

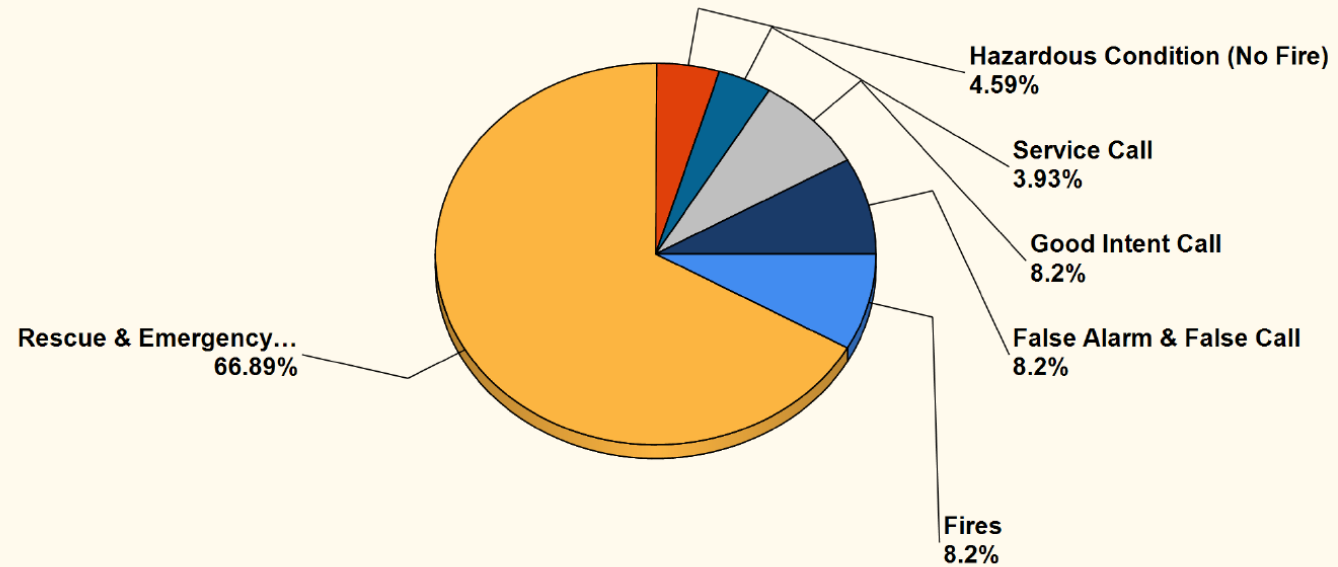


# AMBULANCE UPDATE

CANDIA FIRE & RESCUE

CAPT. MICHAEL KELLEY

# 2022 Year to Date Statistics

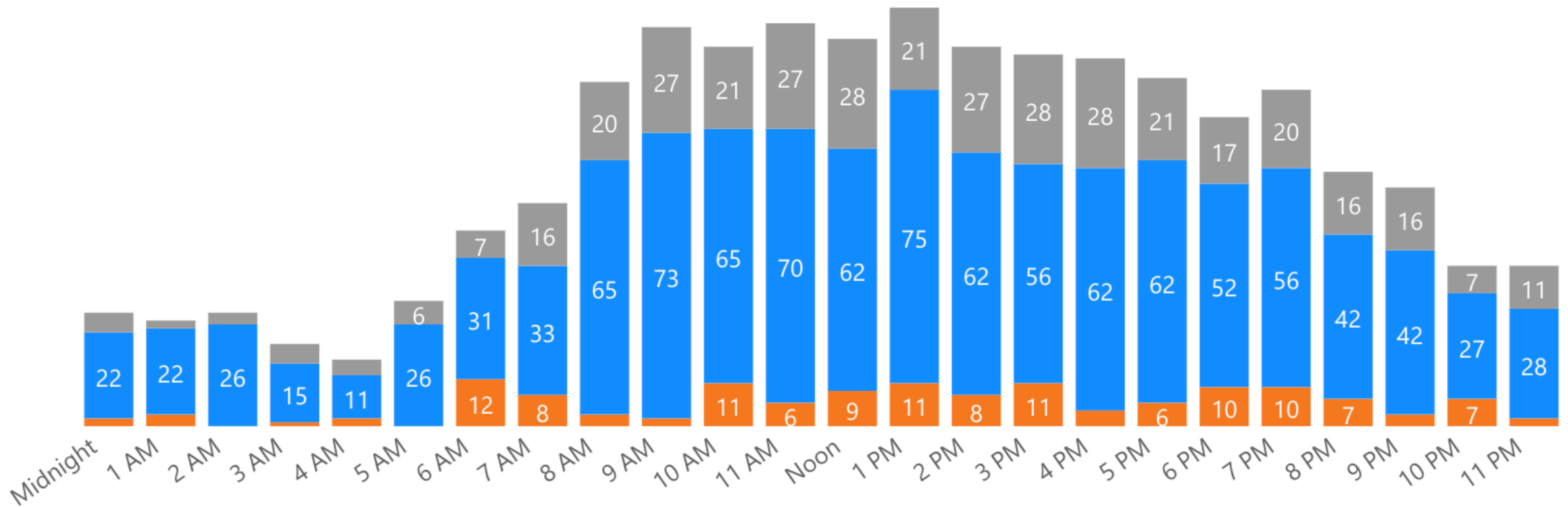


MAJOR INCIDENT TYPE	# INCIDENTS	% of TOTAL
Fires	25	8.2%
Rescue & Emergency Medical Service	204	66.89%
Hazardous Condition (No Fire)	14	4.59%
Service Call	12	3.93%
Good Intent Call	25	8.2%
False Alarm & False Call	25	8.2%
<b>TOTAL</b>	<b>305</b>	<b>100%</b>

