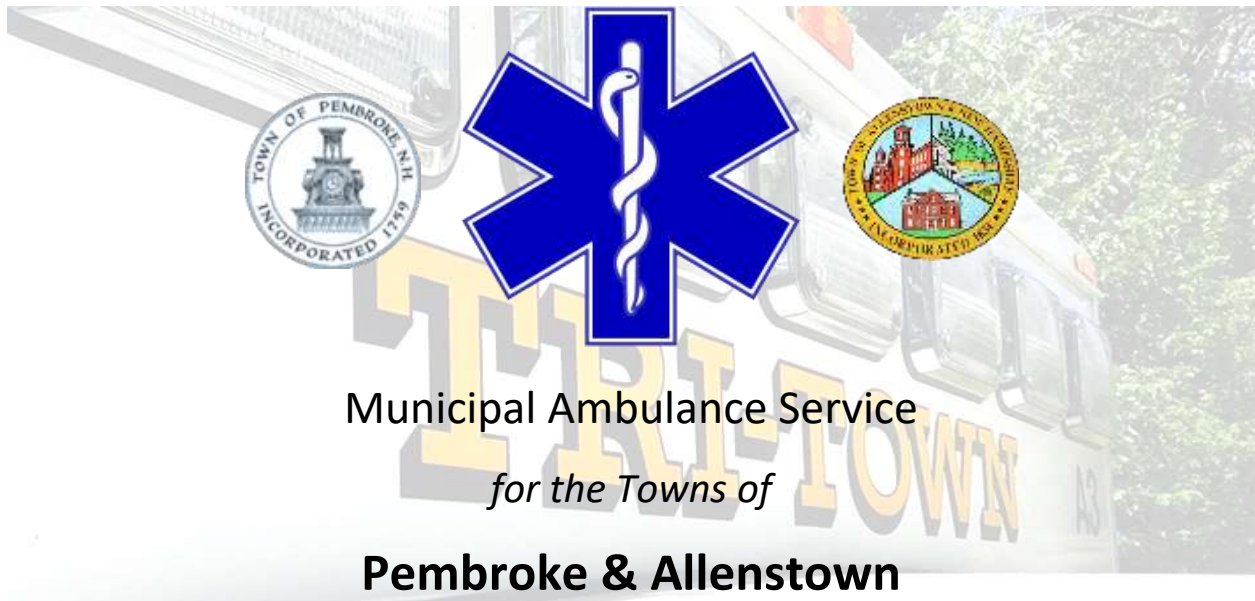


**TRI-TOWN Emergency Medical Service**

**Monthly Director's Report**

*for the Month of*

*November 2016*



**Municipal Ambulance Service**

*for the Towns of*

**Pembroke & Allenstown**



Prepared By: *Christopher Gamache, Director*

December 2, 2016



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## PREFACE

**Tri-Town Emergency Medical Service** was started on January 1, 2013 by an Inter-Municipal Agreement between the towns of Allenstown and Pembroke, New Hampshire. The service is managed by the Service Director and Paramedic, Christopher Gamache with oversight by the Tri-Town EMS Board of Directors that is comprised of the Town Administrator and Fire Chief from both towns as well as a member from each community and a Tri-Town EMS employee representative. Tri-Town EMS' primary service area are the two towns, but also provides mutual aid to the Towns of Hooksett, Deerfield, Epsom, Chichester, Bow, the City of Concord, and where ever and whenever requested to do so. Tri-Town EMS is proud to be one of a few ambulance services within the Capital Area with an around the clock, fully staffed ambulance, at the Paramedic level. The service is making great strides to provide those we serve with the highest quality medical care coupled with up-to-date EMS equipment. Our staff is ready and available to answer call for help.

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## REPORT INTRODUCTION

This report was generated on December 2, 2016 by the Service's Director, Christopher Gamache, and represents the EMS activity of the Tri-Town EMS, current projects, operational concerns and performance projections. The content of this report shall be available for discussion at the Monthly Meeting of the Tri-Town EMS Board of Directors on Wednesday December 14, 2016. This document contains data that was derived from the New Hampshire Department of Safety, Bureau of Emergency Medical Service patient care reporting web site, [www.nhtems.org](http://www.nhtems.org), where Tri-Town EMS documents all EMS related incidents that are dispatched by Concord Fire Alarm. Additionally, this document contains data from the agency's billing contractor, ComStar.

Tri-Town EMS has a Medical Resource Hospital Agreement (MRHA) with Concord Hospital. This agreement entitles the agency to function under the medical oversight of the hospital's Medical Director, Dr. David Hirsch. As part of the MRHA, Tri-Town EMS has a Control Substance Agreement with Concord Hospital, these two agreements afford TTEMS the ability to have Paramedic level medications and Controlled Substances.



**SECTION 1: EMERGENCY MEDICAL SERVICE (EMS) ACTIVITY:**

- Total Number of EMS Responses / Request for EMS Services .....87  
     November 2015.....83
- Total Number of Patient’s Transported .....56 (64.37%)  
     November 2015.....57
  - Transports to Concord Hospital ..... 47 (82.5%)
  - Transports to Catholic Medical Center (CMC) ..... 3 (5.4%)
  - Transports to Elliot Hospital ..... 6 (10.7%)
  - Transports to Other Hospital ..... 0 (0%)
- Total Number of EMS Runs Where Mutual Aid was Received .....7  
     November 2015.....8
  - Concord Fire Department .....6
  - Epsom Fire Department .....1
  - Hooksett Fire Department .....0
  - Other EMS Agency .....0
- Total Number of Patient’s Refusing Transport to the Emergency Department .....13
- Total Number of EMS Responses that Resulted in Another Disposition ..... 11

