
How better data collection drove increased reimbursement for Dallas Fire.

When the Dallas Fire Department faced new Medicare requirements, they realized they needed a better solution for viewing and analyzing compliance data. Digitech's PCR Lens™ was the answer.

Background

The 2,000 full-time employees of the Dallas, Texas Fire Department share a 40-year history of a fire-based system to a population of 1.23 million people over a coverage area of 385 square miles. Their Rescue unit consists of 32 frontline “Rescues” (ambulances), nine peak-demand Rescues operating between the hours of noon and 10 p.m. on weekdays, and noon and 3 a.m. on weekends, and four paramedic-staffed engines located in outlying areas of the city. Staffing for all Rescue units is two firefighter/paramedics.



Challenge

As with many urban EMS services, Dallas has seen an increase in the number of calls for service received in recent years, concurrent with an increase in the general population and a disproportionate rise in the elderly. In addition to staffing up for the increased volume, the department faced another challenge: more stringent requirements for data collection, especially in the area of Medicare billing.

In order to get reimbursement for services, the Dallas FD had to meet the U.S. government's new, higher standards for Medicare billing. When Kurt Steward came on as the assistant director of the Dallas FD to improve the situation, the knowledge gaps were daunting: there was no way to measure employees' collection of necessary billing information, overall clinical performance, or to perform clinical evaluation and Quality Assurance checks on their data collection efforts. Steward and Mary Elliott, who had been brought in to take charge of compliance, knew the department needed both a better way to measure the quality of data collection and a means to improve it.

Solution

In early 2011, Steward and Elliott began to seek different software-based solutions for evaluating compliance and performance. They wanted the system to improve patient care not only by analyzing clinical performance, but also by tracking which areas were seeing higher demand and therefore required more resource allocation.

After reviewing several possibilities, the department settled on the Digitech® software solution Ambulance Commander®, which allowed the integration of ePCR data into a centrally managed resource with sophisticated dunning tools, real-time eligibility verification, automated procedure coding, and more. *“We always had this information,” Steward said, “but Digitech allowed us to access it easily and on a real time basis.”*

Elliott noted that the department had previously used a software solution with limited reporting capabilities. *“We could see general data,” she said, “but not on an individual level. We wanted a high bell curve, to be able to identify and reward high-level performers, but also to identify lower-performing individuals and target our training budget more efficiently and effectively.”*

Fortuitously, Digitech was then building out a new feature that would provide that visibility. *“PCR Lens started as sort of a brainstorming project suggested by our CEO Mark Schiowitz about methods we could use to give our clients more feedback on their data collection,” lead developer Maxwell Dekle said. “We took our rough ideas to several different clients, and based on what they saw and what they told us, we spec’d out a general feature set that we were confident would address everyone’s requests and concerns.”*

The company contacted Steward and Elliott in December 2012 to ask if they might be interested in testing a new Ambulance Commander component called PCR Lens™. The new module, which integrated billing and dispatch information as well as ePCR data, enabled a vast array of reporting possibilities, allowing instant comparison of individual medics’ performance on collection billing information both historically and over a given time period, measuring compliance against protocols in order to identify areas where training was needed, and even sharing data with other agencies that use the component so as to learn from each other’s best practices.

Steward and Elliott agreed, and the department fully implemented the module by the end of the month.

“When we brought this online,” Steward said, “we were looking at this from three sides: our business division, our compliance division, and our operations division. We needed to have a dialogue between compliance and business, which PCR Lens made possible.”

“From a metrics standpoint, we were making a concerted effort to combine the needs of the three divisions into one place,” Steward said. “For billing, we started analyzing how well our medics were acquiring signatures from patients, whether or not they had included a social security number, if the home address of the patient was entered in a proper format, and how accurate the data was – all those things which are required to successfully collect from insurance, especially Medicare.”

“We also checked the quality of care that they were providing, from an operations standpoint, by checking how thoroughly they were documenting their assessments and interventions,” said Steward.

Elliott concurred, citing an example from a recent newsletter sent out to their EMS providers: *“I did a compliance chart in it, and it was able to show non-billable claims as a result of improper or incomplete documentation. We really stressed to folks that the patient is on the hook if the providers don’t collect all of the data needed to bill their insurance, and how important it is to collect that information as a result. After we sent out that newsletter, and did some training on collection, the rates of non-billable runs went down significantly.”*

Results

The department started seeing the benefits of PCR Lens’ data visibility quickly. From better performance assessments and greater Medicare reimbursements to learning from what other agencies were doing to improve their own operations, Steward said the whole department benefited.

“Our assistant chief was excited about this implementation,” Steward said, “because we started to see a big reduction in the number of person-hours required to analyze all of this data and prepare it for billing.”

“The field guys liked that we weren’t using a shotgun approach to dealing with areas for improvement,” he added. “By giving them the actual data that we’d collected, it helped to reduce some of the ‘us-vs-them’ mentality by highlighting the positive results of proper data collection, making it more of a two-way street. We didn’t make major changes in policy unless they were backed up by hard data which we could see through the PCR Lens reports.”

As far as real-world billing improvement, Steward said the results from using PCR Lens were remarkable. *“We went from over \$30,000 a month in unbilled losses to less than \$5,000, due to our ability to identify which providers were not collecting data, as well as validating the data which was collected in an after-the-fact capacity, and leading to a much higher level of Medicare reimburse-*

ment particularly.” He credits the increased reimbursements with reducing the negative effects of this year’s federal government shutdown.

Elliott also mentioned some of the benefits of the PCR Lens tool’s reporting capabilities. *“We have a report to a compliance committee, which shows our administrators at a glance where we are in terms of what level of service is being utilized over a given time frame, and shows other critical information such as the nonbillable claim percentage, internal billing percentage, the percentage of medical necessity forms (as compared to transport calls) being completed, along with our refunds issued, tracked live.”*

She highlighted one other excellent capability of the PCR Lens solution: *“Since Digitech allows (with permission from all involved) the sharing of data instantly with other agencies using PCR Lens, we can compare our data collection quality to other systems, to determine realistic targets for collections. That not only gives us a framework for the reality in other organizations, but it allows agencies to learn from each other, since we can run a report which shows our numbers next to those of other agencies and graph to see where they are doing better, and we can call them to ask what they are doing right.”*

“Some of the other benefits of the PCR Lens are also becoming apparent,” Steward said. “Our field guys have started to get reports on how well they and their stations are performing, which has led to much better communication on why compliance is important and how what they do on a call affects the resources we have later on.”

“Our administrators can now get a macro-level perspective not only to compare performance and volume, but really get a sense of how ‘big data,’ on the whole-department level, can be harnessed to make our system more efficient,” Steward said, “both for the ultimate goal of providing the best possible patient care, but also ensuring that we would continue to bring in as high a percentage of billed revenue as possible to fund our operations to the level that we want and need them to be.”

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