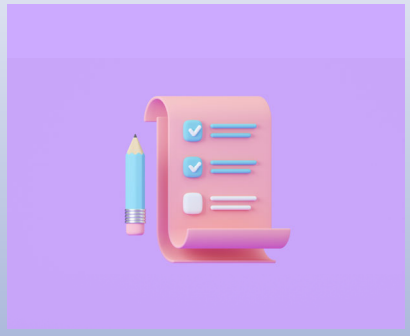

Be Aware!

- Don't assume contract automatically rolls over each year
- Does contract need to be signed annually?
- How often can payer change payment policy
- How will payer notify provider of any changes
- Know how to contact payer and what obligations payer rep has to respond (timing, availability, etc.)

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Verification Basics

- If there is an appropriate third-party payer, effort should be made to find it
- Potential for "no surprises" combined with recent changes in collection rules makes finding an appropriate third-party payer important (more on this later)
- Don't stop at first payer found; scroll through the verifying system to ensure it is the correct payer for the current trip

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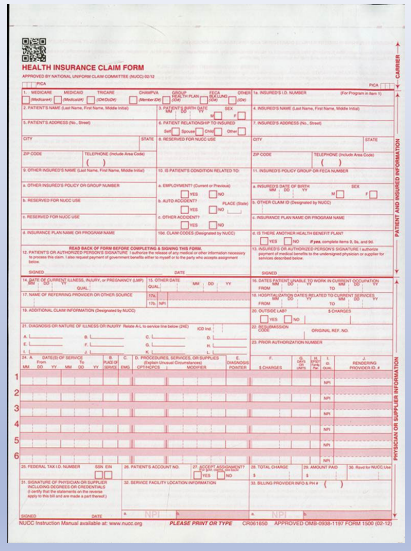
HEALTH INSURANCE CLAIM FORM

Validate Claims & Catch Problems

- Verify accuracy & completeness of claims
- Utilize claims scrubbing
- QA follow-up to catch missing codes, modifiers problems, DOB issues – technical problems that can e corrected
- Reduce denials by promptly following up on batch submission reports

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Work with Clearinghouse

- HUGE area where problems reside
- Provider thinks claim was sent
- But claim entered door of clearinghouse but did not exit to payer
- Much time passes and provider wonders where money went – clearinghouse reports can get neglected in follow-up process

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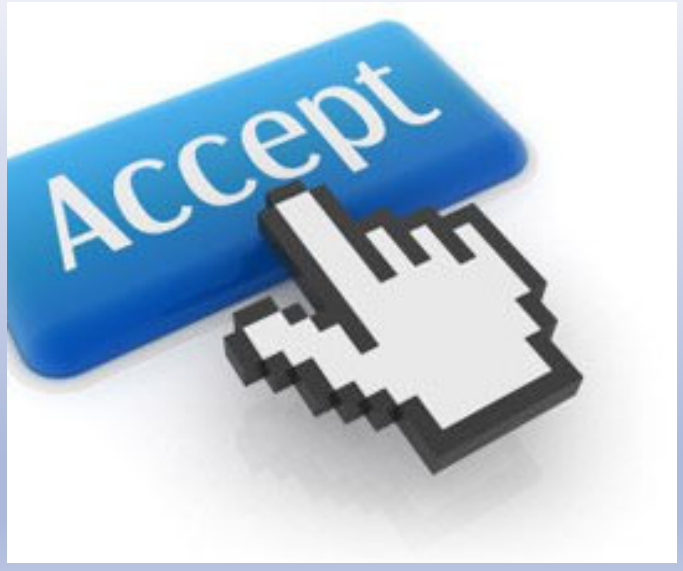
Track Clearinghouse Rejections

There are two doors – door INTO the clearinghouse & door OUT to payers



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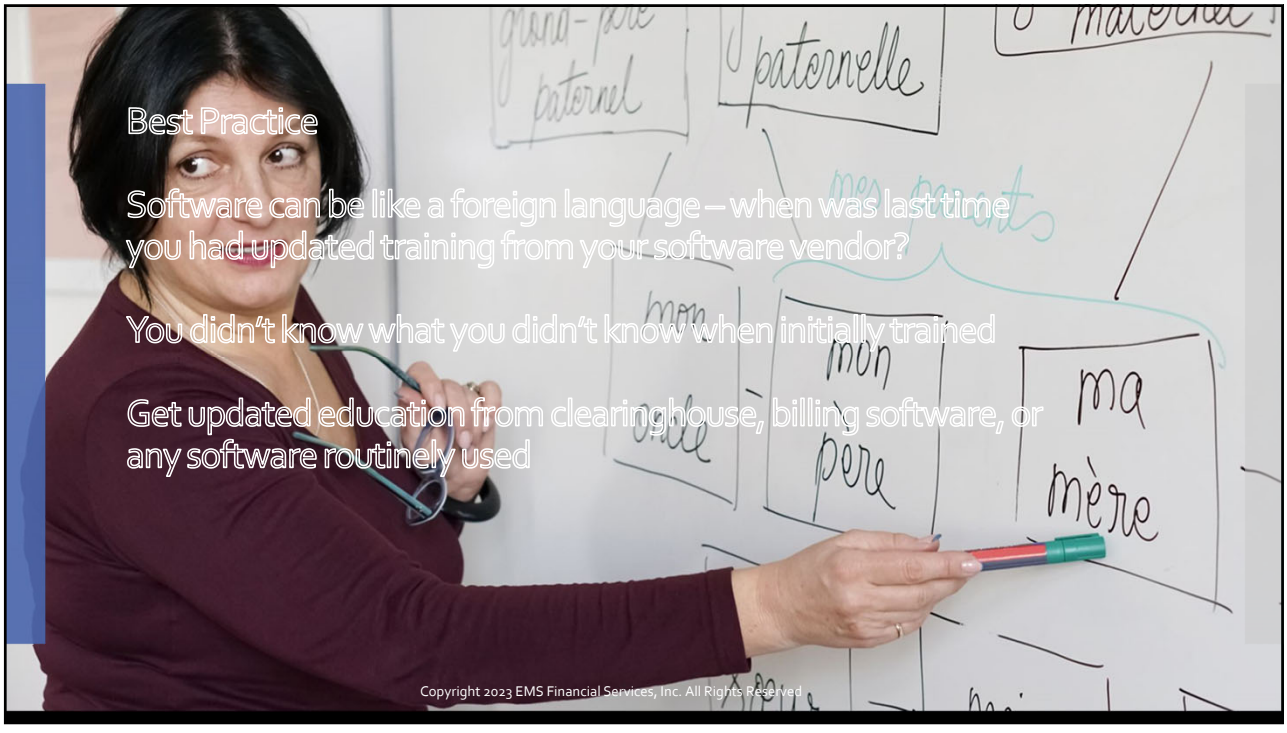

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Billing Basics: Medicare Has Four Basic Criteria

ALL Medicare criteria must be met for ambulance trip to be eligible for reimbursement:

- Medically necessary
- Reasonable & necessary
- Transport to a covered destination
- Closest appropriate facility

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CMS National Payment Policy

- Medicare covers ambulance services only if furnished to a beneficiary whose medical condition at the time of transport is such that transportation by other means would endanger the patient's health. A patient whose condition permits transport in any type of vehicle other than an ambulance does not qualify for Medicare payment.

