## BILL PROCESSING TIME

**Desired Outcome** Send bills to customers as quickly as possible.

Standard Average of  $\leq$  10 days to process bills and send a billing statement.

**Acceptable Quality** 

Level

The Bill Processing Time may not fall below standard for more than two

consecutive months or any three months in a year.

Monitoring Method Run Chart updated by 10th business day each month.

## **MEASURE DESCRIPTION**

Indicator Description This indicator measures the average amount of time required to process an

electronic patient care record (ePCR) into an invoice to be billed to an insurance

carrier or directly to a patient.

Question Indicator

**Answers** 

What is the average time period to process an EMS bill for patients?

Patient / Customer

Need

Improving billing and collection activities will have a positive impact on revenue

and the reliability and sustainability of the EMS system.

Type of Measure Process

Objective Send bills to customers as quickly as possible.

Data Provided By

Business Analysis and Research Team in consultation with Finance Section

personnel

Reporting Values Average number of days required to generate the first patient bill following the

ATCEMS date of service.

Limitations None

Notes This measure varies from a similar measure used in the City of Austin eCOMBS

reporting system. The eCOMBS measure is based on date that *account* 

received in Billing Services. This measure is based on date of patient contact.

## Measure Calculation

Formula Description Average number of days between the date of service and the invoice

date for all accounts billed in a calendar month.

Indicator Formula  $Bill\ Processing\ Time = \frac{sum([Processing\ Intervals])}{count([Accounts\ Billed])}$ 

Data Filters None

Interval Calculation Processing Interval = [Date of Initial Bill] – [Patient Contact Date]

Numerator Population Processing Intervals for all patient accounts billed during the month

being reported.

**Inclusion** All patient accounts

Exclusion Accounts for standby services, medical records requests, or other

activities not related to direct patient care.

Data Source RescueNet Billing Database

Denominator Population All patient accounts billed during the month being reported.

*Inclusion* All patient accounts.

**Exclusion** Accounts for standby services, medical records requests, or other

activities not related to direct patient care.

**Data Source** RescueNet Billing Database

Aggregation Aggregate incidents by month based on the date that the first patient

bill is sent.

Stratification No

Minimum Sample Size None

Data Lineage Data used for this report is generated within the RescueNet system in

the course of patient care and account management activities.

Reporting

Travis County ILA Reporting Medium: Web site chart

**Orientation:** External

Format: Run chart containing monthly data values for most recent 13

month period.

**Update Frequency**: Monthly **Data Source**: Cognos Report

## Metadata

Pillar / Strategic Objective Links F1: To utilize effective financial management tools and methods that

allow for fiscal transparency and accountability.

F2: To be an organization that provides value to the community.

F3: To provide quality cost efficient service to the community.

Development Status New measure. A similar measure has been reported since 2010

References Interlocal Agreement Between the City of Austin and Travis County for

Emergency Medical Services (Fiscal Year 2014)

Satiani B, "Benchmarks for Your Medical Practice: A Vital Part of Critical Practice Analysis" Weblog article published on 13 June 2011 at <a href="http://www.kareo.com/gettingpaid/2011/06/benchmarks-for-your-medical-practice-a-vital-part-of-critical-practice-analysis/">http://www.kareo.com/gettingpaid/2011/06/benchmarks-for-your-medical-practice-a-vital-part-of-critical-practice-analysis/</a>

Best Practices None referenced

Definition Version Info Version C; 2014-03-03