

**Office of the Fire Chief**

City of Richland Hills, Texas

**Memorandum**

**To:** Honorable Mayor Bill Agan and members of the Richland Hills City Council  
**From:** William M. Bell, Fire Chief  
**Date:** July 10, 2014  
**Subject:** Agreement for Professional Ambulance Billing Services between the City of Richland Hills and Wittman Enterprises, LLC

---

**City Council Action Requested:**

Approve the Agreement for Professional Ambulance Billing Services Between the City of Richland Hills and Wittman Enterprises, LLC.

**Background Information:**

The City has been under a contract with Intermedix Technologies for ambulance billing and collection since June 4<sup>th</sup>, 2009, this contract expires on July 31, 2014. The current contract is the second agreement between the City and Intermedix. Intermedix provides the computer hardware, the electronic patient care reporting (ePCR) software, and billing/accounts receivable management services to the City. For their services Intermedix receives 12.0% (10.25% for service 1.75% for hardware and software) of all monies collected for the City's EMS service.

After meeting with Intermedix and one other local EMS billing company, staff is recommending the City enter into a three year agreement with Wittman Enterprises with an option for two additional one year terms upon mutual agreement.

Wittman's proposal is a billing service fee of 4.5% of net collections from the City's EMS ambulance service with an additional fee of 1.5% of net collections for hardware and software costs. In comparison Intermedix proposed 6.5% for EMS billings services and

4.4% for software and hardware. Emergicon proposed 8.5% for EMS billing services and 1.5% for software and hardware.

Wittman currently provides the EMS billing services for the City of Hurst and on October 1<sup>st</sup> will be the billing service for the City of North Richland Hills. Both Hurst and North Richland Hills awarded Wittman Enterprises their billing services through RFPs. Wittman is extending to the City of Richland Hills the same contract proposal that was proposed to North Richland Hills in response to their RFP. As such, Exhibits A & B (attached) are from the City of North Richland Hills.

The City's collections for EMS services in the three previous fiscal years averaged approximately \$239,160. Based on an average of the previous three fiscal years the annual fee paid to Wittman would be approximately \$14,350 per year. The amount collected each year is based on total billable services and fees paid by Medicare, Medicaid, commercial insurance and self pay accounts. It is also based on the City's established directions to the billing company on collection practices to resident and non-resident patients.

**Board/Citizen Input:**

N/A

**Financial Impact:**

An approximate 50% savings in fees paid for EMS billing services from the current Intermedix contract. Based on the previous three fiscal years this is an approximate reduction in fees paid of \$14,350 per year.

**Staff Contacts:**

William Bell  
817-616-3755  
bbell@richlandhills.com

# City of North Richland Hills, Texas

## Request for Proposal EMS Billing and Collection Services

*Deadline for Proposal Submission: September 24, 2013*



**TABLE OF CONTENTS**  
**City of North Richland Hills RFP 13-030**  
***EMS Billing and Collection Services***

**TABLE OF CONTENTS**

---

**SECTION 1: Bid Proposal..... 1**

**SECTION 2: Company Overview ..... 26**

Letter of Transmittal ..... 26

Contractor Identification ..... 27

Tax Identification Number ..... 27

Company Governance and Organization ..... 27

Summary of Services..... 27

Optional Services ..... 28

    Fire Inspection Billing..... 28

    False Alarm Billing..... 28

    Membership Program Administration..... 28

Statement of Qualifications ..... 29

Relevant Experience..... 29

Identifying Staffing Needs..... 29

City of North Richland Hills *Project Staffing* ..... 30

City of North Richland Hills *Project Supervision Team* ..... 30

City of North Richland Hills *Processing Team* ..... 31

Key Personnel ..... 31

Certified Ambulance Coders ..... 33

Business Continuity Plan..... 33

**SECTION 3: Company Operational Information ..... 35**

Auditing Processes ..... 35

    Internal Auditing ..... 35

    SAS 70 Statement..... 35

Privacy and Security Statement ..... 36

HIPAA Compliance ..... 36

HIPAA-Required Safeguards for Health Information..... 36

Exceeding HIPAA Safeguard Requirements ..... 36

Adherence to Privacy Laws ..... 37

Wittman Enterprises Privacy Policies ..... 37



**TABLE OF CONTENTS**

---

OIG Compliance Program Guidance ..... 38

    Seven Key Elements ..... 39

Wittman Enterprises Standard of Conduct..... 39

Red Flag Rules Compliance Plan ..... 41

Employee Background Checks ..... 49

Training and Continuous Improvement..... 49

    Initial Training ..... 49

    Secondary Training ..... 49

    100% Auditing and Training..... 49

    Specialist Development ..... 49

EMS Staff Training..... 50

Key Performance Indicators..... 50

Maximizing Collections ..... 50

Demonstrated Collections Performance ..... 51

    Demonstrated Performance: Collection Percentage Samples (NET DOLLARS to graph) ..... 51

Electronic Access to Records/Data Availability..... 52

    Client Portal ..... 52

    Collections Portal ..... 53

    Secure Email..... 53

    File Transfer Protocol (FTP)..... 54

Dedicated Response Time Commitment ..... 54

**SECTION 4: Client History ..... 55**

    Audited Client History..... 55

    Past Performance Record and Legal History ..... 55

        Former Clients..... 55

**SECTION 5: Transition Plan ..... 56**

    Transition Plan Summary..... 56

    Transition Timeline ..... 56

    Hardware and Software Implementation Plan..... 57



## TABLE OF CONTENTS

---

<b>SECTION 6: Hardware and Software Solutions .....</b>	<b>59</b>
ePCR Software Options .....	59
ImageTrend .....	59
ESO Solutions .....	60
Beyond Lucid Technologies.....	61
Hardware Options.....	62
Panasonic Toughpad FZ-G1.....	62
Panasonic Toughbook 19 .....	62
Logic Data Systems L-5500.....	62
<b>SECTION 7: Reporting Processes .....</b>	<b>63</b>
Clear and Concise Reporting.....	63
A/R Aging .....	63
Ticket Survey .....	63
Year-to-Date Revenue.....	63
Management Summary .....	63
Ad Hoc Reports .....	63
Reporting Library: Partial List.....	64
Confidentiality, Security, Privacy of Information.....	64
Access to Records Policy Summary.....	65
Internal use .....	65
Routine Disclosures to Third Parties.....	65
Non-Routine Disclosures to Third Parties.....	65
State of Texas Trauma Registry .....	66
<b>SECTION 8: Billing Processes.....</b>	<b>67</b>
Billing to Payment Cycle.....	67
Documents Confirmed and Screened for Completeness .....	67
Insurance Finding and Verification .....	67
Hospital Patient Record Systems .....	68
Destination Hospital Contacts .....	68
Patient Database.....	69
Assignment Authorization .....	69



**TABLE OF CONTENTS**

---

Electronic Filing..... 69

Electronic Billing to Medicare and Medicaid ..... 70

Billing Private Insurance..... 70

    Billing Department ..... 70

    Customer Service Department ..... 71

    Cash Receipts Department ..... 71

Billing Mileage..... 71

Private Pay Accounts..... 71

Medicare and Medicaid Collections ..... 71

City Staff..... 72

Claim Denial Processes ..... 72

    Medicare ..... 72

    Medicaid ..... 73

    Insurance..... 73

Payment Processing..... 73

Processing City of NRH Funds ..... 74

Accounting of Payments Received..... 75

**SECTION 9: Collection and Customer Service Processes..... 76**

    Collection Practices..... 76

        Bill Schedule ..... 76

        Private Payer ..... 77

        Patient Signature Required..... 77

    Sample Correspondence..... 78

        Resident Membership Program Request for Information..... 78

        Information Request..... 79

        Invoice..... 80

        Statement ..... 82

        Past Due ..... 83

        Final Notice ..... 84

    Reporting Uncollected/Delinquent Accounts..... 85

    Patient Payment Options..... 85



**TABLE OF CONTENTS**

---

    Installment Payments ..... 85

    Credit Card Payments ..... 85

    Credit Card Payments Portal..... 86

Hardships, Discounts, and Reductions..... 86

Client/Customer Satisfaction ..... 86

Patient Communications..... 87

Dispute Resolution..... 87

NRH Toll-Free Number..... 87

Bilingual Staff ..... 87

Patient Portal ..... 88

    NRH Customer Service ..... 88

    Client Liaison Team ..... 88

**SECTION 10: Proposed Service Fee Schedule..... 90**

    Proposal ..... 90

        Bid *Option 1*: EMS Billing and Collection Services Only ..... 91

        Bid *Option 2*: EMS Billing and Collection Services with ePCR Package (ImageTrend)..... 92

        Bid *Option 3*: EMS Billing and Collection Services with ePCR Package (ESO)..... 93

        Bid *Option 4*: EMS Billing and Collection Services with ePCR Package (Beyond Lucid)..... 94

    Collection Rates ..... 95

    Competitor and Transition Performance Data ..... 95

**APPENDICES..... 97**

    Appendix 1: Sample Reporting ..... 97

        Activity Summary by Code ..... 98

        Activity Summary with Percentage..... 99

        Aging by Current Schedule..... 101

        Aging Detail Report ..... 102

        Aging Summary ..... 103

        Charge Type Distribution ..... 104

        Collection Report Summary ..... 107

        Monthly Cash Receipts Journal..... 108

        Management Summary Report ..... 111



**TABLE OF CONTENTS**

---

Refund Report..... 112

Ticket Survey by Payor ..... 113

Ticket Survey Detail..... 114

Top 6 Denials Report..... 116

Year to Date ..... 117

Appendix 2: ImageTrend ePCR Specifications ..... 118

Appendix 3: ESO Solutions ePCR Specifications ..... 123

Appendix 4: Beyond Lucid Technologies ePCR Specifications..... 127

Appendix 5: Panasonic Toughpad Specifications ..... 131

Appendix 6: Panasonic Toughbook Specifications ..... 133

Appendix 7: Logic Data Systems L-5500 Specifications ..... 135

**ADDENDA ..... 137**

Addendum 5..... 137



**SECTION 1: Bid Proposal**  
City of North Richland Hills RFP 13-030  
*EMS Billing and Collection Services*

**SECTION 1: Bid Proposal**

**VENDOR NAME**

Witman Enterprises, LLC

**REQUEST FOR PROPOSAL**

**EMS BILLING AND COLLECTION SERVICES**



**RFP 13-030**  
**Due September 24, 2013**  
**BY 10:00 A.M.**

**Mandatory Pre-Proposal Conference**  
**September 17, 2013, 10:00 A.M.**

**CITY OF NORTH RICHLAND HILLS**  
7301 N.E. LOOP 820  
North Richland Hills, TX 76180  
817.427.6150  
[WWW.NRHTX.COM](http://WWW.NRHTX.COM)



## Table of Contents

Pre-Proposal Conference	1
Invitation to Bid	2
General Conditions	3
Introduction	6
Scope of Services	6
Evaluation Process	12
Proposal Format	13
Bid Forms	17
Proposal Certification	19
References	20
Attachment 'A' – Council Ordinance 3018	21

*This Table of Contents is intended as an aid to vendors and not as a comprehensive listing of the proposal package. Vendors are responsible for reading the entire proposal package and complying with all specifications.*



City of NRH EMS Billing and Collection Services RFP 13-030

PRE-PROPOSAL CONFERENCE

All vendors must attend the scheduled Pre-Proposal Conference in order to get a clear understanding of the requirements of this RFP. It is requested that the management of the company attend this Pre-Proposal Conference.

