



Georgia Trauma Commission

Right Patient, Right Hospital, Right Time, Right Means

EMS SUBCOMMITTEE ON TRAUMA

MEETING MINUTES

Thursday, 01 August 2013

Scheduled: 10:00 pm to 2:00 pm

Georgia Public Safety Training Center

Room 106

Forsyth, GA

CALL TO ORDER

Mr. Courtney Terwilliger called the August meeting of the EMS Subcommittee on Trauma to order in the absence of Mr. Ben Hinson who arrived later. The meeting was held at the Georgia Public Safety Training Center, Room 106, in Forsyth, GA and began at 10:00 AM.

SUBCOMMITTEE MEMBERS PRESENT	SUBCOMMITTEE MEMBERS ABSENT
Ben Hinson, Chair Subcommittee & GA Trauma Commission Member Randy Pierson – Region One Chad Black – Region Two <i>(Conference Line)</i> Richard E. Lee – Region Four Lee Oliver – Region Five <i>(Conference Line)</i> Blake Thompson – Region Six David Moore – Region Nine <i>(Conference Line)</i> Huey Atkins – Region Ten Courtney Terwilliger – GA Trauma Commission/EMSAC Keith Wages – OEMS	Linda Cole – GA Trauma Commission <i>(Excused)</i> Jimmy Carver – Region Seven <i>(Excused)</i> Dr. Leon Haley-GA Trauma Commission Pete Quinones- Region Three Craig Grace – Region Eight

OTHERS SIGNING IN	REPRESENTING
Paul Lundy Jessica Story Jim Pettyjohn John Cannady Dena Abston Tammy Smith Kristal Smith Kim Littleton	Warren Averett GH&I Consultants Warren Averett GH&I Consultants Georgia Trauma Commission, Staff Georgia Trauma Commission, Staff Georgia Trauma Commission, Staff Georgia Trauma Commission, Staff Region 5 RTAC GAEMS

WELCOME AND INTRODUCTIONS:

Mr. Courtney Terwilliger welcomed all who were present, acknowledging those present via conference line and thanking everyone for participating; Mr. Terwilliger indicated that Mr. Hinson was running late and requested that he Chair the meeting in his absence. Mr. Terwilliger then established quorum before proceeding.

02 MAY 2013 MINUTES APPROVAL:

The first order of business was the approval of the minutes from the May, 2013 subcommittee meeting.

MOTION #1 EMS Subcommittee 2013-08-01:

I make the motion to approve the minutes from the May, 2013 meeting as written.

MOTION BY:

Blake Thompson

SECOND:

Richard Lee

ACTION:

The motion **PASSED** with no objections, nor abstentions.

Mr. Pettyjohn introduced Ms. Dena Abston, Business Operations Officer for the Georgia Trauma Commission. Mr. Terwilliger questioned Ms. Abston regarding checks which were sent to the Commissioners general fund by mistake; Ms. Abston indicated that there was miscommunication regarding address which is in the process of being corrected.

FY 2013 EMS UNCOMPENSATED CARE AUDIT REPORT

Mr. Terwilliger introduced Mr. Paul Lundy and Ms. Jessica Story, indicating that they would be presenting their findings regarding the audit for uncompensated care funds.

Mr. Paul Lundy reviewed the Uncompensated Care Audit report and findings (*see attached*). Mr. Lundy advised that the first section detailed the report, followed by the procedures and then finally the findings recommendations and conclusions. Mr. Lundy explained the methodology used for testing, advising that the testing was conducted in tiers, the larger centers were tested on site, while the medium were conducted mostly via phone, email or fax, while the smaller centers were focused on less due to the smaller volume of claims. Specific procedures were followed by the guidelines of Senate Bill 60. Based on the first round of testing, 21 of 41 agencies were looked at, 7 of those were looked at a second time.

Ms. Jessica Story highlighted some key points of their findings, indicating that attachment B summarizes the exceptions that were found. The two key criteria with the most exceptions were section A (person had some type of insurance such as Medicaid or Medicare) and section C (third party payer involved such as workman's compensation, auto insurance, or settlement). Attachment B-2 (*Page 19*); Ms. Story reviewed the summary findings by location. Ms. Story then reviewed the claims that were not eligible for Uncompensated Care, and summarized the three tiers (*Page 24*) which showed 93% of the locations were tested, amounting to 89% of the claims dollars.

Ms. Story concluded her report by recommending that mileage for pick up to drop off points be included with the next audit. Mr. Lundy added that there was great cooperation with the agencies for conducting this audit. Discussion followed regarding the exceptions and recommendations and how mileage could possibly be tracked for this project, as well as difficulties which could arise.

TRAUMA COMMUNICATIONS CENTER UPDATE:

Mr. John Cannady reported that as of June this year, there have been 459 calls received at the TCC; this number is an increase from last year, and is expected to continue increasing with the addition of Region 1 participation. Mr. Randy Pierson agreed, adding that Region 1 was pushing to have their regional plan complete by the first of the year, which will include the requirement to utilize the TCC for trauma related calls. Mr. Cannady continued, adding that last year about 30% of the calls received came "after the fact"; this year that number has dropped to approximately 20%. The source of the calls has also changed, with about 4% coming from helicopter services last year, to the number jumping to 43% this year; primarily due to Air Evac's utilization of the TCC as a resource. Of those calls made to the TCC, about 89% meet TSEC criteria; all regions have participated this year with the exception of Region 10.

The RTAC Coordinating Group will be meeting after the upcoming Georgia Trauma Commission meeting, and is working to put out a poster to the community hospitals which will provide information regarding inter-facility transfers.

Mr. Cannady continued, advising that work is being done in effort to provide the Resource Availability Display (RAD) to EMS providers across the state. This will be done by email request from the provider and email training will be offered. Some of the Commission and staff have recently met to discuss the future of the TCC; discussions are ongoing between Dr. Ashley and Dr. O'Neal. Suggestions have included possible participation with GHA or GEMA. Mr. Cannady assured that everyone will be kept informed as the discussions continue.

Discussion followed regarding the poster which is being created, and what its purpose is. Mr. Terwilliger explained that this would be similar to the poster which was created by the Burn Center to inform smaller hospitals when they should transfer a patient.

(*Mr. Hinson entered the meeting, requesting that Mr. Terwilliger continue to Chair the meeting.)

Further discussion followed regarding the initial purpose of the TCC, and the difficulties that hospitals have when transferring patients. Various courses and training were also discussed, as well as suggestions for improving the trauma system. Conversation continued regarding the work of the RTAC Coordinating Group and Mr. Terwilliger invited the EMS Subcommittee members to participate in the next meeting; Mr. Cannady added that the next meeting will take place at GPSTC in the Library Resource Center, August 15th at 2:00 PM.