**SECTION 2: EMS RUN DATA**

**Average Run Times:**

- Reaction Time: ..... 1m 6s
- Response Time: ..... 4m 53s
- On-Scene Time: ..... 15m 49s
- Transport Time: ..... 17m 14s
- Back In Service Time: ..... 16m 58s
- Time on Task: ..... 56m 0s

**EMS Call Location, by Town:**

- Allenstown, NH .....30 (34.6%)  
     November 2015.....33
- Pembroke, NH .....51 (58.6%)  
     November 2015.....43
- Hooksett, NH .....2 (2.3%)
- Barnstead, NH .....1 (1.1%)
- Deerfield, NH .....0 (0%)
- Epsom, NH .....2 (2.3%)
- Concord, NH .....1 (1.1%)



### Time of Calls (Time of Day & Day of the Week)

(TIME)	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
0000-0259	1	3	1	0	0	1	2
0300-0559	0	0	2	3	0	0	1
0600-0859	1	0	4	2	2	2	3
0900-1159	2	3	1	2	2	0	1
1200-1459	1	2	1	1	1	2	6
1500-1759	4	0	1	3	1	1	3
1800-2059	0	2	1	1	2	3	0
2100-2359	1	2	1	2	0	0	2
<b>TOTALS:</b>	<b>10</b>	<b>12</b>	<b>12</b>	<b>14</b>	<b>8</b>	<b>9</b>	<b>18</b>

### Incidents by Dispatch Reasons

Incident Complaints Reported by Dispatch	Number of Incidents	Percentage of Total Incidents
Chest Pain (Non-Traumatic) (10)	11	13.25%
Breathing Problems (6)	10	12.05%
Falls (17)	8	9.64%
MVC / Transportation Incident (29)	8	9.64%
Sick Person (26)	7	8.43%
Seizure (12)	4	4.82%
Unconscious / Syncope (31)	4	4.82%
Assault (4)	3	3.61%
Pain (26)	3	3.61%
Standby	3	3.61%
Back Pain (Non-Traumatic) (5)	2	2.41%
Diabetic Problem (13)	2	2.41%
Headache (18)	2	2.41%
Hemorrhage / Laceration / Bleeding (21)	2	2.41%
Medical Alarm (32)	2	2.41%
Overdose / Misuse of Meds / Poisoning (23)	2	2.41%
Well Person Check	2	2.41%
Cardiac Arrest / Death (9)	1	1.20%
Choking (11)	1	1.20%
Head Injury (30)	1	1.20%
No Other Appropriate Choice	1	1.20%
Psychiatric/Behavioral/Suicide Attempt (25)	1	1.20%
Stroke / CVA / TIA (28)	1	1.20%

### Procedures Performed By EMS Personnel

<u>Procedure Name</u>	<u># of Times Procedure Performed</u>	<u>Percent of Incidents Procedures Performed (%)</u>
Vascular: IV/Extremity Vein Catheterization	65	33.33%
12-Lead ECG	27	16.36%
ECG Monitor (4 Lead)	17	10.30%
Patient Assessment	14	8.48%
etCO2 Digital Capnography	4	2.42%
C-Collar Applied	3	1.82%
Stroke Exam	2	1.21%
Spinal Motion Restriction	2	1.21%
CPAP	2	1.21%
Spinal Motion Restriction Withheld Per Protocol	1	0.61%

### Medications Administered by EMS Personnel

<u>Medication Name</u>	<u># of Times Medication Administered</u>	<u>Percentage of Incidents Medications Administered (%)</u>
Normal Saline	17	12.98%
Nitroglycerin	14	10.69%
Aspirin	10	7.63%
Fentanyl	10	7.63%
Oxygen	10	7.63%
DuoNeb (Atrovent/Albuterol)	6	4.58%
Ondansetron / Zofran	6	4.58%
Albuterol	3	2.29%
Dextrose 10% (D10)	2	1.53%
Dextrose / Oral Glucose	2	1.53%
Atropine	1	0.76%
Ketorolac / Toradol	1	0.76%
Prochlorperazine / Compazine	1	0.76%

**SECTION 3: TRI-TOWN EMS PERSONNEL:**

During the month of November 2016 there were no changes to the Service’s roster. The Service has three EMT’s in the process to be hired. The current staffing of Tri-Town EMS:

- Full Time Employees (4- Paramedics).....4
- Part Time Employees (1-Paramedics, 2-AEMT, 2-EMT).....5
- Per Diem Employees (4-Paramedics, 7-AEMT, 3-EMT).....14
- TOTAL WORK FORCE .....23

**SECTION 4: EQUIPMENT**

- Ricoh Copier/Printer/Fax machine was ordered.
- One of the Service’s new AED trainer failed to function during a CPR course. The unit is being replaced by the manufacture.

**SECTION 5: CORESPONDENCE WITH OTHER PUBLIC SAFETY / HEALTHCARE AGENCIES**

*Allenstown:* 1) Worked with Allenstown Fire Department to develop a par list of supplies of which Tri-Town EMS resupplies in an effort of minimizing the amount of supplies that expire prior to being used. 2) Some staff attended the Healthsource talk on nutrition held at the Allenstown Fire Department. 3) Budget Committee Meeting.

*Auburn Fire Department:* Requested Tri-Town EMS to participate in an MCI drill next year.

*Concord Fire Department:* 1) Received Concord Fire Department’s Active Shooter Procedure. 2) Deputy Chief Sean Toomey contacted Tri-Town EMS to discuss the Service place on the Concord Fire Department Run Card. Meeting set for December 5<sup>th</sup>.