DATE: Tuesday, September 17, 2013
TIME: 10:00 A.M.
LOCATION: CITY OF NORTH RICHLAND HILLS
PRE-COUNCIL CHAMBERS
7301 NE LOOP 820
NORTH RICHLAND HILLS, TX 76180

RSVP: Vendors planning to attend the pre-proposal conference should RSVP, in writing, no later than 12 Noon, Monday, September 16, 2013.

Send RSVP to Purchasing Department at (817) 427-6151 or purchasing@nrhtx.com

RSVP:
Company Name: Wittman Enterprises, LLC
Contact Name: Russ Harms
Planning to attend Pre-Bid Meeting: X YES NO
If yes, number of representatives from your company: 2
Tel. No.: 916-669-4628 Fax No.: 916-471-5128
E-Mail Address: rharms@webillems.com

Questions from vendors will be addressed at the pre-proposal conference. Such applicant who submits a proposal and does not attend the scheduled pre-proposal conference waives any right to assert claims due to undiscovered conditions.



City of NRH                      EMS Billing and Collection Services                      RFP 13-030

The City of North Richland Hills is soliciting Proposal(s) for EMS Billing and Collection Services. The initial term of this agreement will be three (3) years. Upon completion of the initial contract term and mutual written agreement of both parties, the contract may be renewed for up to two (2) additional one (1) year terms to be award one (1) year at a time. It is the intent of the City of North Richland Hills to select a single firm to accomplish all the services outlined in this Request for Proposal.

**Vendors have two (2) options for submitting documents:**

**If submitting response in electronic form:**

**One (1) original** must be submitted electronically via Public Purchase by **10:00 a.m., September 24, 2013**. Vendors can sign up at no charge to take advantage of this option at <https://www.publicpurchase.com/gems/register/vendor/register>. If you need assistance with this process please contact Public Purchase at [support@publicpurchase.com](mailto:support@publicpurchase.com). Or use their Live Chat during business hours. Live Chat can be found in the upper right-hand corner of the website [www.publicpurchase.com](http://www.publicpurchase.com).

**If submitting response in non-electronic form:**

**One (1) original and four (4) copies** of the proposal must be submitted by **10:00 a.m., September 24, 2013**. The proposals, marked "original" and "copy", must be submitted in a sealed envelope with the following information marked plainly on the front:

City of North Richland Hills  
Purchasing: Attn: 13-030 EMS Billing and Collection Services  
7301 NE Loop 820  
North Richland Hills, TX 76180

No oral explanation in regard to the meaning of the specifications will be made, and no oral instructions will be given after the pre-bid meeting and before the award of the contract. Requests from interested vendors for additional information or interpretation of the information included in the specifications should be directed in writing to:

Jerry Lewandowski, Purchasing Manager  
Fax: 817-427-6151  
Email: [purchasing@nrhtx.com](mailto:purchasing@nrhtx.com)

**The deadline for receipt of questions shall be 5:00 P.M., Central Standard Time (CST), Thursday, September 19, 2013.**

The City of North Richland Hills reserves the right to reject in part or in whole all proposals submitted, and to waive any technicalities for the best interest of the City of North Richland Hills.



**GENERAL CONDITIONS**

In submitting this proposal, the Bidder understands and agrees to be bound by the following terms and conditions. These terms and conditions shall become a part of the purchase order or contract and will consist of the invitation to bid, specifications, the responsive bid and the contract with attachments, together with any additional documents identified in the contract and any written change orders approved and signed by a city official with authority to do so. All shall have equal weight and be deemed a part of the entire contract. If there is a conflict between contract documents, the provision more favorable to the City shall prevail.

**BID TIME**

It shall be the responsibility of each Bidder to ensure his/her proposal is turned in to the City of North Richland Hills on or before **10:00 a.m., September 24, 2013**. The official time shall be determined by the clock located at the switchboard in the North Richland Hills City Hall lobby. Proposals received after the time stated above will be considered ineligible and returned unopened.

All attached proposal documents are to be returned completely filled out, totaled, and signed. Envelopes containing proposals must be *sealed*.

**WITHDRAWING BIDS/PROPOSALS/QUOTES**

Proposals may be withdrawn at any time prior to the official opening; request for non-consideration of proposals must be made in writing to the Purchasing Manager and received prior to the time set for opening proposals. The bidder warrants and guarantees that his/her proposal has been carefully reviewed and checked and that it is in all things true and accurate and free of mistakes. Bidder agrees that a proposal price may not be withdrawn or canceled by the bidder for a period of ninety (90) days following the date designated for the receipt of proposals

**IRREGULAR BIDS/PROPOSALS/QUOTES**

Bids will be considered irregular if they show any omissions, alterations of form, additions, or conditions not called for, unauthorized alternate bids, or irregularities of any kind. However, the City of North Richland Hills reserves the right to waive any irregularities and to make the award in the best interest of the City.

**REJECTION/DISQUALIFICATION**

Bidders will be disqualified and/or their proposal rejected, among other reasons, for any of the specific reasons listed below:

- A. Proposal received after the time set for receiving proposals as stated in the advertisement;
- B. Reason for believing collusion exists among the Bidders;
- C. Proposal containing unbalanced value of any item; proposal offering used or reconditioned equipment;
- D. Where the bidder, sub-contractor or supplier is in litigation with the City of North Richland Hills or where such litigation is contemplated or imminent;



- E. Incomplete work which in the judgment of the City will prevent or hinder the prompt completion of additional work, or having defaulted on a previous contract;
- F. Lack of competency as revealed by reference checks, financial statement, experience and equipment, questionnaires, or qualification statement;
- G. Proposals containing special conditions, clauses, alterations, items not called for or irregularities of any kind, which in the Owner's opinion may disqualify the Bidder.

However, the City of North Richland Hills reserves the right to waive any irregularities and to make the award in the best interest of the City of North Richland Hills.

**AWARD OF BID**

The bid award will be made within sixty (60) days after the opening of bids. No award will be made until after investigations are made as to the responsibilities of the best bidder.

The City of North Richland Hills reserves the right to award bids whole or in part when deemed to be in the best interest of the City. Bidder shall state on bid form if their bid is "all or none", otherwise it shall be considered as agreeing to this section.

Information contained in submitted proposal documents shall not be available for inspection until after the award has been made by the City Council. Requests for this information must be submitted in writing.

**ASSIGNMENT**

The successful bidder may not assign his/her rights and duties under an award without the written consent of the North Richland Hills City Manager. Such consent shall not relieve the assignor of liability in the event of default by his assignee.

**SUBSTITUTIONS/EXCEPTIONS**

Exceptions/variations from the specifications may be acceptable provided such variations, in each instance, is noted and fully explained in writing and submitted with proposal. NO substitutions or changes in the specifications shall be permitted after award of bid without prior written approval by the Purchasing Manager.

**SALES TAX**

The City of North Richland Hills is exempt from Federal Excise and State sales tax; therefore tax must not be added to bid.

**REFERENCES**

A minimum of three (3) references, preferably located within the Dallas/Fort Worth Metroplex, must be submitted with each bid. Company name, contact and phone number must be included with each reference.



**PROHIBITION AGAINST PERSONAL FINANCIAL INTEREST IN CONTRACTS**

No employee of the City of North Richland Hills shall have a direct or indirect financial interest in any proposed or existing contract, purchase, work, sale or service to or by the City (CMA-074, Standards of Conduct, Section IV).

**DISCLOSURE OF INTEREST**

Pursuant to Chapter 176 of the Texas Local Government Code, a person, or agent of a person, who contracts or seeks to contract for the sale or purchase of property, goods, or services with the City of North Richland Hills must file a completed conflict of interest questionnaire which is available online at [www.ethics.state.tx.us](http://www.ethics.state.tx.us).

The conflict of interest questionnaire must be filed with the City Secretary of the City of North Richland Hills no later than the seventh business day after the person or agent begins contract discussions or negotiations with the City of North Richland Hills or submits to the City of North Richland Hills an application, response to a request for proposal or bid, correspondence, or writing related to a potential agreement with the City of North Richland Hills. An updated conflict of interest questionnaire must be filed in accordance with Chapter 176 of the Local Government Code. An offense under Chapter 176 is a Class C misdemeanor.

**INSURANCE**

The City requires Vendor(s) to carry the minimum insurance as required by State laws.

**TERMINATION/NON PERFORMANCE**

Continuing non-performance of the vendor in terms of Specifications shall be a basis for the termination of the contract by the City. The City of North Richland Hills reserves the right to enforce the performance of this contract in any manner prescribed by law or deemed to be in the best interest of the City in the event of breach or default of this contract. The City reserves the right to terminate the contract immediately in the event the successful bidder fails to 1.) Meet delivery schedules or, 2.) Otherwise not perform in accordance with these specifications. Breach of contract or default authorizes the City to award to another bidder, and/or purchase elsewhere and charge the full increase in cost and handling to the defaulting successful bidder.

The contract may be terminated by either party upon written thirty (30) days notice prior to cancellation without cause.

**INTERLOCAL AGREEMENT**

Successful bidder agrees to extend prices and terms to all entities who have entered into or will enter into joint purchasing interlocal cooperation agreements with the City of North Richland Hills.

Due care and diligence has been used in preparation of this information, and it is believed to be substantially correct. However, the responsibility for determining the full extent of the exposure and the verification of all information presented herein shall rest solely with the bidder. The City of North Richland Hills and its representatives will not be



responsible for any errors or omissions in these specifications, nor for the failure on the part of the proposer to determine the full extent of the exposures.

**ELECTRONIC PROCUREMENT**

The City of North Richland Hills has adopted policies and procedures complying with Local Government Code Section 252.0415, Section 271.906 and Section 2155.062. The City of North Richland Hills may receive submittals in electronic form in response to procurement requests. However, a bid that is submitted non-electronically by the due date and time will be accepted and then entered electronically by Purchasing after bid opening.

**INTRODUCTION**

**A. General Information**

The City of North Richland Hills is soliciting bids for a contract to provide Billing and Collections services of Emergency Medical Service (EMS) fees. Unless otherwise stated, all specifications listed are minimum requirements.

**B. Overview**

This contract, if awarded, will be administered by the City of North Richland Hills Fire Department with technical oversight provide by the City of North Richland Hills Finance department.

The North Richland Hills Fire Department provides emergency medical services within the North Richland Hills city limits and neighboring jurisdictions through mutual aid agreements. Approximately four thousand (4,000) billable ambulance runs occur each year.

The following statistics are for the total number of emergency transports the City has provided during the past three fiscal years:

2009/2010	3,649 Transports	\$1,676,163 Billed
2010/2011	3,849 Transports	\$1,689,233 Billed
2011/2012*	4,095 Transports	\$2,407,499 Billed

\*Increase in fees during fiscal year 2011/2012 increased total billed.

Payor Mix

Medicare	42%
Medicare	6%
Insurance	29%
Private Pay	23%

The City’s Fiscal Year is October 1 through September 30 of the following year.

**SCOPE OF SERVICES**

**A. General**

The Contractor shall promptly undertake, through ethical and lawful means the billing and collection of the City of North Richland Hills’ Emergency Medical



Service (EMS) fees with particular attention to the Consumer Credit Protection Act, Texas Debt Collections Act, Federal Fair Debt Collection Practices Act, and all other laws applicable to this type of activity.

B. Routine Billing and Collection Sources

The successful vendor will need to use the necessary forms for the routine billing and collections of Ambulance and Emergency Medical Services (EMS) fees from the following:

- Self Pay (patient pays the bills);
- Commercial Insurance, including Medicare Supplements and Replacements;
- Medicare;
- Medicaid;
- Worker’s Compensation;
- Personal Injury Protections/Medical Payments (Auto Insurance)

C. Performance Guarantee

1. Collection performance will be monitored monthly. The City recommends basing performance on the average cash collected per transport (CPT). The CPT calculation is the total dollars collected in a calendar month divided by the total transports for the same month. CPT should incrementally increase over time.