REVIEW OF CONTRACTED WORK: FY 2011 and FY 2012 FUNDING & PROGRESS UPDATE re FY 2013 EMS FUNDING:

Mr. Terwilliger provided some handouts to the group regarding work completed by GAEMS with Trauma Commission funding (*see attached*); he reviewed the handouts. The handouts provided included documentation on the PHTLS and ITLS classes funded by the Trauma Commission and the Office of Emergency Preparedness. The additional training in Advance Burn Life Support, Advance Trauma Life Support, Rural Trauma Development, and Trauma Nurse Core Curriculum were funded from monies provided by both the Trauma Commission and the OEP. Mr. Terwilliger provided this information so everyone could understand the strong partnership between the Trauma Commission and the SOEMS/T and the OEP to provide trauma training to all levels of providers.

Mr. Terwilliger reviewed the spreadsheet for the First Responder Grants, He pointed out that the GAEMS deliverables included providing 19 Emergency Medical Responder courses. The GAEMS has provided 22 of these courses at this point (116% of the deliverables). The completion rate for the students was 89%. Additional classes conducted included on that was primarily law enforcement, one that was taught for The Georgia State Defense Force, and one taught for the DNR; also Franklin County conducted a class,

Final Approved Minutes

but has not yet submitted paperwork for funding. Mr. Terwilliger indicated that he would like to gain approval to fund jump kits for the nineteen DNR ranges that completed the first responder class.

Mr. Terwilliger indicated the remaining funds would be utilized by Franklin County once the paperwork has been submitted, as well as the instructor courses.

Mr. Terwilliger also reported on the funding for the PHTLS and ITLS courses. The deliverables included providing 24 of these courses. We have completed 23 with one class postponed due to low participant registration. Of the 23 courses we have trained 442 individuals in these courses. We have also trained an additional 98 students utilizing OEP funding. The total trained in trauma related EMS course was 540.

Mr. Blake Thompson commented regarding some photos and letters that were submitted on behalf of an EMT who benefited from these classes. Discussion followed regarding the classes and who may benefit from them, citing that they are useful for industries as well.

Ms. Kim Littleton commented that in the FY 2012 First Responder Grants, all of the courses either have started or in progress with a set date to start. This continues through December, and all will complete by their deadline. For the Trauma Equipment Grant, all but \$47,000 have been utilized; the remaining funds will go back into residual funds for FY 2013. Mr. Terwilliger commented regarding confusion about where these classes have been conducted. To insure equitability the GAEMS, in its current Scope of Work, has elected to not disseminate an additional application for these grants. We will continue with the list of agencies that have requested grants. Using this methodology we will be able to provide funding to all agencies who have applied for the grant. There have been 42 submissions this year. Discussion ensued regarding the grants requirements and who it has been most beneficial to.

Mr. Terwilliger indicated that Mr. Pettyjohn had requested that there had been some requirements on the last page which has now been removed; the requirements are otherwise the same. Mr. Pettyjohn explained that some participation requirements were confusing and therefore removed until they could be re-evaluated. Mr. Huey Atkins recommended requirements for equipment grants to require specific equipment; Mr. Terwilliger agreed. Discussion followed regarding which items would be useful; suggestions were made for items such as IV warmers. Mr. Terwilliger asked if the September 30th target date was an acceptable submission date; there was no disagreement.

FY 2014 FUNDING:

Mr. Terwilliger indicated that he had met with Keith Wages and Angie Rios regarding the re-implementation of the GEMSIS meetings. Ms. Rios would like the group to consider assisting with travel expenses for personnel who may be able to assist in the training of the system.

MOTION #2 EMS Subcommittee 2013-08-01:

I make the motion to support the request made by Ms. Angie Rios to utilize FY 2013 GEMSIS funds to help pay educators or trainers expenses (FY 2013 executed GAEMS contract).

MOTION BY:

Blake Thompson

SECOND:

Richard Lee

*Quorum temporarily lost due to technical issues with the conference line. Mr. Hinson advised that he could present this to the Commission for consideration. Connection was retrieved and therefore a quorum was re-established

Final Approved Minutes

ACTION:

The motion **PASSED** with no objections, Keith Wages abstained.

Mr. Pettyjohn requested that Ms. Kim Littleton submit the request and he would put it in the contract.

Mr. Terwilliger requested the group brainstorm ideas for funding to improve trauma systems. The group will then take these ideas back to their respective councils and return to this Subcommittee with their suggestions.

Suggestions for evaluation included:

- How to measure effectiveness of how funds are spent.
- Governor's Office of Planning and Budget – look at how money is improving the trauma system
- Existing data/software support and trip report accuracy
- Penetrating trauma versus blunt trauma
- Study of injury deaths/death rate in rural areas versus urban areas
- What do the citizens need? What do the Paramedics/EMT's need?
- Uncompensated Care
- Classes (EMR/EMT)
- First Responder Training
- EMT Scholarships/two-year commitment
- Vehicle grants (ambulance)
- Equipment grants
- Feasibility study (logistics) – fund results
- Assisting GEMA with additional AVLS units
- Leadership classes
- PHTLS/ITLS classes
- Extrication classes

Mr. Terwilliger requested that each of the Subcommittee members review the options with their respective councils and obtain feedback. Another meeting will be scheduled for this group to reconvene for further discussion.

OLD BUSINESS:

None.

NEW BUSINESS:

Mr. Ben Hinson discussed the ambulance inspection program from Maryland, expressing that his research indicates that the required equipment is still less than Georgia's requirements. Mr. Hinson added that Georgia was providing a high level of care, and sometimes the comparison to other states is not valid.

Mr. Terwilliger commented that Mr. Blake Thompson left a letter with him and photos which was written by an EMT who expressed appreciation for the First Responder classes, which helped to save lives. Mr. Terwilliger provided the letter and photos to Mr. Pettyjohn to distribute as he deemed appropriate.

NEXT MEETING DATE AND ADJOURN

Final Approved Minutes

A suggestion was made to change the meeting date from Thursday to another day of the week due to scheduling conflicts. Mr. Terwilliger suggested everyone bring their calendars to the next meeting for discussion. Mr. Pettyjohn asked if the November meeting should be changed, the group decided to hold another meeting in September, and then reconvene with the regularly scheduled November meeting; and then discuss possible changes for future meetings.

Meeting adjourned at 12:01 PM.

