

## UMWA Survey

Survey replies can be sent by email directly to [lbasham@911billing.net](mailto:lbasham@911billing.net), to Mark Harrison at [mcems@charter.net](mailto:mcems@charter.net), or by fax to 270-824-8140. If you would like a copy of the results please request it at the end of your survey.

- 1) Do you bill UMWA for claims?  
If no – just reply and advise you are not affected  
If yes – please continue
- 2) Total number of runs made in a 12-month period
- 3) Number of runs billed to Medicare during the same 12 months
- 4) Number of runs Medicare denied or down coded during the same period:  
Development Letters requesting additional information on what number of claims  
Non emergent ALS / BLS runs down coded to T2005  
ALS E or BLS E runs down coded to non-emergent
- 5) Number of runs billed to **UMWA** during the same period.  
Non emergent ALS / BLS runs **down coded to T2005**  
ALS E or BLSE runs down **coded to non-emergent**
- 6) Have you considered denying transportation (access of care) for non-emergent UMWA patients?
- 7) Are you one of the 16 providers contracted to provide discounted transportation for UMWA patients?
- 8) What County are you in?
- 9) If you are contracted with UMWA are you satisfied with your reimbursement?
- 10) If not satisfied have you considered terminating your contract with UMWA to accept the lower rates?