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www.MarsBilling.com
www.AmbulanceRevenue.com
100 Fulton Court • Paducah, KY 42001
855-347-1360 • info@marsbilling.com
From The Executive Director

I am very happy and proud to announce the first edition of our quarterly newsletter, “The Pulse”. We have been working on this project for about 6 months, and we have finally found someone smarter than all of us to professionally put this together! This is just a glimpse of the many changes to come, to help better serve you the client.

Our newsletter, this quarter, focuses on some industry news and updates from MARS/AMB. As many of you already know, the rollout of the Affordable Care Act (or Unaffordable Care Act, as I like to call it) has shaken up the medical billing world with less reimbursement and more work for everyone involved ... yes welcome to United States Government! While ICD-10 has been delayed yet another year, we are fully prepared to handle those changes. If you should need any help in regards to coding or overall general knowledge, please feel free to reach out anytime to your CRT specialist (see page 7).

On another note, I want to take the time to thank each and every one of you as our growth over the last few years has been exponential! We have morphed into a large multi-region firm that spans areas as far West as California to South Florida! It is you the Client that has sold our service, our name, and our reputation. For this, I can’t thank you enough.

If you enjoy reading our newsletter every quarter or if you would like us to cover other topics of interest to you, we want to hear from you.

AMB will be speaking at the TASA Reimbursement Conference and the Kentucky KAPA Conference this year for our first ever educational speaking engagement, don’t forget to come out and see us!

Until our next issue, we hope you will enjoy the newsletter and look forward to the many changes to come. If you would like to contribute an article or would like for us to provide coverage on a specific topic, please call me at 1-855-347-1360 Ext. 337.

Warmest Regards,

Bill Harrod, Executive Director
MARS/AMB, a division of Credit Bureau Systems
Community Paramedicine

Many of our clients have been hearing the buzz in the healthcare industry about Community Paramedicine a.k.a. Mobile Integrated Health Care. We have been keeping an eye on this exciting new healthcare area and learning all we can to help keep you informed. We’ve hit the highpoints below for your reference. Please contact us any time to have an in depth discussion about what this could specifically mean for your service or practice.

What is Community Paramedicine (CP)?

You may have heard it called by its other name, Mobile Integrated Health Care, which makes it an easier concept to grasp. Mobile means not stationary or fixed in one single location. This is healthcare that comes to the patient instead of the other way around. This makes it a desirable option for home-bound and elderly patients who may forgo necessary check-ups and care because of the inconvenience of leaving their homes. This is Integrated Health Care, not isolated from other healthcare fields but working in conjunction with all of a patient’s various providers to bring a comprehensive level of care.

The obvious delivery method for this kind of model is the already established EMS system. EMTs and Paramedics can receive special “CP” training and certification which will allow them to bring these services to their communities. Some of the already identified services offered by Community Paramedics are: chronic disease management, medical support for patients in assisted-living situations, medication management for the elderly, hospital discharge and post-op follow-up care, physicals, and standard immunizations, to name a few.

What are the benefits?

- Reduces unnecessary 911 calls
- Reduces hospital readmission
- Reduces length of in-patient stays
- Reduces hospital admissions and ER visits for health conditions that could have been controlled
- Basically, CP cuts healthcare costs

Cutting healthcare costs is high on the priority list for State and Federal government these days. This makes Community Paramedicine programs an attractive alternative to the traditional healthcare model. Some governments may even offer grant money and other incentives for the creation of pilot programs. One such example is in Eagle County, Colorado where grant money is funding a 5-year “experiment” in Community Paramedicine. These patients receive referrals from their PCP for services such as wound care and blood draws provided by their local CP Provider in the comfort of their home. Other “experiments” are being funded by commercial insurance carriers such as the CONNECT program in Pittsburgh, PA. These patients receive a special “non-emergent” phone number to call to request a visit from their CP Provider. For more information regarding these programs, please see http://www.news.pitt.edu/connectEMS and http://eaglecountyparamedics.com/community-paramedic/

Currently, Medicare does not recognize CP services as being reimbursable. CP does not fit into the “traditional” healthcare framework and will not be recognized by Medicare until we bring it into the mainstream. It is important for EMS services and healthcare providers to lobby their federal legislators in order to make CP a reality instead of an experiment. MARS and AMB will continue to keep you up-to-date on this emerging healthcare field that can expand your service.