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CMS Policy, cont'd:

Medicare payment for ambulance transportation depends on the patient's condition at the actual time of the transport regardless of the patient's diagnosis.

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From CMS

To be deemed medically necessary for payment, the patient must require both the transportation and the level of service provided.

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Medical Necessity per CMS

- Ambulance transportation is covered when the patient's condition requires the vehicle itself and/or the specialized services of the trained ambulance personnel. A requirement of coverage is that the needed services of the ambulance personnel were provided and clear clinical documentation in the patient's medical record validates their medical need and their provision. The patient's condition, as well as changes in that condition and the treatment provided, must be in the record of the ambulance service (usually the run sheet).

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Tie the Threads Together

- Trip report documentation takes threads of narrative, medical necessity, medical history, vital signs, physical findings & assessment plus treatments to tell story of why - *and if* - the patient needs trained personnel in an ambulance
- Billing decisions get made based on this information

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Billing Basics:

Read the WHOLE trip report!

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Vital Signs & Physical Assessment Help Determine Medical Necessity

- Temperature
- Pulse
- Respiration
- Blood Pressure
- Oxygen Saturation

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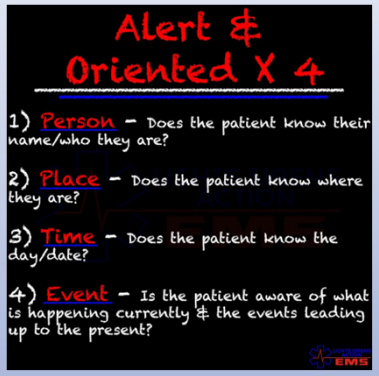
Importance of Mental Status Assessment

- Assessing A&O status helps determine patient's need for care
- "Confused" often documented
- What does "patient confused" mean?
- Ask yourself – is it clear whether the patient can remain unattended? If so, W/C van may do
- Is it clear that the patient needs trained personnel?



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Another Clinical Issue - GCS Score

- Standard tool to assess patients
- Not always documented by field crews
- GCS information adds to the picture of the patient's condition
- It is one of the tools used to assess medical necessity for ambulance transport

Table Glasgow coma scale.

Eye opening	
Spontaneous	4
To loud voice	3
To pain	2
None	1
Verbal response	
Oriented	5
Confused, disoriented	4
Inappropriate word	3
Incomprehensible sounds	2
None	1
Best motor response	
Obeys	6
Localizes	5
Withdraws (flexion)	4
Abnormal flexion posturing	3
Extension posturing	2

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Pain Assessment

- What is pain scale
- What is quality of pain – dull, sharp, throbbing
- What makes pain feel better or feel worse
- Time – how long has the pain lasted
- Did something change today?
- These pieces of information build strength to your approach to patient care

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Medical Necessity Problem

- In reviews of ambulance documentation, the lack of medical necessity continues to be an issue
  - Why can't the patient travel any other way than by ambulance?
  - What is it about the patient's condition that requires trained personnel at their side?
- Support crews with feedback and ongoing education on this topic
- BUT, recognize there are times that patient may be transported by ambulance and medical necessity not met – good billing decision needs to be made as to appropriate payer

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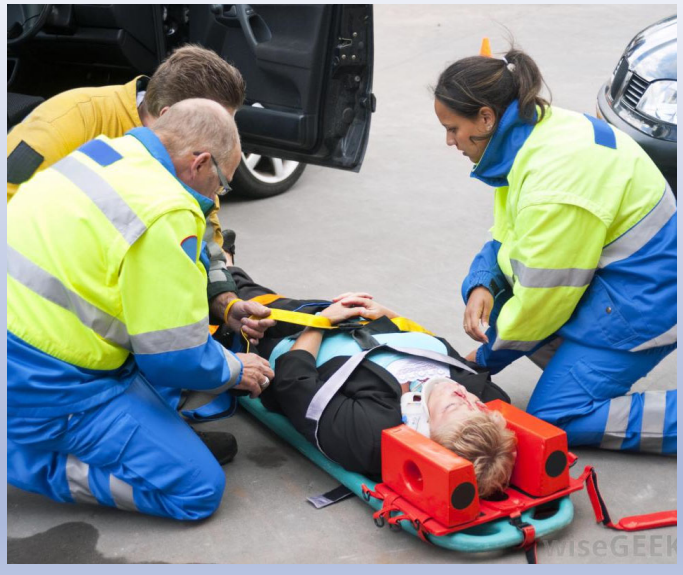
It is not the job of an EMT or paramedic to worry about billing - whether they are a volunteer or paid. Their job is to focus on the patient. But, quality clinical documentation of their encounter with the patient IS part of patient care



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Remind Crews: Documentation *is* Patient Care – Emergencies Too!

- Records the encounter with the patient
- Helps communicate patient interaction to other healthcare providers
- Used by other healthcare providers to make decisions about the patient's needs
- Necessary to report to county & state
- Protects provider in case of infection exposure or violence
- May prevent lawsuit or act as a defense
- Finally, documentation impacts reimbursement

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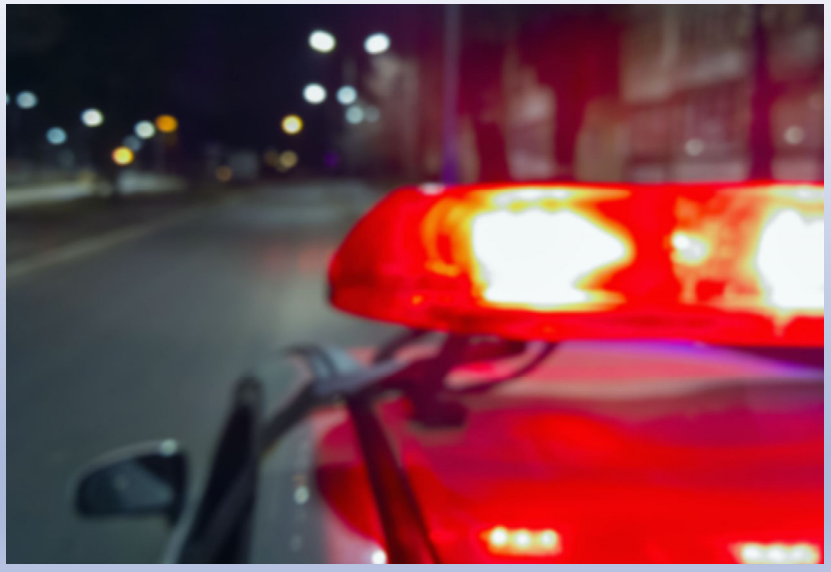
Current Emergency Problems Around Country