Crafted by Tammy Smith

**GEORGIA TRAUMA CARE
NETWORK COMMISSION**

**VALIDATION OF UNCOMPENSATED
CARE CLAIM DATA- EMERGENCY MEDICAL SERVICES**

AGREED UPON PROCEDURES

For the Year Ending December 31, 2011



GEORGIA TRAUMA CARE NETWORK COMMISSION

TABLE OF CONTENTS

For the Year Ending December 31, 2011

Independent Accountants' Report.....	1
Attachment A – Validation of Uncompensated Care Claim Data: Procedures	2-5
Attachment A-1 – Additional Procedures Performed.....	6
Attachment B – Validation of Uncompensated Care Claim Data: Findings Summary.....	7-8
Attachment B-1 – Detail Findings by Location	9-18
Attachment B-2 – Summary Findings by Location	18-24
Recommendations and Conclusion.....	25



INDEPENDENT ACCOUNTANTS' REPORT

To the Georgia Trauma
Care Network Commission

We have performed the procedures enumerated on Attachments A and A-1, which were agreed to by you, solely to assist you with respect to the validation of uncompensated care claim data for the year ending December 31, 2011. The Georgia Trauma Care Network Commission and the Emergency Medical Services Agencies (as listed on Attachment A) management are responsible for the uncompensated care claim data submitted for these procedures. This agreed-upon procedures engagement was conducted in accordance with attestation standards established by the American Institute of Certified Public Accountants. The sufficiency of the procedures is solely the responsibility of the Georgia Trauma Care Network Commission. Consequently, we make no representation regarding the sufficiency of the procedures described on Attachments A and A-1, either for the purpose for which this report has been requested, or for any other purpose.

Our findings, documentation and recommendations for the procedures outlined in Attachments A and A-1 are outlined in Attachments B, B-1, and B-2, to this report.

We were not engaged to, and did not, conduct an audit or examination, the objective of which would be the expression of an opinion on the uncompensated care claim data. Accordingly, we do not express such an opinion. Had we performed additional procedures, other matters might have come to our attention that would have been reported to you.

This report is intended solely for the information and use of the Georgia Trauma Care Network Commission and the Emergency Medical Services Agencies and is not intended to be and should not be used by anyone other than these specified parties.

Warren Averett, LLC
WARREN AVERETT, LLC

May 29, 2013
Atlanta, Georgia

770.396.1100 MAIN
770.393.0210 FAX

ATTACHMENT A

VALIDATION OF UNCOMPENSATED CARE CLAIM DATA: PROCEDURES

Emergency Medical Services (EMS) Agencies that Submitted Uncompensated Care Claims for CY2011:

1. Angel Emergency Medical Service
2. Bartow County EMS
3. Ben Hill County EMS
4. Burke County EMA
5. Children's Healthcare of Atlanta, Children's Transport
6. City of Forest Park Fire & Emergency Services
7. Colquitt County EMS
8. Dawson County EMS
9. DeKalb County Fire and Rescue
10. Dodge County EMS
11. Dooly County EMS
12. Effingham County EMS
13. Elbert County EMS
14. Emanuel County EMS
15. EMS Ventures, Inc. d/b/a Rural Metro Ambulance
16. Event EMS
17. Floyd EMS
18. Gold Cross EMS
19. Grady County EMS
20. Grady Health System Ambulance Service
21. Gwinnett County Fire and EMS
22. Heartland EMS
23. Henry County Board of Commissioners
24. Houston County EMS
25. Jeff Davis County EMS
26. Laurens County EMS
27. Madison County EMS
28. Medical Center of Central Georgia EMS
29. Mid Georgia Ambulance Service
30. National EMS, Inc.
31. Oglethorpe County EMS
32. Peach County Ambulance
33. Pickens County EMS
34. Screven County EMS
35. South Georgia Ventures, Inc.
36. Tattall Community EMS
37. Thomas County EMS
38. Toombs-Montgomery EMS
39. Upson Ambulance Company, LLC
40. Wayne County EMS
41. Wilkes County EMS

ATTACHMENT A

VALIDATION OF UNCOMPENSATED CARE CLAIM DATA: PROCEDURES

Procedures:

The following are the agreed-upon procedures that Warren Averett, LLC (WA) was engaged to perform related to the EMS Agencies listed above.

1. WA will receive all EMS Uncompensated Care Claims Data (UCCC) data from individual EMS agencies based on the survey posted to the Commission website.
2. WA will review all submitted claims and select a sample of EMS agencies to test (based on the methodology described below).

We will stratify claim results by claims dollars and by claims volume using the following tiers:

- Large: \geq \$50,000
- Medium: \$15,000-\$50,000
- Lower: \leq \$15,000

3. WA will propose a sample of claims to test for each large tier location. WA will perform site visits and testing at each large tier location. Testing of large tier locations is expected to obtain coverage of total claims dollars/volume submitted of approximately 60 - 70%. The coverage % may increase or decrease slightly from this range based on the natural divisions within the actual claims data.
4. WA will also propose a sample of claims to test for each medium tier location. WA will conduct phone interviews/remote access testing at each medium tier location. Testing of medium tier locations is expected to obtain coverage of total claims dollars/volume submitted of approximately 10 - 20%. The coverage % may increase or decrease slightly from this range based on the natural divisions within the actual claims data.
5. WA will haphazardly select certain locations from the remaining lower tier locations and propose a sample of claims to test. The locations selected from the lower tier would range between 5 to 10 locations. WA will conduct phone interviews/remote access testing at these lower tier locations.
6. WA will review the proposed sampling plan with the Commission staff for their approval of the testing scope and final sample selection.
7. WA will schedule all EMS testing appointments for site visits or phone interviews/remote access testing.

ATTACHMENT A

VALIDATION OF UNCOMPENSATED CARE CLAIM DATA: PROCEDURES

8. For a select group of EMS agencies as outlined above, we will select a sample of the uncompensated care claims from the list collected above as follows:
 - a. For EMS agencies with less than 25 claims, WA will test 5 claims;
 - b. For EMS agencies with between 25 and 50 claims, WA will test 10 claims;
 - c. For EMS agencies with between 50 and 150 claims, WA will test 20 claims; and,
 - d. For EMS agencies with greater than 150 claims, WA will test 40 claims.

9. For each claim selected above we will view the electronic billing record (EBR) or systems comparable to the EBR to determine that as of the date that the data was submitted above that it meets the Commission's specified criteria for consideration as an uncompensated care claim. The criteria are as follows:
 - a. The EBR shows the patient had no medical insurance, including Medicare Part B coverage.
 - b. The EBR shows the patient was not eligible for medical assistance coverage.
 - c. The EBR shows that the patient had no medical coverage through workers' compensation, automobile insurance, or any other third party, including any settlement or judgment resulting from such coverage.
 - d. The EBR shows that the patient has not paid more than 10% of total charges after documented attempts by the EMS agency to collect payments.
 - e. The EBR shows that there were no third party payments received.

10. For each claim selected in our sample (as defined above), WA will determine that the EMS agency has documented attempts at collection using the documentation that is available at each agency.

11. WA will consider the additional clarifications approved by the GTCNC listed below:
 - A. Claims deemed qualified under the GTCNC uncompensated care definition:
 - a. Cases where financial counselors at the EMS agency determined that the patients qualified for a charity program offered by the agency whereby the account was written off and further attempts to collect were not made.
 - b. Cases where patients were victims of a crime and the EMS agency received a small payment up to 10% of charges from a third party charity.
 - c. Cases where patients were undocumented aliens and the EMS agency received a small payment up to 10% of charges from a third party charity.
 - d. Cases where insurance could not be verified.

