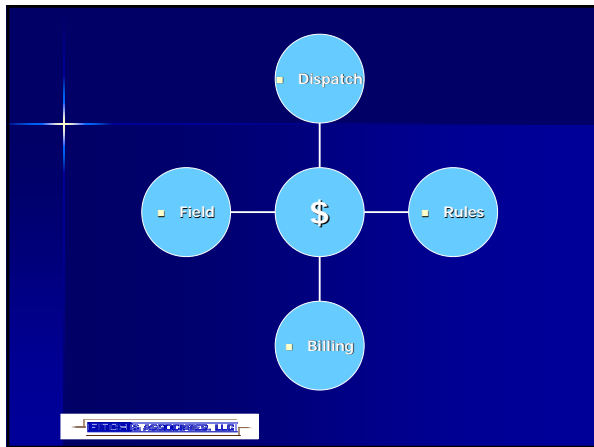


Merging Call-Intake, Dispatch, Operations and Billing

Merging Call-Intake, Dispatch, Operations and Billing

Various parts of an organization must converge in order to optimize revenue recovery...

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Working Together

- Effective communication
- Common language
- Clear definitions
- Shared responsibility
- Understanding of each others roles
- Accurate documentation
- Comprehensive quality management

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Obstacles

- Dispatch vendettas
- Field sabotage
- "If only the crews would provide better documentation."
- "It's not my job, it's the billing office's"
- "I can't...HIPAA you know..."

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Who Should Do What?

- Who has the best and earliest access to the needed information?
 - Dispatch
 - Field
 - Billing Office

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Dispatch

- Condition at time of transport
- Emergency vs. non-emergency
- ALS or BLS
- ALS 1 reimbursement for ALS assessment
- Non-emergency medical necessity (PCS)
- Specialty care transport requirements
- Interfacility justification
- Prior authorization
- Long-distance transfer arrangements

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Caregivers

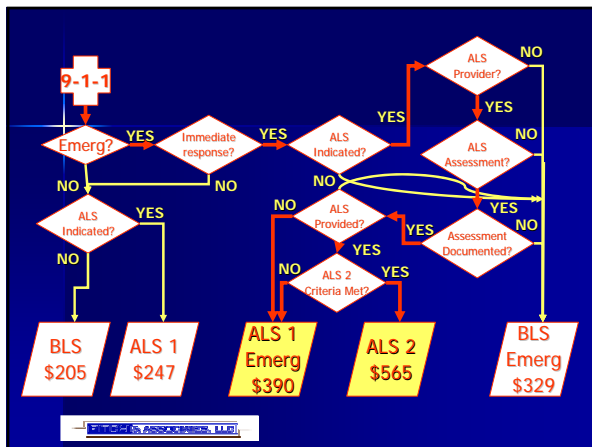
- Reason why ambulance is necessary
- Patient's condition
 - Bed-confined, symptoms, diagnosis, mental state
- Treatment provided
- Patient demographics (emergency)
 - Name, SSN, Address, DOB, Insurance
- Third party liability
 - Auto, workers comp, liability
- Why closer facility was bypassed, and why interfacility transfer needed
- Physician certification statements

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Patient Account Services

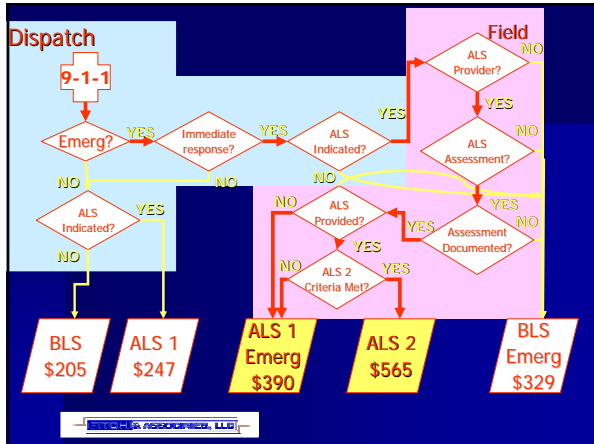
- Rules and regulations
- Payer requirements
- Verify coverage
- Follow-up on missing information and documentation
- Request letters from physicians and other documents for appeals

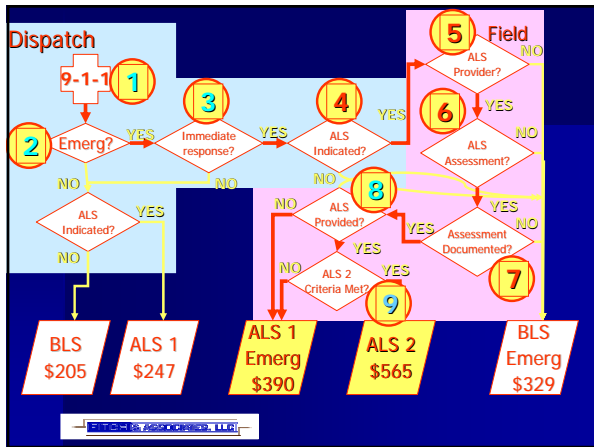
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Problems

- Lack of documentation
- Documentation conflict

Dispatch Documentation Problems

- Failure to document...
 - Patient condition at time of transport
 - Immediate response
 - Need for ALS Assessment

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Field Documentation Problems

- Documenting "non-emergency" when criteria met for emergency
- Failure to document ALS assessment performed
- Failure to document why closer hospital was bypassed

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Contradiction in Documentation

- Field documents non-emergency when lights and sirens not used to respond
- Field documents non-emergency when patient transported without lights and sirens
- Field documents BLS call when ALS assessment conducted

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Patient Accounting Problems

- Failure to identify immediate response criteria for emergency
- Billing emergency based on patient condition
- Not documenting ALS assessment or intervention on claim

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Patient Accounting Problems

- Not listing specific ALS-2 interventions or I.V. medications on claim (e.g. Epinephrine X 3)
- Not documenting specific reason patient needed SCT
- Not documenting what service was unavailable or why hospital was bypassed

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Conclusion

- Dispatch, field and billing have to collaborate to achieve optimal reimbursement
- Documentation is essential
- Compliance must be proved

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