*Concord Hospital:* 1) A CPR course at the Allenstown Fire Station was coordinated and required correspondence with Concord Hospital CPR Coordinator Cindy Tuttle. 2) Concord Hospital provided feedback on 2 patients who received cardiac catheterization. Both case were recognized by Tri-Town EMS providers. 3) Dr. David Hirsch was contacted about presenting at the January 2017 Service Training on Cardiac Arrest Management. 4) Concord Hospital PCU Nurse Clinician Michelle Gamache, PCCN, BSN presented the November Training on CHF and Acute Coronary Syndrome.

*Elliot Hospital:* 1) Tri-Town EMS was notified on three (3) occasion of the Cardiac Catheterization Lab for the Elliot Hospital was not available. 2) John Leary sent correspondence to Tri-Town EMS advertising an upcoming Trauma Rounds and related lecture and an EMS Breakfast being held by the Elliot Hospital.

*Hooksett Fire Department:* HFD Captain contacted the Service pertaining to a community service project involving public safety awareness activities with the Girl Scouts, next February.

*Laconia Fire Department:* With Allenstown Fire Department Chief Dana Pendergast, Deputy Chief Shawn Riley about EMS billing and collection rates.

*New Hampshire Bureau of Emergency Medical Service:* The Service participated in the Strategic Planning Meeting on November 17<sup>th</sup> held at the New Hampshire Fire Academy.



*Capital Area Mutual Aid Compact Meeting:* Contacted Chief Keith Gilbert pertaining to the ongoing Mutual Aid Project. He initially felt a blanket agreement between the Capital Area Mutual Aid Compact and Tri-Town was not feasible. After some discussion he stated he would think about it further to see if there was some way to make that work. If not, he offered to assist Tri-Town in obtaining individual mutual aid agreements with Compact members.

*Pembroke:* 1) The Service attended the Town of Pembroke Safety Committee Meeting for November.  
2) Budget Committee Meeting.

*Pembroke Academy:* Service was contacted by the school nurse pertaining to the care a patient received. Tri-Town EMS staff acted per protocol and that was relayed to the nurse and where the New Hampshire EMS Patient Care Protocols can be found.

## SECTION 6: REVENUE AND EXPENDITURES

### Revenues:

Ambulance Billing: \$37,028.22    Legal Document Request: \$0.00  
Detail Coverage: \$1,200.00 (received)    CPR Course: \$100.00 (Billed)    Paramedic Intercept: \$0.00  
**Total: \$38,228.22**

### Expenses:

- The service paid \$2,738.59 for supplies and oxygen for the month of November.
- Payroll 11/10/16: \$14,759.08
- Payroll 11/23/16: \$16,191.11
- OVERTIME: 44.5 hours, \$1,474.13

## SECTION 7: QUALITY ASSURANCE / QUALITY IMPROVEMENT SUMMARY

- EMS crews are continued to be reminded to enter cardiac and 12-leads as a procedure and to attach a tracing with their patient care reports as well as to obtain Social Security Numbers and insurance information OR add the reason why in the narrative.
- Crews were reminded to enter cancelled runs into TEMSIS. All run numbers need to be accounted for.
- No significant high acuity calls to not for November, however, QA process reveals Tri-Town EMS providers are providing appropriate, patient centered treatment that have benefits to the patient on a consistent basis. Good Job.
- November's Training(s):
  - JEMS Article: From Beginning to Endotracheal – 14/23 employees completed the training.
  - EMS World Article: Medical Control: Colleagues in Patient Care – 14/23 employees completed the training.
  - NCCP Training: Acute Coronary Syndrome and Congestive Heart Failure - Course by Michelle Gamache, BSN, PCCN, Concord Hospital PCU. – 9/23 employees attended the training and a total of 11 people were in attendance.

- Monthly Skills: 13 employees completed all skills training, 4 partially completed the skills training and 7 employees did not complete the skills training.
- All employees have completed EMS in the Warm Zone and 21/23 completed High Performance CPR.
- November 20, Tri-Town EMS put on a CPR course which had 10 people in attendance.
- December's NCCP training will be at Allentown Fire Department on December 13<sup>th</sup> with the topic being Ventilation by Tri-Town EMS Director Christopher Gamache, BS, NRP.
- Service needs to purchase more AED trainers. Not have enough AED trainers extended the course time for a large group.
- Recommendation of shift trainings to start in 2017 to be overseen by the Assistant Director.
- Recommendation to hold two (2) skills days in 2017 for employees to schedule time to come in to complete competencies.

#### SECTION 8: DIRECTOR'S COMMENTS & RECOMMENDATIONS

- The Business Reply Mail Account was created, the annual fee was paid and \$200.00 of postage was prepaid. This will be used to send Tri-Town EMS patients the Service's privacy practice and a patient satisfaction survey. The return postage portion of the survey cards needs to be completed and will be with the Service's receives the paperwork from the USPS with essential information need to create the return postage image.
- Patient satisfaction surveys have been completed and a Google Document form of the survey has been created. This will service as location to enter the survey results into for analysis. Google Documents has no cost and will provide the Service with the survey analysis.
- In November, 60 pre-collections letters were mailed out. 93 accounts were referred to First Financial Resources for collections which represents \$58,931.45. One Payment plan was returned and enacted and two more are in the process of being setup.
- Medicare patients are about 50% of Tri-Town EMS' patient population, Medicaid patients are about 12% of Tri-Town EMS' patient population, and "Self Pay" patients are about 16% of the patient population. Based on Tri-Town EMS charges at the ALS1 Emergent Rate, Medicare Allowable, of which Medicare pays 80% of, is \$442.34 which represents 44.2% of the Service's rate and the service cannot collect any more than Medicare Allowable from these patients. For Medicaid patients, for the same service level, Medicaid pays \$175.00, which is 17.5% of the Service's rates and again, the Service cannot bill the patient for the balance. 62% of our patients, we are legally required to reduce our rates by 65.8% and 82.5% respectively. "Self-Pay" patients historically for any EMS system, have the worse collection rates, regardless of how collections rates are defined. This population represents \$80,000-\$90,000 a year in lost revenue for the Service. This population will be target next year with early mailing of a payment plan application which will be sent out with the privacy practice and the patient satisfaction survey mailing. A full report on the Analysis of the Services Billing was created using Tri-Town EMS data obtained from ComStar. See full report on page 11 of this report.
- Tri-Town EMS has achieve a 100% of the staff completing the EMS in the Warm Zone Training.
- Employee meeting on November 13<sup>th</sup>. Employees were told to keep patient face sheets now and place the run number on the top of them and get them to the Director. Went over items from the last Board of Director's meeting. Talked about the employee representative to the board, the upcoming FTO program, next year's budget, the Call Force, Cardiac Arrest management, and other training items. Also, certain competencies were completed.