ATTACHMENT A

VALIDATION OF UNCOMPENSATED CARE CLAIM DATA: PROCEDURES

- B. Claims deemed NOT qualified under the GTCNC uncompensated care definition:
 - a. Cases where the patient expired and the EMS agency did not attempt to collect.
 - b. Cases where patients received settlements directly but did not pay the EMS agency after repeated collection attempts.
 - c. Cases where there was a reciprocal agreement with another party for exchange of services and the EMS agency did not attempt further collection procedures.
 - d. Cases where claims are sold to collections agency.

ATTACHMENT A-1

ADDITIONAL PROCEDURES PERFORMED

WA discussed the findings summarized in Attachment B and presented in detail in Attachment B-1 from the execution of our agreed-upon procedures as described in Attachment A with the Executive Director for the Georgia Trauma Care Network Commission. As a result of this discussion, WA was engaged to perform the following additional procedures:

1. Provide each EMS agency with the findings from our agreed-upon procedures as described in Attachment A. See the information that was provided to each EMS agency in Attachment B-1.
2. Request revised lists of uncompensated care claims from the following EMS agencies:
 - Grady Health System Ambulance Service
 - Gold Cross EMS
 - Dekalb County Fire and Rescue
 - Gwinnett County Fire and EMS
 - Medical Center of Central Georgia EMS
 - Emanuel County EMS
 - Madison County EMS

These revised lists should be duplicates of the original list provided to WA minus any claims that were identified in our agreed-upon procedures (AUP) to be in error (re: Attachment B Findings A through E in our report).

3. Compare the revised lists received above against the original lists received to ensure that errors WA noted in the AUP were eliminated (along with any other claims that the EMS agencies identified as erroneous) and that there are no new claims added to the list.
4. Revise WA AUP report to report the updated uncompensated care claims for each EMS agency. Results are presented in Attachment B-2.
5. Provide our draft report to the Georgia Trauma Care Network Commission.
6. Make any additional revisions to our draft report as requested by the Commission.

WA performed only the procedures outlined in Attachments A and A-1 and did not perform any additional procedures. We did not perform any procedures to evaluate if there were trauma patient claims that should have been reported by the EMS agencies as uncompensated care claims and were not.

ATTACHMENT B

VALIDATION OF UNCOMPENSATED CARE CLAIM DATA

FINDINGS SUMMARY:

We have accumulated our findings from our agreed-upon procedures that are outlined in Attachment A. They are outlined below along with our recommendations which have been considered and acted upon as deemed appropriate (See Attachment A-1). Additional information for each finding can be found in the detailed reports by location. (See Attachment B-1)

1. Finding: We noted claims at the following EMS agencies where we concluded that the documentation did not meet the criteria for an uncompensated care claim due to:

A. Patient had insurance including Medicare Part B coverage

- EMS Ventures, Inc. d/b/a Rural Metro Ambulance
- Dekalb County Fire and Rescue
- Gwinnett County Fire and EMS
- Emanuel County EMS
- Children's Healthcare of Atlanta, Children's Transport
- Madison County EMS

Recommendation: We recommend the GTCNC consider requesting that these EMS agencies revise their CY2011 uncompensated care claim list to exclude all claims where patients had insurance including Medicare Part B coverage.

B. Patient was eligible for medical assistance coverage

- Gold Cross EMS
- Dekalb County Fire and Rescue
- National EMS, Inc.

Recommendation: We recommend the GTCNC consider requesting that these EMS agencies revise their CY2011 uncompensated care claim list to exclude all claims where patients were eligible for medical assistance coverage.

C. Patient had medical coverage for trauma care through workers' compensation, automobile insurance, or any other third party, including any settlement or judgment resulting from such coverage.

- Grady Health System Ambulance Service
- Gold Cross EMS
- Dekalb County Fire and Rescue
- Gwinnett County Fire and EMS
- Medical Center of Central Georgia EMS
- Madison County EMS

ATTACHMENT B

VALIDATION OF UNCOMPENSATED CARE CLAIM DATA

Recommendation: We recommend the GTCNC consider requesting that these EMS agencies revise their CY2011 uncompensated care claim list to exclude all claims where patients had medical coverage for trauma care through workers' compensation, automobile insurance, or any other third party, including any settlement or judgment resulting from such coverage.

D. Receipt of a third party payment

- Dekalb County Fire and Rescue
- Emanuel County EMS
- Children's Healthcare of Atlanta, Children's Transport

Recommendation: We recommend that the GTCNC consider requesting these EMS agencies revise their CY2011 uncompensated care claim list to exclude all claims where third party payments were received.

E. Information regarding the claim tested could not be identified in the EBR.

- Dekalb County Fire and Rescue
- Medical Center of Central Georgia EMS

Recommendation: We recommend that the GTCNC consider requesting these EMS agencies revise their CY2011 uncompensated care claim list to exclude all claims where information regarding the claim is not included in the EBR.

**ATTACHMENT B-1
DETAIL FINDINGS BY LOCATION**

EMS AGENCY: EMS VENTURES

Purpose: To test that uncompensated care claims are properly recognized according to the criteria identified below.
Precedence: For EMS agency's with greater than 150 claims, we will test 40.

EMS Ventures submitted 397 claims, therefore we selected a sample of 40 for testing.

For each claim selected, we viewed the electronic billing record (EBR) or documents comparable to the EBR.

We determined whether the claims selected met the criteria for consideration as an uncompensated care claim. The criteria are as follows:

- a. The EBR shows the patient had no medical insurance, including Medicare Part B coverage;
 - b. The EBR shows the patient was not eligible for medical assistance coverage;
 - c. The EBR shows that the patient had no medical coverage for trauma care through workers' compensation, automobile insurance, or any other third party including any settlement or judgment resulting from such coverage;
 - d. The EBR shows that the patient has not paid more than 10% of total charges after documented attempts by the trauma care services provider to collect payments;
 - e. The EBR shows that there were no third party payments received;
 - f. The hospital has documented attempts at collection via documentation available at the hospital.
- Additionally, for each claim selected we determined the following:
- 1. We verified the address of the pickup point matched the pickup point noted in the records reviewed.

FOR	Trauma Number	Admit Date	A	B	C	D	E	F	I	Comments
	29468	45444	09/24/11	X	P	P	P	P	P	Patient has medical insurance. Insurance company stated that they paid the patient a portion of the balance.

Trademark Explanations:

P Sharp performed without exception

X Issue noted, see explanation to the right of claim.

**ATTACHMENT B-1
DETAIL FINDINGS BY LOCATION**

EMS AGENCY: GRADY HEALTH SYSTEM AMBULANCE SERVICE

Purpose: To test that unorganized care claims are properly recognized according to the criteria identified below.
Procedure: For EMS agency's with greater than 150 claims, we will test 40.