# Incidents by Hour of the Day

# of Incidents by Hour of the Day

Incident Category ● Fire ● EMS ● Other



**LIGHTS AND SIREN - AVERAGE RESPONSE TIME (Dispatch to Arrival)**

Station	EMS	FIRE
Station 1	0:13:11	0:12:58
<b>AVERAGE FOR ALL CALLS</b>		<b>0:13:01</b>

**LIGHTS AND SIREN - AVERAGE TURNOUT TIME (Dispatch to Enroute)**

Station	EMS	FIRE
Station 1	0:06:02	0:06:59
<b>AVERAGE FOR ALL CALLS</b>		<b>0:06:15</b>

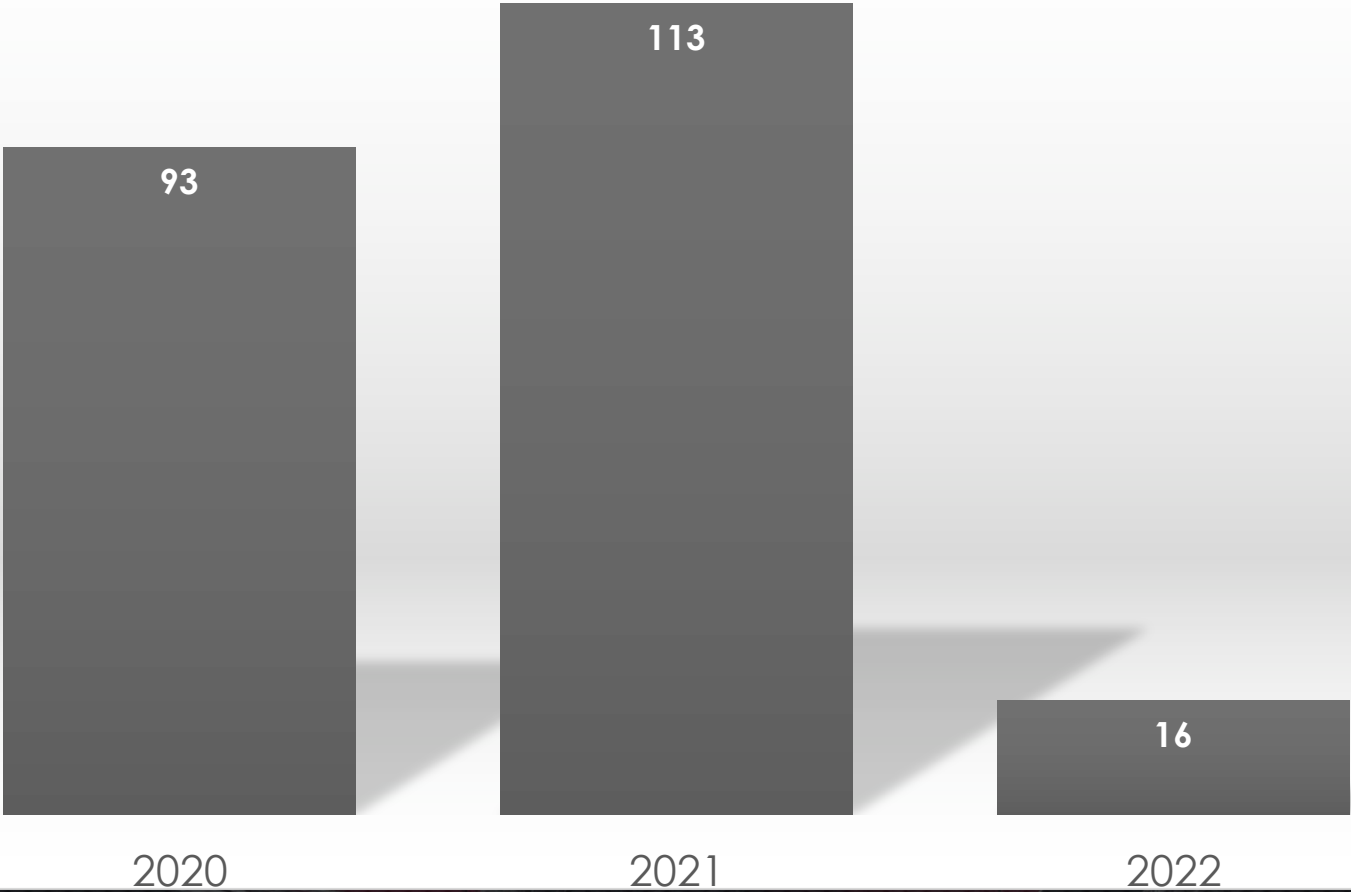
**LIGHTS AND SIREN - AVERAGE RESPONSE TIME (Dispatch to Arrival)**