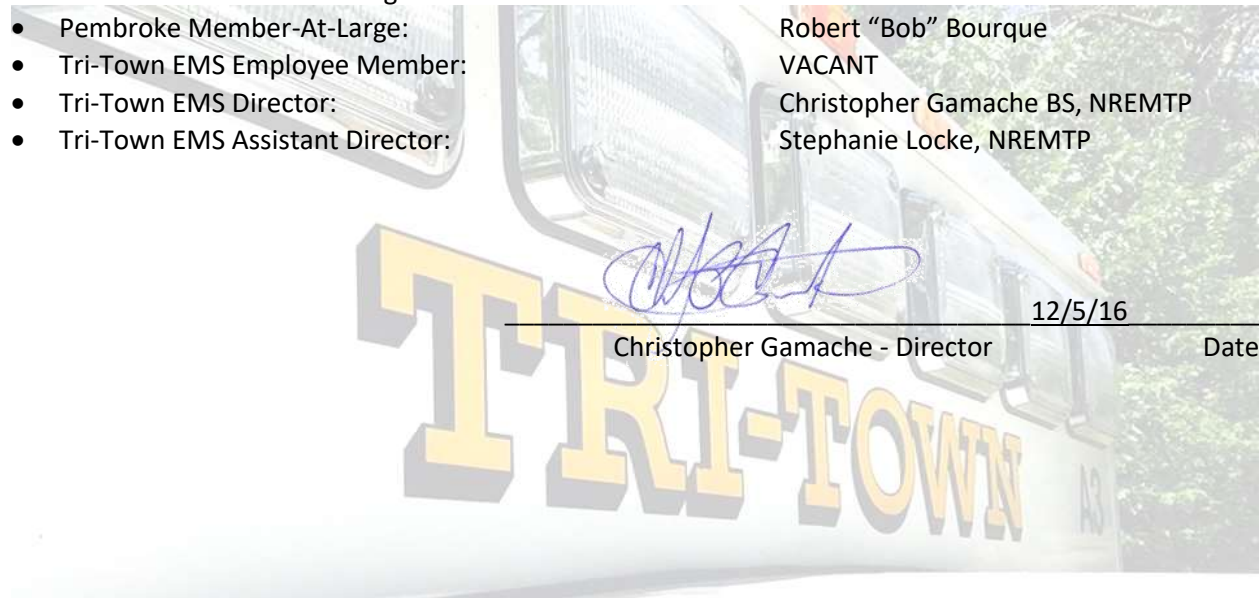


SECTION 9: VEHICLE MAINTENANCE

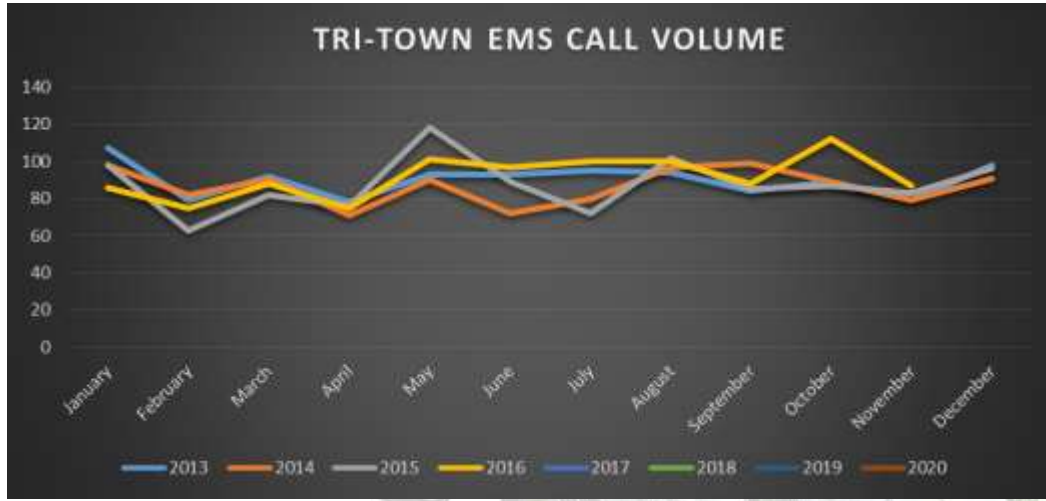
- Ambulance 2: MILEAGE: 79,181.2
- Ambulance 3 (Primary): MILEAGE: 79,914.3
  - Had two (2) flat tires, passenger side rear at the same time. One tire had a side wall puncture and was not repairable. Since this occurred mid-November, the snow tires were put on the ambulance.