The successful contractor shall guarantee that the average monthly CPT will meet or exceed the published Medicare allowable fee schedule (Urban ALS emergent rate for DFW/Tarrant County area). If the contractor does not satisfy this requirement, a penalty will be assessed to the current month’s commission.

2. The Contractor shall provide an electronic report of the previous months billing activity.
3. The Contractor shall provide on line viewing (in real time) of billing activity.

D. Current Records

1. Emergency Medical Services (EMS) will provide billing information by means of a hard copy and/or electronic PCRS software to be provided by the contractor. The Contractor will be responsible for any reformatting of the data so that it is 100% compatible and operational with the Contractor’s computer billing system.
2. Any programming costs incurred by the Contractor in relation to the downloading of the patient records into its billing system will remain the responsibility and cost of the Contractor.
3. The Contractor shall accept responsibility for any and all cost associated with



programming related to the uploading of patient transport data into Contractors billing system.

**INCLUDE A DETAILED DESCRIPTION OF HOW THIS  
TRANSFER OF INFORMATION WILL BE ACCOMPLISHED  
WITH THE SUBMITTED PROPOSAL**

**E. Collection Methods**

1. Collection methods shall comply with all applicable Federal, State, and Local laws, with particular attention to the Consumer Credit Protection Act, Texas Debt Collection Act, Federal Fair Debt Collection Practices Act, and all other applicable laws.
2. The Contractor is required to be aware of and able to abide by the billing requirements dictated by Health Committee Finance Administration for Medicare Patients, National Heritage Insurance Company for Medicaid patients, T.W.C.C. for Workers Compensation Patients, and the Health Insurance Portability and Accountability Act (HIPAA). The Contractor must be aware of the contractual restrictions inherent in these billings and shall hold the City of North Richland Hills harmless for any billing errors due to the Contractor's activity. The Contractor is also required to be aware of and abide by any other standard billing practices of the industry.
3. In order to obtain prompt payment of accounts, the Contractor shall request the patient's insurance carriers or other responsible party to pay any outstanding balance within 5 days of the transport date.
4. The Contractor shall provide all delinquent accounts (those uncollected 180 days after transport) and related account information, in a manner deemed acceptable by the City, to the City or to the City's delinquent accounts contractor.

**F. Reports**

1. As a minimum, the following reports shall be provided monthly, report recapping total vendor activity as follows:
  - Total number of accounts billed by month and by year;
  - Total amount billed by month and by year;
  - Amounts written off due to Medicare assignment by month and by year;
  - Average age of the accounts;
  - Total number of outstanding accounts by month and by year;
  - Total number of accounts collected by month and by year;
  - The recovery percentage by month and by year;
  - Monthly summary of bad debt write-off accounts;
  - Charge Mix;
  - Residents vs. Non-Resident;



City of NRH EMS Billing and Collection Services RFP 13-030

- Billable vs. Non-Billable;
  - Mileage and current rates being charged;
  - An accounts receivable aging report;
  - An alphabetical listing of all outstanding customers on file with the following information:
    - a. Name
    - b. Date of transport
    - c. Amount owed
    - d. Client balance
    - e. Last payment
2. As a minimum, the following reports should be made available on request:
    - Report listing all account assignments for verification;
    - An alphabetical listing of all customer accounts making payments, their service address, the customer account number (if applicable), and the amount of the payment received;
  3. Customizable reports for statistical billing and patient care records shall be available in real time and accessible via the World Wide Web by authorized City users 24/7. User training shall be provided to the City before implementation.

**Samples of these reports are to be submitted as part of this proposal, as well as samples of any other standard reports. Other reports may be requested as needed and be provided at no additional cost.**

**G. Deposits**

1. The Contractor must serve as the primary location to accept payments and may accept payments in the name of the NRH or the Contractor.
2. The Contractor shall deliver all collections to NRH for deposit by the last business day of each week.

All deposits to the City should include supporting documentation relating the amount of the deposit to the various receivable accounts. This information should accompany each payment submitted by the Contractor to the City.

3. Funds shall be able to be deposited via ACH.

**H. Billing**

1. The City of North Richland Hills currently bills for EMS services on an itemized basis. Please see the Attachment 'A' document for the current pricing schedule established by City Council Ordinance number 3018. (<http://www.municode.com/resources/gateway.asp?pid=13926&sid=43>) Contractor is required to calculate fees and process transactions according to this itemized pricing schedule until otherwise notified in writing by the City of any fee changes.
2. The Contractor will properly code the bill for the services and send it to the party responsible for payment (Medicare, Medicaid, Insurance Company or other).



3. If the invoice is returned to the Contractor for re-coding, the Contractor shall re-code and re-submit. In determining the proper code, Contractor may be required to contact the organization or insurance company that rejected the initial invoice. Only after exhausting all attempts to collect from Medicare, Medicaid, the insurance company, or a third party, shall Contractor then seek payment from the patient.
4. All instructions for payment issued by the Contractor shall indicate that payments will be made to the Contractor, not the City.
5. The Contractor collects the fees for ambulance service and shall remit a payment equal to the Contractor's collections for the month. With the monthly payment the Contractor shall also submit all required reports and an invoice for the monthly commission fees to the City within 15 days at the end of each month.
6. The City will review reports of collections and invoices submitted by the vendor and issue payment for commission (less any penalties assessed) within 21 days of receipt of monies collected.

**NOTE:** No additional fees shall be charged to a patient without prior consent from the City.

7. The Contractor shall honor all requests by the City to withdraw accounts from collection. Once an account has been turned over to the City, the agency is relieved of all responsibility of collection and the billing shall reflect any such action.
8. In conjunction with the billing process, Contractor shall also remit to the Texas Department of State Health Services and the North Central Texas Trauma Regional Advisory Council all required reports on behalf of the City (Trauma Registry). All error reports will be investigated and the cause of the error corrected as soon as possible.
9. Contractor shall be responsible for all data reporting to any National, State or County agency as required by law.

I. Records

1. The Contractor shall maintain adequate records of the services performed, i.e. invoices and statements, collection efforts, patient accounts and insurance filing, for audit by the City or an Agent thereof. All records shall be available for inspection and audit, without prior notice, by the City of North Richland Hills.
2. The Contractor will also process any and all of the billing and patient records request, with no additional charge to the City. Please provide a copy of your anticipated charges to customers for records request.
3. The Contractor shall maintain all records in accordance with current National, State and County retention regulations as required by current law.
4. Ownership of all records shall remain the property of the City of North Richland Hills. In the event the contract is terminated or upon contract expiration, all records shall be returned to the City within 30 days.

J. Contact



Contractor agrees to have in operation, within three (3) days of contract execution, a toll free phone number for calls originating from throughout the Dallas/Ft. Worth Metroplex area. It shall be staffed during regular business hours (Monday –Friday from 8:00 a.m. till 5:00 p.m.) by an employee of the Contractor who will answer any questions regarding the bills or other services provided by the Contractor under this agreement. The phone and fax numbers shall be published on all statements sent by the Contractor in its efforts of collection and billing under this agreement.

K. Payment

The Contractor agrees to accept all forms of payment including major credit cards and shall be responsible for any related fees.

L. Experience

The Contractor shall have a minimum of three (3) years favorable experience in providing this service.

M. Internal Procedures

1. Contractor shall have in place operating procedures and internal controls over the billing and collection process. **Note:** The system to be used with the City’s accounts may determine the acceptability of the proposal.
2. Contractor shall have an online Quality Assurance and Quality Improvement process.

N. Term

The term of this agreement is for an initial 36 months, with, at the City’s option, two (2), additional 12-month renewals (total five years). Contract term shall begin February 1, 2015.

O. EMS Patient Care Reporting System

1. The Contractor must provide an Electronic Patient Care Reporting System
2. The EPCR system shall have the ability to integrate with current and/or future CAD system and Lifepak Monitors at no additional charge.
3. PCRS must be user friendly and an initial implementation training presented to all users associated with the City. This training shall be conducted any time a significant change in the software is encountered.
4. Must be capable of seamless integration with billing services.
5. All software related costs, including upgrades, must be provided at the vendor’s expense.
6. Must meet all legal documentation requirements for patient encounters.
7. Must contain narrative assistance features and have the ability to turn off if requested.
8. The City would like the ability to have custom field data software modifications.
9. The system must submit a report on a daily basis to the City. This report shall include but not be limited to the prior day’s responses and PCRS generated by the system users.
10. The Contractor will be responsible for providing Red Flag Alert and HIPAA



training upon integration of this system and provide annual training for all users or as requested.

- 11. The Contractor must provide data entry devices (Windows tablets, iPads or convertible laptop) to ensure efficient data entry. The Contractor shall provide these devices, software, and all other hardware, software, and associated services and maintenance/upgrades at no additional cost to the City. These devices should be inherently ruggedized and waterproof and vendors shall provide necessary cases to achieve such. The contractor shall provide a minimum of five (5) devices to a maximum of seven (7) devices to the City for use.

Annually, the City will reevaluate the type of hardware in use and reserve the right to request an upgrade to latest technology at no additional cost to the City.

The Contractor shall agree to ship a replacement device to the City while the Contractor performs maintenance or repairs to existing devices (the contractor shall incur all associated charges for repair and/or shipping).

- 12. The Contractor will supply the internet air cards and be responsible for the air time charges associated with this system.
- 13. The PCRS should allow entry or addition to a PCR via web access (World Wide Web) and/or by utilizing the Tough Books provided by the vendor's PCRS.
- 14. The City of North Richland Hills would like the ability to enter PCR through any and all Fire Department computers. (Estimated number of computers -75.)
- 15. The Billing company should have the ability to scan documents and be responsible for attaching the document directly to a PCR at no charge to the City.

**EVALUATION PROCESS**

The objective of this evaluation process is to identify and select the proposer that best satisfies the requirements of the City of North Richland Hills. All proposals received by the submission deadline will be evaluated by the City of North Richland Hills' evaluation committee. The evaluation committee will review, rate, and rank each proposer's proposal in accordance with the weighted criteria contained in this document.

The City reserves the right to conduct presentations/interviews with proposers.

There are a total of 100 possible points for this proposal.

**Proposal Requirements Met (see pages 13-16) 25 points**

**Experience and Client History 15 points**

(Company Overview, Company Operational Information, Client History)

**Proposal of Services 20 points**

(Transition Plan, Hardware/Software Solution, Reporting)



**Proposal of Services 20 points**  
(Billing, Collection and Customer Service Processes)

**Price (Percentage of Collections) 20 points**  
Points are calculated using the formula below:  
Lowest Bid / Other Bid x Available Points (25) = Bidder’s Price Score

The City may request a demonstration on the operation and use of the actual software and hardware applications in order to rate this component.

1. Does the software meet the needs of this City?
2. Does the hardware meet the needs of this City?
3. Is the proposed software user friendly?
4. Is the proposed hardware dependable?
5. Is the hardware intended for field use?
6. Does the software program for retrieving EMS Billing/Patient statistics data accommodate our needs?
7. How is a software update handled? Can City Information Services staff install upgrades and updates?
8. How is software support handled? Is there a “help desk” number to call when assistance is needed?

**PROPOSAL RESPONSE DOCUMENTS REQUIRED**

In order to be considered responsive, the Bidder shall submit with their Bid Proposal, such documentation as is necessary or required to attest to the company’s capabilities and qualifications to perform the work as specified and all aspects of this contract in a competent and expeditious manner. Such documentation shall consist of no less than the following:

**Company Overview**

Respondent shall provide the following information with their submission, including a brief company overview, history, and financial status:

Firm name, address, phone number, and date established

Address and location of the local responsible office

Name of office principals, their experience and professional qualifications

Describe your firm’s experience in providing EMS billing and collection services including the number of years your firm has actively participated in EMS billing and collection.