- Audit activity around country for emergency providers
- Medical necessity documentation under fire
- Nature of dispatch has been questioned
- Internal dispatch protocols for emergency calls that come directly to the provider
- Still see problems with ALS-1 Emergency billing



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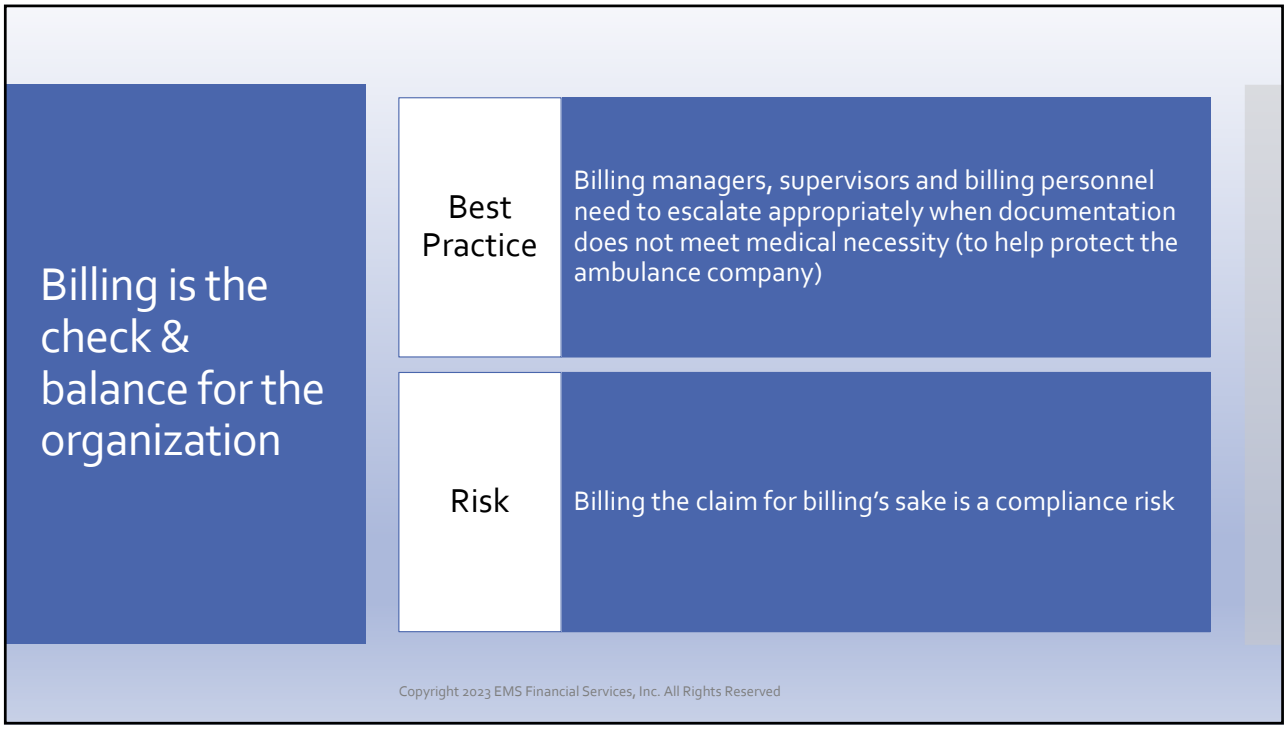

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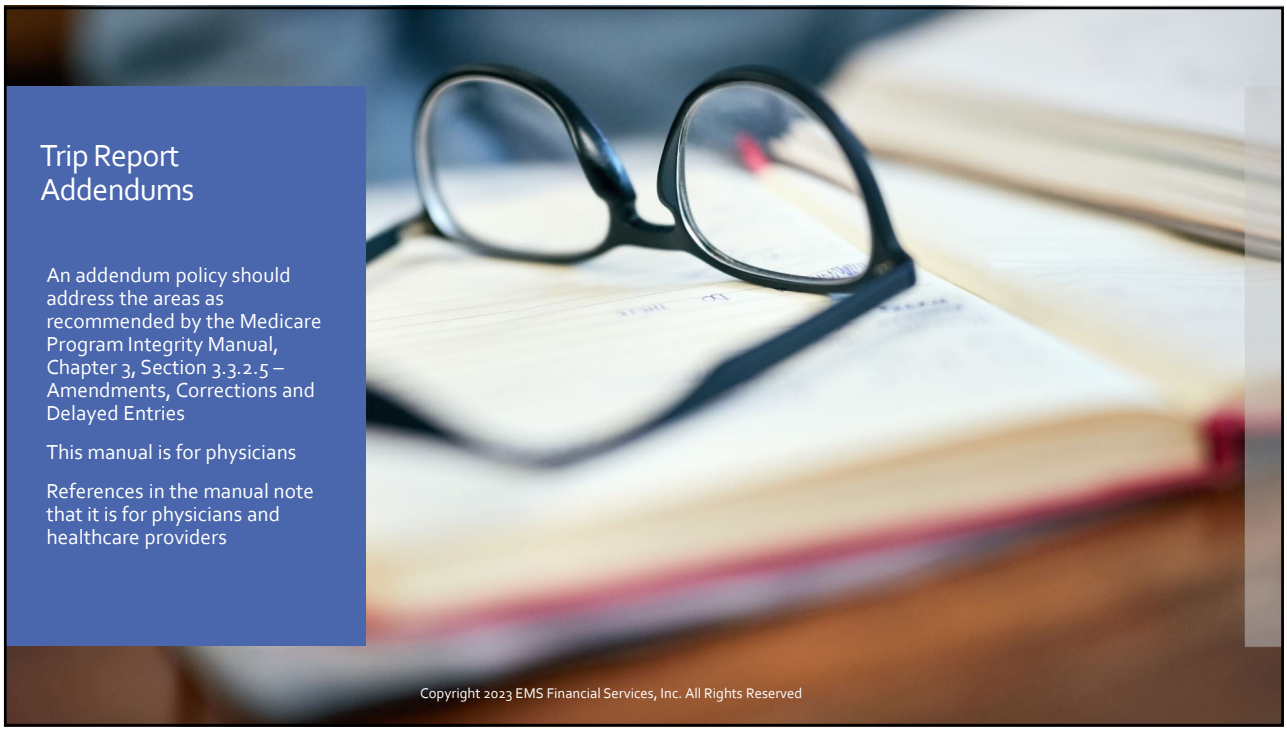

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Trip Report Addendums

Identify the Change	Don't Delete Existing Entry	Prompt Turnaround
• Clearly identify amendment, correction or delayed entry - indicate date & author of addendum – modern ePCR will help	• Do not delete anything that already exists, but clearly identify as original content and include after the original documentation (ePCR will note new date)	• Have a TIME requirement by which addendums are complete (end of shift may work well)

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Trip Report Addendums

The policy should clearly state that addendums are sought for additional information about the transport

- In other words, you need additional information NOT bill-driven information

Have a short time requirement by which addendums are complete and returned to billing for claims processing or follow-up