SECTION 10: TRI TOWN EMERGENCY MEDICAL SERVICE LEADERSHIP

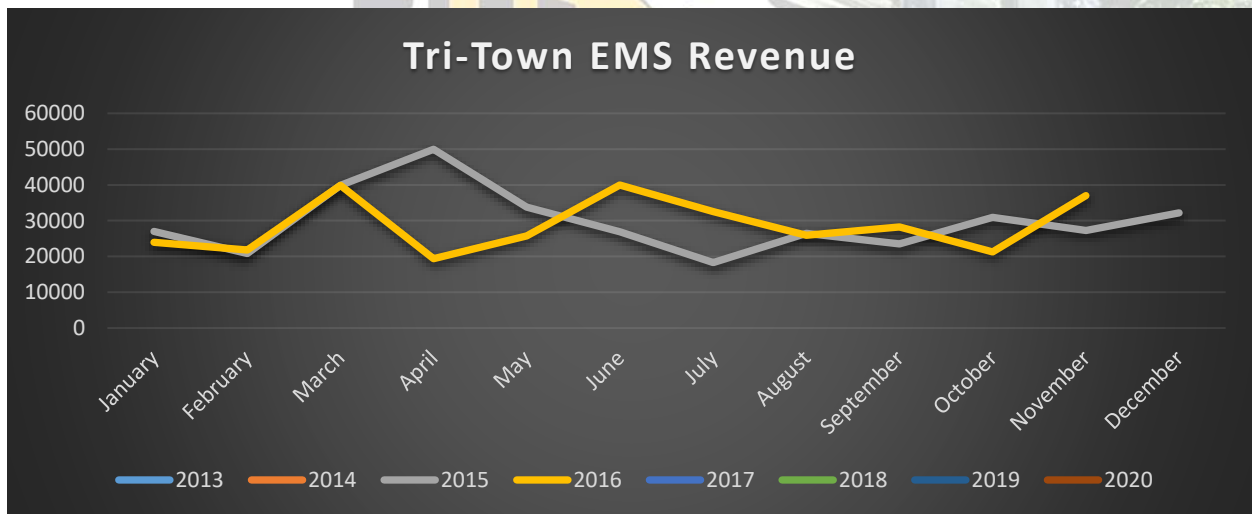
- |   |                                 |
|---|---------------------------------|
| • Chairman of the Board of Directors<br>& Allentown Town Administrator: | Shaun Mulholland                |
| • Pembroke Town Administrator:  | David Jodoin                    |
| • Allentown Fire Chief:   | Dana Pendergast                 |
| • Pembroke Fire Chief:  | Harold Paulsen                  |
| • Allentown Member-At-Large:  | James O' Mara                   |
| • Pembroke Member-At-Large:   | Robert "Bob" Bourque            |
| • Tri-Town EMS Employee Member:   | VACANT                          |
| • Tri-Town EMS Director:  | Christopher Gamache BS, NREMT-P |
| • Tri-Town EMS Assistant Director:                                      | Stephanie Locke, NREMT-P        |