Number of company employees – internationally, nationally and locally

Describe your firm’s annual employee attrition rate for the past three (3) years.

Supply a list of employees who will be devoted to servicing the City’s account. Individual resumes of the lead members of your service team should be supplied.

Provide a complete and current listing of all industry certifications, accreditations and affiliations your firm holds.

Describe your firm’s business continuity plan.

List all audits involving your firm (or any firm previously affiliated with your firm) performed by an independent accounting agency in the past five (5) years.

**Company Operational Information**

Provide information regarding internal audit processes for internal procedures and compliance with all federal, state and local regulations and laws. This should include information for company processes that ensure compliance with current allowable rates of Medicare, Medicaid and all insurance providers.

Provide copy of proof of process engagement for SAS 70 Type II Certification

Provide proof of compliance program that meets or exceeds the Department of Health and Human Services Office of Inspector General Compliance Program Guidance for Third-Party Medical Billing Companies

Provide a copy of company’s Red Flag Rules compliance plan

Describe process improvement methodologies and ongoing training (for both company staff and the City)

Provide process to measure vendor performance, including your expected performance goals in areas such as, collection rates, data availability, customer response times, etc.

**Client History**

List all client cities for which your firm (or any firm previously affiliated with your firm) provides service of similar scope and size that have been audited in the past five (5) years by a governmental agency and the final outcome of said audits.

List all cities in the past three (3) years of similar scope and size that your firm no longer provides service for and a contact person for each entity.

Describe whether your firm (or any firm previously affiliated with your firm) has ever undergone an investigation by an outside agency pursuant to the filing of



Medicare/Medicaid claims and describe the outcome of the investigation including ramifications to your firm or your firm's client cities.

Describe whether your firm has ever lost an account due to concerns of improper billing practices, accusations or clients concerns of fraud as defined by CMS and other applicable Federal or State Authorities.

**Transition Plan**

Please provide your proposed transition plan to a new billing provider. Please include proposed timeline schedule, from date of City award to complete delivery and implementation of all system components, to include but not limited to all hardware, software, and City staff training.

**Hardware and Software Solution**

Discuss the proposed hardware, software, and wireless system solutions to be used for servicing all aspects of this contract. Bidder is solely responsible for insuring appropriateness of use and obtaining licenses for use of proprietary software.

Responses should also include:

- Describe company's data plan to include areas of security, information availability, data storage and redundancy and an emergency recovery plan
- Proposed plan for hardware repair/replacement (to include proposed process and timeframe)
- Provide information on your Company's plan to ensure the proposed hardware will continue to meet the technical demands required throughout the life of the contract.

**Reporting Processes**

Provide a detailed plan which addresses the following:

- Process for operational reporting (including media format, types and frequency of reports)
- Provide information on available canned reports and sample reports
- Process for individual account reports, and customized reports on an as needed basis. The vendor flexibility and timeliness to develop customized reports will be considered in evaluating the proposal.
- Process for handling of HIPPA regulated information
- Process for reporting requirements to outside agencies, including but not limited to the Texas Trauma Registry and the Texas Department of State Health Services

**Billing Processes**

Provide information for the following:



- Describe process to bill, collect and audit in compliance with all federal, state and local regulations; including internal controls and “checks and balances” process that has been implemented to ensure proper billing compliance on an ongoing basis with all applicable regulations.
- Process for gathering missing transport information (client or insurance)
- Process for billing mileage
- Process for reporting on billing and collections
- Process for re-filing of rejected claims
- Process for ensuring insurance claims were paid correctly

**Collection & Customer Service Processes**

Provide a detailed collection solution which addresses the following:

- Company’s collection process. Please provide dialogs, scripts, forms or letters. Please highlight any aspects of your company’s collections capabilities that distinguish it from other firms offering the same or similar services.
- Process for reporting uncollected/delinquent accounts
- Process to provide multiple payment methods to customers and a description of all available options
- Process for handling customer disputes such as hardship requests and billing/charge disputes
- Process for handling customer inquiries through multiple media (email, telephone, written), including response times, performance measurements and goals
- Process which allows the customer to view their account
- Process for maintaining and keeping active all certifications required such as Medicare and Medicaid on behalf of the City of North Richland Hills.
- Explain the customer service process for the City of North Richland Hills’ staff. Provide contact information, hours of operation, expected turnaround time for problem resolution.



**BID FORMS**

ITEM	DESCRIPTION	ANSWER
1	What is the total monthly commission rate to provide routine billing and collection services under this contract (based on net cash collected monthly)?	4.50 %
2	What is the total monthly commission rate to provide EPCR services under this contract (based on net cash collected monthly)?	1.25 %
3	The successful contractor shall guarantee that the average monthly CPT* will meet or exceed the published Medicare Fee Schedule**. If your company can guarantee to exceed the published Medicare Fee Schedule, by what percentage can it be exceeded? If the guaranteed CPT cannot exceed the Medicare Fee Schedule, put 0%.	*** % **please see the attached projection
4	How many months will it take your company to meet the guaranteed average monthly CPT you stated above?	*** **please see next page
5	What percentage of monthly commission is your company willing to forfeit if the above performance guarantee*** is not met?	*** % **negotiable rate
6	What is your average Days to Bill?	3-5 days
7	What is your average Days to Pay for Medicare claims?	14 days after initial billing
8	What is your average Days to Pay for private insurance?	60-70 days
9	Are you able to provide recommendations for updating the City's fee schedules annually? Explain.	Answer on separate sheet
10	Would you be able to assist the City in setting the annual budget for ambulance collections and help track that progress throughout the year? Explain.	Answer on separate sheet
11	The city intends to implement a subscription service. When this service is implemented, how will your proposed charges to the city change?	Answer on separate sheet

\* Collection per Transport = \$ cash collected monthly / number of transports monthly.  
 \*\* Using most currently published Medicare Fee Schedule for Urban, ALS emergent rates in the DFW/Tarrant County area.  
 Using current payor mix: Medicare 42%, Medicaid 6%, Insurance 29%, Private Pay 23%.  
 \*\*\* See Scope of Service section, C-1. (page 7)



**City of North Richland Hills  
EMS Billing and Collection Services  
RFP 13-030**

**BID FORMS: EXTRA RESPONSES PAGE**

- Item 3:** Please see the attached *Projection Sheet* indicating our full projection as well as the estimated average collection per transport.
- Item 4:** *Approximately 6 months, depending on ramping up progress and results.*
- Item 5:** We welcome the opportunity to further negotiate this item with the City.
- Item 9:** Yes. As part of our service we regularly perform area rate comparisons for neighboring cities/departments. These surveys track the various ALS and BLS rates as well as supplies, medicines, treat/no trans, etc. Based on this information and your particular payor mix we can make suggestions as to levels of fee schedule adjustments.
- Item 10:** Yes. Our Chief Financial Officer will work directly with your team to provide progress and financial performance updates and reports to give you the information necessary to adequately track the EMS billing progress throughout the year. Projections, progress reports, and end-of-period reporting are part of the regular service provided by Wittman Enterprises, LLC.
- Item 11:** Conceivably there would be no additional charges to the City's rates depending on the complexity of the program and the information (and method of receiving information) provided. We work with membership programs for numerous clients including Hurst, Texas.



Total Runs 4,000  
 ALS 80% of Total Runs 3,200  
 BLSE 20% of Total Runs 800  
 Average ALS Run Charge \$920.00  
 Average BLSE Run Charge \$920.00

PaySource	Run Percentage	Charges				Payments		% of Charges
		ALS	BLSE	ALS	BLSE	ALS	BLSE	
Insurance	29.00%	928	232	\$853,760.00	\$213,440.00	\$725,696.00	\$181,424.00	85%
Private	23.00%	736	184	\$877,120.00	\$189,280.00	\$40,627.20	\$10,158.80	6%
Medicare	42.00%	1,344	336	\$1,236,480.00	\$309,120.00	\$556,416.00	\$120,556.80	42%
Medicaid	6.00%	192	48	\$176,640.00	\$44,160.00	\$65,356.80	\$14,131.20	33%
	100.00%			<b>Sub-Total</b>	<b>\$2,944,000.00</b>	<b>\$736,000.00</b>	<b>\$1,368,096.00</b>	<b>\$326,268.80</b>
				<b>Grand Total</b>	<b>\$3,680,000.00</b>		<b>\$1,714,364.80</b>	
				<b>Gross Percentage</b>		<b>46.59%</b>		

		ALS	BLSE	MediCare	MediCaid
Base Rates Resident	\$ 667.00			\$ 404.98	\$ 300.62
Base Rates Non Resident	\$ 935.00			\$ 340.68	\$ 253.14
Mileage	\$ 12.00			\$ 6.94	\$ 4.96
Supplies Cost + 20%	\$ 35.00			\$ -	\$ -
Non Transport Fee	\$ 100.00				
Average Charge	\$ 920.00				
Average Mileage	7				

Historical Information	Count	Charges	Receipts	Collections per call	Monthly Receipts
2010	3649	\$ 1,914,042.00	\$ 511,558.00	\$ 167.60	\$ 145,000.00
2011	3849	\$ 2,227,310.00	\$ 1,187,570.00	\$ 308.54	
2012	4095	\$ 2,465,000.00	\$ 1,408,557.00	\$ 343.97	
2015	4095	\$ 3,767,400.00	\$ 1,714,364.80	\$ 418.65	With Wittman Enterprises, LLC as your biller

\* If the information provided by the RFP regarding call volume, payor mix, and average charge are correct

City of North Richland Hills Projection Sheet: RFP 13-030 – EMS Billing and Collection Services



City of NRH                      EMS Billing and Collection Services                      RFP 13-030

**DELIQUENT COLLECTION SERVICE**

The City intends for the Primary Contractor to extend service to include the collection of delinquent accounts. However the City reserves the right to award a separate contract for this service if it is determined to be in the best interest of the City.

**Note:** Any costs resulting from a misapplied debtor's payment and the subsequent recall or discontinuance of the collection process shall be the sole responsibility of the successful Contractor.

DESCRIBE ANY OTHER COSTS FOR THESE SERVICES INCLUDING SETUP FEES, IF ANY	COST
<small>To avoid any conflicts of interest between billing and bad debt collection, we believe the City is better served having two different agencies working on billing and collection agency assignments separately. We are happy to provide a list of agencies, including Texas-located options, with which our clients often contract.</small>	\$ n/a
	\$
	\$
	\$



City of NRH EMS Billing and Collection Services RFP 13-030

**PROPOSAL CERTIFICATION**

The Undersigned, in submitting this proposal, represents and certifies:

- a. He/she is fully informed regarding the preparation, contents and circumstances of the attached bid;
- b. He/she proposes to furnish all equipment/service at the prices quoted herein and bid is in strict accordance with the conditions and specifications stated herein;
- c. There will at no time be pleaded either a misunderstanding as to the intent of the specifications or conditions to be overcome or pleaded after the bids are opened;
- d. He/she is an equal opportunity employer, and will not discriminate with regard to race, color, national origin, age or sex in the performance of this contract.

COMPANY: Wittman Enterprises, LLC

ADDRESS: 11093 Sun Center Drive

CITY, STATE & ZIP: Rancho Cordova, CA 95670

TELEPHONE: 916-669-4608

FAX: 916-471-5108

EMAIL: cwittmanwong@webillems.com

SIGNATURE: *Corinne Wittman Wong*

PRINTED NAME: Corinne Wittman Wong

DATE: September 24, 2013



REFERENCES

Each Contractor is to provide a minimum of five (5) verifiable references in which they have provided this or a similar service. Additionally, on a separate sheet of paper, please list all clients your company has provided service for in the last five (5) years and note if the account is currently active or inactive.