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Addendums should be the **exception,** not the rule

Trip report documentation needs to be thorough and complete. Use addendums for rare times that info is missing or incomplete

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Medical Necessity Denials

Billing may be the culprit for how coded, but documentation may need improvement for better coding choices

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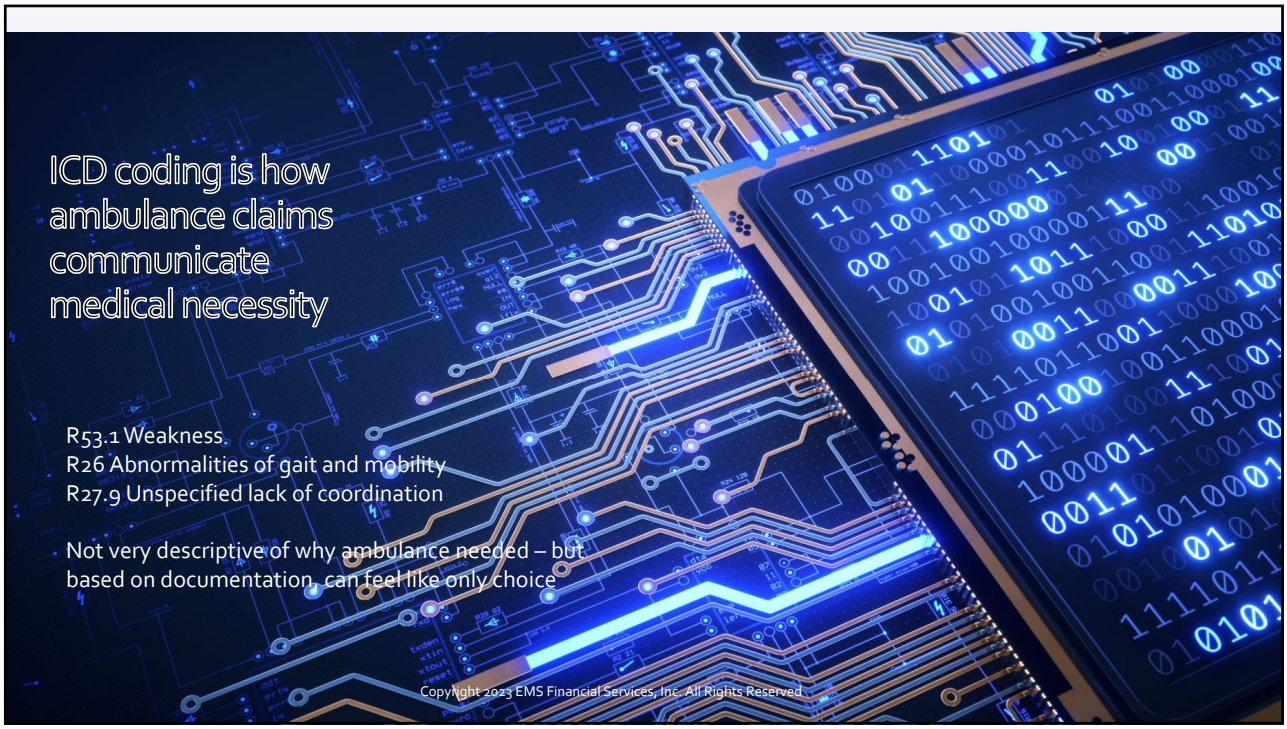

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Less than Descriptive ICD Codes

May lead to denial of claim for medical necessity

Disconnect between ambulance level of service and ICD code

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Remember!

- Paramedics and EMTs are not physicians
- Only a physician has the credentials to diagnose a patient (pneumonia, COPD, ESRD, CVA won't work)
- EMS responds to the patient's condition
- ICD code describes the patient's condition at time of transport which supports their need for ambulance
- ICD code on claim should not describe why patient was hospitalized; it should describe why they are in an ambulance

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Top Codes Used for ALS Emergency Transports Fair Health Report, 2/23/22

Table 4. Top 15 diagnoses associated with ALS emergency ground ambulance transport, 2016-2020

	2016	2017	2018	2019	2020
General Signs and Symptoms	1	1	1	1	1
General Signs and Symptoms Involving Circulatory and Respiratory System	2	2	2	2	2
Chest Pain	3	3	3	3	4
Signs and Symptoms Involving Cognition	4	4	4	4	3
Injury to Body	5	5	6	7	6
Abdominal and Pelvic Pain and Tenderness	6	6	5	5	5
Joint/Soft Tissue Diseases and Issues	7	7	7	6	7
Heart Disease	8	8	9	9	9
Epilepsy and Seizures	9	10	11	11	12
Head Injury	10	9	8	8	8
Nausea and Vomiting	11	13	13	13	13
Digestive System Issues	12	11	12	12	11
Signs and Symptoms Involving Behavior/ Emotional State	13	12	10	10	10
Cerebrovascular Diseases	14	15	14	15	16
Heart Attack	15	14	15	14	14
COVID-19	*	*	*	*	15

* Not listed before 2020.

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OIG FOUND $19.9 million in overpayments

- "Medicare Paid Twice for Ambulance Services Subject to Skilled Nursing Facility Consolidated Billing Requirements"
- February 2019
- $19.9 million in overpayments
- https://oig.hhs.gov/oas/reports/region1/11700506.pdf

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Part 2 – Compliance & Facility Responsibility Questions

Under Part A – Facility Pays

Under Part B – Medicare Pays

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REMEMBER, PRIOR TO PANDEMIC

OIG announced focus on non-emergencies to non-covered destinations

Plus

T-P-E Audits

OIG has returned to this issue

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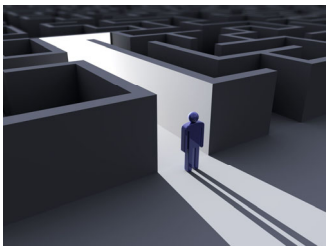
Denials also occur when there is destination confusion



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This is Doctor's Office

53

This is a Hospital *Patients are Admitted*

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No Need to Issue Various Invoices

- Facilities do not need customized invoices
- They need education on how YOUR invoicing works
- Providers spend enormous time on facility-specific invoicing
- Use one type invoice for all facilities
- Visit facilities to educate on invoice process