APPENDIX 1: 4-Year Call Volume History



APPENDIX 2: Revenue Chart



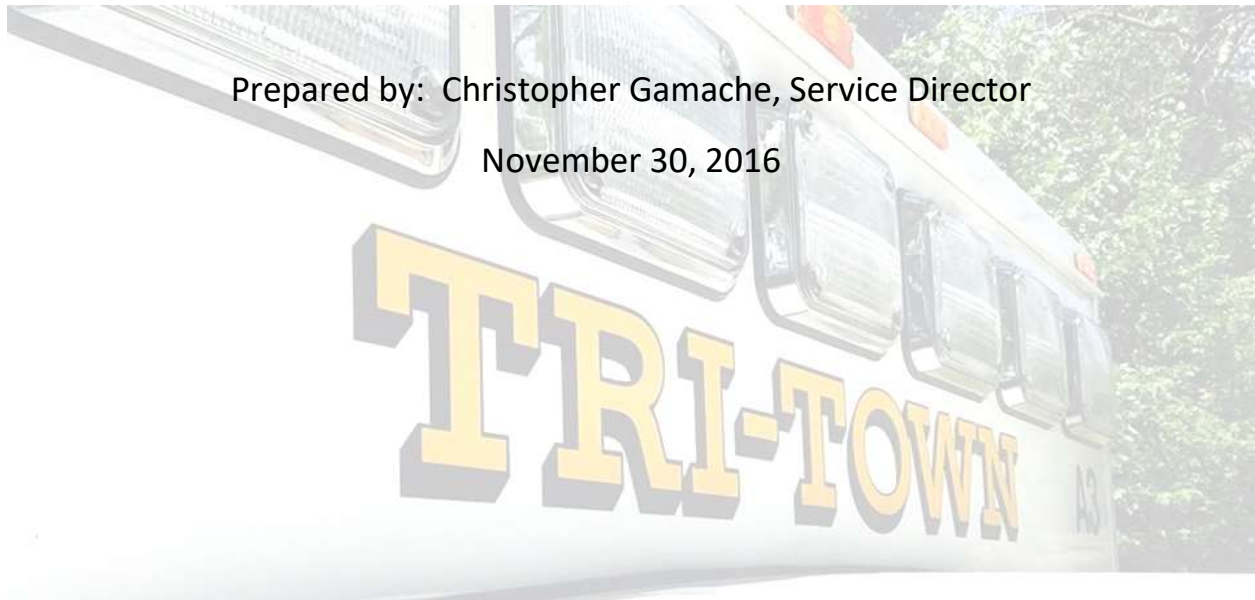


## **AMBULANCE BILLING ANALYSIS and REPORT**

*(for Fiscal Years of 2014, 2015 and ytd 2016)*

Prepared by: Christopher Gamache, Service Director

November 30, 2016



## REPORT INTRODUCTION

Tri-Town Emergency Medical Service (hereafter “Tri-Town EMS” or “Service”) is a Municipal Ambulance Service that was established under New Hampshire RSA 53-A “Intermunicipal Agreement”, between the Towns of Allenstown and Pembroke New Hampshire. Per the agreement, the ambulance service is funded by 1) revenue from ambulance billing and 2) allocated funds from each town based on the three (3) year average of EMS incidents in each town, represented by a percentage (%). An annual budget is prepared by the Service Director and is accepted by the Tri-Town EMS Board of Directors of which is comprised of the Town Administrator, Fire Chief and a public member from each town along with a Tri-Town EMS employee member to the board. The annual budget estimates revenues from ambulance billing for the upcoming year with the difference between budgeted expenditures and ambulance billing to be allocated by the two towns through taxes. Each town then makes quarterly payments to the Service.

## AMBULANCE BILLING PROCESS

Tri-Town EMS contracts with ComStar Ambulance Billing Service, located at 8 Turcotte Memorial Drive, Rowley MA, 01969, and is charged 5% of collected revenue. ComStar provides the Service with a monthly report indicating among other items, a summary of the EMS transports that were billed out and a breakdown of the revenues that were collected for the month. Additionally, the Service is provided with a “Disposition Report” that shows accounts that are past due. ComStar attempts to collect on each account by sending three (3) bills to the indicated payer for the account and tracks all correspondents. When an account has been denied by a private or public payer, or all or a portion of the balance has been applied to a deduction, or if the account has a co-pay, or when the patient does not have insurance, ComStar will send three (3) notices or bills to the responsible party. After three (3) notices or bills have been sent, ComStar sends a final, pre-collection notice to the responsible party. When an account has been issued the pre-collection notice, the account will then show up on the “Disposition Report”. Once an account shows up on the “Disposition Report”, the Service is to decide the fate of the account with the options being; 1) Write-Off, 2) Refer to Collections and/or Experian, 3) Payment Plan.

## DISPOSITION REPORT

Accounts that show up on the “Disposition Report” that are not associated with residence of Allenstown or Pembroke are referred to Collections (First Financial Resources) and are reported to Experian as a defaulted debt. Accounts that are associated with a resident of Allenstown and Pembroke will be sent a second pre-collection notice by the Service Director, advising the responsible party of the efforts to collect on the account, the location of the Payment Plan Application and Service contact information for assistance. These accounts are given an additional thirty (30) days. If at the end of the thirty (30) days, there is no activity on the account,

the account will then be referred to Collections (First Financial Resources) and are reported to Experian as a defaulted debt. For those accounts which the responsible party makes contact with the Service, the account will not be referred to Collections and will not be reported to Experian as a defaulted debt, for as long as there is a good faith effort on behalf of the responsible party to make payments or seek a write-off or reduction.

## TRI-TOWN EMS RATES

Tri-Town EMS ambulance rates are set by the Tri-Town EMS Board of Directors and were last adjusted on September 9<sup>th</sup>, 2015 to be effective on January 1<sup>st</sup>, 2016. The past and current fee schedule as follows:

<b>SERVICE</b>	<b>2015 FEE</b>	<b>2016 FEE</b>
1. Basic Life Support (BLS) Base Rate:	\$600.00	\$750.00
2. Basic Life Support (BLS) Mileage:	\$17.00	\$20.00
3. Advanced Life Support 1(ALS1) Base Rate:	\$800.00	\$1,000.00
4. Advanced Life Support 2 (ALS2) Base Rate:	\$1,000.00	\$1,250.00
5. Advanced Life Support (ALS) Mileage:	\$17.00	\$20.00
6. Paramedic Intercept Fee: (Out of Cap Area)	\$800.00	\$800.00
7. Paramedic Intercept Fee: (Inside Cap Area)	--	\$545.00
8. Lift Assists (only for agencies who charge for services)	\$75.00	\$75.00
9. Detail – One (1) EMT per hour	\$30.00	\$30.00
10. Detail – One (1) Paramedic per hour	\$45.00	\$45.00
11. Detail – BLS Ambulance per hour	\$70.00	\$70.00
12. Detail – ALS Ambulance per hour	\$80.00	\$80.00
13. Records Request	\$25.00	\$25.00
14. Records Request - Certified	--	\$45.00
15. Returned Check / Insufficient Funds	\$50.00	\$50.00
16. CPR Course – Resident/Employee of Pembroke or Allenstown	--	\$0.00
17. CPR Course	--	\$50.00

The Service does not contract with private insurance companies as the rates are set by the Tri-Town EMS Board of Directors. For those accounts where the patient has a co-pay, deductible, or has reach the maximum EMS Transport benefit of the policy, the patient or responsible party is responsible for paying the account balance as allowed by law. Furthermore it is worth stating that Tri-Town EMS does not accept negotiated rates or payments when proposed by party representing private insurance companies. Any request for balance reduction or balance write-off must be requested through the payment plan application process, with all required documentation present and then, the request is reviewed and is either accepted or rejected by the Service Board of Directors.

## GOVERNMENT INSURANCE

For those patients who have government insurance (Medicare, Medicaid or Veteran's Affair VA), the Service has specific rule that must be followed. VA patients represent a very small portion of the payer spread for Tri-Town EMS and will not be discussed further in this report. Medicare has set rates for service levels provided, otherwise known as Medicare Allowable. Medicare will then pay 80% of Medicare Allowable, with the patient, for the most part being responsible for the remaining 20% of Medicare Allowable. It should be noted that this is not always the case and in some cases, the patient is not responsible for the remainder of the balance. The remaining 20% can be paid by the patient or by a secondary insurance (to include Medicaid). When Medicaid is the primary insurance, Medicaid uses the same Service Levels as Medicare but pays a flat rate instead of a percentage, with the flat rate being significantly less than the amount Medicare pays. The following table illustrates the rates Medicare and Medicaid pays for EMS services provided by Tri-Town EMS.