For more information on Community Paramedicine, we suggest visiting: http://www.jems.com
CMS Releases Payment Data

Earlier in the year, the Centers for Medicare and Medicaid Services (CMS) released a very useful tool on their website for ambulance and physician providers to gauge various payment data elements. Click HERE to access the website. You will see several spreadsheets that present extensive data in various ways. Once you download the spreadsheets, you can sort and filter the data as you please in order to compare your service to the rest of the country.

These data elements include: provider NPI number, HCPCS code, place of service, number of transports/services for each HCPCS code, number of Medicare beneficiaries served, submitted charges, Medicare allowable, and Medicare payments. The data is based on calendar year 2012 and taken from CMS’s National Claims History Standard Analytic Files. The Physician and Other Supplier PUF spreadsheets are specifically grouping data by Provider based on the first letter of the Provider’s last name, whereas the “aggregate” sheet shows all providers lumped together so Providers can compare themselves to others across the country. Another useful application of the data is for budget planning based on percentage of Medicare patients served compared to percentage of patients served with other types of insurance. The Medicare National and State HCPCS

Aggregate spreadsheet includes data organized by State. Municipal EMS Services will find this data useful for comparing their charges, payments, and number of transports by service level to the average for their State.

CMS hopes that this information will be used to highlight certain providers and EMS services with disproportionate volumes of high-level services which could be a sign of up-coding fraud. However, the spreadsheets have uses far beyond that as you will see once you have the chance to analyze the data.
Welcome to MARS/AMB!

MARS and AMB have experienced exceptional growth this quarter with the addition of 16 new clients since June. We owe this in large part to you! Your support and recommendation to your colleagues is the key to our success — Thank You! We would like to welcome these newest additions to the MARS/AMB family:

- Abundant Care Ambulance Service – Memphis, TN
- Arrow-Med Ambulance, Inc. – Jackson, KY
- Butler County Ambulance Service – Morgantown, KY
- Franklin-Simpson County Ambulance Service – Franklin, KY
- Gallatin County EMS – Warsaw, KY
- Harrison Township Fire Dept – Kokomo, IN
- Jackson First Alert Rescue Squad – Jackson, SC
- Lincoln Medical Center Ambulance Service – Fayetteville, TN
- LaRue County EMS – Hodgenville, KY
- Marshall County EMS – Lewisburg, TN
- Meigs County EMS – Pomeroy, OH
- Sumner County EMS – Gallatin, TN
- City of Springfield Fire Dept – Springfield, OH
- Washington County-Johnson City EMS – Johnson City, TN
- Biokinetics, Inc. – Calvert City, KY
- Dr. Patrick C. Finney – Paducah, KY

MARS/AMB Tips and Tricks

Insurance Information

One of the easiest ways you can positively affect your reimbursements is by providing accurate insurance information to us for billing. This prevents delays and needless denials. Even though your patient verbally advises you of his/her insurance policy, this doesn’t guarantee that it is 100% correct. Patients may not always remember or explain effectively what insurance they currently have – especially if it has changed recently. Even if the patients pull out their cards and read the numbers to you as you type, there’s still the possibility of a typo. Here are our suggestions to reduce the possibility of errors:

**MARS**

Use your insurance card scanner to scan the front AND back of the patient’s insurance card EVERY TIME they come to your office. Then attach the images of the cards to the patient account in your practice management software (Practice Express, Allscripts, etc.). Please be sure that your scanner is in good working order to ensure the images are clear enough to read.

**Practice Express Updates**

Our Practice Express software has two new updates that may be useful to your practice. These are entered into the “Command” field and generate commonly used form letters.

