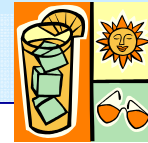
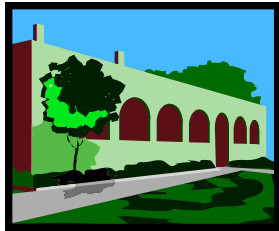


The AccuMed Siren

Summer 2007



Since 1989
CONTACT US
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734-469-6319



New Office in Ann Arbor

Here we grow again! As most of you are aware, AccuMed Billing is the parent corporation of AccuMedWeb, the developer of our web-based NEMSIS Gold certified field data capture solution eMEDICREPORTS. In addition, AccuMedWeb developed a fully integrated NFIRS data capture and reporting module, eFIREREPORTS.

To support the amazing growth and technology infrastructure of AccuMedWeb we have moved AccuMedWeb from AccuMed Billing Headquarters. AccuMedWeb Headquarters are now in the technology hub of Ann Arbor Michigan at the following location.

AccuMedWeb.com, LLC
315 E. Eisenhower Parkway, Suite 2
Ann Arbor, Michigan 48108
Phone: (734) 761-3400
Fax: (734) 761-4400

This move underscores the commitment AccuMed had made to ensure AccuMedWeb not only succeeds, but becomes the standard in EMS/Fire field data capture and reporting.

Please call AccuMedWeb to schedule a tour the next time you are in the Ann Arbor area. All AccuMed Contact information remains the same.

About AccuMed Billing, Inc.

AccuMed is in it's 18th year of operation, providing emergency transport billing and consultation services 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%) 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 full service pre-dispatch through fire collection billing and consultation solution allows AccuMed Clients to focus on patient-side operations as AccuMed comprehensively satisfies all business-side operations.

Our state of the art software is specifically designed for the EMS 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.

We're on the Web!
www.accumedbilling.com

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Municipal Fire/EMS Departments

Are You Feeling Blue over Diminished Revenue?

Feeling the crunch of decreasing income from the state and greater needs and expectations from your community? With prices of equipment and supplies ever increasing, you need to find a way to fund these needed programs for your citizens.

If your community is like most, tax increases are just about as welcome as a skunk at a lawn party. You may want to take a closer look at “cost recovery” options such as fire/rescue billing programs. Communities throughout the country are increasingly utilizing this method to help support their services. This does not require raising taxes and it provides some needed income with minimum impact on your residents. In order to obtain the funds necessary to continue to operate and provide the best possible public service, many fire departments across the country are turning to “cost recovery” options such as a “fire/rescue billing” program to supplement their existing financial support. With these programs, the fire department charges a fee to the user of the service based upon the nature of the response and the cost of the level of service provided at the scene.

For example, a fire department that responds to a motor vehicle accident (from a minor oil or anti-freeze leak, to a major extrication effort) could bill the persons receiving the fire department services. False alarms, house fires, HazMat clean-ups, and other fire department responses could also be billed, based upon the cost of the response. While some may feel that billing residents is “double dipping” (since residents may already be paying taxes, or contributing to annual fund raisers that cover fire response service), separate fire/rescue billing is justified for several reasons.

First, the billing shifts the economic burden onto the people that actually need or use the services of the fire department. While tax revenues cover some of the general operating costs, often tax support is inadequate to maintain a high level of service. With a fire/rescue billing program, residents (and non-residents, not paying taxes to the municipality or donating to the fire department) will pay for fire services only when these services are needed, creating a ‘user fee’ system similar to that which exists for ambulance services. The money received from fire/rescue billing can help offset the increasing costs of maintaining state-of-the-art fire department equipment and highly trained emergency response personnel. This program helps maintain and in some cases it can even improve the emergency services available to the community.

Second, by charging reasonable fees for fire/rescue services the risk of future tax increases to cover escalating public safety costs can be reduced. More of the costs for fire/rescue services could be covered through the collection of these “user fees” rather than through the imposition of increased local property taxes, potentially resulting in a tax savings over time.

Third, in most cases there will be little if any “out of pocket” cost to the citizen. Many insurance programs, like homeowners insurance, accident insurance and general liability insurance may already provide coverage for some of the key fire/rescue services provided by the municipality. The citizen already pays for this insurance, so submitting a claim to insurance is simply using the insurance protection that has already been purchased.

To summarize, there are many good reasons to consider implementing a fire/rescue billing program:

- Today’s financial challenges force community leaders to seek new opportunities to recover the cost for public safety services. Fire/rescue billing is a good source of supplemental funding to maintain the high level of emergency services that the public expects in an era of municipal service cutbacks.
- Tax revenue supporting fire and rescue services should be supplemented when possible to ensure the highest level of service to the public. Fire/rescue billing is a supplement to the existing financial support structure of the fire department and is not intended to replace current levels of tax support that are absolutely essential.
- Most residents are already paying for some of these benefits through existing insurance (like homeowners insurance). Submitting claims and receiving payment for services that are covered by these benefits is the fundamental risk/benefit of having insurance. These already paid for benefits can be used to maintain and improve existing fire/rescue services.
- In most cases, the individual citizen or taxpayer does not pay any “out of pocket” costs as available insurance plans would be billed directly for the service.
- Fire/rescue billing can help avoid future tax increases that would otherwise be needed to maintain emergency services in the community.

