3 REIMBURSEMENT STRATEGIES FOR YOUR EMS AGENCY

PROVEN TACTICS FOR EMS LEADERS TO IMPROVE REVENUE WHILE MAINTAINING QUALITY CLINICAL CARE

Digitech®
Expert EMS billing and technology

Whether it's increased expenses, decreased funding, or payers taking a harder stance on reimbursement for services , EMS agencies across the nation are faced with challenges when it comes to maximizing revenues. EMS providers are charged to "do more with less" while still maintaining a fast response rate to serious accidents and critical emergencies. EMS is a mandated service and must respond without consideration of cost or of their patients' ability to pay. Imagine any other kind of service provider extending credit to anyone who walked in the door without any commitment on their part to pay for that service!

While the transport of patients in a safe but quick manner will always be the number one EMS priority, reimbursement for these transports affects budgets, daily operations costs, new equipment purchases, and staff salaries. Thus, EMS leadership must focus on operational strategies that can increase revenue from transports instead of viewing such revenue as a fixed number.

Collecting maximum reimbursement for EMS is critical for the preservation and enhancement of these services. EMS chiefs and directors must set the precedent with their crews that their actions, both clinical and administrative, have a direct impact on the future of the agency, and they must also look for alternative revenue sources that align with new and future opportunities in healthcare delivery.

We've identified three strategies that aim to improve your EMS organization's revenue cycle ***without*** *cutting staff or changing your patient care processes.*

These operational tactics focus on:

- Private Pay Collections
- Alternative Options for Revenue
- Documentation Improvement

Adapt to Changes in Insurance and Private Pay Collections

1

As the EMS industry faces continuous change in payment sources and structures, financial leaders of both government and private EMS agencies have been re-evaluating their collections policies on unpaid or delinquent patient accounts.

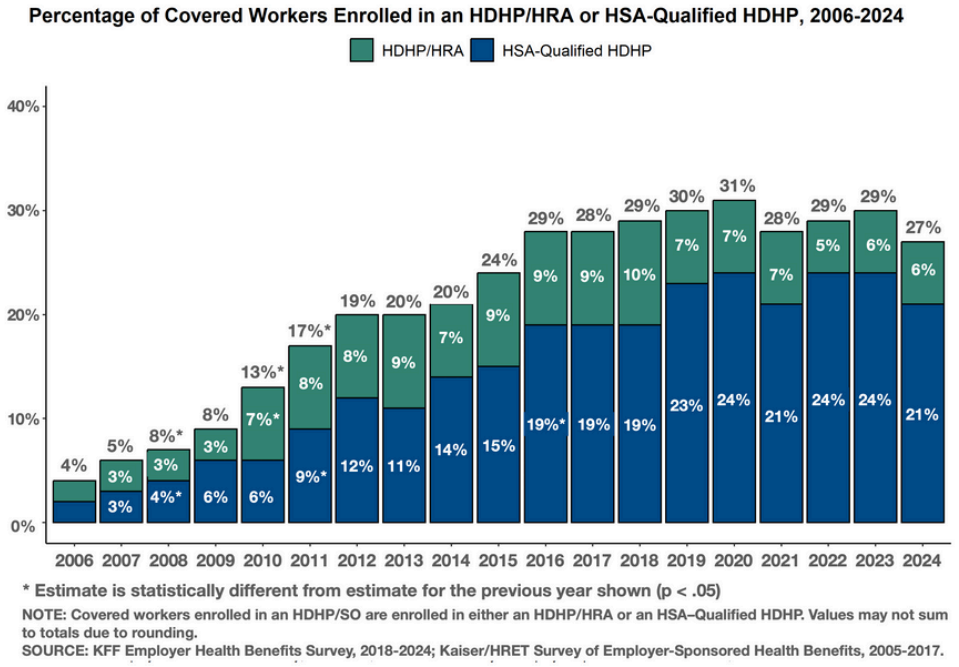
There are many reasons for this emerging category, some of which include high-deductible insurance plans, services like non-emergency transports not being covered by the insurer, payers who reimburse the patient directly, or insurers who only pay a portion of the charges. EMS agencies are experiencing challenges not only of communicating patient responsibility, but also of potentially collecting from a patient already facing other hospital bills related to the original transport.

*One of the most challenging aspects of commercial insurance billing today is the **increasing** number of commercially insured patients who end up as private payers.*

COMMUNICATING PAYMENT RESPONSIBILITY

One of the first things many children learn in school is to call 911 during an emergency. While this advice still holds true, the insurance landscape has changed drastically since inception of the system.

High-deductible policies have risen greatly in the past eighteen years, from 4% of covered workers enrolled in a high-deductible health plan to nearly 30% in 2024. In addition to the high-deductible plans commonly offered to full-time, salaried workers, many industries have moved toward part-time and contractor hiring, both of which usually exempt employees from benefits such as health insurance.