- **NS:** to print a “no-show” appointment letter or rescheduled appointment letter to the patient.
- **RL:** to print a referral thank you letter to the referring doctor from the RDR1 field in the patient record.

**AMB**

Obtain face sheets from the receiving hospitals and attach them to the runs in your ePCR software (or via paper PCR) BEFORE finalizing the run over to us for billing. If the face sheet is obtained after the run report is sent to us for billing, go ahead and attach in your ePCR AND notify us via phone or email that you have added the attachment. Again, please be sure your scanner is in good working order to ensure the images are clear enough to read.
ICD-10 Preparation

The transition to ICD-10 has been delayed until October 1, 2015. Fortunately, we have already implemented many of the required changes necessary for the ICD-10 switch, and will continue to make updates. Below you will find the details of our plan. Some of this plan is contingent upon factors outside our scope of control including upgrades to the multitude of systems used in processing claims. Working along with the cooperation of our clients, we expect the implementation to run smoothly. In addition, it is critical that you are properly preparing for the changes that ICD-10 will require. While we are readying our systems and processes to accept the new codes, we must rely on you to be adequately trained in providing the documentation that will be needed. If you need assistance with ICD-10 training, please allow us to help. The more prepared we are for this transition, the better the outcome.

## ICD-10 Implementation

### Responsible MARS/AMB Parties
- Alana Meeks – System Administration
- Brad Guess – Claims Processing

### Electronic Systems Affected – please note that your service may not use all of these systems noted.
- JefBar
- Zirmed
- Gateway
- Payerpath

### System Readiness / Claims Testing
- JefBar – Ready and testing complete.
- Zirmed – Ready and testing in process. Awaiting results from payer testing.

### Staff Training
- Identification of staff needed to be trained on ICD-10.
- AMB ICD-10 certified coding trainer to provide training.

### Internal Processes
- Update internal processes, electronic or manual, used to conduct administrative transactions, e.g. submit claim, check eligibility, etc.

### Review
- Complete a review of transactions.

### Monitor
- Monitor submission and receipt of ICD-10 codes to ensure they are being properly received.
- Monitor communications from vendors for possible errors with codes.
- Monitor payments to ensure expected amounts are received for service(s) provided.

### Coding Review
- Work with coders to ensure optimal codes are being used.
Employee Recognition

MARS and AMB are pleased to announce some employee promotions that have occurred recently. Along with these promotions, there are some organizational changes to make you aware of as well.

MARS and AMB have restructured our client support process and created a dedicated Client Resolution Team (CRT) to ensure ultimate client satisfaction. The CRT will be your primary point of contact for any need or concern. They will be working closely with the entire MARS and AMB team to ensure resolution and communication. Nicole Nelson is the main point of contact for MARS clients and Nikki Fuller is the main point of contact for AMB clients. Both MARS and AMB clients will speak to Nikita Wheeler, the third member of the CRT, or as Bill refers to them — “The Three Ns.”

Jeanne Teasley
Core Director, MARS Operations

Many of our MARS clients have known Jeanne for several years. She has previously served as Accounts Receivable Manager for some of our larger physician groups. Jeanne is now responsible for ensuring maximum revenue recovery for all physician clients. She manages and oversees the physician billing processes including data entry, AR management, and denial management.

Dana Evans
Core Director, AMB Operations

Dana has over 25 years of experience in Ambulance, Hospital and Physician Billing. Dana started her career as a registration clerk in a local pediatric medical practice. Her dedication to the task at hand and attention to detail was quickly noticed by Senior Management, and she has been an integral part of our team since 1997. She has served AMB in numerous capacities including client trainer, posting department supervisor, and insurance tracking department supervisor.

This comprehensive knowledge is a true asset to our clients. Presently, Dana spends most of her time working on a daily basis with clients and internal staff to maximize revenues.

Alana Meeks
Core Director, System Administration

Alana has over 7 years of experience in our Provider Enrollment and System Administration areas. Alana leads a team of experts in helping our clients transition in the most efficient and effective manner. Her primary role consists of managing new client implementations and the variety of software systems utilized internally and by our clients. She attended both Murray State University and the West Kentucky Community and Technical College.