Company Name: City of Hurst
Address: 1505 Precinct Line Road, Hurst, Texas 76054
Contact Person: Jeff Jones, Assistant City Manager
Telephone: (817) 788-7028
Contract Date: 04/2012
Previous Year's Collection Rate: \* partial year: new client \*

Company Name: Sacramento Metropolitan Fire District
Address: 10545 Armstrong Avenue, Mather, CA 95655
Contact Person: Rhonda McFarlane, CFO/Controller
Telephone: (916) 859-4520
Contract Date: 04/2001
Previous Year's Collection Rate: 59.23%

Company Name: City of Huntington Beach
Address: P.O. Box 190, Huntington Beach, CA 92648
Contact Person: Jane Cameron, Fire Medical Coordinator
Telephone: (714) 375-5097
Contract Date: 01/1993
Previous Year's Collection Rate: 71.09%

Company Name: City of Westminster
Address: 9110 Yates Street, Westminster, CO 80031
Contact Person: Rick Spahn, EMS Coordinator
Telephone: (303) 658-4532
Contract Date: 07/2012
Previous Year's Collection Rate: \* partial year: new client \*

Company Name: City of Carson City
Address: 777 S. Stewart Street, Carson City, NV 89701
Contact Person: Stacy Giomi, Fire Chief
Telephone: (775) 283-7150
Contract Date: 07/2012
Previous Year's Collection Rate: \* partial year: new client \*



ATTACHMENT 'A'

Ordinance Number	Date	Section	Section this Code
3018	9-22-2008	1	App. A, § 30-70

Section 30-70	Emergency medical service fees	
	Resident transport, base rate	\$667.00
	Nonresident transport, base rate	\$935.00
	Mileage rate per mile to hospital	\$ 12.00
	Treat-no-transport fee	\$100.00
	Consumables	
	actual cost plus 20%	
	All disposable supplies will be charged at current cost plus 20% and are updated periodically	
	All drug prices will be charged at current cost plus 20% and are updated periodically	
	Adjustment for cost recovery	
	The director of finance shall review and adjust resident ambulance fees annually to result in a cost recovery for resident fees of 36 percent in FY 2009, 44 percent in FY 2010, 52 percent in FY 2011, and thereafter to result in a cost recovery of 60 percent.	
	The director of finance shall review and adjust nonresident ambulance fees annually to result in a cost recovery for nonresident fees of 67 percent.	
(Memo of 12-21-2005, eff. 1-1-2006; Memo of 2-22-2007, eff. 1-1-2007; Memo of 1-11-2008, eff. 1-1-2008; Ord. No. 3018, § 1, 9-8-2008; Memo of 10-1-2009; Memo of 4-6-2012, eff. 9-30-2011)		



**SECTION 2: Company Overview**  
City of North Richland Hills RFP 13-030  
*EMS Billing and Collection Services*

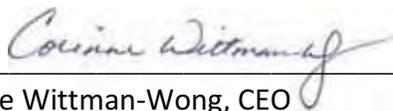
**SECTION 2: Company Overview**

**LETTER OF TRANSMITTAL**

Thank you from each of us on your contract management team for the opportunity to provide the City of North Richland Hills (“City”) this proposal for *EMS Billing and Collection Services*. Wittman Enterprises, LLC, an EMS Billing and Collection Specialist, is pleased that our high level of performance exceeds the City’s demands for the following fundamental objectives:

- For more than 22 years Wittman has provided our clients complete ambulance billing services, accounts receivable management services, and collection services for Basic Life Support (“BLS”), Advanced Life Support (“ALS”), and non-transport services in compliance with current local, state, and federal laws and statutes.
- We efficiently and effectively file claims with governmental programs such as Centers for Medicare and Medicaid (“CMS”) as well as commercial health insurance.
- Wittman Enterprises follows and exceeds currently accepted standards for accurate, consistent, and best EMS billing practices.
- We are licensed, insured, bondable, and HIPAA compliant for the State of Texas. ***Wittman Currently provides EMS billing services for the City of Hurst, Texas.***
- We will maximize revenue for the City in line with your collections philosophy ***while treating each of your patients, citizens, and visitors as our own.***

Corinne Wittman-Wong, CEO, is authorized to enter Wittman Enterprises, LLC into contract. This proposal is valid for 180 days from September 24, 2013.



Corinne Wittman-Wong, CEO

September 24, 2013

Date

**Corinne Wittman-Wong, CEO**

11093 Sun Center Drive  
Rancho Cordova, CA 95670  
(916) 669-4608 direct  
(916) 669-4635 fax

[cwittmanwong@webillems.com](mailto:cwittmanwong@webillems.com)

**Walter Imboden, President**

11093 Sun Center Drive  
Rancho Cordova, CA 95670  
(916) 669-4602 direct  
(916) 471-5102 fax

[wimboden@webillems.com](mailto:wimboden@webillems.com)

**Russ Harms, Client Liaison**

11093 Sun Center Drive  
Rancho Cordova, CA 95670  
(916) 669-4628 direct  
(916) 471-5128 fax

[rharms@webillems.com](mailto:rharms@webillems.com)

**Stephanie Cooper-Noe, Client Liaison**

11093 Sun Center Drive  
Rancho Cordova, CA 95670  
(916) 669-4607 direct  
(916) 471-5107 fax

[scooper-noe@webillems.com](mailto:scooper-noe@webillems.com)



**CONTRACTOR IDENTIFICATION**

Wittman Enterprises, LLC (established 1991)  
11093 Sun Center Drive  
Rancho Cordova, California 95670  
(855) 611-0056 (toll free)

Wittman Enterprises conducts all of our work and provides **all services from our single location** in the Sacramento, California area. All production and customer service activities are conducted at 11093 Sun Center Drive in Rancho Cordova, California.

**TAX IDENTIFICATION NUMBER**

68-04560521

**COMPANY GOVERNANCE AND ORGANIZATION**

We are a Limited Liability Company. Wittman has 116 employees including 4 board members and 14 managers. Our Board of Directors is:

<b>CEO</b>	<b>Corinne Wittman-Wong</b>
<b>COO/President</b>	<b>Walter Imboden</b>
<b>Vice President</b>	<b>Kathryn Garcia</b>
<b>CIO</b>	<b>David Wittman</b>

Our staff is divided among four separate departments: Customer Service Representatives with 61 employees, Cash Receipts with 9 employees, Support Services/Electronic Billing with 9, and Data Entry with 23. All departments are dedicated to the personal attention of our clients and their patients’ needs. This personal attention makes the difference between collecting the “easy” money and pursuing difficult payment situations for maximum legal reimbursement.

**SUMMARY OF SERVICES**

Wittman Enterprises is an EMS Billing Specialist providing products and services specifically designed to assure that EMS providers such as the City of North Richland Hills are reimbursed in a timely fashion for services they provide. We get our clients their maximum legal reimbursement available. Wittman Enterprises, LLC builds EMS partnerships that provide what you want when you need it. By focusing our quality customer service on *Accessibility, Accountability, Compliance Management, Comprehensive Revenue Recovery, and Reliability*, we are different than our competitors.

**Accessibility:** The City will be provided direct phone numbers to all management staff from the CEO to the Account Representative Supervisors. Our staff is continually trained to prioritize their workflows in order to address your most crucial needs first.



**Accountability:** We provide the City of Richland Hills detailed reporting and regular contact with senior staff to ensure complete reconciliation of your accounts. Many of your reports are readily available online through our [Client Portal](#) program. We put quality people and resources to your tasks. Technology and people are linked seamlessly so that concentrated client attention leads to positive results in the timeliest manner possible.

**Compliance Management:** The combination of our processes, ongoing training, and documentation training of your staff works to ensure your compliance so that, in the event of a Medicare or similar audit, the City has a record of clean claims and a history of proper billing.

**Comprehensive Revenue Recovery:** We don't just pursue "the cream" for you. In addition to collecting from Medicare, Medicaid, and Private Insurance, we appeal all denials, we research all private pays to find viable insurance, and we work with patients to arrange alternate methods of repayment.

**Reliability:** There are no requirements or added costs for electronic interfacing with Wittman Enterprises. We provide the City extensive mapping of information with any ePCR system to ensure that it correctly corresponds to our billing system.

**OPTIONAL SERVICES**

**Fire Inspection Billing**

Enhancing our comprehensive EMS billing service line, we provide Fire Inspection Billing and Collections Services. Many state and local statutes allow governments to recover their costs associated with building plan reviews and fire and life safety inspections. Following local guidelines we bill and collect on your behalf for reimbursement for some of the following inspection services:

- Inspections for Construction Permits (for example: fire sprinkler, fire alarm, and fire standpipe systems).
- Inspections for Operational Use Permits (for example: hazardous and dangerous functions)
- Inspections for Business Fire Code Compliance.

**False Alarm Billing**

We also provide False Alarm Billing and Collection Services to our EMS partners for reimbursement of services performed. Comprehensive False Fire Alarm programs can help you reduce wasteful false alarm runs by maintaining a database of repeat offenders and assessing them approved and proper fees. Wittman Enterprises can help you stay on top of your reimbursable costs associated with false alarms, getting you your maximum legal reimbursement available.

**Membership Program Administration**

Wittman Enterprises can help you administer your EMS Membership Program. Working from PCRs transferred from your database into our billing system we perform for you all billing and collection functions and maintain subscription account records.



**STATEMENT OF QUALIFICATIONS**

For more than 22 years Wittman Enterprises has customized service innovations for our partners in the EMS industry. Our ambulance billing customers are located in Alaska, California, Colorado, Idaho, Nevada, Oregon, and Texas. We serve over 100 public EMS clients and bill more than 375,000 claims annually. Our superior staff specializes in EMS billing and continually audits our work to ensure maintained high quality of billing service. The importance of these characteristics is that any number of claims will be handled with the same quality assurance.

Wittman Enterprises fully embraces automated and technological advances and recognizes that our quality service is also reliant upon our talented people to provide you the best level of service. We do not want to be the largest ambulance billing company but the best at serving our ambulance billing clients. Over our 22 years we have accumulated an extensive patient database allowing us to check each new account against every patient in our database, in addition to their key billing information and associated hospital data. This allows us to continually streamline the billing process in a more efficient and thorough manner. We do this under the strictest HIPAA compliance regulations to ensure proper patient information confidentiality. Wittman looks forward to creating and nurturing our EMS partnership with the City of North Richland Hills, providing what you want when you need it.

**RELEVANT EXPERIENCE**

From the beginning of your project we anticipate and manage for you issues such as Medicare compliance and revalidation, reconciliation of payments from legacy billing accounts, responses to legal and other requests, and customization of a reporting program surpassing your specific needs. We have a long history of meeting and exceeding client expectations and service deadlines. Wittman Enterprises, LLC was founded 22 years ago with the promise of providing expert and personal attention to our EMS partners and their EMS billing programs. This will never change. Wittman is dedicated exclusively to the EMS industry and chooses to be expert in that industry rather than diversify into other medical billing fields. Our excellent reputation is gained from professional relationships with providers and third party payers, as well as from our sensitive yet collection-oriented communications with patients and their representatives. Since our only business is EMS billing, our specialized staff is dedicated and expertly trained in this field.