Many communities throughout the nation have successfully implemented fire/rescue billing programs and have seen the benefits of such a program. This has been a promising method to help maintain and improve emergency services protection in those communities.

AccuMed Billing, Inc. is a full service claims management solution that can provide assistance to fire departments that wish to pursue fire/rescue cost recovery billing for their community. If you are interested in implementing a fire/rescue cost recovery billing program, AccuMed is prepared to assist you in a variety of ways. Please feel free to contact AccuMed Billing, Inc. with any questions at (800) 926-6985.



Introducing Our New CIO

John Masters

John Masters was recently appointed Chief Information Officer for AccuMedWeb, L.L.C., in April, 2007. He brings more than 22 years of experience in the IT industry to the position.

Prior to joining the AccuMedWeb team, Mr. Masters worked as a Director of Application Development for a Midwest print-mail company, and as Vice President of Software Development and co-owner of Integral Software Systems, L.L.C. in Ann Arbor, Michigan.

With extensive training and background in systems development and project management, Mr. Masters will focus on product direction and development, and work to ensure the company's commitment to its clients in these areas.

Mr. Masters holds a degree in Computer Science and Business Administration from Northern Illinois University. His technical contributions have helped earn three US patents.

AccuMedWeb.com...”Data Capture in Motion”

In November 2005, the State of Michigan began to announce via Regional Seminars that it was working intently on the establishment of the criteria and methodology guidelines for an “electronic reporting” system. This system will be a mandatory electronic submittal and data collection program for gathering medical information from EMS providers statewide.

Let's fast forward to 2007. AccuMedWeb.com has come a long way since January of 2006. It is now its own entity and sporting the new company name of “AccuMedWeb.com”; and our EMS and Fire reporting products are trademarked respectively as “eMedicReports” and “eFireReports”. A new logo has been adopted along with our tag line of “Data Capture in Motion”.

Thanks to much hard work and dedication on the part of many people, we have received NEMSIS (National EMS Information System) Gold certification. What does this mean to AccuMedWeb.com and its potential users? It means that with the NEMSIS dataset as the standard set forth by the Federal Government, we have in place the infrastructure to submit any or all of the 450+ possible data-points to virtually any environment. AccuMedWeb.com, a NEMSIS Gold Compliant Software, is one of only a few select software providers positioned to provide data to the State of Michigan. We have also received certification to submit EMS data to the State of Indiana with more states to follow.

We are off and running with a number of clients now using the AccuMedWeb.com eMedicReports software. Currently, we have developed customized incident reports to accommodate Wayne, Oakland and Macomb Counties as well as the Tri-County area (Lansing area) incident report. We have also developed an incident report that is approved and being used in the State of Indiana. Our programmers are currently in the process of completing development of our “Utopia” incident report, our version of a one size fits all incident report that will capture all data-points required by the State of Michigan for EMS data collection.

AccuMedWeb.com will also be releasing our integrated NFIRS fire reporting software, “eFireReports” for beta testing in the very near future. We hope to have it ready for delivery in the third or fourth quarters of 2007. This is intuitive software and has the intelligence to know when to pass data back and forth between the EMS and Fire programs.

The last 14 months has been a whirl-wind of activity and very exciting times for us here at AccuMed Billing, Inc and AccuMedWeb.com. We look forward to talking or meeting with any person or group who may be interested in finding out more about this new and exciting way of submitting EMS and Fire data.

If you have any questions or would like a demonstration of AccuMedWeb.com, please feel free to give Randy Nebrig a call at (734) 479-6300 ext.236.

NPI Update

As most of you know, a NPI is required for billing electronically for Medicare and all other carriers. All of our clients have their NPI numbers to date. However, the Centers for Medicare and Medicaid Services (CMS) has informed AccuMed that some NPI numbers have irregularities (e.g. missing Medicare numbers, Medicaid numbers or using a letter “O” instead of the number “0”). Also your legal name must match what IRS has on file. As we have been notified that there is a problem with the file; we notify our clients and assist them in correcting the information.

Another part of the NPI requirements is that Medicare disclose the NPI data to the public under the Freedom of Information Act (FOIA). At this writing CMS has not yet announced when this data will be publicly disclosed in a downloadable file. The NPI will also be in the query-only database, the National Provider Identifier (NPI). If you have not received a mailing from us already; you may soon receive a list of your provider numbers including your Tax Identification number along with instructions on how to go on-line and double check your information to make sure the data is accurate. If you need assistance on how to update, change or delete data, you may call 1-800-465-3203.

