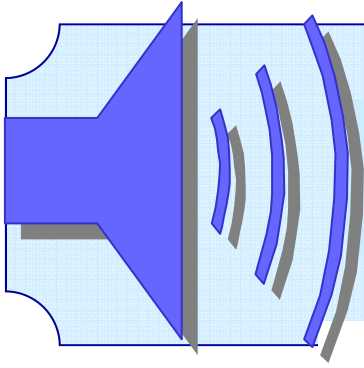


AccuMed Billing, Inc.

The Siren

Summer 2005 Edition

HIPAA SECURITY RULE GOES INTO EFFECT



Since 1989

CONTACT US

TOLL FREE

800 926 6985

Fax

734-469-6319

As of April 20, 2005, the HIPAA Security Rule is in effect. The rules are the same as the HIPAA Privacy Rule regarding who is covered by this requirement. Essentially, any health provider who bills Medicare electronically has to comply with the Security Rule.

The Security Rule deals with *electronic* PHI (Personal Health Information) while the Privacy Rule deals with PHI in all forms.

The basic standards of the HIPAA Privacy Rule are as follows:

Providers need to protect all electronic PHI it creates, transmits, and maintains for confidentiality. This covers e-mails and information on computers within the ambulance service. Providers should limit access, password protect information and keep in mind the "minimally necessary" sharing of information just as in The Privacy Rule.

Steps should be taken to assure that information is protected from any threats that can be logically anticipated (i.e. secure off-site storage in the event of damage caused by fire or catastrophic damage caused by weather).

Electronic PHI must be protected from any reasonably potential disclosure or uses not permitted under the rules.

As with The Privacy Rule, staff should be trained for compliance with the Security Rule and this covers all staff including volunteers. Any new hires should be trained as soon as possible.

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We're on the Web!

www.accumedbilling.com

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AccuMed Extends Hours



In order to better serve the needs of our client and patients, we have adjusted our hours.

8:00 am-6 pm EST

7:00 am-5pm CST

Monday through Friday



The Importance of Documenting Dispatch And Other Critical Information

Page, Wolfberg, & Wirth, LLC

Two of the major factors in determining reimbursement (especially for Medicare) are based upon the following questions: "What was the nature of the call at dispatch?" and "Why did the patient require ambulance transport?" The information you get *before* the trip can make all the difference in the world to your billing and compliance efforts.

Emergencies

Call Intake

Dispatch protocols, approved by the medical director, should function to differentiate as much as possible between ALS and BLS calls that come into the dispatch center (and between emergent and non-emergent --- since a protocol that sends an ambulance to every conceivable call as an "emergency" for billing purposes may be frowned upon by Medicare). Documenting the nature of the information received at the time of the call to demonstrate adherence to the protocols is vital, as it may be the basis to bill at a higher rate when there is the immediate response to a 911 call. The nature of the call at dispatch --- the reported condition of the patient --- is also essential to document since that is a key factor in determining when an ALS ambulance with a paramedic on board should be dispatched.

Dispatch

When an emergency response is deemed appropriate by dispatch, the first entry on the PCR should reflect that fact, as it should read, "Responded immediately to emergency dispatch from 911 for a reported unconscious person." It is best to document this point before moving into the assessment of the situation and patient when you arrive --- "Upon arrival found a 66 y/o male with a chief complaint of chest pain." This type of documentation has become more important than documenting "response with lights and sirens," since use of lights and sirens does not determine if the call is an emergency or not for purposes of Medicare billing.

The documented findings by the crew on scene may turn out to be vastly different than what the dispatch suggested, but the nature of the dispatch must be documented on every PCR. Likewise, recording on the PCR the time of the call, time of the dispatch, and time of the arrival on scene will be important to demonstrate the emergency nature of the response and that the unit did in fact "respond immediately," which is a requirement for billing Medicare at the emergency rate.

Billing

Was It an Emergency Response?