Employee Spotlight

Linda Derr
Provider Enrollment Supervisor

Linda spends the majority of her day verifying and ensuring all provider enrollment is up to date and accurate, submitting numerous enrollment applications, and researching client issues and concerns. She has been with MARS and AMB for 8 years. She previously worked at Lourdes Hospital in Paducah in the billing department as a combination contract specialist, auditor and denial management clerk. She tells us that she gained a lot of valuable experience at that time with claim follow-up and auditing insurance payments for contract underpayments.
“Our provider enrollment department is here to make things easier for the client. We appreciate their cooperation with our requests, and want them to know that everything we do is for them,” Linda told us. “It’s very rewarding when the client tells us they are happy with what we have done for them. I also enjoy working with my co-workers. They make getting through a hectic day a whole lot more pleasant.”

Desiree Jaco
Data Entry Analyst
Desiree has been with MARS and AMB for 3 1/2 years. She previously has been a receptionist and retail customer service representative. She states that she didn’t have much experience with insurance billing when she started but has since learned a lot. In her position she spends her days analyzing coding and charge entry, addressing client work order responses and email requests.

“I find the medical world fascinating, and I like everything I do here at MARS/AMB. I love being able to find solutions to problems I come across and I also like the staff I work with.” Desiree also stated, “I am glad to assist our clients with anything I can.”

Passport Scrub
One of the biggest factors that negatively affects your bottom line is the ever-growing amount of potential revenue tied up in “self-pay”. There is little that can be done to recover this revenue besides sending bills and eventually shipping the accounts to a third-party collection agency only to recover a fraction of the money months down the road. This is an unfortunate reality in medical billing but luckily there is something that can be done to avoid some of this revenue being lost to self-pay.

MARS and AMB has begun a weekly “scrub” of all self-pay accounts through the Passport Eligibility website in an attempt to obtain missing insurance information. The scrub checks eligibility for Medicare, Medicaid, and the top 5 commercial payers. Through this new tool we are able to locate accurate insurance information which greatly improves your reimbursement potential. You have been receiving monthly emails from your CRT representatives with the results of this effort. These emails are to keep you informed about our success in obtaining more reliable sources of payment for these accounts. Every little bit helps – the more accounts we can save from self-pay, the better.
Introducing ADRS!

AMB is pleased to announce the release of our proprietary Ambulance Dashboard Reporting System (ADRS). ADRS allows our AMB clients to have a complete real-time view of their financial details at a glance, viewable through not only your web browser, but also through an app available for free download from iTunes. Yes, you heard correctly, AMB has their first official “app” available for download on your Apple iPhone or iPad device. To locate the app, go to the Apple App Store, search for “AMB Dashboard”, and input your credentials.

The program is 90% complete as we have a few more “tweaks” that we intend to make, however we are confident that you will be pleased with the current features. As with any program, we will be periodically introducing new updates as we receive feedback from you, our clients. Your help/feedback is strongly encouraged and will help our continued improvement of the program.

Alana Meeks, Director of Implementation, will be in touch with you very soon (if not already) regarding your login credentials. Please feel free to contact her any time with questions. We hope you enjoy this fun new tool!

MARS clients using Practice Express, be on the lookout for the Physician Dashboard Reporting System (PDRS). A version for MARS is currently under development and we can’t wait to share them.
Kentucky NEMSIS Extract Update

In order to comply with the text of 202 KAR 7:540 set on August 21, 2013, the KBEMS Data Committee has adopted the following implementation timeline for collection of data from services. The entire text of the KAR is available at: http://www.lrc.ky.gov/kar/202/007/540.htm. Please contact Drew Chandler, KBEMS Data Administrator, by email at drew.chandler@kctcs.edu or by telephone at 859-256-3572 with questions.

June 5, 2014
Notification to services with contact information for new Data Administrator along with request to notify KBEMS of the Data Committee’s Implementation Timeline and two options for compliance with 202 KAR 7:540.

