



# Burleson Fire/EMS Transport Update

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CITY COUNCIL PRESENTATION

FEBRUARY 5, 2024

## Discussion Objectives

Call volume & Run Times

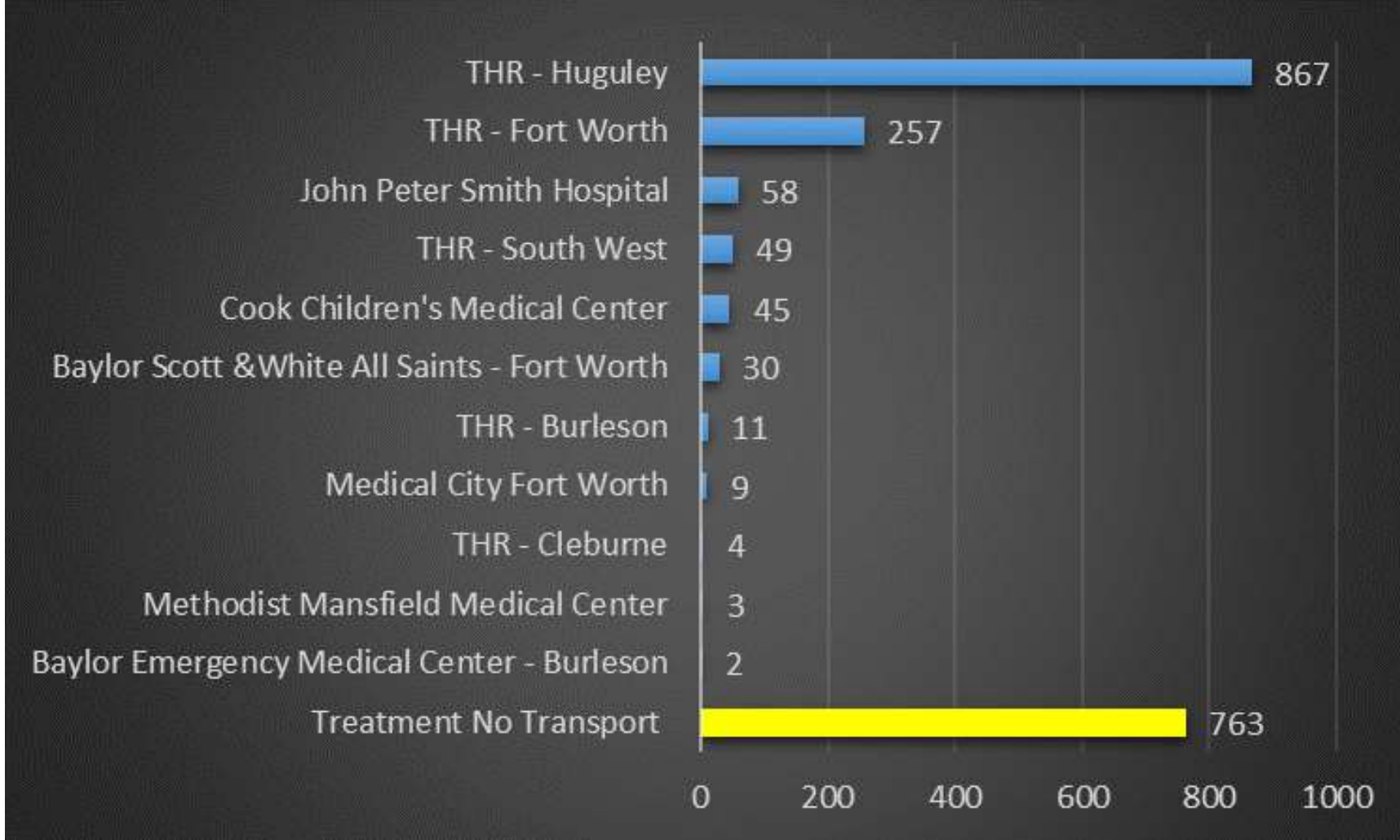
Inter-facility Transport Update

Ambulance Billing Update

Subscription Plan Discussion

## Burleson EMS Calls for Service October 2023 – January 2024

Response Type	Number of Runs	Percent of Total Runs
911 Response (Scene)	1,892	90.05%
Interfacility Transport	138	6.57%
Lift Assist	62	2.95
Assist Unit	5	0.24%
Not Specified	2	0.10%
Standby	2	0.10%
<b><u>Totals</u></b>	<b><u>2,101</u></b>	<b><u>100%</u></b>