Medicare now emphasizes the nature of ambulance dispatch in its "emergency response" definition. Where an ambulance supplier immediately responds to a 911 call, reimbursement can occur at a higher rate than for a non-emergency response. Of course the call must meet "medical necessity" requirements in order to bill Medicare and many other insurers. Medicare now has different payment levels for emergency and non-emergency transports, and an emergency response occurs when there is a 911 type dispatch and the ambulance responds immediately or within a few minutes of the dispatch.

Did the Call Require A Paramedic?

EMS can be billed at the higher ALS rate when there is an emergency response to a 911 type call where the response --- based on the dispatch information and nature of the call --- warranted a paramedic to respond. That is why dispatch information on the nature of the call must be clear and accurate and properly recorded on the PCR.

If an advanced assessment of the patient was performed by a paramedic, the fact that a paramedic assessment was done must also be clearly documented. The fact that the PCR has the crew names and their certification levels and one of the crew members is a paramedic does not really indicate that a paramedic assessment was performed. It just means that a paramedic was on the call. If a paramedic conducted a head to toe assessment of the patient, then that assessment should be documented along with the name of the paramedic who conducted it. For example, in that case the physical exam section of the narrative on your PCR should start out something like this: "Paramedic assessment (or ALS assessment) was performed by Paramedic Jones."

In sum, the critical points of emergency call documentation under the new Medicare rules are: 1) the nature of the call at time of dispatch ("man down," "chest pain," "motor vehicle accident"), 2) the type of response ("responded immediately to a 911 dispatch"), and 3) if a paramedic assessment was performed and who performed it ("Paramedic assessment performed by Paramedic Jones").

Non-Emergencies

Call Intake

Medicare and insurance companies scrutinize the need for an ambulance in non-emergency or routine transports more closely than emergency calls. Calls for routine and scheduled transports of a non-emergent nature must be appropriately recorded, in order to make complete and consistent documentation, and to support any claim for reimbursement that is eventually submitted.

In many cases more documentation is needed about the patient's mobility status (bed confined, sits in a wheelchair, uses crutches, etc.) and why ambulance transport is medically required.

This information, as well as confirmation that a Physician Certification Statement (PCS) has been completed and signed by the physician or other appropriate health care professional, is essential call intake data for non-emergency calls.

The trouble is, many skilled nursing facilities (SNFs) and other institutions have discovered just what they need to say to get you to send an ambulance (as opposed to using a wheelchair van). To keep one step ahead of these facilities, dispatch can ask for specifics to probe the extent of the patient's mobility status and medical condition, such as: "Does the patient use a walker?" "Is the patient confined to bed?" "Does the patient sit up in a chair or wheelchair without getting dizzy?"

Playing "20-questions" with SNFs and other facilities may take some time to get used to, but will be well worth your while to prevent you from sending an ambulance for a non-medically necessary request, from having to gather this information after the fact, or from improperly billing Medicare for Part B services.

Non-emergency billing is perhaps one of the most challenging areas for ambulance services. Dispatch should have a tracking system to monitor whether a current PCS is on file, to assure that medical necessity can be demonstrated. Your CAD system, perhaps with some modifications, can be used for this purpose. Unfortunately, Medicare and insurance companies often rely excessively on whether the patient is bed confined or not, and not on the patient's medical condition as to why ambulance transport was needed. This often puts ambulance services in an uphill battle when defending non-emergency ambulance transports that were paid. Documentation, from the time of dispatch to the return to the station, is critical to justify the decisions made related to transport and billing. Where non-emergency billing is apparent, additional information learned at call intake (such as medical necessity, PCS, treatment being provided) and clearly documented on the PCS will help operations run smoothly and efficiently.

Conclusion

There are many areas of documentation that are not covered in this article. And an overriding point to remember is that all documentation should be accurate and truthful. False entries or filling in entries later to make them look like they were filled in at the time of the call spells trouble and could have serious legal implications. When thinking about documentation on each run the focus should be on the patient's condition and your assessment and treatment --- not what needs to be documented to get the claim paid by Medicare or insurance. There may even be cases where, after your documentation is reviewed by billing staff, the transport will not be billed because the basic requirements like "was the transport medically necessary" may not always be met. But ambulance crews should at all times err on the side of transporting a patient, unless otherwise instructed. Billing issues can be sorted out later.