**IDENTIFYING STAFFING NEEDS**

Processes at Wittman are divided into functions to manage follow-up procedures required on billed accounts. These functions include Medicare and Medicaid specialists, a private insurance follow-up group, incoming call representatives, and our revenue assurance department, which handles all insurance payers. Our specialists are seasoned employees who either come to us with industry-related experience or who have shown potential and knowledge after employment with Wittman for at least a year. On the billing side, where the accounts are initially billed, we employ certified billers working 911 and non-emergent transports. They learn the nuances of the client and payors for that



particular area. We manage and monitor the number of claims, and each of the functions our team are working on, via work flows, KPI's, and our hands-on oversight from our experienced management staff. If and when we identify any lag time or increase in volume we adjust our standard operating procedures accordingly via working overtime, adding staff, automating our processes, or a combined effort of all resources in order to bring you the best results possible.

**CITY OF NORTH RICHLAND HILLS *PROJECT STAFFING***

In order to maintain our industry-leading employee ratio of 4,000 claims to 1 full time employee we carefully monitor staffing levels and provide continuous improvement and training for our staff. Our Texas accounts team is currently in place and is fully equipped to take on an account of North Richland Hills' size. This team is a mixture of seasoned/experienced staff including a Division Manager, Supervisor, Medicare and Medicaid experts, billers, custom service representatives, and clerical staff.

**CITY OF NORTH RICHLAND HILLS *CONTRACT MANAGEMENT TEAM***

<b>Corinne Wittman-Wong, CEO</b> (916) 669-4608 <a href="mailto:cwittmanwong@webillems.com">cwittmanwong@webillems.com</a>	<b>Walter Imboden, President and CFO</b> (916) 669-4602 <a href="mailto:wimboden@webillems.com">wimboden@webillems.com</a>
<b>Kathryn Garcia, Vice President</b> (916) 669-4604 <a href="mailto:kgarcia@webillems.com">kgarcia@webillems.com</a>	<b>Donna Bailey, Director of Operations</b> (916) 669-4626 <a href="mailto:dbailey@webillems.com">dbailey@webillems.com</a>
<b>Joe Balkema, Executive IT Director</b> (916) 669-4620 <a href="mailto:jbalkema@webillems.com">jbalkema@webillems.com</a>	<b>Stephanie Cooper-Noe, Client Liaison</b> (916) 669-4607 <a href="mailto:scooper-noe@webillems.com">scooper-noe@webillems.com</a>
<b>Russ Harms, Client Liaison</b> (916) 669-4628 <a href="mailto:rharms@webillems.com">rharms@webillems.com</a>	

**CITY OF NORTH RICHLAND HILLS *PROJECT SUPERVISION TEAM***

<b>Jennifer Bump, Division Manager</b> (916) 669-4612 <a href="mailto:jbump@webillems.com">jbump@webillems.com</a>
<b>Jennifer Gentry, Production Manager</b> (916) 669-4621 <a href="mailto:jgentry@webillems.com">jgentry@webillems.com</a>
<b>Nicole Powers, Division Manager</b> (916) 669-4624 <a href="mailto:npowers@webillems.com">npowers@webillems.com</a>
<b>Samantha Taylor, Division Manager</b> (916) 669-4624 <a href="mailto:staylor@webillems.com">staylor@webillems.com</a>



**CITY OF NORTH RICHLAND HILLS PROCESSING TEAM**

<p><b>Heather Montano, Division Lead</b>                  (916) 669-4609  <a href="mailto:hmontano@webillems.com">hmontano@webillems.com</a></p>
<p><b>Kelly Burgess, Billing Supervisor</b>                  (916) 669-4612  <a href="mailto:kburgess@webillems.com">kburgess@webillems.com</a></p>
<p><b>Rebekah Miller, Billing Supervisor</b>                  (916) 669-4624  <a href="mailto:rmiller@webillems.com">rmiller@webillems.com</a></p>
<p><b>Rene Wittman, Cash Receipts Supervisor</b>                  (916) 669-4624  <a href="mailto:rwittmanan@webillems.com">rwittmanan@webillems.com</a></p>

**KEY PERSONNEL**

**Corinne Wittman-Wong, Chief Executive Officer**

Corinne has been with Wittman Enterprises, LLC for 20 years. As CEO she is responsible for the strategic planning and vision of the company. Her strong knowledge of the industry integrates completely with her experience of working in all departments of the company and provides her with a unique perspective on our company’s philosophy and goals. She administers the supervision of our clients’ accounts, and the adherence of policies and procedures set forth by the company, while facilitating and encouraging leadership qualities, innovativeness, and direction of our employees.

**Walter Imboden, President**

For 23 years Walter has worked in the EMS billing industry. He oversees all aspects of the day-to-day production and operations of the company, monitoring both production and personnel. He directs the billing and collection processes ensuring adherence to our clients’ contract requirements. He develops office procedures that are designed to enhance and expedite workflow. Over the years while working in every department at Wittman Enterprises, LLC Walter has developed strategic, tactical, and short-term operations that enable him to provide invaluable guidance and training to our department managers.

**Kathryn Garcia, Vice President**

In her 14 years with Wittman, Kathryn has worked and managed all departments. This provides her the perspective and experience to help the City with any special requests or circumstances. Kathryn oversees the billing team and the cash receipts team. She provides the City with special reports to aid the balancing process for trips, refunds, and deposits. She also creates, reviews and distributes all client month-end reports.



**Donna Bailey, Director of Operations**

With more than 21 years of ambulance billing experience Donna’s knowledge of EMS encompasses everything from non-emergency, CCT, and 911 calls. She administers company policies and procedures for billing, ensuring staff compliance. She implements improvements for faster and more efficient reimbursement of claims for our clients. For example, Donna increased our electronic billing capabilities by 30% in her first year with Wittman.

**Joe Balkema, Executive Director, IT**

Joe brings 21 years of programming experience with C#, VB, ASP, JavaScript, and BBX, along with more than 12 years of SQL knowledge and reporting design. He has installed more than 30 billing systems nationwide. At Wittman he designs multiple client-focused programs and reporting mechanisms, and streamlined our working environment by designing a document management system to go paperless: scanning over 3,000 documents daily.

**Stephanie Cooper-Noe, Client Liaison**

For more than 16 years Stephanie has provided ambulance billing leadership and customer service to our clients. She develops our Compliance and Documentation Webinars, designs client-specific reports, oversees Medicare Revalidations, and provides the conduit between client finance departments, fire departments, and Wittman Enterprises, LLC. Certifications: Certified Medical Billing Associate.

**Russ Harms, Client Liaison**

Russ brings 22 years of management leadership, direction of progressive operations, and the building of strong client partnerships to Wittman Enterprises and our clients. He specializes in organizational development and management, strategic planning, performance management, continuous improvement, business development, leadership development, and change management. Education: Master of Arts, English; Bachelor of Arts, English.

**Jennifer Gentry, Production Manager (Billing/ePCR Interface)**

Jennifer has been with Wittman for over 13 years. She oversees the input of our clients’ Patient Care Reports to our billing system from ePCR and paper sources. She facilitates the integration of ePCR systems with our billing system. Jennifer is also the co-moderator of our Medicare Compliance Committee and works on our Medicare documentation training program for staff and clients. Certifications: Certified Ambulance Coder.

**Jennifer Bump, Division Manager (Customer Service/Training Coordination)**

For more than 10 years Jennifer has been with Wittman Enterprises. She began in Customer Service, working on private insurance accounts as a specialist, working incoming and outgoing calls, and ultimately as the lead over the revenue assurance team. Later she took over as manager of our Customer Service Division. Currently she is a division manager for Customer Service, directing the specialist team working on all governmental payers. She oversees the Quality Assurance Department



over cash receipts and all of the Customer Service Department, and coordinates the company training programs.

**Samantha Taylor, Division Manager (Customer Service/Phone Services)**

Following 8 years as a successful business owner, 10 years in medical and insurance administration, Samantha joined Wittman Enterprises 4 years ago. She brings extensive experience in medical billing and coding, and significant knowledge of and experience with medical insurance billing, legal policies, appeals, and follow-ups. At Stanford University Hospital she created a 30-person team to handle incoming correspondence, insurance authorization, and other requirements for hospital stays.

**Nicole Powers, Division Manager (Support Services/Electronic Billing)**

Nicole has been with Wittman for over 12 years. She oversees the receiving and importing of all Patient Care Reports (PCRs), document scanning, and claim submissions (electronic billing) via paper and electronic means to all payers. Nicole continuously streamlines electronic processes and updates automation to ensure appropriate timelines are met to ensure the most timely and efficient reimbursement for our clients.

**CERTIFIED AMBULANCE CODERS**

Certified by the National Academy of Ambulance Coding, a nationally recognized leader in Certified Ambulance Coding Training, Wittman Enterprises employs and provides regular training for Certified Ambulance Coders (“CACs”). While all Wittman staff is continually trained under the same exacting standards emphasized in the Coding Certifications, our leading, training, and auditing CACs on staff include:

- Latoya Briscoe
- Kelly Burgess\* (*assigned to NRH account*)
- Jennifer Gentry\* (*assigned to NRH account*)
- Peter Khang
- Rebekah Miller\* (*assigned to NRH account*)
- Nina Rodriguez
- Amanda Stone
- Angeles Thao
- Judy Vang

**BUSINESS CONTINUITY PLAN**

Our *Business Continuity Plan* is designed to allow Wittman to continue conducting our clients’ business until recovery from an unforeseen disaster or emergency is accomplished. It identifies how we would stay in touch with our clients and with each other, continuing to do our work. The plan 1) documents key personnel and backups, 2) identifies those who can telecommute, 3) documents critical equipment



and appropriate off-site backups, 4) identifies critical documents, and 5) identifies contingency equipment options and locations.

Utilizing [Veritas Backup Exec](#) software, our electronic computing and storage capabilities are backed up redundantly by a Dell Power Vault 124T with 24 terabytes of storage capacity. Wittman's network consists of a redundant Raid Ten Array Network Attached Storage, running on two Dell 6850 Quad processing quad core servers on Windows 2003 Advanced Server in active/passive cluster mode. Wittman uses Rescue Net Billing by ZOLL Data Systems.

In the event of a catastrophic event, the software is readily available for us to replace. As an added precaution, all backup and system programs are kept offsite. To minimize any potential down time Wittman contracts with Dell Computers for a maximum 4-hour service response time on all of our billing servers. In case of an interruption in North Richland Hills's (or Wittman's) ability to transmit or receive ePCRs electronically we maintain the ability to receive information through our secured FTP site. Our IpSwitch Secure FTP server is the industry-leader in FTP security. Highlights of this system include:

- Security: Encrypted transfer over SSH/SFTP, SSL/FTPS, and HTTP/HTTPS protocols
- Powerful management administrative control and enforcement
- Automation: Server events can generate alerts and launch workflows
- Compliance: Exceeds stringent security and privacy requirements for secure file transfer
- Ad hoc and schedule interaction: Supports impromptu as well as predefined transfers by people, systems, and processes

An \$800,000 line of credit is available to us for the purchase of necessary equipment, software, and supplies. Regular reviews of the plan and other emergency plans are conducted to ensure current and workable solutions.



**SECTION 3: Company Operational Information**  
City of North Richland Hills RFP 13-030  
*EMS Billing and Collection Services*

### SECTION 3: Company Operational Information

#### AUDITING PROCESSES

In our 22 years in business Wittman Enterprises, LLC has never received a negative audit. We keep accurate and up-to-date records of all bills, payments, and correspondence related to billing functions to ensure a positive outcome to any audit and encourage the City and its authorized agents to inspect and audit all data and records relating to our performance under the contract. Wittman Enterprises is always at your disposal during any audit procedure, insuring immediate compliance with requests for information.