This change in how claims are submitted is a major change but please be assured that AccuMed will do all we can to address issues promptly and assist you in any changes or processes.



Boring But Important!

Did your new license arrive in the mail? Change your mailing address or location? Key staff changes? Please keep us up-to-date. That also goes for letters from insurance carriers including Medicare and Medicaid. We're not being nosy, -we just need to make sure that there is no interruption in payment of claims or fail to address something because it wasn't brought to our attention. Forward via mail or fax (734-479-6319) to the attention of Jan Tjernlund. If you have any questions about something you receive; call Jan at 800 926 6985 ext. 207.

**Transporting Patients from Medical Facilities:
The Reimbursement Challenge of “Who Should Pay?”**

Deciding whether a facility or Medicare Part B should be billed for an ambulance transport is a common problem faced by many ambulance services these days. What some ambulance providers don't realize is that when there is a *non-emergency* transport from a hospital or skilled nursing facility, in some cases the ambulance provider should be paid by that facility --- and not Medicare.

For some transports where the reason for the transport is to seek treatment or services that are part of the patient's plan of care, the facility is technically already paid for this transport as part of the “per diem” payment it gets from Medicare. This daily or “flat rate” payment (covered as part of the hospital “DRG” payment, and the skilled nursing facility payment “consolidated billing” or “prospective payment system”) is intended to encompass all the basic services that the patient may need while admitted in that facility---including patient transportation in some cases. And when the ambulance service then bills Medicare Part B in these cases where the transport was really already covered in the daily payment, the government sees this as “paying out twice” for the same transport. This issue was covered pretty extensively in a Government Accounting Office Report issued on May 23, 2007 that can be obtained at <http://www.gao.gov/new.items/d07383.pdf>.

The recent efforts by Medicare to recoup improperly paid Part B funds have led to increased concern and awareness of this issue. As a result, many ambulance services are seeking ways to better identify when Part B should be billed and when the facility should be billed. This question has also been the subject of several recent CMS Open Door Forums.

Generally speaking, when an ambulance transport originates at a facility, it is important to make sure that there is both good call intake and crew documentation. Obtaining information up front and documenting information on the trip record will allow the billing personnel to make proper billing decisions. It is also critical to make sure that there is a good written agreement in place between the ambulance service and the facility. The ambulance service should take steps to make sure the facility knows when it will be “legally responsible” for payment. The times that the facility is responsible will vary depending upon whether the facility is a hospital or a skilled nursing facility. But the general rule of thumb is that if the patient is an “inpatient” then the trip is billed to the facility. Here are some other tips and pointers to help identify some situations when the facility (and not Medicare Part B) is responsible for payment:

For Hospitals:

- The “interrupted stay,” where the patient is temporarily transferred to another type of inpatient facility (e.g. psych hospital, long term care hospital, etc.), and then returned to the first facility within 24 hours;
- The “repeat admission,” where the patient is discharged from a hospital, then re-admitted on the same day for the same DRG;
- Round trip transfer to another facility for a service or procedure not available at the first facility, where the patient does not lose “inpatient” status at the first facility.

For Skilled Nursing Facilities (where the patient is in a “Part A” stay):

- Transports to a second facility for a service that is usually, and/or can be easily performed at the first facility without a patient transport (such as a blood draw);
- Transports to non-covered destinations (such as a physician’s office or diagnostic facility for a follow-up visit or procedure);
- Transports to a second facility for certain diagnostic and therapeutic services (such as Chemotherapy, radioisotopes, prosthesis, barium swallow, transfusion, hyperbaric oxygen);
- Transports to the patients home with a return transport to the facility before midnight on the same day;
- Transport to a second facility for the patient to receive services covered under the patient’s plan of care (such as physical, occupational, or speech therapy).

Usually, all other types of transports will be billable to Medicare Part B, some examples (for the skilled nursing patient) include:

- Initial admission and final discharge from the SNF
- Transport for dialysis
- Transport for emergency services at hospital ER and return trip back to the facility (assuming medical necessity is met)
- Transport of SNF patients when Part A stay is exhausted
- Transport to/from hospital for: MRI, CT scan, ambulatory surgery, cardiac catheterization, radiation therapy, angiography, lymphatic and venous procedures

As with most Medicare procedures, the rules here are rather complicated and subject to interpretation. The AccuMed billing staff is ready to assist you and to help ensure that in the future, you don’t get stuck paying money back to Medicare for those transports that should have been billed to the facility. For more information, contact Jan Tjernlund.

This article was prepared by attorneys Dan Pedersen and Steve Wirth, of Page, Wolfberg & Wirth, LLC, the National EMS Industry Law Firm™ They can be reached at dpedersen@pwwemslaw.com or swirth@pwwemslaw.com.]

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