Grady Health System Ambulance Service reported 423 claims, therefore we selected a sample of 40 for testing. For each claim selected, we viewed the electronic billing record (EBR) or documents comparable to the EBR. We determined whether the claim selected met the criteria for consideration as an unorganized care claim. The criteria are as follows:

- 1 The EBR shows the patient had no medical insurance, including Medicare Part B coverage.
 - 2 The EBR shows the patient was not eligible for medical assistance coverage.
 - 3 The EBR shows that the patient had no medical coverage for trauma care through workers' compensation, automobile insurance, or any other third party, including any settlement or judgment resulting from such coverage.
 - 4 The EBR shows that the patient has not paid more than 10% of total charges after documented attempts by the trauma care services provider to collect payments.
 - 5 The EBR shows that there were no third party payments received.
 - 6 The hospital has documented attempts at collection via documentation available at the hospital.
- Additionally, for each claim selected we determined the following:
- 1 We verified the address of the pickup point matched the pickup point noted in the records reviewed.

PCR	Trauma							Comments
	Primary	Address	A	B	C	D	E	
61284	44191	30162011	P	N	P	P	P	Third party never exists. Claims to being litigated and is sending a settlement.
79828	44197	8692011	P	P	N	P	P	Third party never exists. Claims is being litigated and is pending settlement.

Tickmark Explanations:

- P Stop performed without exception
- N Issue noted, see explanation to the right of claim.

**ATTACHMENT B-1
DETAIL FINDINGS BY LOCATION**

EMS AGENCY: GOLD CROSS EMS

Purpose: To see that uncompensated care claims are properly recognized according to the criteria identified below.
Procedure: For EMS agency's with greater than 150 claims, we will use 40 Gold Cross EMS reported 280 claims, therefore we selected a sample of 40 for testing.

- a We determined whether the claims selected met the criteria for consideration as an uncompensated care claim. The criteria are as follows:
 - a The EBR shows the patient had no medical insurance, including Medicare Part B coverage.
 - b The EBR shows the patient was not eligible for medical assistance coverage.
 - c The EBR shows that the patient had no medical coverage for trauma care through workers' compensation, automobile insurance, or any other third party, including any settlement or judgment resulting from such coverage.
 - d The EBR shows that the patient has not paid more than 10% of total charges after documented attempts by the trauma care services provider to collect payments.
 - e The EBR shows that there were no third party payments received.
 - f The hospital has documented attempts at collection via documentation available at the hospital.
- g Additionally, for each claim selected we determined the following:
 - 1 We verified the address of the pickup point matched the pickup point noted in the records reviewed.

FCR Number	Trauma Number	Admit Date	Criteria							Comments
			a	b	c	d	e	f	g	
9017279	35849	1/7/2011	P	X	P	P	P	P	P	Patient was awarded a settlement but did not pay the EMS agency.
727101	35012	11/6/2011	P	X	P	P	P	P	P	Patient was awarded a settlement but did not pay the EMS agency.
24	31834	12/1/2011	P	X	P	P	P	P	P	Patient had Missouri's Medicaid. Patient was attributed. The airlift transporter (Frost Wing) received payment from Missouri's Medicaid but Gold Cross EMS did not.
38	31782	11/26/2011	P	X	P	P	P	P	P	Patient had Missouri's Medicaid. Patient was attributed. The airlift transporter (Frost Wing) received payment from Missouri's Medicaid but Gold Cross EMS did not.

Disclaimer/Explanations:
 P Step performed without exception
 X Error noted, see explanation to the right of claim.

**ATTACHMENT B-1
DETAIL FINDINGS BY LOCATION**

EMS AGENCY: DEKALB COUNTY FIRE AND RESCUE

Purpose: To test the uncompensated care claims are properly recognized according to the criteria identified below.
Precedence: For EMS agency's with greater than 150 claims, we will test 40.

DeKalb County Fire and Rescue reported 240 claims, therefore we selected a sample of 40 for testing. For each claim selected, we viewed the electronic billing record (EBR) or documents comparable to the EBR. We determined whether the claims selected met the criteria for consideration as an uncompensated care claim. The criteria are as follows:

- 1 The EBR shows the patient had no medical insurance, including Medicare Part B coverage.
- 2 The EBR shows the patient was not eligible for medical assistance coverage.
- 3 The EBR shows that the patient had no medical coverage for trauma care through workers' compensation, automobile insurance, or any other third party, including any settlement or judgment resulting from such coverage.
- 4 The EBR shows that the patient has not paid more than 10% of total charges after documented attempts by the trauma care services provider to collect payments.
- 5 The EBR shows that there were no third party payments received.
- 6 The EBR shows that documented attempts at collection via documentation available at the hospital. Additionally, for each claim selected we determined the following:
 - 1 The hospital has documented attempts at collection via documentation available at the hospital.
 - 2 We verified the address of the pickup point matched the pickup point noted in the records reviewed.

PC#	Trauma		Medical Data										Comments
	Number	Amount	Date	A	B	C	D	E	F	G	H	I	
1	3E1100037823	7356	5/29/2011	P	P	X	P	X	P	P	P	P	Account was paid in full through a settlement.
2	3E1100061838	7900	7/29/2011	P	X	P	P	X	P	P	P	P	Patient was eligible for Medicaid and a Medicaid payment was received.
3	3E1100006776	42879	1/27/2011	X	P	P	P	X	P	P	P	P	Patient has insurance and insurance paid the account in full.
4	3E1100010302	42978	2/11/2011	X	P	P	X	P	P	X	P	P	Patient has insurance and insurance made a payment on the account.
5	138C	43667	2/29/2011										No information in system regarding this account.
6	3E1100012005	43117	3/18/2011										Transfer of service to another EBR, no billings or information regarding this account.
7	3E1100021511	43288	3/27/2011	X	P	P	X	P	P	P	P	P	Patient has insurance and insurance made a payment on the account.
8	3E1100031763	43676	3/14/2011	X	P	P	X	P	P	X	P	P	Patient has insurance and insurance paid the account in full.
9	3E1100041902	43983	6/21/2011	X	P	P	X	P	P	X	P	P	Patient has insurance and insurance made a payment on the account.
10	138C	45196	9/09/2011										No information in system regarding this account.
11	138C	45833	10/8/2011	X	P	P	X	P	P	X	P	P	Patient has insurance and insurance made a payment on the account.
12	3E11000770	46013	10/26/2011										No information in system regarding this account.
13	3E11000816	46198	11/13/2011										No information in system regarding this account.
14	3E1100091878	46537	12/26/2011	P	P	X	P	X	P	X	P	P	Victim of crime (VOC) payment received, paid entire balance.

Disclaimer/Explanations:

- P Sharp performed without exception
- X Issue noted, see explanation to the right of claim.

EMS AGENCY: GWINNETT COUNTY FIRE AND EMS

ATTACHMENT B-1
 DETAIL FINDINGS BY LOCATION

Purpose: To test that unaccompanied care claims are properly recognized according to the criteria identified below.

Procedure: For EMS agency's with greater than 150 claims, we will test 40

Gwinnett County Fire and EMS reported a total of 186 claims, therefore we selected a sample of 40 to test.

For each claim selected, we viewed the electronic billing record (EBR) or documents comparable to the EBR.

