

expEDlum Medical Billing Case Study | Ambulance Billing Service



Dominion, a Texas based EMS agency with a handful of emergency and non-emergency medical transport/ambulance units, specializes in advanced life support, local and long-distance transportation, customer service, medical appointments, inter-facility transfers, and transportation to the patient's preferred hospital. They made about roughly 300 trips per month and used a local billing firm for their RCM; however, they were dissatisfied with the billing service they had been using for several years.

They were dealing with a number of challenges and had some specific criteria –

- Firstly, they were not happy with the work done by the billing service company to whom they had outsourced their billing.
- They were not collecting enough revenue, because of which the company was facing losses.
- The billing companies would not share the data and reports frequently, which they were supposed to share.
- They did not have direct access to the staff, and no one was willing to call them.
- The billing service people were unwilling to go that extra mile and help them.

They had the following criteria when they looked for a new billing service company:

- They were looking for a company that would go the extra mile and that produces satisfactory results that the previous one could not produce.
- They were looking for a partner who would work with them for the long term.
- They should increase the revenue collected.
- They should provide access to certain data, reports, and data analytics.

However, after some months of search, Dominion contacted iTech. Then after a week of continued communication & evaluation of the software, Dominion liked expEDlum, and the owner of Dominion decided to go with expEDlum Medical Billing & expEDlum Services. iTech helped them with the transition from the old billing company. Within a few weeks of transition, Dominion started getting more collections; during their tenure with us, iTech processed over 1500 claims with 80 percentile payment happening in 16 days. The secondary claims paid for 5.6% of the total collections and that alone covered the billing services charges paid to iTech.



The billing service that iTech offered included the following with 48 hours TAT on claim submission:

- Patient Demographics entry from Ambulance ePCR Charts.
- Coding.
- Charge Entry from Ambulance ePCR charts.
- Secondary Claims creation.
- Manual posting of Insurance and Patient Payments.
- Following up with Payers.
- A/R processing and resubmission of claim.