Many billing errors begin with call intake and dispatch. Obtaining accurate information at this stage is important for the provision of proper treatment and receiving reimbursement. Ambulance services should ensure that they maintain adequate documentation of each call, and make it available to their billing staff. By implementing thorough call intake procedures critical informa-

tion will be known up front. That makes the treatment and billing more efficient and legally sound. Improving your dispatch documentation and call intake procedures and information gathering can also improve your agency's revenue stream. Focus on this often overlooked but vital part of operations as part of your next compliance audit or policy writing session.

Copyright 2005 Page, Wolfberg & Wirth, LLC. All Rights Reserved. Prepared for AccuMed, which has permission to reproduce it. PWW is a national EMS, ambulance and medical transportation industry law firm that represents private, public and nonprofit providers of all sizes across the United States. For further information contact Steve Wirth (swirth@pwwemslaw.com) or Doug Wolfberg (dwolfberg@pwwemslaw.com). Visit the firm's web site at www.pwwemslaw.com.

When Protective Health Information (PHI) is requested by Subpoena

Since the implementation of the Privacy Portion of HIPAA, many ambulance providers have questions about releasing information when they receive subpoenas that are not accompanied by court orders. These are situations when the ambulance supplier is not a party in the litigation.

As part of your HIPAA Privacy Program, you should have written policy and procedures in place outlining how these requests will be handled.

These requests should have a written statement and ancillary documentation from the party seeking the information that reasonable efforts have been made to either ensure that the patient who is the subject of the subpoena or lawful request has been notified or the requester has made reasonable efforts to secure a protective order for the information **or**

The ambulance provider makes a reasonable efforts to notify the patient(s) who is the subject of the subpoena or secure a qualified protective order.

Ambulance Providers must make reasonable efforts to limit the information given to the "minimum necessary" to respond to the request.

Sufficient Notice to the patient is defined as written documentation that demonstrates:

- ▶ A good faith effort was made to notify the individual (s) by mail or if their location is unknown, to mail a notice to last known address.
- ▶ The written notice should include enough detail on how to raise an objection with the court or legal body involved.

(cont pg 4-Supoenas)

Supoena (cont. from pg 3)

► Documentation demonstrating that the time has lapsed for the patient to raise objections and no objections were raised.

The definition of a qualified protective order is an order of a court or administrative (or a written stipulation by the parties) that prohibits the use or disclosure of protective health information (PHI) for any purpose other than the specific litigation process involved and requires that the PHI be returned to the covered entity (in this case the ambulance provider) or destruction of the PHI including copies. The party requesting information must provide a written statement and accompanying documentation demonstrating:

► The parties involved have agreed to a qualified protective order and have presented it to the court or administrative tribunal; or

► The party seeking the protected health information has requested a qualified protective order from the court or administrative tribunal.

This article is for information purposes only and is not legal advice. All HIPAA policies and procedures should be checked by your organization's legal departments.

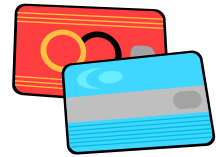
AccuMed Team Bowls Them Over!!!!



For a second year in a row, AccuMed has proudly sponsored an employee (and friends) bowling team. While our staff members Lisa Walsh, Theresa Zakrzewski, and Patti Gavin strive for accuracy and excellence in their work performance at AccuMed; their outside activities have a different focus. Enjoying friends and fun are the goals on bowling night! Leaving competitiveness to other teams in the league, our women are Number 1 when it comes to fun! The minor fact that all the other teams finished ahead of them is just inconsequential. We would miss them too much if they got serious about their sport and left us to tour with the PWBA!