Source - https://www.kff.org/report-section/ehbs-2024-section-8-high-deductible-health-plans-with-savings-option/

While the changes in the health insurance market have pushed a greater percentage of bills toward private pay, there also remains the challenge to educate the community about the true cost of emergency transportation. Ambulance bills often come with sticker shock for the emergency patient. The No Surprises Act (NSA), enacted in 2022, prohibits surprise out-of-network bills for emergency medical care – but ground ambulance services were excluded from the NSA, reportedly because so many EMS agencies are subject to municipal government regulations. The burden, then, lies on the EMS agency not only to collect the reimbursement, but also to justify the final cost to a patient who many not realize their community's EMS system is not tax-supported.

To that end, agencies can take the following six steps to support billing collections initiatives while maintaining positive relationships with the patients they transport:

1 Strategically Design Patient Statements and Collection Notices

An effective statement should easily inform the patient not only of the balance due but also of the pertinent information regarding the EMS transport, date of service, service performed, charges for services, and any payments and adjustments made to the original total. Statements should also offer information about how to securely pay the bill online.

2 Use Patient Follow-Up Programs

A patient follow-up program goes beyond traditional written communication to include proactive steps based on a patient's propensity to pay and preferred methods of communication. There's no one-size-fits-all program in this area, so EMS agencies and third-party billing vendors should develop programs based on the communities they serve.

3 Offer Payment Arrangement Options

Offering patients with private pay accounts the option to make time-based payments or to pay discounted amounts may motivate the responsible party to resolve medical debt that would otherwise go unpaid, especially for uninsured or underinsured patients.

4 Recommend Other Public Funds

Learn about any local, regional, or state programs that that may be available to qualified patients, such as Crime Victim Funds or Charity Care programs. Provide mechanisms to ensure that patients know about and can access these services.

5 Train Patient-facing Call Representatives

When selecting an EMS billing vendor, it is important to ensure that their call center personnel are trained to deal with the nuances of patient inquires and can address concerns with compassion and empathy. If your agency bills in-house, invest in training.

6 Educate the Public

EMS leaders can make a difference with public outreach strategies that teach their constituents about how EMS is funded – i.e., not solely from local taxes and "Fill the Boot" fundraisers. Ambulance rates can be made public, along with the message that Medicare, Medicaid, and oftentimes commercial insurance companies don't fully cover those rates with their payments. And no matter what the rates are, the amounts that are actually collected are far below the real-world cost of keeping ambulances staffed and ready 24/7/365.

COLLECTING DIRECTLY FROM PATIENTS

With the rise in high-deductible health plans and the accompanied shift from third-party payer to patient, EMS agencies must update billing workflows and the claims prioritization process. One strategy is to segment patients by their propensity to pay before the billing process begins.

For example, if you quickly determine a patient is insured under a high-deductible health plan, has no financial resources and is already in debt, you can forego sending out unnecessary notices and bills.

Billing staff can focus on obtaining supplemental payment through Medicaid or offering payment plan options from the start. Another strategy for agencies with strong hospital connections and transports where they know their patient was also treated at the hospital is to effectively delay the process in hopes of collecting from the patient's insurance directly after their deductible is met. At Digitech, we implemented an automated process in our proprietary billing platform that can hold the claim for a period of time to allow for a greater chance for the deductible to be met.

When a patient with a high-deductible health plan is taken to the hospital by emergency transport, they are likely to face a large bill from both the hospital and ambulance.

However, because the public is often unaware of the costs of an emergency transport until after the bill arrives, the final transport cost can lead to anger, confusion and, ultimately, an unpaid bill.

Regardless of the challenges in collecting private pay bills, EMS leaders must be careful to not write off these bills prematurely. Municipalities and EMS agencies often write off millions in unpaid collections as bad debt; however, the question EMS leadership must ask themselves is how much of that could have been collected with better processes and technology in place.

Seek Out Alternative Revenue Options

2

The cost to provide quality clinical care differs across the country as every community has different emergency transport needs. This has led to a gap in contracted reimbursement rates and the actual cost to provide services, especially for Medicaid, where the reimbursement rates established are typically based on a statewide max fee schedule and are 50% or less of the actual cost to EMS providers.

Supplemental payment programs have long been available to qualifying hospitals and other healthcare providers to fill the gap, or loss, between providing services to Medicaid patients and the payment received. Today, many states have now established programs to allow EMS providers to participate in similar programs.

State supplemental payment programs for EMS, such as the Texas Ambulance Supplemental Payment Program (TASPP), offer EMS providers in participating states the potential opportunity to receive additional funds above the standard Medicaid rate to supplement transport costs for Medicaid and uninsured patients. Billing vendors and consultants can assist EMS agencies with these cost recovery programs; for example, Digitech has recovered more than $175 million to date from the TASPP for Houston Fire.

Supplemental Payment Program requirements vary by state but the additional funding has aided many agencies nationwide.