We determined whether the claims selected met the criteria for consideration as an unaccompanied care claim. The criteria are as follows:

- a The EBR shows the patient had no medical insurance, including Medicare Part B coverage.
- b The EBR shows the patient was not eligible for medical assistance coverage.
- c The EBR shows that the patient had no medical coverage for trauma care through workers' compensation, automobile insurance, or any other third party, including any settlement or judgment resulting from such coverage.
- d The EBR shows that the patient has not paid more than 10% of total charges after documented attempts by the trauma care services provider to collect payments.
- e The EBR shows that there were no third party payments received.
- f The hospital has documented attempts at collection via documentation available at the hospital. Additionally, for each claim selected we determined the following:
 - 1 We verified the address of the pickup point matched the pickup point noted in the records reviewed.

PCR	Trauma		Comments												
	Number	Medical Date	a	b	c	d	e	f	1						
11-2104551	6768	3/9/2013	P	P	X	P	P	P	P	P	P	P	P	P	Patient received a settlement which paid the entire balance in full.
11-4186321	8876	4/19/2013	X	R	P	P	P	P	P	P	P	P	P	P	Patient has medical insurance. Claim was submitted but no payment has been received yet.
11-453492	13971	10/09/2013	X	R	P	P	P	P	P	P	P	P	P	P	Patient has medical insurance. Claim was submitted but no payment has been received yet.

Tickmark Explanations:

- P Step performed without exception
- X Issue noted, see explanation in the right of claim.

EMS AGENCY: MEDICAL CENTER OF CENTRAL GEORGIA EMS

ATTACHMENT B-1
 DETAIL FINDINGS BY LOCATION

Purpose: To test that unaccompanied care claims are properly recognized according to the criteria identified below.

Procedure: For EMS agency's with between 50 and 130 claims, we will use 20

Medical Center of Central Georgia EMS had 131 claims, therefore we selected a sample of 20 for testing.

For each claim selected, we viewed the electronic billing record (EBR) or documents comparable to the EBR.

We determined whether the claims selected met the criteria for consideration as an unaccompanied care claim. The criteria are as follows:

- a. The EBR shows the patient had no medical insurance, including Medicare Part B coverage.
 - b. The EBR shows the patient was not eligible for medical assistance coverage.
 - c. The EBR shows that the patient had no medical coverage for trauma care through workers' compensation, automobile insurance, or any other third party, including any settlement or judgment resulting from such coverage.
 - d. The EBR shows that the patient has not paid more than 10% of total charges after documented attempts by the trauma care services provider to collect payments.
 - e. The EBR shows that there were no third party payments received.
 - f. The hospital has documented attempts at collection via documentation available at the hospital.
- Additionally, for each claim selected we determined the following:
1. We verified the address of the pickup point matched the pickup point noted in the records reviewed.

PCR Number	Trauma	Admit Date	a	b	c	d	e	f	1	Comments
10168926	21632	10/29/2011	P	P	X	P	P	P	P	Patient received a settlement but has not paid the EMS agency.
1021962	21817	12/2/2011								No information in system regarding this account.

Tickmark Explanations:
 P Stop performed without exception
 X Issue noted, see explanation to the right of claim.

EMS AGENCY: NATIONAL EMS

ATTACHMENT B-1
 DETAIL FINDINGS BY LOCATION

Purpose: To list the uncompensated care claims not properly recognized according to the criteria identified below.
Procedure: For EMS agency's with between 50 and 150 cases we will list 20.

National EMS reported 74 claims, therefore we selected a sample of 20 for testing.

For each claim selected, we viewed the electronic billing record (EBR) or documents comparable to the EBR. We determined whether the claims selected met the criteria for consideration as an uncompensated care claim. The criteria are as follows:

- a The EBR shows the patient had no medical insurance, including Medicare Part B coverage.
- b The EBR shows the patient was not eligible for medical assistance coverage.
- c The EBR shows that the patient had no medical coverage for trauma care through workers' compensation, automobile insurance, or any other third party, including any settlement or judgment resulting from such coverage.
- d The EBR shows that the patient has not paid more than 10% of total charges after documented attempts by the trauma care services provider to collect payments.
- e The EBR shows that there were no third party payments received.
- f The hospital has documented attempts at collection via documentation available at the hospital. Additionally, for each claim selected we determined the following:
 - 1 We verified the address of the pickup point matched the pickup point noted in the records reviewed.

PC#	Trauma Number	Admit Date	a	b	c	d	e	f	1	Comments
181557	2491	8/6/2011	P	X	P	P	P	P	P	Patient was eligible for Medicaid but did not pay the required copay and therefore the EMS agency could not file for Medicaid.

Tickmark Explanations:

- P Soap performed without exception
- X lower noted, see explanation to the right of claim.

EMS AGENCY: EMMANUEL COUNTY EMS

ATTACHMENT B-1
 DETAIL FINDINGS BY LOCATION

Purpose: To test that unincorporated care claims are properly recognized according to the criteria identified below.
Procedure: For EMS agency's with less than 25 claims we will test 5

Emmanuel County EMS reported 30 claims, therefore we selected a sample of 5 for testing.

For each claim selected, we viewed the electronic billing record (EBR) or documents comparable to the EBR.

We determined whether the claims selected met the criteria for incorporation as an unincorporated care claim. The criteria are as follows:

- a. The EBR shows the patient had no medical insurance, including Medicare Part B coverage.
 - b. The EBR shows the patient was not eligible for medical assistance coverage.
 - c. The EBR shows that the patient had no medical coverage for trauma care through workers' compensation, automobile insurance, or any other third party, including any settlement or judgment resulting from such coverage.
 - d. The EBR shows that the patient has not paid more than 10% of total charges after documented attempt by the trauma care services provider to collect payments.
 - e. The EBR shows that there were no third party payments received.
 - f. The hospital has documented attempts at collection via documentation available at the hospital.
- Additionally, for each claim selected we determined the following:
- 1. We verified the address of the pickup point matched the pickup point noted in the records reviewed.

PCR	Truma Number	Medical Date	a	b	c	d	e	f	1	Comments
1211068	24885	12/27/2011	X	P	P	X	P	P	P	Patient had insurance and insurance paid a portion of total balance.

Remarks/Explanations:
 P Step performed without exception
 X Issue noted, see explanation to the right of claim.

ATTACHMENT B-1
DETAIL FINDINGS BY LOCATION

EMS AGENCY: CHILDREN'S HEALTHCARE OF ATLANTA, CHILDREN'S TRANSPORT

Purpose: To see that uncompensated care claims are properly recognized according to the criteria identified below.
Procedure: For EMS agency's with between 25 and 50 cases we will use 10

Children's Healthcare of Atlanta, Children's Transport reported 34 claims, therefore we selected a sample of 10 for testing.

For each claim selected, we viewed the electronic billing record (EBR) or documents comparable to the EBR.