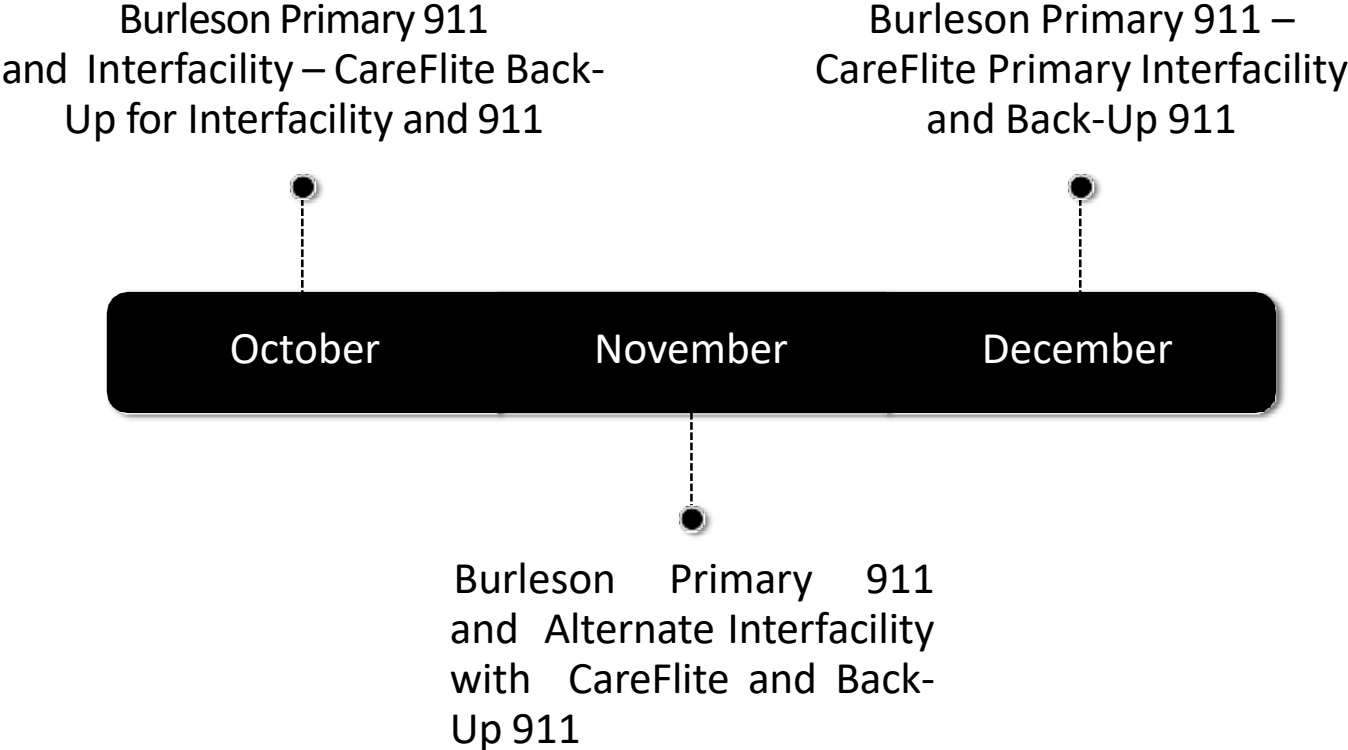
# Hospital Destinations

# Average EMS Run Time Summary Report (In Minutes)

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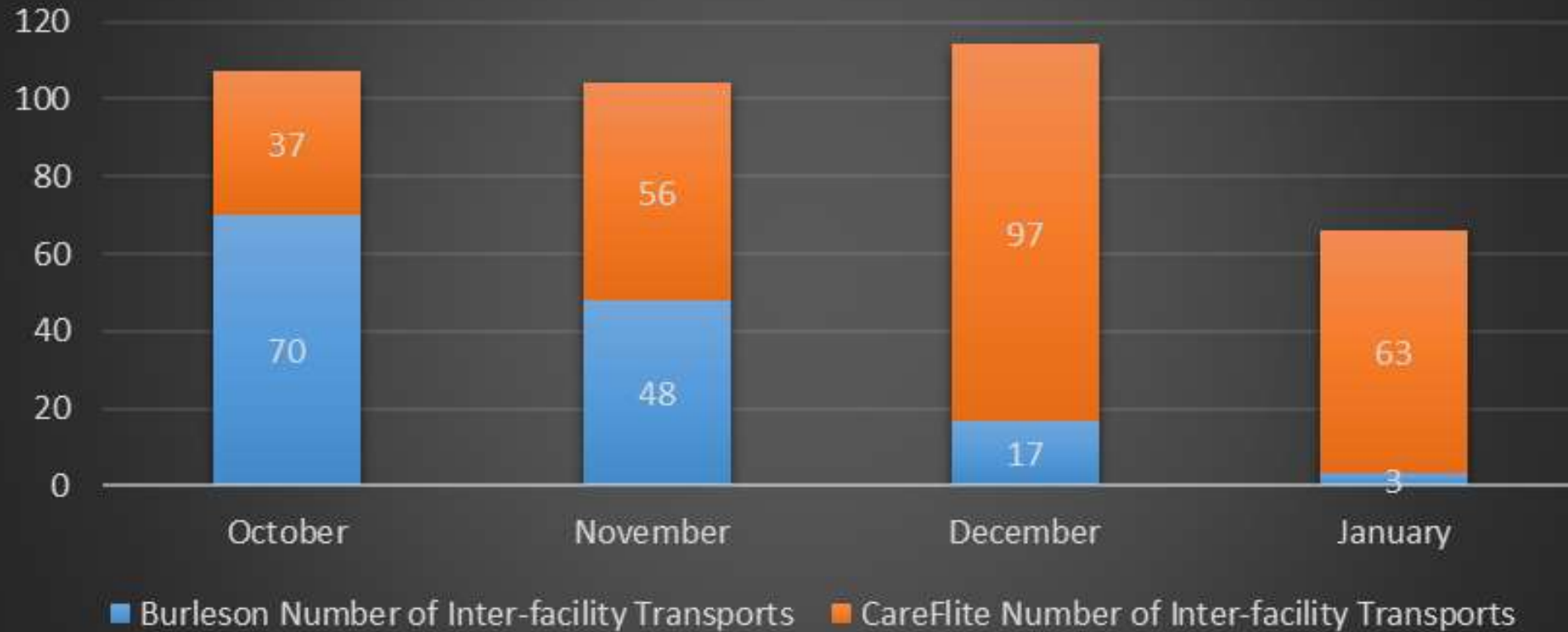
<b>Avg. Unit Notified to Enroute</b>	<b>Avg. Unit Enroute to Arrived at Scene</b>	<b>Avg. Unit Arrived on Scene to Left Scene</b>	<b>Avg. Unit Left Scene to Arrived at Destination</b>	<b>Avg. Patient Arrived at Destination to Unit Back in Service</b>
00:34	04:24	22:02	16:32	24:04

# EMS Response Model Changes





## Inter-facility Transports





# CareFlite Calls For Service

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**Total Calls for Service October 2023 – January 2024:**

Emergency/911 – 138

Interfacility – 253

**Total: 391**



# Ambulance Billing Update

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- Billing commenced partially with private pay in November 2023, after we registered our new Ambulance service and later obtained the ability to bill Medicare. Medicare is the first major step to implement all other government payors.
- The delay in this process was attributed to the ambulances being delivered at the last minute before the go-live date, subsequently causing a delay in obtaining our state licensing. This licensing was a prerequisite before initiating any billing registration with government or private payors. Due to these delays, Emergicon was unable to conduct its traditional onboarding processes before assuming the billing responsibilities for our service. The services commenced while the billing onboarding process was still underway.
- As a result of this delay, billing faced a significant setback, and it only started gaining momentum towards the end of December. Nevertheless, we have successfully registered with the majority of government and private payors, promptly incorporating them into our billing system as the need arises. Although there have been delays in the ability to start billing, Emergicon is able to bill private and government payors back to go live of the ambulance service on 10-01-2023.
- Emergicon believes that by the end of the second quarter of the 2023/2024 budget year, we will observe a positive trend in ambulance call volume and billing. This assessment is based on approximately six months' worth of data.

