



P.O. Box 2122  
 Riverview, MI 48193  
 Phone: 800.926.6985

**Bellbrook Fire Department  
 2022 Account Review and Performance  
 April 5, 2023**

The following analysis has been completed on your account. The intention of this analysis is to keep you informed of the various opportunities that may optimize the revenue for your agency or community in full compliance with all regulatory entities. This analysis is supplemental to the resources you currently receive through The AccuMed Group, such as: memos, fax alerts, our web site, compliance /educational seminars and unlimited access to AccuMed’s administrative staff.

**Account Review**

Level of Service	Resident	Non Resident	Suggested Fees*
ALS Emergency	\$850.00	\$850.00	\$ 750.00 - \$ 900.00
ALS II Emergency	\$1,050.00	\$1,050.00	\$ 1,050.00 - \$ 1,250.00
ALS Non-Emergency	\$600.00	\$600.00	\$ 450.00 - \$ 550.00
BLS Emergency	\$550.00	\$550.00	\$ 600.00 - \$ 750.00
BLS Non-Emergency	\$400.00	\$400.00	\$ 400.00 - \$ 450.00
Mileage	\$16.00	\$16.00	\$ 16.00 - \$ 19.00

\*The suggested fees are ranges based on State, Federal and Local insurance carrier fee schedules.

Billing/Collection Policies	Suggestions
<ul style="list-style-type: none"> <li>All non-resident delinquent accounts are written off as non-collection. To date 61 accounts for \$31,808.00 have been written off as Non-Collections.</li> <li>The Agency currently does not accept credit cards as a form of payment.</li> <li>The Agency does not have a signed incarcerated Patient policy in place. Any patient in custody, home arrest, escaped from confinement, etc. cannot be billed unless a policy or ordinance is in place.</li> </ul>	<ul style="list-style-type: none"> <li>✓ Consider using a Third Party Collection Agency to collect on all accounts that have been exhausted by The AccuMed Group.</li> <li>✓ Establish a resolution, ordinance policy or administrative order for incarcerated patients.</li> <li>✓ Consider the provision of a Credit Card payment option to increase chances of payment from a patient prior to account being written off uncollectible or sent to collections.</li> </ul>

Documentation Analysis	Suggestions
<p><b>Patient Signatures:</b></p> <ul style="list-style-type: none"> <li>There are currently 2 trips pending for patient signature totaling \$1,892.00.</li> </ul> <p>Without additional information documented to support that the patient was physically and/or mentally incapable of signing, the reasons listed below alone are not enough to support necessity based on Medicare law.</p> <p>Examples: Too Weak, Patient being assessed by the Doctor, Patient is being treated, Weakness, abdominal pain, Patient unable to sign, on backboard, Blind, language barrier, Blood borne Pathogen.</p>	<ul style="list-style-type: none"> <li>It is recommended to periodically remind staff that EMT's/Medics continue to obtain patient signatures at the scene. If the patient is unable to sign, try to obtain a family member's signature. Be sure to document the relationship of the family member to the patient and the medical reason why the patient is unable to sign. As a last resort, the EMT can sign in the appropriate field on the signature form and obtain a hospital representative's signature and/or admittance sheet. Again, be sure to document the medical reason why the patient is unable to sign.</li> </ul>
<p><b>Narratives/Procedure Detail</b></p>	<ul style="list-style-type: none"> <li>Ensure that the run report documentation contains a concise explanation of symptoms reported by the patient and/or other observers, details of the patient's physical assessments, patient's history, the patient's current physical and mental condition, detailed assessment of treatment and detailed documentation on procedures such as IV, oxygen, etc. and methods by which such treatments were provided to the patient.</li> <li>Check to ensure the PCS is complete with all necessary data. Date of service, destination name, details on why the patient could not go by any other means, and why the patient needed to go to a different facility. Also, include what type of service(s) were needed that were not available at the originated facility if the patient is being transferred to another facility. If this information is not included in the PCS, a request for additional</li> </ul>

	information should be sent to the facility representative that completed the PCS form.
<p><b>Run Exception Detail:</b></p> <p>Here are the stats for your agency:</p> <ul style="list-style-type: none"> <li>• 0 Pending Client Response</li> <li>• 4 Client Response Received</li> <li>• 1 Aged Out</li> <li>• 5 Total Run Exceptions</li> </ul>	<p>✓ Run exceptions are accounts The AccuMed Group is unable to process due to missing information required according to insurance carrier regulations. These accounts cannot be processed (billed) until the information requested is provided. If no response is received these accounts may be written off. If you need additional assistance with this process, we are happy to assist you with this.</p>

### Account Performance

	2019	2020	2021	2022	To Date
<b>Total Run Volume</b>	357	313	314	308	1,574
<b>ALS Run Volume</b>	248	212	221	213	1,070
<b>BLS Run Volume</b>	109	101	93	95	504
<b>Gross Charges</b>	\$300,305.10	\$262,488.65	\$266,169.20	\$255,012.19	\$1,311,929.98
<b>Contractuals</b>	\$133,740.64	\$98,377.67	\$116,820.39	\$115,819.69	\$555,089.64
<b>Payments</b>	\$112,000.19	\$99,427.65	\$83,950.94	\$99,061.36	\$461,911.50
<b>Average Recovery Per Run</b>	\$313.73	\$317.66	\$267.36	\$321.62	\$293.46

\*The above chart data is reflective of runs entered within the listed periods, not by trip dates.

### Payor Mix

	2019	2020	2021	2022	2021 vs. 2022 % Difference
<b>Medicare</b>	58%	57%	49%	61%	+12%
<b>Medicaid</b>	12%	11%	19%	12%	-7%
<b>Commercial</b>	20%	20%	16%	14%	-2%
<b>Self Pay</b>	10%	12%	16%	13%	-3%

- Variables that influence recovery
  - Incident Report Development and Electronic Delivery
  - Incident Report Documentation Quality
    - Establishment of Medical Necessity (complete description of all procedures, medications, patient assessments, outcomes regarding what was “seen and done” during the entire incident)
    - Complete and accurate demographic and insurance information captured
    - Quality assurance procedures completed prior to delivery of the incident for billing (identification and completion of missing, inaccurate or incomplete incident report and supplemental forms data)
    - Incident report delivery times
    - Signatures
    - Complete and accurate supplemental forms (Physician Certification Statement, Advanced Beneficiary Notice) if applicable
  - Run Volume/BLS to ALS Ratio
  - Collection Policies
  - Overall charge strategy
  - Resident vs. non- resident billing strategy
  - Hardship criteria – third party debt collection utilization
  - Acceptance of credit card payments
  - Unique contractual agreements
  - Payment obligations conveyed from EMS staff to patient (establishment of expectations / requirements)
  - Evolving Community Demographics and Payor Mix

### **Conclusion:**

The contributing factors to a revenue and Average Recovery per Run are as follows:

- Medicare Sequestration, which began in 2013, resulted in lower Medicare payments.
- Medicare and Commercial have higher allowable amounts than Medicaid.

### **2022**

- Medicare payors have increased by 12% in 2022, which would have a positive impact on revenue as Medicare has a higher allowable amount.
- Commercial payors have decreased by 2% in 2022, which would have a negative impact on revenue.
- Medicaid payors have decreased by 7% in 2022, which may have a positive impact on revenue, since Medicaid has the lowest fee schedule.
- Self-Pay has decreased by 3% in 2022, which will have a positive impact on revenue as self-pay is the least collectable receivable category.



P.O. Box 2122  
Riverview, MI 48193  
Phone: 800.926.6985

- Total run volume from 2022 was at 308, of which 213 were ALS, and 95 were BLS.