<i>HCPCS</i>	<i>DESCRIPTION</i>	<i>Medicare RATE</i>	<i>Medicaid RATE</i>
A0425	Mileage	\$10.79	\$2.60
A0427	ALS1 Emergency Base Rate	\$442.34	\$175.00
A0429	BLS Emergency Base Rate	\$372.49	\$145.00
A0433	ALS2 Emergency Base Rate	\$640.22	\$175.00

To clarify, the Medicare rate is Medicare Allowable, and Medicare pays 80% of that value. For example, for a transport at the ALS1 Emergency Level, Medicare Allowable is \$442.34 of which, Medicare will pay \$353.87. The same holds true for the mileage portion of the ambulance charges.

## OPERATIONAL COST

Tri-Town EMS has a rough operating cost of approximately \$750,000 per year. This figure includes the day-to-day operations of the Service coupled with allocating funds for future use to replace capital items. There is 8,760 hours in a year, giving the Service an hourly operational cost of \$85.62 per hour. Looking at the operational cost another way, COST per TRIP (EMS transport), the Service performs about 700 transports a year which will result in a COST per TRIP of \$1,071.43. When comparing the reimbursement rates of Medicare and Medicaid with the operating costs of the Service, it becomes evident that the reimbursement rates of governmental insurance is well below the operating costs of the Service, with Medicare (ALS1 Emergency) reimbursing about 33% of the operating cost per transport and Medicaid (ALS1 Emergency) reimbursing just 16.33% of the operating cost per transport.

## REIMBURSEMENT RATES

Reimbursement Rates are more complex than one would assume. To get an accurate reimbursement rate a service needs to have all the accounts closed out for a specific time period. For example a reimbursement rate for 2014 can be calculated with the assurance that the rate will not be adjusted no more than 3% in the future, as most funds that are going to be collected on an account have been and the remaining balance has for the most part been referred to collections or has been written off and any fund collected from a 2014 transport will be relatively nominal in comparison to the sum that has already been collected. In contrast, a collections rate for 2016 will be subject to significant adjustments in the future as there are two months' worth of revenue to be processed and collected in its entirety along with incomplete collections from a significant part of the year.

Defining reimbursement rates may also be misleading if the charges that are used in the rate is not well defined. Charges can be gross charges which would be the fees charges based solely on Tri-Town EMS' fee schedule and do not account for adjustments from Medicare and Medicaid. Total charges may account for Medicare and Medicaid adjustments, which would be significantly below gross charges. By using the second group to define "Charges" will result in a drastically different reimbursement rate than if gross charges were used. Then if from the second group of charges, a service, removes accounts sent to collection, hardship cases, and other account balances that can systematically written off, the value of Charges decreases even more resulting in an even greater difference in a calculated reimbursement rate. The point is, it is more important to define what is being compared and the reason for the comparison as opposed to vague statements or values that are not well defined.

Reimbursement rates are really only applicable to a service when comparing that service's data from one year to the next. Comparing one service's reimbursement rates to another may have limited value, but only when the reimbursement rate is well defined. However this does not take into account the social-economic demographic of a community which varies (sometimes significantly) from one community to the next, resulting in a varying payer spread. Communities with higher occurrences of Medicaid and Self Pay patients which have a much lower reimbursement rate than those communities that have a higher portion of the population with private insurance, regardless to how reimbursement rates are defined.

One final point to make about reimbursement rates, to achieve the highest reimbursement rate would mean to have the ambulance charges equal to or below MEDICAID reimbursement rates. That ensures the charges are at or below the level what all insurance agencies are going to pay and any patient balance to include self pays is such that most patients will be able to and most likely to personally pay. The trade off with having a desirable reimbursement rate is the revenues will also be greatly lower.

## TRI-TOWN EMS REIMBURSEMENTS

Tri-Town EMS has used ComStar Ambulance Billing Service since February of 2014 and ComStar provides weekly and monthly reports relating to their billing and collections activities. Starting January 1<sup>st</sup>, 2016, Tri-Town EMS put forth a rate increase. The true result of this rate change has yet to be seen and will be assessed later when all the revenue for 2016 has been collected, and then the data will be compared to 2015 to determine if the rate adjustment had any effect on the revenues for the Service. It is important to reiterate that when the rate adjustment was discussed in September of 2015, it was mentioned that it was not feasible to assume that the percent increase would directly result in the same percent increase in revenues.

With referencing the data in the following three (3) tables, Medicare and Medicaid patients represents well over 50% of the Services patient population. As a result, charges to these accounts have no real correlation to Tri-Town's fees for services, since the Service's rates are well above Medicare Allowable and Medicaid rates.