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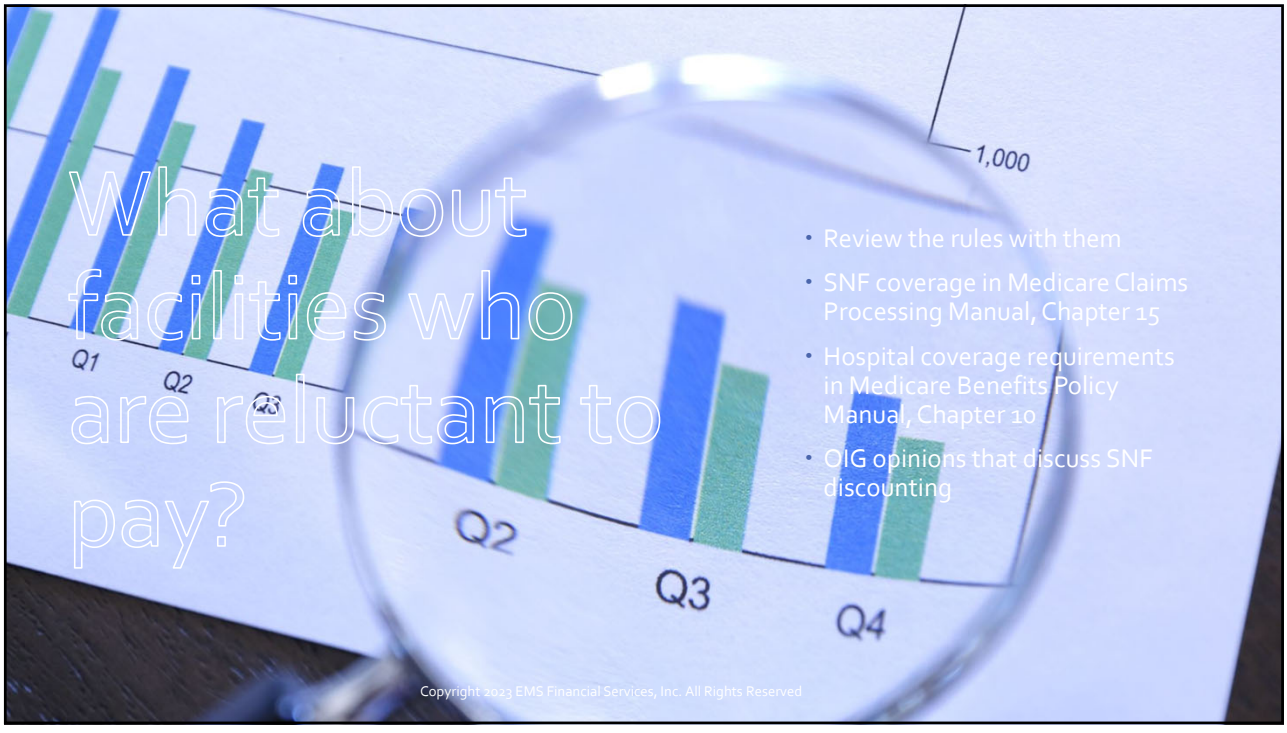

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Escalate with Facility Management or Facility Compliance When Bills Not Paid

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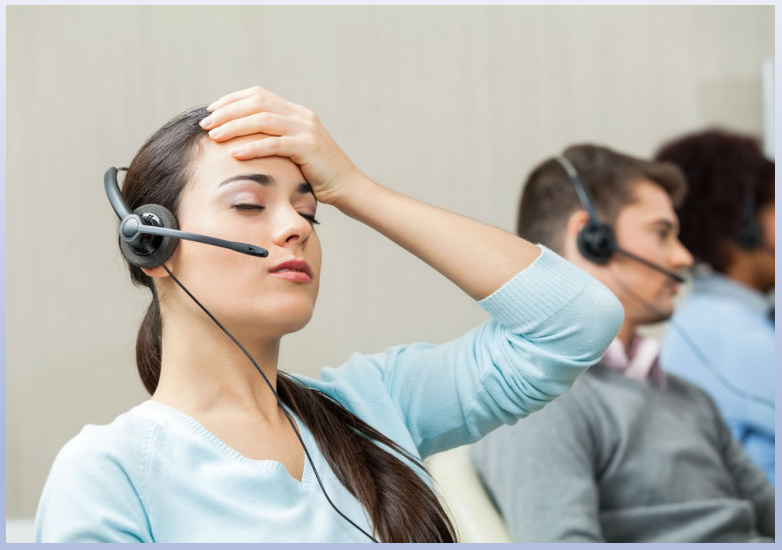
Facilities are customers and no one wants to upset the customer by bugging them for money – but there are regulations



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Effective Facility Education Approach

- In-person or virtual education for facilities
- Recorded virtual education can be accessed for new hires
- Medical necessity for ambulance
- Options for wheelchair van use
- Proper completion of the PCS form
- Timely payment needs
- When "payer of last resort" appropriate

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Billing problem: transport to physician's office noted with modifier for hospital

Physician's office is non-covered destination. Occasionally, doctor's office located in hospital building. BUT it is still a doctor's office!

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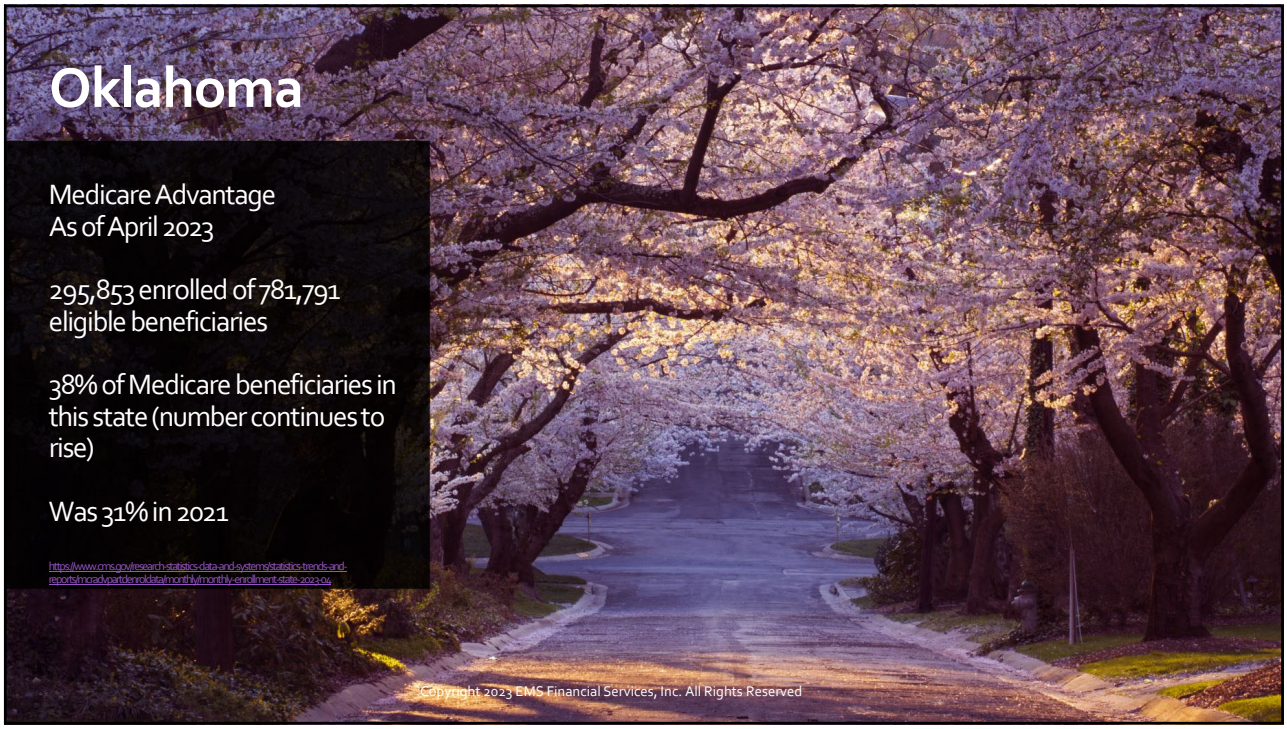

