



*A Newsletter
From the Desk
of
Rick Martin*

Jan. 9, 2014



COMSTAR

Ambulance Billing Service

2014 CMS AMBULANCE FEE SCHEDULE UPDATE

The 2014 Medicare (CMS) fee schedule was released earlier today.

For those who like to dig into the details, the following is a link to the CMS 2014 Ambulance Fee Schedule Public Use File:

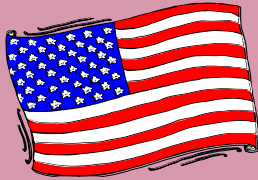
<http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AmbulanceFeeSchedule/afspuf.html>

The following is a summary of the year over year changes by State in the urban rates:

For all States, the mileage rate was increased by 1%

Base Rates increased by the following percentages:

CT	1.4%								
MA-01	1.4%	MA-99	1.1%						
ME-03	.4%	ME-99	1.5%						
NH	1.5%								
RI	1.1%								
VT	.9%								
NY-01	1.2%	NY-02	.9%	NY-03	1.3%	NY-04	1.1%	NY-99	1.2%



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Land of the Free
Home of the Brave*

BMM 9/11/2001

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**We are on the web at
www.ComstarBilling.com**

Excellence does
not begin in
Washington.

Ronald Reagan

2014 CMS AMBULANCE FEE SCHEDULE UPDATE
(Continued)

As reported in my last newsletter:

Congress (House - 12/12/13; Senate - 12/17/13) passed a budget agreement which contains a three-month extension of the temporary adjustments for ambulance services. President Obama has stated he will sign the legislation. Thus, the 2% urban, 3% rural and 22.6% super rural adjustments that were scheduled to expire on December 31, 2013 will continue through March 31, 2014.

The current 2% "sequester" will continue for the time being.

Separately, the Senate Finance Committee approved a provision to extend the temporary adjustments for five years. That will be addressed after Congress returns in January from its recess. The ambulance provision is tied to a very complicated proposal to scrap the Sustainable Growth Rate formula used to pay physicians. Thus, the 3-month extension noted above will allow Congress more time to resolve the long term physician and ambulance issues.

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**Believe you can and
you're halfway
there.**

Theodore Roosevelt

2014 ANNUAL AMBUALANCE BILLING RATE REVIEW PROCESS

As I have done in past years, I recommend that all clients review their rates annually and adjust their rates to reflect any increases in operating costs that you have incurred in the past year or project to incur in the new year.

Comstar's IT staff is currently updating our systems with the 2014 CMS rates published earlier today. Very shortly, I will initiate Comstar's annual fee schedule mailings and newsletters series. The objective here is to provide all clients information to make an informed choice on the at which they set their rates. Connecticut clients, it is understood that you will utilize the ambulance rates mandated by your state.

A question I routinely receive from clients is, "how high can I set my rates?"

There is no appropriate definitive answer to this question. The OIG guidance on this matter is to set rates to cover your costs..... One this I can do is provide general information on the rate setting patterns of Comstar's 200+ municipal client base. To that end, I have analyzed the current ambulance billing rates set by Comstar's clients. Below is the average rates for the highest 50 Comstar clients:

BLS-E	\$1,137
ALS-1	\$1,893
ALS-2	\$2,932
SCT	\$3,169
Mileage	\$30 per loaded mile

Please note, Comstar is successfully billing and collecting the fees set by **all** its current clients, **in full** (less applicable co-pays.....) without issue from non-contacted insurance carriers.

If your current rates are above the averages above, you do not have an issue. If your rates are below the averages above, you have a potential opportunity for revenue increase.

To discuss your specific situation, please contact me anytime via email, rick.martin@comstarbilling.com, or my direct line, 978-771-6482.

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By failing to
prepare, you are
preparing to fail.

Benjamin Franklin

Bundling Your Services Ambulance Billing Rates

Comstar is recommending that all clients that have not already done so, transition their rate structure from the traditional “a la carte” rate structure to a bundled rate structure.

Bundling rates will not result in higher total reimbursement of clean claims. Increasing rates could achieve this but this is not the intent of this specific advice. The intent here is to position your service well for the time if/when Obamacare becomes fully implemented and provider reimbursements begin to flow through Accountable Care Organizations, **ACO's**, (new managed care entities envision under the Obama plan).

We advise that presenting ACO's with a consistent and simplified fee structure that mirrors the current CMS fee schedule structure will position your service to attain its equitable portion of the funds allotted to the ACO for a specific (in its totality) patient care event.

Important Notes:

- 1) The specific cross walk from a la carte to bundle rates will be unique for each client as your rates and number of a la carte charges do differ. **Please contact me via e-mail, rick.martin@comstarbilling.com or my direct line, 978-771-6482, to discuss and map out your specific cross walk plan**
- 2) The cross walk process from a la carte to bundled is not intended to increase your rates but must be done thoughtfully and conservatively to ensure that your service does not unintentionally reduce its rates. Again, I can discuss crosswalk approaches that will assist you with this process when you contact me.
- 3) Your crews documentation and Comstar's coding requirements are not changed by bundleing of rates.
- 4) The transition to bundled rates from a la carte rates is a “industry best practice” recommendation for the reason previously stated. It is not a mandated change.

CT client, obviously, stick with the state mandated rates and structure.