NATIONAL PROVIDER IDENTIFIER PROCESS BEGINS!

The Centers for Medicare and Medicaid Services (CMS) has announced the availability of a new identifier for use in the standard electronic health care transactions. The National Provider Identifier (NPI) will replace all other separate provider numbers you currently use for each health insurance provider with which you file claims. All health providers covered by HIPAA will have to use this new identifier by May 23, 2007 (some small providers will have until May 23, 2008). AccuMed Billing is preparing for this requirement. We will assist all our clients with applying for their NPI and guidance on how to safeguard the number. There will be a way to submit the application for the NPI electronically starting in Fall of 2005. Stay tuned for additional information about this process and please be assured that AccuMed will be ready for this change.



Credit Card Program Available

In our last edition of the Siren, we announced a new option for our clients to assist in revenue recovery. Merchant Solution contacted each of our clients that sent back a form indicating interest in accepting credit card payments.

Although there is a cost to offering patients the option of paying by way of credit card, we believe that the benefit in revenue recovery will far-out-weigh the cost of the program. written off as a bad debt by your service. In fact, the cost is a fraction of the cost of bad debt or collection agency commissions.

In today's culture, it is rare to find any product or service that does not permit the option of paying by credit card. Grocery stores, fast food chains, utility companies, physician offices, hospitals and even car washes all offer this service.

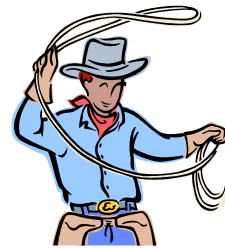
This option is particularly beneficial when you pick of patients residing in other countries. A credit card number and expiration date will enable AccuMed Staff to enter the credit card payment and the funds would be electronically deposit into the ambulance supplier bank account by the end of the next business day.

A patient benefits by not having to

pay the entire claim all at once but may monthly payments on his or her credit card but your ambulance fee will be paid in full.

To learn more, please contact Jan Tjernlund at AccuMed 800.926.6985 ext. 207 and a representative from Merchant Solutions will contact you.

KEEP ACCUMED IN THE LOOP!



When ever you have any staff changes or if you move, we need to know. If you move, we often have to notify insurance carriers of your new address and from time to time, we use Federal Express or UPS to get information to you and PO Boxes don't work.

Also, if your phone system changes or you are assigned a new area code, please call us with that information.

As always, we remind you to send us your new ambulance license as soon as it comes.

In addition, if you are revising documents or raising fees please inform us in writing.

Have a letter from Blue Cross or Medicare and you don't know what it means? Please fax it to us!

FAX any updated info, letters from insurance, or new licenses to:

AccuMed

Attention: Jan Tjernlund

734-479-6319

Or e-mail

jant@accumedbilling.com

Security (cont from pg 1)

As with all segments with HIPAA, your policies should be reviewed and revised as needed. When technology is updated such as hand held devices for run documentation or other electronic delivery and maintenance of PHI; new policies should be developed so PHI is not inadvertently compromised.

There are resources to assist providers in maintaining and achieving compliance.

It is important to take steps as promptly as possible to have your ambulance service within the guidelines of HIPAA. There are fines and criminal punishment for HIPAA violations.

If you need some information and assistance; please call Jan at 800.926.6985 ext. 207.

AccuMed is in compliance with the HIPAA Security Rule as is our billing software. Any inquiries about our software compliance can be answered by Theresa Zakrzewski at 800 926 6985 ext. 219. Theresa is our Systems Administrator and HIPAA Security Officer



DISCLOSURE OF PATIENT INFORMATION TO LAW ENFORCEMENT

You are a municipal Fire Department providing ambulance transport and your city's police department comes over and asks for a copy of your run report. What do you do? Are you permitted to disclose this information? Are you required to disclose the information simply because the police department says they need it? You're covered under the same Tax ID, so wouldn't that make it automatically permissible to supply the requested run report? These are questions that AccuMed is hearing frequently since the HIPAA Privacy Act has been in existence. These questions have complex answers and we recommend that your ambulance service address these issues with your legal department and have a written policy that outlines what may be disclosed and under what circumstances.