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Chapter 4

20.1 – Ambulance Services (Rev. 107, Issued: 06-22-12, Effective/Implementation: 06-22-12)

- MAOs are financially responsible for ambulance services, including ambulance services dispatched through 911 or its local equivalent, when either an emergency situation exists as defined in section 20.2 below or other means of transportation would endanger the beneficiary's health. The enrollee is financially responsible for plan-allowed cost-sharing. Medicare rules on coverage for ambulance services are set forth at 42 CFR 410.40.
- For Original Medicare coverage rules for ambulance services, refer to chapter 10 of the Medicare Benefit Policy Manual, publication 100-02, located at http://www.cms.hhs.gov/manuals/Downloads/bp102c10.pdf.

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20.2 Definition of Emergency

An emergency medical condition is a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, with an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in:

- Serious jeopardy to the health of the individual or, in the case of a pregnant woman, the health of the woman or her unborn child;
- Serious impairment to bodily functions; or
- Serious dysfunction of any bodily organ or part.
- Emergency medical condition status is not affected if a later medical review found no actual emergency present.

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What Responsibility to Pay?

- Payment for emergency services, post-stabilization care, or urgently needed services
- **COVERAGE** is different than **PAYMENT**
  - Medicare Advantage plans COVER the services that Medicare provides
  - BUT they are not required to pay any provider who renders those services

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MA Plans & NEMT

- Medicare FFS does not cover W/C van transports
- Due to economic benefit to insurers, MA plans often cover W/C van trips
- Transport issue getting increasing attention due to SDOH concerns of payers
- Contract will have critical details about coverage, timing of payment and appeals
- Important to stay tuned to what involvement needed with transport brokers

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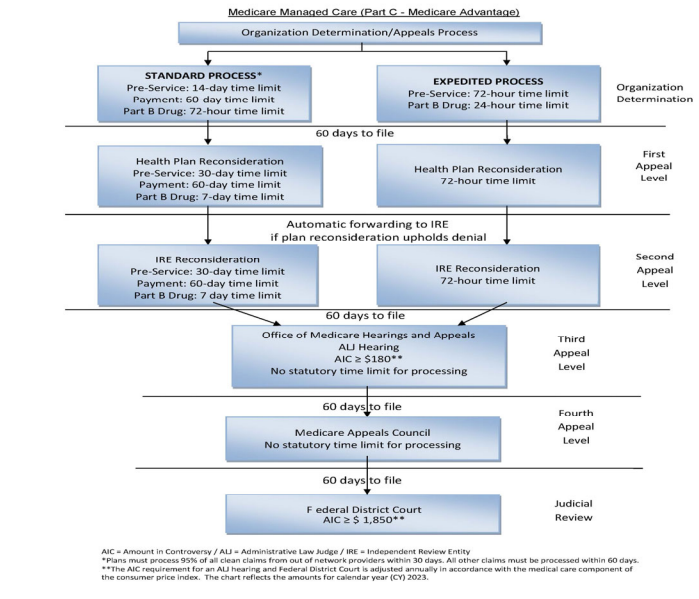

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Billing Basics:

Appropriate Use of Modifiers

Problems we see:

- Learn the SNF's in the area & designate in billing system
- "E" is residential, domiciliary, custodial facility
- "G" for hospital-based dialysis
- "R" and "S" sometimes used when not best description

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Additional Modifier Use of "GY" for Denial Requests

- Denial may be needed for patient or secondary payer
  - Often done when medical necessity not met
- Denial **NOT** needed for services for which facility is responsible
  - If facility responsible under Patient's part A benefits, bill the facility!
- Denial **NOT** needed for non-covered services
  - But patient may request denial
  - Or, your company may have a policy

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Monitor Payments

- There's more to payment posting than meets the eye
- Billing software will reconcile payments but ensure the payer-specific and contract requirements get "baked in"
- Be proactive about under-payments, overpayments, payment delays
- Monitoring payment activity prevents revenue leakage

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Insurers Usually Follow Medicare Lead – They Base Payment on Medicare (e.g., 110% of Medicare, 2x's Medicare)

Horizon
Horizon Blue Cross Blue Shield of New Jersey
Aetna
OXFORD HEALTH PLANS
UnitedHealthcare
CIGNA HealthCare
Medicare
MAGNACARE
QUALCARE
TRICARE

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Info about Payment Problems or Trends Need to be Shared:

- AAP tackled Medicaid managed care shortfalls

- TX Dept of Insurance helped with BC Audits

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Monitor Contract Performance

- Facilities and third-party payers need to be monitored
- Average reimbursement rate
- Average payment time
- Average denial rate
- Check the rate of success on appeals (this needs to be monitored for Medicare, Medicare Advantage and Medicaid plans as well)
- Monitoring the rate of success on appeals applies to contracted and non-contracted payers

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Compliance!

- As we worry about compliance for Medicare FFS and Medicaid, must focus on compliance for ALL regulated plans
- Though reimbursement came from a commercial plan, providers must follow rules
- Ultimately, the payment came from taxpayer dollars

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Audits Performed by Commercial Payers

- Accountability critical
- Perform routine internal audits on Medicare Advantage claims just as you do for Medicare FFS claims
- Look at Medicaid FFS and Medicaid Managed Care compliance
- Respond to requests for documents and review in a timely manner
- Make managed care compliance part of your overall compliance plan

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What if PAYER is not in compliance with regulations?

- You do right thing, but payer is not?
- Calling not effective
- Check with your state ambulance association – others may be experiencing same issue
- Legal action may be needed
- Find the payer's compliance department
- Chief compliance officers are noted online
- There may be an online option to file a compliance complaint

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If problem gets escalated to Payer Compliance

- Pick your battles – one or a couple of claims at issue, payer compliance may not be best approach
- But if a trend of problems, be organized
- Multiple claims listed (e.g., on spreadsheet)
- Have the regulatory issue outlined and back it up with copy of regulations

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More & More Outsourced Billing – And More Changes in Billing Industry

- Best Practice – vet in advance
  - Talk to at least 3 billing companies
  - Get references
  - Check online postings
  - Check Glassdoor and similar sites to see what their people say about them (keep your mind open – people leave companies for different reasons)
- Learn about the company ownership/management
  - Any change on the horizon (Merger? Expansion? Retirement?)
- Training? Certifications?
- Compliance?
  - Internal and external audits?