<b>2014 (11 Months)</b>					
<b>PAYER</b>	<b>TRANSPORTS</b>	<b>CHARGES</b>	<b>ALLOWABLE</b>	<b>COLLECTED</b>	<b>% COLLECTED</b>
Blue Cross	64	\$56,914.00	\$54,356.32	\$48,000.36	88.31%
Medicaid	59	\$52,226.00	\$11,138.00	\$6,003.00	53.90%
Medicare	308	\$276,892.90	\$157,250.13	\$148,624.23	94.51%
Other Ins.	71	\$63,279.60	\$60,234.75	\$51,018.63	84.70%
Self Pay - INS	57	\$49,981.00	\$50,009.16	\$15,463.83	30.92%
Self Pay	54	\$47,013.00	\$47,013.00	\$2,273.00	4.83%
<b>TOTAL</b>	<b>613</b>	<b>\$546,306.50</b>	<b>\$380,001.36</b>	<b>\$271,383.05</b>	<b>71.42%</b>

<b>2015</b>					
<b>PAYER</b>	<b>TRANSPORTS</b>	<b>CHARGES</b>	<b>ALLOWABLE</b>	<b>COLLECTED</b>	<b>% COLLECTED</b>
Blue Cross	48	\$46,156.00	\$44,289.52	\$39,015.30	89.57%
Medicaid	94	\$85,988.00	\$21,454.94	\$19,466.74	90.73%
Medicare	365	\$346,498.40	\$191,918.32	\$178,396.14	92.95%
Other Ins.	86	\$80,953.70	\$74,076.56	\$62,529.47	84.41%
Self Pay - INS	66	\$63,330.00	\$62,561.00	\$6,015.30	9.62%
Self Pay	41	\$37,945.00	\$37,945.00	\$1,638.00	4.32%
<b>TOTAL</b>	<b>700</b>	<b>\$660,871.10</b>	<b>\$432,245.34</b>	<b>\$307,714.23</b>	<b>71.19%</b>



2016 (10 months)					
PAYER	TRANSPORTS	CHARGES	ALLOWABLE	COLLECTED	% COLLECTED
Blue Cross	72	\$84,550.00	\$80,380.59	\$38,811.36	48.28%
Medicaid	74	\$86,310.00	\$16,045.45	\$15,080.85	93.99%
Medicare	274	\$316,998.00	\$140,848.75	\$123,163.08	87.44%
Other Ins.	103	\$120,784.00	\$101,140.90	\$71,876.76	71.07%
Self Pay - INS	34	\$39,440.00	\$38,799.08	\$3,579.08	9.22%
Self Pay	58	\$69,520.00	\$69,520.00	\$3,180.00	4.57%
<b>TOTAL</b>	<b>615</b>	<b>\$717,602.00</b>	<b>\$446,734.77</b>	<b>\$255,691.13</b>	<b>57.24%</b>

Using the equation (ALLOWABLE CHARGES / \$ COLLECTED), the Service has a Reimbursement Rate for private insurance payers well about 80% for 2014/2015. As stated earlier, the vast majority of the funds that is going to be collected for these accounts has been collected. It is a reasonable conclusion that 2016 will see similar reimbursement rates by mid-2017. Looking at the "Self Pay" lines for all years, there is a considerable decrease in the reimbursement rates. These accounts represent those patients who don't have health insurance, had the claim denied, or have copays or deductibles.

When the Service gets involved in attempting to collect on accounts that are on the Disposition Report, certain common issues become apparent. Some of the most common are:

- Patient is financially unable to pay ambulance bills
- Ambulance bills are usually applied to the patient's deductible ahead of other medical bills.
- Patient's don't understand they need to pay their deductible
- Insurance Checks are mailed directly to the patient (they either cash them or hold on to them not knowing what to do with them)
- Bad address and other bad information.

Since 2014, the Service has put forth great effort to have the EMS providers obtain insurance information to include obtaining the "face sheet" from the receiving hospital to help with the billing process. This coupled with pushing documentation standards forward gets the service to a reasonable limit of what can be expected from the EMS providers as it relates to billing.

To date, Tri-Town EMS has referred over a hundred accounts to First Financial Resources for collections with no revenue being generated from those referrals. As of yet, there is not information to report as to the reason why.

## SUMMARY

The concern of low reimbursement rates has been raised in numerous Tri-Town EMS Board of Directors meetings. This report is an attempt to provide a better understanding of the dynamics of ambulance billing and the reason for what is considered to be low reimbursement rates.

Tri-Town EMS fee schedule is at about the 50% mark for ambulance services in the Southern New Hampshire area, with rates that are significantly greater than Medicare Allowable and Medicaid Rates. The Services fees are still below that of which the Service would need to be self-sufficient and thus needs to rely on funding by both towns.

More than 50% of the Service’s patient population has either Medicare or Medicaid (or both) as their health insurance. Medicare Allowable is less than 50% of what the Service charges for services, and Medicaid rates are less than 20% of what the Service charges. In considering Medicare and Medicaid reimbursements with the Service’s payer spread, it is a reasonable conclusion that the Service’s overall reimbursement rate, when using the gross charges, would be at or below 50%. Then add the patients who are listed as “Self Pay”, who are the least likely to pay for EMS services, and now the expected reimbursement rate, when using the gross charges will be below 50% and the following table illustrates that point.

<b>YEAR</b>	<b>GROSS REIMBURSEMENT RATES</b>
2014	49.68%
2015	46.56%
2016	35.63% (incomplete year)

Patients who are “Self Pay” represent the portion of the Service’s patient population who are significantly least likely to pay for ambulance services. Each year listed, this group accounts for over \$80,000 in uncollected revenue. Referring these accounts to First Financial Recourses (collections) has not been fruitful as of yet.

### RECOMMENDATION(S)

When looking at the payer spread, the group of patients who are the least likely to pay for ambulance service and who have the greatest potential to increase revenues, are the patients who are “Self Pay”. Starting in January 2017, Tri-Town EMS will be sending every patient, by mail a survey card and notice of privacy practice. Because of other processes that will be employed at the beginning of the year, it will be easy to identify these patients before ComStar even has a chance to start the billing process. Along with survey and privacy practice, the service can send a payment plan application to these patients. Payment plans are put into place in coordination with ComStar to send monthly bills to the patient.