Station	EMS	FIRE
Station 1	0:09:07	0:13:21
<b>AVERAGE FOR ALL CALLS</b>		<b>0:09:57</b>

**LIGHTS AND SIREN - AVERAGE TURNOUT TIME (Dispatch to Enroute)**

Station	EMS	FIRE
Station 1	0:04:33	0:06:52
<b>AVERAGE FOR ALL CALLS</b>		<b>0:04:45</b>

No Responder or EMS Provider





January 25, 2022: Inspected  
by the State of NH and  
granted licensure



January 25, 2022:  
Completed first transport to  
Elliot Hospital



## Duty crew:

- 7 days/week
- 8am to 6pm
- 2 personnel, paid hourly wage

## Night Shift:

- 6pm to 6am
- 2 personnel, paid stipend to be available
- Relies mostly on volunteers to respond

<b>Disposition</b>	<b>Count of Incident #</b>
<b>(ALS Care) Pt Eval &amp; Tx in THIS EMS Unit</b>	<b>45</b>
<b>(BLS Care) Pt Eval &amp; Tx in THIS EMS Unit</b>	<b>37</b>
<b>Pt Eval, REFUSED Any Care and Transport</b>	<b>33</b>
<b>Pt Eval &amp; Care Given, REFUSED Transport</b>	<b>9</b>
<b>Canceled on Scene, (No Patient Contact)</b>	<b>8</b>
<b>(BLS Care) Pt Eval &amp; Transfer to OTHER EMS Unit</b>	<b>6</b>
<b>Assist, Public</b>	<b>4</b>
<b>Pt Eval, NO Care or Transport Required</b>	<b>4</b>
<b>Canceled, Prior to Arrival At Scene</b>	<b>4</b>
<b>Pt Dead at Scene, NO Resus Attempt, (NO Tx)</b>	<b>2</b>
<b>Standby-Public Safety, Fire, or EMS Operational Support Provided</b>	<b>1</b>
<b>Canceled, No Patient Found</b>	<b>1</b>
<b>Pt Dead at Scene, WITH Resus Attempt, (NO Tx)</b>	<b>1</b>
<b>Grand Total</b>	<b>155</b>



<b>Dispatch Reason</b>	<b>Count of Incident #</b>
<b>MVC / Transportation Incident</b>	32
<b>Falls</b>	17
<b>Unconscious / Syncope</b>	15
<b>Breathing Problems</b>	14
<b>Altered Mental Status</b>	10