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Best Practice: Analytics

Identify and understand key problems solved by revenue-management analytics

Use analytics to forecast trends, risks, and challenges in existing and new markets and create strategies to manage them

If billing outsourced, read the danged reports!

Digest them, understand them, ask questions until satisfied with the answers

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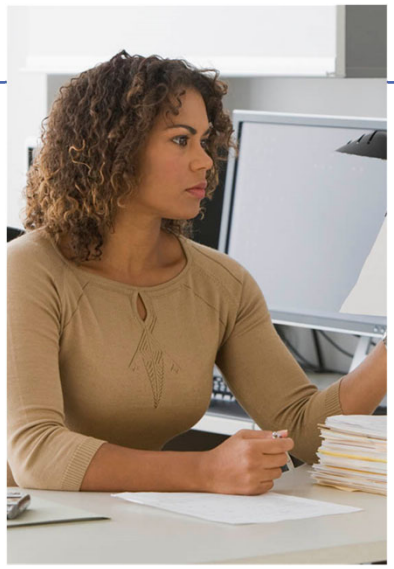
It's Not About Billing - It's About Data

- Crews are about patient care
- But billers need to understand the data they read
- They help organizations get their revenue
- They perform patient and community care in a different but still essential way



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Harnessing Data

- Data collection supports EMS resource allocation
- Assists management decision-making
- Helps spot billing or compliance concerns
- Spotlights staffing needs
- Watch AI trends and be prepared to utilize the technological improvements
- #ImpactAnalysis (University of Pennsylvania)

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Staffing Needs

- How much staff is needed for billing?
- Depends on how billing functions are performed
- Is verification separate from claim creation and coding
- What role does payment posting play
- What resources are allocated to follow-up, denials management and appeals (often an area that is under-staffed)
- Staffing often configured based on number of transactions processed per function, per staff member

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Billing Staff Needs Ongoing Training and Support

- Use multiple training resources
- Certified Ambulance Coder
- State association webinars and conferences
- Medicare & Medicaid virtual events
- Software events (Zoll Conference, ESO Wave, Traumasoft, AIM user events, etc.)
- Software events help providers maximize what their software can do for them
- Look beyond ambulance industry – many high-quality associations with education opportunities

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Look Beyond the EMS Horizon to Rest of Healthcare for Education Opportunities

- HFMA – Healthcare Financial Management Association with over 100,000 members (each training approx. 14 CPE)
  - Certified Revenue Cycle Representative
  - Certified Healthcare Financial Professional
  - Certified Specialist Payment & Reimbursement
  - Certified Specialist Business Intelligence
- HBMA – Healthcare Business Management Association
  - Educational conferences, webinars & online events
  - Example – Virtual Payor Week (Aetna & United Healthcare)
  - Revenue Cycle Management for Supervisors
  - Managing Revenue Cycle Resources
- ACA - American Collectors Association
  - Essential Collections Skills & Techniques
  - Healthcare Collection Management
  - FDCPA Essentials
  - Data Security and Privacy I and II

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facebook

"Ambulance Billers Connect"

Good to Connect with Other Billers but Always Follow Regulatory Guidance

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Retain Billing Staff

- Internal orientation for new hires
- Refresher courses for existing staff
- Subscribe to any payer email list that's available
- Attend regulator training – Medicare, Medicaid
- Webinars, videos, manuals, quizzes
- Ensure ALL staff knows where to go with questions – compliance officer, compliance hotline, supervisors, manager
- Have an escalation process
- Give routine feedback on performance

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Changes in Self-pay Rules – Must Improve Approach

Began in 2023, $500 or less balances can go to collections, but will not appear on credit report

Balance after insurance often in this category

Plus, potential for No Surprises for ground ambulance necessitates better approach to debt resolution

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How Does Your Payment System Work?

- Acting as a patient, go to your website or billing company website
- Try to pay a bill
- Ease of use?
- Clear directions?
- Available 24/7?
- Various payment options – credit card, PayPal, payment apps?
- Phone answered promptly by knowledgeable staff?
- What happens to phone call during off hours?

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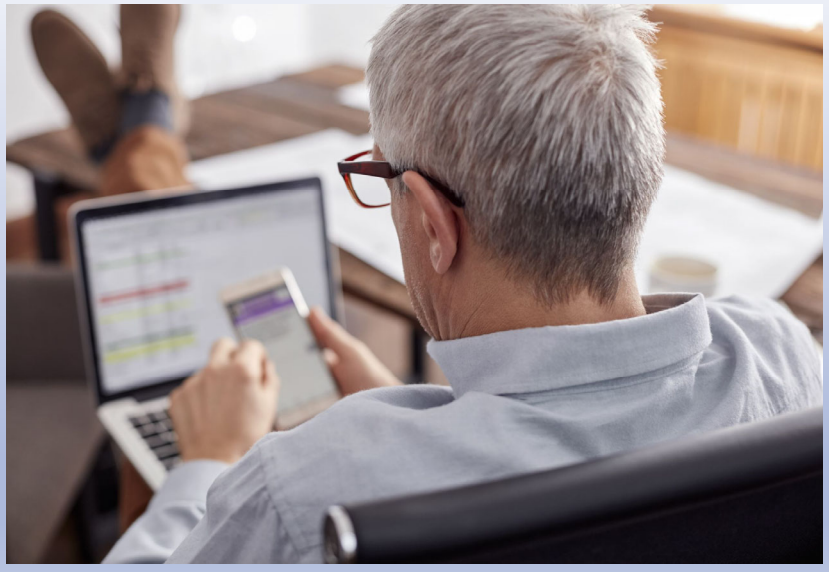
Text to Pay

- HIPAA compliant software
- Used by other healthcare provider types
- Prompt response
- Provider can set message timing and options
- Fees small



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Time to Up the Technology Game!

- Put QR code on your invoice
- Check to see if your billing company is using QR codes
- QR codes make payment easy
- People will pay more promptly when they do it easily

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What Apps Do You Accept Payment From?

- Check your options
- PayPal
- Venmo
- Cash App
- Zelle
- Google Pay
- Apple Pay

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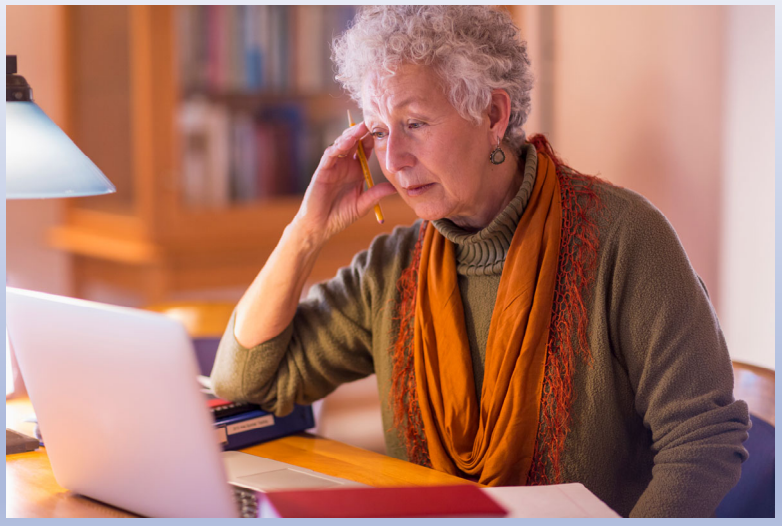
Concerns from Crews and the Community