Positive audit results are linked directly to our strong procedures and processes, training, and from our rigorous internal auditing program. Our full-time auditing team audits 10% of *all* processed claims at a minimum, through each stage of our billing process including coding, billing, and cash receipts. Additionally, we audit our work for individual clients throughout the year to ensure accuracy and the processing of clean claims. If any anomalies are identified through our auditing efforts, we devote the necessary resources to pinpoint areas for improvement and revise protocol, retrain staff, and test solutions to avoid future refrains.

#### Internal Auditing

For permanent employees our 3-person auditing team audits at a minimum 10% of the work that each representative completes during the week. Auditors run production reports for the prior week and randomly select accounts for audit with initial focus on Medicare and Medicaid accounts. Our meticulous efforts are designed to ensure compliance when billing Medicare, Medicaid, and insurance, focusing on every step from initial billing, account follow up, and the posting of payments. Additionally, our procedures audit charges, credits, level of service, schedules, payors, customer service quality and thoroughness, and provide key feedback to customer service representatives and management staff. Each Wittman Enterprises department is evaluated from their own specific auditing form in regards to job functions and their effectiveness at meeting quality, compliance and productivity standards. Finally, **all** new hire staff work is audited until their audits regularly reach a consistent 95% success rate.

#### SAS 70 Statement

Wittman Enterprises believes our clients are our ultimate auditors. SAS 70 and similar Sarbanes-Oxley reports and audits are more appropriate for larger or corporate organizations with limited active policies in place to ensure internal control and oversight. With 22 years of best industry practices that include current operations manuals, standards of practice for each department and function, guidelines, training, regular evaluation, and continuous improvement, Wittman has in place, carries out, and constantly monitors and adjusts its internal processes and controls.



**PRIVACY AND SECURITY STATEMENT**

With the recent national news that an ambulance billing company experienced a breach of their security protocols, resulting in the unauthorized attainment and alleged disclosure of HIPAA-protected personal patient information, Wittman Enterprises would like to reassure our valued EMS partners that as a matter of practice we exceed current HIPAA regulation requirements and take every possible precaution to maintain the integrity of private health information.

**HIPAA COMPLIANCE**

Our HIPAA compliance program was designed and audited by David Nevins, former President of the California Ambulance Association, and member of the American Ambulance Association Reimbursement Committee. Additionally, we ensure compliance with local and state laws by continually educating ourselves on any changes or differences that may apply. As a matter of policy, Wittman Enterprises, LLC stays current with any program updates to Medicare and Medicaid. Therefore, we pledge to remain responsible and knowledgeable regarding any program updates to Medicare and Medicaid for the duration of the contract period. Wittman recognizes the confidential nature of North Richland Hills patient accounts and agrees not to disclose any HIPAA-restricted, protected health information, and to maintain the integrity of transmitted health information transmitted for billing purposes. We also follow carefully the Federal Trade Commission’s rules on identity privacy, “Red Flag Rules,” which require we maintain strict controls aimed at preventing identity theft.

**HIPAA-REQUIRED SAFEGUARDS FOR HEALTH INFORMATION**

- Your billing associate “agrees to implement administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of e-PHI that it creates, receives, maintains, or transmits on behalf of” you.
- They must “alert [you] of any security incident (as defined by HIPAA Security Rule) of which it becomes aware and the steps it has taken to mitigate any potential security compromise that may have occurred and to provide a report to [you] of any loss of data or other information system compromise as a result of an incident.”
- The Minimum Necessary rule is the basis of HIPAA. It deals with the access of Protected Health Information (PHI) and requires that an employee only have access to the amount of PHI that is needed for them to get their job done as outlined in their regular job description.

**EXCEEDING HIPAA SAFEGUARD REQUIREMENTS**

Wittman Enterprises, LLC has developed a fraud and abuse compliance program to be a comprehensive statement of the responsibilities and obligations of all employees regarding submissions for reimbursement to Medicare, Medicaid, and other government payers for services



rendered by clients of Wittman Enterprises, LLC. We have established, and regularly maintain, control standards and procedures to ensure that private information remains secure.

**ADHERENCE TO PRIVACY LAWS**

Wittman Enterprises, LLC maintains compliance with all statutes of the California Privacy Protection Act, or the Federal Privacy Requirements, whichever are most stringent. More specifically the following:

- Medical Information, Collection for Direct Marketing Purposes - *Civil Code section 1798.91*
  - A business may not orally or in writing request medical information directly from an individual regardless of whether the information pertains to the individual or not, and use, share, or otherwise disclose that information for direct marketing purposes, without the consent of that patient.
- Medical Information Confidentiality - *Civil Code sections 56-56.37*
  - No provider of health care, health care service plan, or contractor shall disclose medical information regarding a patient of the provider of health care or an enrollee or subscriber of a health care service plan without first obtaining authorization, except if order by a court, board commission or agency for purposes of adjudication, or by subpoena.
- Patient Access to Health Records - *Health & Safety Code section 123110*
  - It is the intent of the Legislature in enacting this chapter to establish procedures for providing access to health care records or summaries of those records by patients and by those persons having responsibility for decisions respecting the health care of others. Every person having ultimate responsibility for decisions respecting his or her own health care also possesses a concomitant right of access to complete information respecting his or her condition and care provided.

**WITTMAN ENTERPRISES PRIVACY POLICIES**

**Responsibility of Managers:** It is the responsibility of each manager to ensure that activities in his/her area of responsibility are conducted in accordance with Wittman’s compliance policies.

**Employee Education:** Wittman Enterprises provides employees rigorous, initial and regular training necessary and appropriate to ensure material compliance with applicable laws.

**Employee/Vendor Screening:** It is our policy to make reasonable inquiry into the background of prospective employees and vendors. Determinations are made as to whether they have been (a) convicted of a criminal offense related to healthcare; or (b) listed by a federal agency as debarred, excluded or otherwise ineligible for federal program participation. Wittman Enterprises reviews the DHHS/OIG cumulative sanction report accessed on the World Wide Web at IGSNet, the web site of the Federal Inspector General.



**Monitoring and Auditing:** Wittman Enterprises, LLC has adopted an audit policy to assist in its efforts to monitor the accuracy of claims and the security of PHI. We devote such resources as are reasonably necessary to ensure that audits are (1) adequately staffed; (2) by persons with appropriate knowledge and experience to conduct the audits; (3) utilizing audit tools and protocol which are periodically updated to reflect changes in applicable laws and regulations. Additionally, we routinely audit employee desk and cubicles to insure that PHI is being disposed of and/or stored in adherence to company policy. Cell phones and other electronic devices capable of recording or taking pictures are prohibited on the work floor.

**Physical Storage Security:** Reports, records, notes, and other PHI-containing files are to be kept in secure areas at all times (locked file cabinets and offices, for example), except when in current use.

**Storage and Disposition of Paperwork:**

- While working, all employees will store HIPAA-sensitive paperwork in file folders on their desks.
- When on break or lunch, employees will store HIPAA-sensitive paperwork in a designated desk drawer away from direct sight.
- For overnight storage HIPAA-sensitive paperwork will be stored in locked cabinets
- Stored files are accessible to authorized clerical personnel, supervisors, and upper management only.

**Destruction of Paperwork:**

- Paperwork will be discarded into designated locked bins.
- Bins are collected bi-weekly and the contents shredded per HIPAA regulations.

**Electronic Access and Storage Security:**

- Secure Server Room with Keypad Entry
- Multi-Layer Hardware/Software Firewalls with Access Rules giving access to only the servers we specify.
- Corporate Anti-Virus.
- Corporate Web Filtering with Anti-Virus and Spam, which are logged and monitored.
- Server Monitoring Tools to manage Disk Capacity, Memory Utilization, and CPU Utilization.
- Email Archiver that stores and monitors all email traffic with a built in policy violation alerts.

**OIG COMPLIANCE PROGRAM GUIDANCE**

The *OIG's Compliance Program Guidance for Third-Party Medical Billing Companies* is a voluntary set of guidelines intended to help "in developing effective internal controls that promote adherence to applicable federal and state law, and the program requirements of federal, state and private health plans." Wittman Enterprises, LLC carefully follows applicable recommendations from the report to ensure comprehensive compliance with all appropriate statutes and standards of practice as they pertain to Medicare, Medicaid, and HIPAA.



## Seven Key Elements

Per the OIG, Wittman’s policies and procedures include the following seven elements:

- (1) Wittman Enterprises maintains written standards of conduct that have been developed for and are continually updated to reflect clear compliance rules, expectations, training, monitoring, and address potential fraud.
- (2) Stephanie Cooper-Noe is our chief compliance officer along with Corinne Wittman-Wong. They chair the Compliance Committee that meets quarterly or more frequently as needed addressing changes in compliance policies and recommended standards of practice.
- (3) All new employees participate in a detailed HIPAA and privacy training program. Additionally, employees receive regular training updates to remain current on all policies and standards of practice.
- (4) Wittman follows the “Red Flag Rules” which require “whistleblower” protections that encourages the submissions of complaints and observations, with appropriate levels of protection from retaliation for the employee.
- (5) The Compliance Officers and Committee are tasked with responding immediately to any allegations of improper/illegal activities and the enforcement of appropriate disciplinary action against employees who have violated internal compliance policies, applicable statutes, regulations or federal, state, or private payor health care program requirements. Any such investigations also include the participation of Wittman’s Director of Human Resources.
- (6) Wittman Enterprises, LLC uses a comprehensive auditing program to regularly monitor individual employee compliance as well as Wittman control policy compliance to identify any deviation from the required policies and procedures.
- (7) As stated in #5, Stephanie Cooper-Noe and Corinne Wittman-Wong lead the Compliance Committee and lead any appropriate investigations through correction of any systemic problems if they should be discovered.

## WITTMAN ENTERPRISES STANDARD OF CONDUCT

Our written policies span over two hundred pages in length to address the myriad of procedures and compliance issues that must be identified, regulated, and enforced. Employees receive annual training and are required to sign a new confidentiality statement at the beginning of each calendar year.

Policies include:

- **Wittman Enterprises, LLC Compliance Policies**
  - Corporate Compliance Standards
  - Management and Organization Policy
  - Employee Education Policy
  - Employee/Vendor Screening Policy
  - Enforcement and Discipline Policy
  - Monitoring and Auditing Policy



- Policy on Reporting, Investigating, and Correcting Compliance Problems
- **Wittman Enterprises, LLC Medicare and Medicaid Billing Compliance Procedures**
  - Billing Compliance Audits
  - New Employee Billing Compliance Audits
- **Syllabus for Compliance Training**
- **HIPAA Business Associate Agreement**



## RED FLAG RULES COMPLIANCE PLAN

### Wittman Enterprises, LLC Identity Theft Prevention Program (Red Flag)

#### Purpose

**Wittman Enterprises, LLC, (Service Provider)** is committed to providing all aspects of our service and conducting our business operations in compliance with all applicable laws and regulations. This policy sets forth our commitment to compliance with those standards established by the Federal Trade Commission under the Identity Theft Red Flags and Address Discrepancies under the Fair and Accurate Credit Transaction Act of 2003 ("the Red Flag Rules") at 16 C.F.R. §681.2, regarding the establishment of a written Identity Theft Prevention Program ("Program") that is designed to detect, prevent, and mitigate identity theft in connection with the opening of a covered account or any existing covered account.

#### Scope

This Program contains policies and procedures designed to identify, detect, and respond appropriately to "Red Flags" for identity theft. It also contains policies and procedures for the periodic identification of covered accounts and for the general administration of the Program. This Program addresses our general approach to compliance with the Red Flag Rules. As the contracted Billing Agency of a "creditor" with "covered accounts" under the Red Flag Rules, Service Provider is required to:

- Periodically identify covered accounts;
- Establish a written Identity Theft Prevention Program; and
- Administer the Identity Theft Prevention Program.