# Emergicon Projections for 23/24

## Emergicon Projections:

- Cash Collections: \$1,560,156.53
- Cash Per Transport (CPT): \$439.48
- Transport Volume: 3550

## Current Trend:

- Q1 23/24 Budget – Actual Burleson Transported 1058
- Emergicon Projected Q1 23/24 to transport 887
- Interfacility transports – 137
- Currently, there isn't sufficient data and billing revenue to make an accurate assessment of the CPT. Emergicon anticipates that by the end of the second quarter of the 2023/2024 budget year, we will start to observe a positive trend in ambulance call volume and billing. This assessment is grounded in approximately six months' worth of data.

## Definitions:

- **Cash Collections or Cash Per Transport (CPT)** - To accurately assess the success of EMS billing, it's essential to monitor the total revenue collections per month or cash per transport (revenue collections in each period divided by the number of transports in that same period). By scrutinizing the revenue inflow or breaking down that figure into cash per transport. (CPT) is a tool that more reliably determine the trends of revenue projections and expectations.

# EMS Subscription Plan

## **What is an EMS Subscription Program:**

EMS subscription programs enable households and businesses who have either private insurance or Medicare to make an upfront payment of an established fee. This payment helps offset potential emergency medical transport expenses in the future that may not be covered under their insurance benefits. EMS subscription programs are typically not available to individuals who do not have insurance or Medicare.

## **Pros of Maintaining an EMS Subscription Program:**

### **Cost Coverage for Citizens:**

- Subscribers gain confidence that they won't face unexpected medical bills when transported by the subscribed agency.
- Requesting insurance information upfront from subscribers can help offset lost revenue on transports.

### **Additional Revenue Source:**

- Subscription programs provide an additional revenue stream for EMS departments.
- Funds are generated from individuals, even if they don't use the ambulance transport services during the subscription period.

# EMS Subscription Plan Continued

## Considerations for considering an EMS Subscription Program:

- The EMS subscription plan serves as an enhancement for those who choose to participate; however, there is a likelihood that the revenue generated may not fully cover the write-offs of the program.
- Participants in the subscription plan will not incur any out-of-pocket costs, even if they have not met their deductible or if insurance or Medicare deems the service unnecessary, resulting in non-payment.
- Traditionally, EMS subscription programs have aimed to shield patients from balance billing, a longstanding issue in EMS billing. This arises due to insurance companies paying out-of-network rates that often fail to cover the operational expenses of ambulance businesses.
- Senate Bill 2476 seeks to address the balance billing concern for patients by establishing a framework for insurance to reimburse based on the EMS services fee schedule. Commercial health plans will be directed to reimburse out-of-network ground EMS agencies at rates determined by local governmental entities. For communities that lack rates set by the local governmental entity, health plans will be directed to reimburse ground EMS agencies at the lesser of the billed charge or 325 percent of Medicare.

## Overall Message:

The key message is that while a subscription plan could offer advantages for both the City and the citizens, there is currently insufficient time and data available since the implementation of the new billing practices outlined in SB 2476. The request now is to revisit the Council after six months of data to assess whether there is any merit in introducing this program for the benefit of citizens.

# What is Texas Senate Bill 2476?

- Senate Bill 2476 eliminates balance billing of out-of-network patients to all ground ambulance services for health insurance plans regulated by Texas Department of Insurance (TDI). Therefore, health insurance organizations are fully responsible for reimbursing EMS agencies. Patients can still receive bills for deductibles, copays, coinsurance, and when the service isn't a covered benefit.
- Senate Bill 2476 requires municipal ground ambulance service providers to create and maintain a billing rate database. This database must include the provider's standard billing rates for all services
- Due to being a state law, the bill applies only to health insurance plans regulated by TDI. According to the Texas EMS Alliance, TDI plans represent approximately 20% of insured patients.
- The bill is set to expire on September 1, 2025, but can be amended or extended.



Questions/  
Comments?

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