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Real Present & Future

- Patients were always there
- Financial needs of EMS have grown
- To serve communities well and provide high quality patient care, EMS agencies need funding
- Focus needs to continue to be on the patient
- How to continue to serve those needs well and how to finance that care is the question for the future

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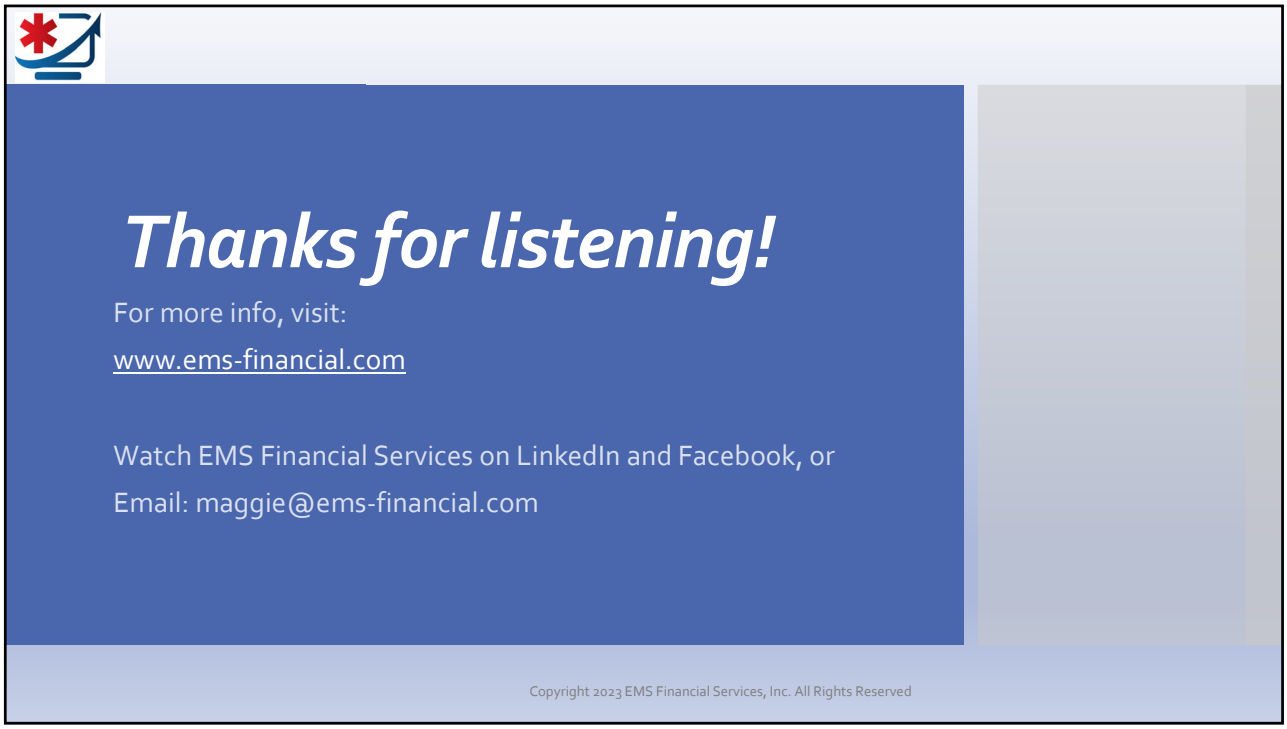

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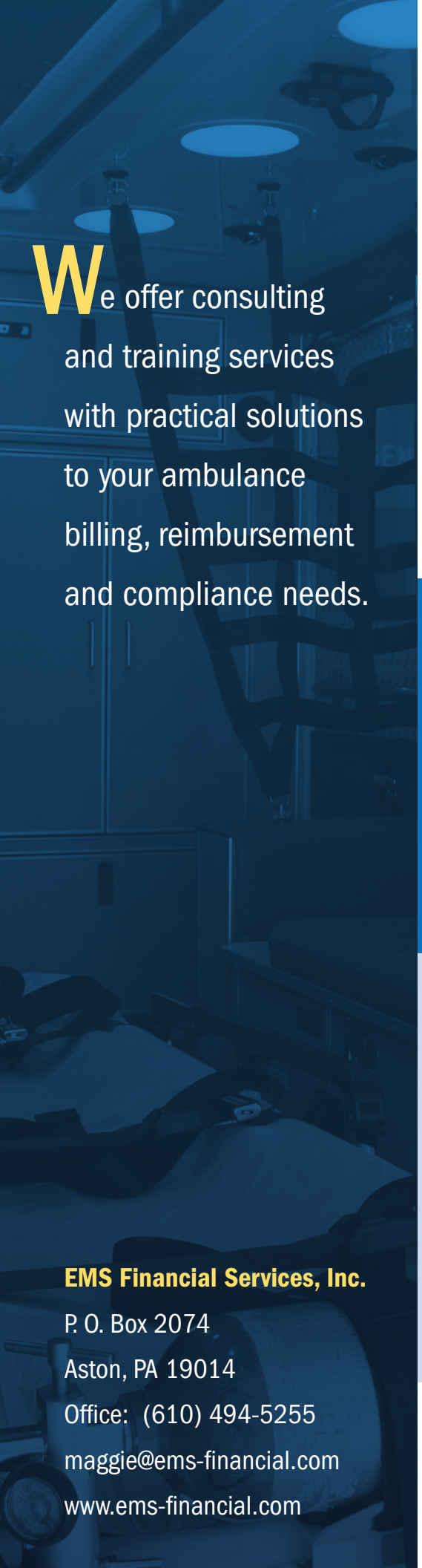

We offer consulting and training services with practical solutions to your ambulance billing, reimbursement and compliance needs.

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Maggie Adams and her diversified team of Certified Ambulance Coders bring years of experience to advise clients on a range of billing, compliance and documentation challenges. Whether working with our audit services or having us assess your call center through to the back end of accounts receivable management, we offer a fresh perspective to process problems and a friendly, approachable manner. We encourage your team to seek solutions. We will support your staff and management as you strive for best practices in an ever-changing world.

Maggie Adams is the president of EMS Financial Services, with over 25 years' experience in the ambulance industry as a business owner and as a reimbursement and compliance consultant. Known for a practical approach and winning presentation style, Maggie has worked with medical transportation providers and billing companies of all kinds to support their billing, auditing, and documentation training efforts. Check out our easily accessed documentation training webinars and con-ed approved billing webinars on our website. Friend EMS Financial on Facebook, or for more info, contact Maggie directly at **maggie@ems-financial.com** or visit **www.ems-financial.com**

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