<b>Destination</b>	<b>Count of Incident #</b>
<b>CATHOLIC MEDICAL CENTER</b>	18
<b>CONCORD HOSPITAL</b>	2
<b>ELLIOT HOSPITAL</b>	59
<b>EXETER HOSPITAL</b>	2
<b>PARKLAND MEDICAL CENTER</b>	1
<b>Grand Total</b>	82

PERSONNEL	COUNT	PERCENTAGE
<u>AMBULANCE, AMR</u>	6	1.26 %
<u>AMBULANCE, BREWSTER</u>	19	3.99 %
<u>AMBULANCE, DERRY</u>	8	1.68 %
<u>AMBULANCE, EPPING</u>	4	0.84 %
<u>AMBULANCE, RAYMOND</u>	41	8.61 %
<b>Sum of Individual Responses</b>	<b>78</b>	
<b>Total Incidents for Date Range</b>	<b>476</b>	

PERSONNEL	COUNT	PERCENTAGE
<u>AMBULANCE, AMR</u>	1	0.40 %
<u>AMBULANCE, BREWSTER</u>	5	1.99 %
<u>AMBULANCE, EPPING</u>	3	1.20 %
<u>AMBULANCE, HOOKSETT</u>	4	1.59 %
<u>AMBULANCE, RAYMOND</u>	14	5.58 %
<b>Sum of Individual Responses</b>	<b>27</b>	
<b>Total Incidents for Date Range</b>	<b>251</b>	



## About Us

### We are committed to what we do.

MBS is a focused, effective, and transparent EMS billing company.

We also are not the largest billing service; *we don't try to be.*

We have grown by design. Each EMS service, each state EMS system, and each state reimbursement laws and rules are often *very* different. An EMS billing service must know each of these characteristics intimately in order to be effective and in order to maximum revenues.

In the end it is knowledge, focus, and expertise that obtains revenues, not size.



#### **We are focused.**

Because effective billing requires expertise, we are focused on our region and the small and medium sized taxpayer supported EMS services found there. We believe that billing can't be done effectively without this focus.



#### **We are skilled.**

MBS was created in 2011 after three decades of supporting the needs of EMS in our region. We know EMS. We know our states. We know reimbursement.



#### **We are informal but sophisticated.**

We enjoy a close relationship with our customers, and are accessible and personable. At the same time our processes and automation are sophisticated and capable.

# HOW IT WORKS...



PATIENT IS  
TRANSPORTED TO THE  
HOSPITAL



EMS PROVIDER  
COMPLETES THE PCR  
(PATIENT CARE  
REPORT)



QUALITY ASSURANCE  
REVIEW BY CANDIA  
FIRE PERSONNEL



CORRECTION MADE  
IF REQUIRED THEN SET  
TO "READY FOR  
BILLING"



MDS BILLS THE  
PATIENT'S  
INSURANCE  
PROVIDER AND/OR  
THE PATIENT



FUNDS ARE  
DEPOSITED INTO THE  
AMBULANCE  
ACCOUNT

# CURRENT STATUS OF BILLING

- CENTER FOR MEDICARE & MEDICAID SERVICES (CMS)
- BILLING STARTED - \$62,918 DUE
  - MEDICARE \$25,369 (23 TRANSPORTS, APPROX. 30%)
- MBS WORKING WITH NH MEDICAID & MEDICARE FOR APPROVAL

# HEALTH INSURANCE PORTABILITY & ACCOUNTABILITY ACT (HIPAA)

THE PRIVACY RULE REQUIRES APPROPRIATE SAFEGUARDS TO PROTECT THE PRIVACY OF PROTECTED HEALTH INFORMATION AND SETS LIMITS AND CONDITIONS ON THE USES AND DISCLOSURES THAT MAY BE MADE OF SUCH INFORMATION WITHOUT AN INDIVIDUAL'S AUTHORIZATION.

# HEALTH INSURANCE PORTABILITY & ACCOUNTABILITY ACT (HIPAA)

THE HIPAA SECURITY RULE REQUIRES PROVIDERS TO PROTECT PATIENTS' ELECTRONICALLY STORED, PROTECTED HEALTH INFORMATION (KNOWN AS "E PHI") BY USING APPROPRIATE ADMINISTRATIVE, PHYSICAL AND TECHNICAL SAFEGUARDS TO ENSURE THE CONFIDENTIALITY, INTEGRITY AND SECURITY OF THIS INFORMATION.





# Questions?

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