CARS Billing Quality Assurance

(ver. 5/13/2019)

Preceptors are expected to QA calls run by their ambulance (even if the preceptor is only the driver). Captains are expected to QA all other calls for the shift.

1. Response -> Response Info -> Incident/Patient Disposition
    a. If "Cancelled", mark incident status as "Complete" and you're done!
    b. If "Refused", check to make sure they have a witness signature. If not, send them a message to do better next time then mark as "Complete"

2. Patient Encounter -> Patient Info -> Social Security Number and Medical Record Number
    a. If SSN wasn't obtained, value should be 000-00-0000 and it should be documented in narrative
        i. If blank, fill it in and send a message to the provider letting them know
    b. UVA MRNs are 7 digits long. MJH MRNs don't have a specific length, ~8-11 digits.
        i. Any obviously incorrect values (ie Nursing home MRNs, Hospital Account numbers), try to get the provider to fix it.
        ii. If the provider isn't available, send them a message, then pull the face sheet from the box.

3. Signatures
    a. Provider Signature
    b. Hospital Representative Signature
        i. Should have full name of hospital rep, no initials. If not, send a message telling them to do better next time.
    c. Patient Signature or Patient Representative Signature
        i. If patient is unable to sign and there is no available patient rep, they should "Add a Patient Signature" then put the "Signature Status" as "Not Signed - [ ]" and leave the signature box blank

4. Red things
    a. Anything lowering validity below 100% should be documented in Narrative why.

5. Narrative - Procedures
   a. Any procedures documented in the narrative should also be listed in the Provider Actions - Procedures section. If not, add them.
   b. CHART format is encouraged, but not required as long as there is a distinct "Treatments" section, separate from the narrative, even if this means repeating things. If there is not, send provider a message and mark as "Needs Review"

6. If no other issues noted, mark as "Ready for Final Review". If you're displeased about something but aren't sure what to do about it, mark as "Needs Review" and shoot Schuyler a message, either on ImageTrend or email or text or whatever.

Documenting Calls run by other Agency's Medic.

- The agency that owns the ambulance is the billing agency, regardless of the AIC. CARS does not have special "ALS Billing Contracts" with ACFR or CFD (or anyone)

- In the case where a CARS ambulance transports the patient with a medic AIC from another agency, it will be billed at the BLS rate. This frees you from needing to document the ALS procedures and medications.

- The medic is responsible for the patient care report. The CARS crew is responsible for the billing documentation.

Incident/Patient Disposition = "Patient treated, transported by this EMS unit"

Needed Demographic Information: Patient Name, Patient Birthday, Patient MRN. (All of this is on the face sheet). If you get the SSN, great, otherwise put 000-00-0000

Needed things from hospital:
1. Hospital and Patient signatures (you can sign as the AIC).
2. Face sheet.

Patient Encounter Sections:
1. Document Past Medical History and Assessment to the best of your ability
2. Document at least one set of vital signs.
3. Do not document ALS procedures or ALS medications.
4. Do document procedures performed by you before ALS arrived.
5. In Narrative, document "Patient care provided from ACFR/CFD Medic (name if you have it) from Unit X. If you arrived first, also document your own assessment and procedures before ALS arrived.

Mark call status as "Ready for Final Review". Do not fax anything to hospital or leave anything at hospital. That's the medic's responsibility.