After the federal government ended the Emergency Triage, Treat, and Transport (ET3) Model abruptly in 2023, two years ahead of schedule, the industry focus shifted to other potential funding methods for community paramedicine (CP) and mobile integrated healthcare (MIH). Systemic solutions are still elusive. Many MIH/CP programs rely on grant funding or direct arrangements with private insurance companies, hospitals, or physicians' groups. When public agencies are not adequately reimbursed for providing these services, tax subsidies often result, leaving taxpayers to foot the bill to keep emergency medical services afloat.

The costs of operating an EMS agency are consistently going up, and municipal budgets supporting community-funded operations are getting tighter. Seeking out supplemental payment programs is an essential strategy for enhancing revenue collection without cutting operational costs.

Focus on Documentation as the Foundation for Reimbursement

3

Just because an ambulance transport took place, there is proof of such a transport, and two crewmembers participated in the transport, reimbursement is not always assured. Good documentation not only plays an important role in patient care, but it is also pivotal to reimbursement as well.

***Documentation** is a very small portion of EMS training, typically centered on liability and transfer of care, not billing practices.*

Some EMTs and paramedics have no concept of how their services are billed or how what they document can impact reimbursement or even open an agency to allegations of fraud or malpractice. Training medics to ensure they accurately and appropriately document care in all transport settings is a critical issue for all EMS leaders.

SUBSTANTIATION OF THE TRANSPORT LIFTS REVENUE

Today, we see more and more insurance audits where the auditors probe deeply into the supporting documentation upon which payment will be based. In these audits, when there are inconsistencies, incomplete records, or documentation that fails to support the need for emergency transport, auditors are quick to deny coverage and demand repayment of their claims.

There are five critical data points that EMS leaders should push their staff to collect and document for every transport, as it is never known which claim an auditor may pick to review.

SOCIAL SECURITY NUMBER

Obtaining a patient's social security number can unlock a wealth of patient demographic and insurance information through methods such as skip tracking and insurance eligibility inquiries.

HISTORY OF PRESENT ILLNESS

A common documentation issue is a lack of patient history or history of the present illness. The history of the present illness is often documented as a "one liner," but writing only one or two sentences of information can lead to a lack of crucial details to illustrate the patient's complaint and story. The use of the mnemonics OPQRST and SAMPLE are key when documenting HPI.

SECONDARY ASSESSMENT

Secondary assessment details are crucial for ICD-10 selection by coders. Auditors look for specific assessment details based upon the patient's complaints at the time of transport. While crews typically perform these assessments, there can be a disconnect when the results of the assessment are not fully documented in the patient care report or are limited in the amount of detail noted. This could adversely impact the selection of the correct ICD-10 codes for the claim. A specific and detailed secondary assessment also supports the patient's complaints with actual physical findings or pertinent negatives.

SIGNATURES

Signatures give your agency permission to bill the patient's insurance and are critical for your agency's survival. Crews don't always know whether someone else might have captured a patient's signature previously or whether that patient has qualified for Medicare. Therefore, it is a best practice to always obtain a patient's signature regardless of age or number of previous transports. It may even be wise to have the patient's name printed underneath each signature to ensure legibility issues do not hold up a claim.

PAIN ASSESSMENT

One of the original CMS-documented reasons to support medical necessity for ambulance transport is severe pain. Oftentimes, the severity level of the pain the patient is experiencing is under-documented or not documented at all. As a remedy, instead of using terms such as "excruciating" or "severe," crews should document the numerical value on the 10-point scale to describe the severity of the pain. It also is very important to not only use a scale to rate the pain pre-treatment, but also to document post-treatment pain levels as this can show the effectiveness of the treatment regimen used by the crew.

Establishing a process for all transports to include the above data points in all patient care documentation is not only a best practice for receiving optimal revenue for services, but it is also critical to avoid accusations of fraud when the documentation does not support the information submitted on the claim. EMS agencies should expect audits to increase in frequency and complexity as CMS and private payers increase monitoring of ambulance billing. Investing in documentation is always beneficial; Digitech offers online documentation training to our clients.

CONCLUSION

Optimizing revenue collection is on every EMS leader's priority list year after year, and the importance of maximizing reimbursement and streamlining operations is paramount to protecting profitability as costs to provide emergency transport increase.

A well-defined billing strategy includes identifying patterns and trends among payers, defining documentation standards, going to battle for proper reimbursement, and looking for alternative revenue enhancement opportunities while maintaining quality clinical care and compliance protocols. Whether your EMS agency bills in-house or outsources, a tactical, strategic approach is necessary to maximize collections.

Digitech®

Digitech is a leading provider of advanced billing and technology services to the EMS transport industry. Since its founding in 1984, Digitech has refined its software platform to create a cloud-based billing and business intelligence solution that monitors and automates the entire EMS revenue lifecycle. Digitech leverages its proprietary technology to offer fully outsourced services that maximize collections, protect compliance, and deliver results for clients. For more information, visit digitechcomputer.com.