HIPAA sets minimum protections for Protected Health Information and if State Law is more restrictive, the State Law supercedes HIPAA.

It is important to note that PHI is disclosed in response to a request, court order, warrant, summons or subpoena. The Ambulance provider can not initiate disclosure. Requests do not need to be in writing but a written procedure for responding to oral request is recommended. All PHI released for purposes other than for treatment, payment & operations (TPO) should be documented according to written policy.

Disclosure can be provided at the request of law enforcement for identification or location of the following classification of individuals:

Suspect, Fugitive, Material Witness or Missing Person

In keeping with the "minimum necessary" requirement of disclosure under HIPAA, the following PHI may be disclosed.

- *Name*

- *Address*

Date and place of Birth

SS Number

Blood Type

Type of Injury

Date and Time of Treatment

Date and Time of Death (if applicable)

Description of distinguishing physical characteristics

This is a very brief overview and a thorough review of the HIPAA Privacy Rule by your administration and legal department is strongly recommended.

PHI can be disclosed to law enforcement with patient consent and in those circumstances, the release of information would follow your department guidelines for release of information.

This article is for informational use only and is not legal advice. You should consult your own legal counsel for assistance in establishing your HIPAA policies.

ACCUMED BILLING STAFF DIRECTORY

800-926-6985

Michelle Leonard, President
Extension 203
michelle@accumedbilling.com

Ned Suddendorf, Vice President
Extension 215
ned@accumedbilling.com

Teri Smith, Operations Manager
Extension 222
teri@accumedbilling.com

Jan Tjernlund, Client Relations
Extension 207
jant@accumedbilling.com

Mike Todd, Client Development
Extension 220
mike@accumedbilling.com

Kate Melasi, Sales and Marketing
Ext. 226
kate@accumedbilling.com

Lisa Osorio, National Patient Accounts
Extension 213
lisao@accumedbilling.com

Jan Zmijewski, Accounts Receivable,
Reports
Extension 201
janz@accumedbilling.com

Lisa Walsh, Account Inquiries, Collections
Extension 212
lisaw@accumedbilling.com

Jason Zagresky,
Insurance Verification and Processing
Ext. 227
Jason@accumedbilling.com

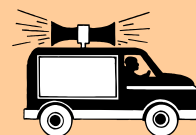
Barbara Hill, Coding ,
Documentation
Extension 223
barbarah@accumedbilling.com

Anne Sheets Statusing/Rejections
Extension 221
annes@accumedbilling.com

Theresa Zakrzewski
Systems Administrator
Extension 219
theresa@accumedbilling.com

Website
www.accumedbilling.com

Physical Address
19135 Allen Road
Suite 106
PO Box 2122
Riverview, MI 48192





PO Box 2122

Riverview, MI 48192

About AccuMed Billing, Inc.

AccuMed is in its 15th year of operation, providing emergency transport and fire service billing solutions to municipal fire departments and ambulance services nationwide. Compliance with local, State and Federal regulating authorities is one of our primary principles. Our record of zero (0%) in billing violations is a record that has served our clients well. In addition to billing for EMS Services, AccuMed can provide billing services for non-EMS related services relating to Motor Vehicle Accidents, Fire and Hazardous Materials.

Our state of the art software is specifically designed for the EMS/fire industry and we are dedicated to keeping up with the technological advances and challenges of increased regulation.

If you would like to know more about AccuMed Billing, Inc. and how we can serve your organization; please contact Mike Todd at 800.926.6985 ext. 220 for further information and a free and confidential evaluative forecast.

The Siren is a newsletter provided to AccuMed Billing Clients and Friends. If you would like to be added to the mailing list or have suggestions for future articles; please contact Jan Tjernlund, Editor at 800-926-6985 es5 207 or e-mail jant@accumedbilling.com,