We determined whether the claim selected met the criteria for consideration as an uncompensated care claim. The criteria are as follows:

- a. The EBR shows the patient had no medical insurance, including Medicare Part B coverage.
 - b. The EBR shows the patient was not eligible for medical assistance coverage.
 - c. The EBR shows that the patient had no medical coverage for trauma care through workers' compensation, automobile insurance, or any other third party, including any settlement or judgment resulting from such coverage.
 - d. The EBR shows that the patient has not paid more than 10% of total charges after documented attempts by the trauma care services provider to collect payments.
 - e. The EBR shows that there were no third party payments received.
 - f. The hospital has documented attempts at collection via documentation available at the hospital.
- Additionally, for each claim selected we determined the following:
- 1. We verified the address of the pickup point matched the pickup point noted in the records reviewed.

PCN	Trauma Number	Admit Date	1	2	3	4	5	6	7	8	9	10	Comments
11-2012	11692	4/21/2011	X	P	P	P	X	P	P				The insurance account number was associated to this patient and was included on this report by error. This patient had insurance and insurance paid this account.

Trauma Explanations:

- P Slip performed without exception
- X Issue noted, see explanation to the right of claim.

EMS AGENCY: MADISON COUNTY EMS

**ATTACHMENT B-1
DETAIL FINDINGS BY LOCATION**

Purpose: To test that unassigned care claims are properly recognized according to the criteria identified below.

Procedure: For EMS agency's with less than 25 cases we will test 5
Madison County EMS reported 6 claims. Therefore we selected a sample of 5 for testing.

For each claim selected, we viewed the electronic billing record (EBR) or documents comparable to the EBR.

We determined whether the claim selected met the criteria for consideration as an unassigned care claim. The criteria are as follows:

- a** The EBR shows the patient had no medical insurance, including Medicare Part B coverage.
 - b** The EBR shows the patient was not eligible for medical assistance coverage.
 - c** The EBR shows that the patient had no medical coverage for trauma care through workers' compensation, automobile insurance, or any other third party, including any settlement or judgment resulting from such coverage.
 - d** The EBR shows that the patient has not paid more than 10% of total charges after documented attempt by the trauma care services provider to collect payments.
 - e** The EBR shows that there were no third party payments received.
 - f** The hospital has documented attempts at collection via documentation available at the hospital.
- Additionally, for each claim selected we determined the following:
- 1** We verified the address of the pickup point matched the pickup point noted in the records reviewed.

PCR Number	Arrival Date	Trauma											Comments	
		a	b	c	d	e	f	1						
112573	2/06	9/25/2011	N	P	P	P	P	P	P	P	P	P	P	Insured has insurance.
112886	2/7/11	10/22/2011	P	P	X	P	P	P	P	P	P	P	P	Third party payer exists. Claim is being litigated and is pending settlement.

Legend/Explanations:

- P** Step performed without exception
- X** Issue noted, see explanation to the right of claim.

ATTACHMENT B-2

SUMMARY FINDINGS BY LOCATION

<u>Locations Tested With Claims Resubmitted</u>		Claims	
		Volume	Dollars
Grady Health System Ambulance Service <i>tested onsite</i>	Per Original Detail	423	\$ 187,811.25
	Per AUP	421	\$ 186,486.03
	Difference 1	(2)	\$ (1,325.22)
	Per Revised List	382	\$ 169,486.72
	Difference 2	(41)	\$ (18,324.52)
Gold Cross EMS <i>tested onsite</i>	Per Original Detail	280	\$ 133,312.06
	Per AUP	276	\$ 131,458.61
	Difference 1	(4)	\$ (1,853.45)
	Per Revised List	262	\$ 125,156.49
	Difference 2	(18)	\$ (8,155.58)
DeKalb County Fire and Rescue <i>tested onsite</i>	Per Original Detail	240	\$ 111,852.55
	Per AUP	226	\$ 105,225.05
	Difference 1	(14)	\$ (6,627.50)
	Per Revised List	140	\$ 67,281.95
	Difference 2	(100)	\$ (44,570.60)
Gwinnett County Fire and EMS <i>tested onsite</i>	Per Original Detail	186	\$ 88,117.67
	Per AUP	183	\$ 86,686.14
	Difference 1	(3)	\$ (1,431.53)
	Per Revised List	153	\$ 72,096.16
	Difference 2	(33)	\$ (16,021.52)
Medical Center of Central Georgia EMS <i>tested onsite</i>	Per Original Detail	133	\$ 65,581.38
	Per AUP	131	\$ 64,527.93
	Difference 1	(2)	\$ (1,053.45)
	Per Revised List	127	\$ 62,742.98
	Difference 2	(6)	\$ (2,838.40)

Difference 1: ineligible claims determined by WA

Difference 2: ineligible claims determined by WA plus ineligible claims determined by EMS agency during resubmission process

ATTACHMENT B-2

SUMMARY FINDINGS BY LOCATION—Continued

Locations Tested With Claims Resubmitted- Continued

		Claims	
		Volume	Dollars
Emanuel County EMS <i>tested remotely</i>	Per Original Detail	20	\$ 19,151.46
	Per AUP	19	\$ 17,943.84
	Difference 1	(1)	\$ (1,207.62)
	Per Revised List	17	\$ 15,594.37
	Difference 2	(3)	\$ (3,557.09)
Madison County EMS <i>tested remotely</i>	Per Original Detail	6	\$ 3,620.67
	Per AUP	4	\$ 2,341.85
	Difference 1	(2)	\$ (1,278.82)
	Per Revised List	4	\$ 2,341.85
	Difference 2	(2)	\$ (1,278.82)
Total	Per Original Detail	1,288	\$ 609,447.03
	Per AUP	1,260	\$ 594,669.44
	Difference 1	(28)	\$ (14,777.59)
	Per Revised List	1,085	\$ 514,700.51
	Difference 2	(203)	\$ (94,746.52)

Difference 1: ineligible claims determined by WA

Difference 2: ineligible claims determined by WA plus ineligible claims determined by EMS agency during resubmission process

ATTACHMENT B-2

SUMMARY FINDINGS BY LOCATION—Continued

<u>Locations Tested Without Resubmission</u>		Claims	
		Volume	Dollars
EMS Ventures, Inc. d/b/a Rural Metro Ambulance <i>tested onsite</i>	Per Original Detail	397	\$ 190,286.30
	Per AUP	396	\$ 189,738.34
	Difference 1	(1)	\$ (547.96)
	Total claims per AUP	396	\$ 189,738.34
Mid Georgia Ambulance Service <i>tested onsite</i>	Per Original Detail	113	\$ 63,390.18
	Per AUP	113	\$ 63,390.18
	Difference 1	-	\$ -
	Total claims per AUP	113	\$ 63,390.18
National EMS, Inc. <i>tested remotely</i>	Per Original Detail	74	\$ 39,797.60
	Per AUP	73	\$ 39,385.95
	Difference 1	(1)	\$ (411.65)
	Total claims per AUP	73	\$ 39,385.95
Houston County EMS <i>tested remotely</i>	Per Original Detail	41	\$ 23,094.51
	Per AUP	41	\$ 23,094.51
	Difference 1	-	\$ -
	Total claims per AUP	41	\$ 23,094.51
Burke County EMA <i>tested remotely</i>	Per Original Detail	32	\$ 21,962.22
	Per AUP	32	\$ 21,962.22
	Difference 1	-	\$ -
	Total claims per AUP	32	\$ 21,962.22
Heartland EMS <i>tested remotely</i>	Per Original Detail	25	\$ 21,526.50
	Per AUP	25	\$ 21,526.50
	Difference 1	-	\$ -
	Total claims per AUP	25	\$ 21,526.50
Henry County Board of Commissioners <i>tested remotely</i>	Per Original Detail	35	\$ 20,177.33
	Per AUP	35	\$ 20,177.33
	Difference 1	-	\$ -
	Total claims per AUP	35	\$ 20,177.33