June 30, 2014
Directors notify KBEMS Data Administrator with selection of Option A – Direct Entry to KStARS or Option B – Interface to KStARS with 3rd party system. Note: Option A – Direct Entry using Field Bridge is not intended to be a long term solution; Continued grant funding for Field Bridge is not guaranteed.

July 1, 2014 – December 31, 2014
Training and documentation offered on use of KStARS State Bridge.

October 1, 2014
Services using 3rd party system shall submit plan and timeline to complete interface to KStARS.

• Initially can be V2 dataset with later transition to V3
• Timeline should include any budgetary constraints

January 1, 2015
Any licensed agency must begin submission using KStARS, unless the service already uses a 3rd party system in which case, the service has until July 1, 2015.

• Services may use block grant funds to acquire computer equipment

July 1, 2015
All licensed agencies submitting V3 data directly to KStARS or by interface from 3rd party system. Regulation enforcement begins.

• In some instances, developers of 3rd party software may require services to pay for upgrades and KBEMS is aware of the local budgeting process that may not allow for allocation of funds until July 1, 2015.

Announcements

• AMB is excited to announce our very first educational public speaking engagements at the KAPA Conference September 24-26 and at the TASA Reimbursement Conference October 7-8. We hope to see you all there!

• AMB will be sponsoring the ESO User Group training sessions this Fall. The sessions will be hosted by David Sloane from Georgetown-Scott County EMS in Kentucky. Please contact David for more information at 502-863-7841 or by email at 621p@GSCEMS.com.

• US Coding Solutions is the newest addition to the Credit Bureau Systems family. This new division of our parent company was created last year as a US-based solution to medical practices and ambulance services who may not require the comprehensive billing services that MARS and AMB provide but only require reliable coding services. US Coding has grown so rapidly that we are actively seeking new employees to meet the demand. If you or someone you know is a certified physician or ambulance coder and interested in being part of this exciting new company while working from the comfort of home, please contact Bill Harrod by phone 855-347-1360 ext. 337 or by email bharrod@marsbilling.com. For more information about US Coding Solutions, please visit www.uscoding.com.
Client Spotlight

AMB Client – Trigg County EMS

Trigg County EMS in Kentucky has been an AMB client since 2011. They are operated by Trigg County Hospital in Cadiz, KY and transport approximately 2,400 patients a year. EMS Director Allen Jones is proud to announce that ten of his Paramedics have recently attained their Critical Care Certification which will allow Trigg County EMS to offer SCT transport services to residents of that rural community. In addition to this, the medics have partnered with local law enforcement to complete FEMA Active Shooter training at Trigg County School System. Allen keeps his medics busy in the community as well as in the classroom. Each month, Trigg County EMS medics visit local senior citizens and offer free blood pressure and glucose checks. The medics also participate in charitable projects such as “backpack drives” for area children whose families cannot afford school supplies. Allen strives to keep Trigg County EMS actively involved in their community. He is excited for any opportunity to work with area organizations to give back to the community.

MARS Client – Pediatric Group of Paducah

Pediatric Group of Paducah has partnered with MARS since the beginning in 1995. The group is well known in Western Kentucky as being one of the largest and best Pediatric practices. It has been considered the premier Pediatric practice in Paducah for over 50 years. The roots of this group extend to 1960 when Dr. William Shidal established his solo medical practice in Paducah. In 1977 he was joined by Dr. Glen S. Chaney who practiced until his retirement in 2010. Currently Dr. William M. Bruce, Dr. David H. Schell, Dr. Kayla Gill Mason, Dr. Jeffrey M. Mudd and Dr. Elizabeth C. McGregor practice at the Pediatric Group of Paducah. All of the pediatricians at Pediatric Group of Paducah are board certified and have extensive experience in caring for infants, children, and adolescents. They also have two nurse practitioners, Mallory Wittig and Nicole Snow, as of fall 2013. During the 50 plus years of their practice, there have only been eight physicians. It is this longevity and continuity that forms the philosophy for their group.