Difference 1: ineligible claims determined by WA

ATTACHMENT B-2

SUMMARY FINDINGS BY LOCATION—Continued

<u>Locations Tested Without Resubmission</u>		Claims	
		Volume	Dollars
Children's Healthcare of Atlanta, Children's Transport <i>tested remotely</i>	Per Original Detail	34	\$ 18,949.17
	Per AUP	33	\$ 18,432.72
	Difference 1	(1)	\$ (516.45)
	Total claims per AUP	33	\$ 18,432.72
Angel Emergency Medical Service <i>tested remotely</i>	Per Original Detail	34	\$ 16,111.21
	Per AUP	34	\$ 16,111.21
	Difference 1	-	\$ -
	Total claims per AUP	34	\$ 16,111.21
Jeff Davis County EMS <i>tested remotely</i>	Per Original Detail	15	\$ 15,873.25
	Per AUP	15	\$ 15,873.25
	Difference 1	-	\$ -
	Total claims per AUP	15	\$ 15,873.25
Laurens County EMS <i>tested remotely</i>	Per Original Detail	19	\$ 13,682.80
	Per AUP	19	\$ 13,682.80
	Difference 1	-	\$ -
	Total claims per AUP	19	\$ 13,682.80
Floyd EMS <i>tested remotely</i>	Per Original Detail	22	\$ 9,937.10
	Per AUP	22	\$ 9,937.10
	Difference 1	-	\$ -
	Total claims per AUP	22	\$ 9,937.10
Dawson County EMS <i>tested remotely</i>	Per Original Detail	5	\$ 2,607.25
	Per AUP	5	\$ 2,607.25
	Difference 1	-	\$ -
	Total claims per AUP	5	\$ 2,607.25
South Georgia Ventures, Inc. <i>tested remotely</i>	Per Original Detail	1	\$ 1,120.62
	Per AUP	1	\$ 1,120.62
	Difference 1	-	\$ -
	Total claims per AUP	1	\$ 1,120.62
Total	Per Original Detail	847	\$ 458,516.01
	Per AUP	844	\$ 457,039.95
	Difference 1	(3)	\$ (1,476.06)
	Total claims per AUP	844	\$ 457,039.95

Difference 1: ineligible claims determined by WA

ATTACHMENT B-2

SUMMARY FINDINGS BY LOCATION—Continued

<u>Locations Not Tested</u>		Claims	
		Volume	Dollars
Effingham County EMS	Per Original Detail	22	\$ 13,368.27
Peach County Ambulance	Per Original Detail	19	\$ 12,507.34
Wilkes County EMS	Per Original Detail	15	\$ 11,477.27
Toombs-Montgomery EMS	Per Original Detail	8	\$ 10,637.05
Ben Hill County EMS	Per Original Detail	6	\$ 9,181.50
Dodge County EMS	Per Original Detail	9	\$ 8,858.75
Bartow County EMS	Per Original Detail	14	\$ 8,209.17
Elbert County EMS	Per Original Detail	9	\$ 7,064.73
Thomas County EMS	Per Original Detail	14	\$ 6,393.92
Grady County EMS	Per Original Detail	10	\$ 5,602.90
Wayne County EMS	Per Original Detail	5	\$ 5,398.97
Screven County EMS	Per Original Detail	5	\$ 5,327.05
Upton Ambulance Company, LLC	Per Original Detail	7	\$ 5,314.29
Colquitt County EMS	Per Original Detail	7	\$ 3,735.75
Tattnall Community EMS	Per Original Detail	3	\$ 3,647.51
Pickens County EMS	Per Original Detail	4	\$ 3,455.67
City of Forest Park Fire & Emergency Services	Per Original Detail	7	\$ 3,409.65
Oglethorpe County EMS	Per Original Detail	5	\$ 2,964.82
Dooly County EMS	Per Original Detail	2	\$ 1,343.55
Event EMS	Per Original Detail	1	\$ 427.40
		172	\$ 128,325.52

<u>Summary</u>	Claims	
	Volume	Dollars
Per Original Detail	2,307	\$ 1,196,288.57
Claims Not tested	172	\$ 128,325.52
Total Claims Subject to Testing	2,135	\$ 1,067,963.05
Claims % Subject to Testing	93%	89%
Totals Per AUP	2,104	\$ 1,051,709.40
Difference 1	(31)	\$ (16,253.65)
Per Revised List	1,085	\$ 514,700.51
Per AUP Without Resubmission	844	\$ 457,039.95
Total After Revised List and AUP	1,929	\$ 971,740.47
Claims Not Tested	172	\$ 128,325.52
Total Claims	2,101	\$ 1,100,065.99
Difference 2	(206)	\$ (96,222.58)

Difference 1: ineligible claims determined by WA

Difference 2: ineligible claims determined by WA plus ineligible claims determined by EMS agency during resubmission process

ATTACHMENT B-2

SUMMARY FINDINGS BY LOCATION—Continued

<u>Summary</u>			<u>Claims</u>	
	<u>Volume</u>		<u>Dollars</u>	
Large Tier (tested on site)	1,772	76.8%	\$ 840,351.38	70.2%
Medium Tier (tested remotely)	310	13.4%	\$ 196,643.22	16.4%
Lower Tier (tested remotely)	53	2.3%	\$ 30,968.44	2.6%
Total Claims Subject to Testing	2,135	92.5%	\$ 1,067,963.05	89.3%
Lower Tier (not tested)	172	7.5%	\$ 128,325.52	10.7%
Total Claims	2,307		\$ 1,196,288.57	

RECOMMENDATIONS AND CONCLUSION:

We recommend that the Georgia Trauma Care Network Commission consider the following suggestions for validating EMS uncompensated care claims for the upcoming year:

- We suggest verifying the urban or rural classification that is submitted by each EMS agency.
- We suggest verifying the transport mileage submitted by each EMS agency.

We appreciate the opportunity to be of service to you. This report summarizes the results of our engagement. If you have any questions, please let us know.

Very truly yours,

Warren Averett, LLC
WARREN AVERETT, LLC