#### Definitions

- (a) "Account" means a continuing relationship established by a person with the "Creditor" to obtain services for personal, family, household, or business purposes and includes an extension of credit, such as the purchase or services involving a deferred payment.
- (b) "Covered account" means
  - (i) An account that the Creditor offers or maintains, primarily for personal, family, or household purposes, that involves or is designed to permit multiple payments or transactions; and
  - (ii) Any other account that the Creditor offers or maintains for which there is a reasonably foreseeable risk to individuals or to the safety and soundness of Creditor from identity theft, including financial, operational, compliance, reputation, or litigation risks.
- (c) "Creditor" means the provider of service that Service Provider is contracted as their billing agency.
- (d) "Identity theft" means a fraud committed or attempted using the identifying information of another person without authority.
- (e) "Identifying information" means any name or number that may be used, alone or in conjunction with any other information, to identify a specific person, including any:



- (i) Name, social security number, date of birth, official state or government issued driver's license or identification number, alien registration number, government passport number or employer or taxpayer identification number;
  - (ii) Unique biometric data, such as fingerprint, voice print, retina or iris image, or other unique physical representation;
  - (iii) Unique electronic identification number, address, or routing code; or
  - (iv) Telecommunication identifying information or access device (as those terms are defined in 18 U.S.C. §1029(e)).
  - (v) Medicare number.
  - (vi) Health care claim number.
- (f) "Program" means this written Identity Theft Prevention Program developed and implemented by Service Provider.
- (g) "Red Flag" means a pattern, practice, or specific activity that indicates the possible existence of identity theft.
- (h) "Service provider" means a person or agency that provides a service directly to the Creditor. This includes third party billing companies and other organizations that perform service in connection with Creditor's covered accounts.

### **Procedure**

#### **1. Identify Covered Accounts**

- (a) Service provider will annually determine whether it offers or maintains covered accounts (see definition of "covered account" in this Program) and shall document that determination.
- (b) As part of this annual identification of covered accounts, Service Provider shall conduct an annual risk assessment of the Creditor's accounts to determine whether the Creditor offers or maintains accounts that carry a reasonably foreseeable risk to patients or to the safety and soundness of Service Provider from identity theft, including financial, operational, compliance, reputation, or litigation risks. In determining whether the Creditor offers or maintains such accounts, Service Provider will conduct an annual risk assessment that takes into consideration:
  - (i) The methods it uses to open its accounts;
  - (ii) The methods it uses to access its accounts; and
  - (iii) Its previous experiences with identity theft.
- (c) The annual identification of covered accounts should ideally be conducted by an evaluation or audit team acting under the direction and control of the board or other individual in charge of Program administration.

#### **2. Identify Red Flags**

- (a) Once Service Provider has identified the covered accounts, it shall identify Red Flags (see definition in this Program) for those accounts. This shall be conducted on an annual basis in conjunction with the identification of covered accounts. The Creditor and Service Provider will also identify red flags as they arise and incorporate them into this Program.



- (b) Service Provider shall consider the following factors in identifying relevant Red Flags for covered accounts, as appropriate:
- (i) The types of covered accounts it offers or maintains;
  - (ii) The methods it provides to open its covered accounts;
  - (iii) The methods it provides to access its covered accounts; and
  - (iv) Any incidents of identity theft that the Service Provider and the Creditor have experienced.
- (c) Service Provider shall also consider the examples of Red Flags listed in Supplement A to Appendix A to 16 C.F.R. Part 681. The Program shall include relevant Red Flags from the following categories, as appropriate:
- (i) Alerts, notifications, or other warnings received from consumer report agencies or service providers, such as fraud detection services;
  - (ii) The presentation of suspicious documents;
  - (iii) The presentation of suspicious personal identifying information, such as a suspicious address change;
  - (iv) The unusual use of, or other suspicious address change;
  - (v) Notice from customers, victims of identity theft, law enforcement authorities, or other persons regarding possible identity theft in connection with covered accounts.
- (d) Service Provider shall also incorporate Red Flags from sources such as:
- (i) New and changing risks that the Service Provider has identified; and
  - (ii) Any applicable supervisory guidance from the FTC or other appropriate sources.
- (e) The following are Red Flags identified for the Creditor's covered accounts as of the most recent update to this Program:
- (i) Patterns of activity on payment accounts that are inconsistent with prior history;
  - (ii) Increases in the volume of inquiries to an account;
  - (iii) The presentation of information that is inconsistent with other sources, e.g., the address, date of birth, or social security number listed for the patient does not match the address given or is inconsistent with other identifying information provided by the patient;
  - (iv) Personal identifying information is identified by third-party sources as having been associated with known fraudulent activity;
  - (v) Personal identifying information of a type commonly associated with fraudulent activity (e.g., fictitious address, use of mail drop, or phone number that is invalid or associated only with a pager or answering service);
  - (vi) The social security number provided by the patient is a duplicate of that of other patients;
  - (vii) The address or telephone numbers given are the same or similar to those of other patients, particularly recent ones;
  - (viii) Attempts to access an account by persons who cannot provide authenticating information;
  - (ix) Requests for additional authorized users on an account shortly following change of address;
  - (x) Uses of an account that are inconsistent with established patterns of activity such as: nonpayment when there is no history of late or missed payments;



- (xi) Nonpayment of the first payment on the account;
- (xii) Inactivity on an account for a reasonably lengthy period of time;
- (xiii) Mail correspondence sent to the provided address is returned and mail is returned despite continued activity in the account;
- (xiv) Notification by Creditor of an unauthorized transaction by the patient;
- (xv) Notification to Creditor by the patient, a law enforcement authority, or other person, that it has opened a fraudulent account;
- (xvi) A complaint or question from a patient based on the patient's receipt of:
  - 1. A bill for another individual;
  - 2. A bill for a service that the patient denies receiving;
  - 3. A bill from a health care provider that the patient never utilized;
  - 4. A notice of insurance benefits (or Explanation of Benefits) for health services never received; or
  - 5. A patient or insurance company report that coverage for legitimate healthcare service is denied because insurance benefits have been depleted or a lifetime cap has been reached.
- (xvii) A complaint or question from a patient about information added to a credit report by a health care provider or insurer;
- (xviii) A dispute of a bill by a patient who claims to be the victim of any type of identity theft;
- (xix) A patient who has an insurance number but never produces an insurance card or other physical documentation of insurance;
- (xx) A notice or inquiry from an insurance fraud investigator for a private insurance company or a law enforcement agency;
- (xxi) A security breach;
- (xxii) Unauthorized access to a covered account by personnel;
- (xxiii) Unauthorized downloading of patient files;
- (xxiv) Loss or theft of unencrypted data;
- (xxv) Inappropriate access of a covered account;
- (xxvi) A computer virus or suspicious computer program;
- (xxvii) Multiple failed log-in attempts on a workstation;
- (xxviii) Theft of a password;
- (xxix) The presentation of an insurance card or form of identification that is clearly altered; and
- (xxx) Lost, stolen, or tampered facility equipment.

### 3. Detect Red Flags

- (a) Service Provider shall adopt reasonable policies and procedures to address the detection of Red Flags in connection with the opening of covered accounts and existing covered accounts, such as by:
  - (i) Obtaining identifying information about, and verifying the identity of, a person opening a covered account, and
  - (ii) Authenticating patients, monitoring transactions, and verifying the validity of change of address requests.
- (b) The following procedures have been adopted by Service Provider to address the detection of Red Flags as of the most recent update to this Program:



- (i) Suspicious Documents at the Time of Transport: Creditor's personnel shall be on the alert for patients who present suspicious documents such as an insurance card or form of identification that appears to have been altered or does not match other information about the patient. Whenever possible, the crew shall attempt to verify the identity of the patient with someone who knows the patient and/or someone who has rendered care to the patient. Personnel shall not delay the provision of care when verifying this information and should obtain this information after the transport when it could delay the provision of care.
- (ii) ID Verification Before Discussing Patient Account Information or Change of Address: Before discussing any information related to a covered account with any individual, or making a change to address information in a covered account; Service Provider personnel shall sufficiently ascertain the identity of the individual.
1. If a patient or appropriate representative makes a telephone inquiry or request regarding a patient account, Service Provider personnel shall require the patient or appropriate representative of the patient to verify the date of birth, social security number (or at least the last 5 digits), and address of the patient to whom the account pertains.
  2. If the patient or appropriate representative of the patient is unable to provide the necessary information to verify the identity of the patient, Service Provider staff shall make a notation of the inquiry or address change request in the patient account file and alert an appropriate supervisor without providing access or honoring the address change request.
- (iii) Under the HIPAA Privacy and Security Rules, Service Provider is required to implement policies and procedures regarding the protection of protected health information and to implement administrative, physical, and technical safeguards to protect electronic protected health information. The following policies and procedures from Service Provider's HIPAA compliance program serve the dual purpose of detecting identity theft in connection with the opening of and existing covered accounts at Service Provider and they are hereby incorporated in this Program by reference:
- (1) Patient Access, Amendment, Restriction of PHI and ePHI, Authorized or Incidental Disclosure of PHI and ePHI – Policies 2-6, 10,
  - (2) Levels of Access, "Minimum Necessary Standard" and Limiting Disclosure and Use of PHI and e-PHI - Policy 7
  - (3) Verification of Individuals Requesting Protected Health Information – Policy 8
  - (4) Access to the Information System and e-PHI (Policy 14)
  - (5) Physical Security of PHI and e-PHI (Policy 14)
  - (6) Electronic Information System Activity Review and Auditing (Policy 20)
  - (7) Facility and Computer Access Point Controls (Policy 21)
  - (8) Encryption and Decryption (Policy 23)
  - (9) Use of Computer and Information Systems Equipment (Policy 25)
  - (10) Use of Electronic Mail and Facsimile Transmissions (Policy 26)
  - (11) Internet Access and Use (Policy 27)
  - (12) Computer Hardware/Peripherals/Software Inventory (Form 31)]



#### 4. Respond to Red Flags

- (a) Service Provider will respond to Red Flags of which it becomes aware in a manner commensurate with the degree of risk posed by the Red Flag. In determining an appropriate response, Service Provider will consider aggravating factors that may heighten the risk of identity theft. For example, notice to Service Provider that a patient has provided information to someone fraudulently..
- (b) Service Provider shall assess whether the Red Flag detected poses a reasonably foreseeable risk of identity theft and if it does, respond appropriately. If Service Provider determines that the Red Flag does not pose a reasonably foreseeable risk of identity theft, it shall have a reasonable basis choosing not to respond to the Red Flag.
- (c) If any personnel at Service Provider believe identity theft has occurred or may be occurring, s/he shall immediately notify a supervisor. The supervisor will contact the designated Red Flag Rule compliance officer who will determine the appropriate response.
- (d) Appropriate responses may include the following:
  - (i) Monitoring a covered account for evidence of identity theft;
  - (ii) Contacting the patient;
  - (iii) Changing any passwords, security codes, or other security devices that permit access to a covered account;
  - (iv) Reopening a covered account with a new account number;
  - (v) Not opening a new covered account;
  - (vi) Closing an existing covered account;
  - (vii) Not attempting to collect on a covered account or not selling a covered account to a debt collector;
  - (viii) Notifying law enforcement; or
  - (ix) Determining that no response is warranted under the particular circumstances.
- (e) Patient Notification: If there is a confirmed incident of identity theft or attempted identity theft, Service Provider will notify the Creditor after consultation with law enforcement about the timing and the content of such notification (to ensure notification does not impede a law enforcement investigation). Service provider and Creditor will then determine how best to notify the victim/s of the identity theft. Victims of identity theft will be encouraged to cooperate with law enforcement in identifying and prosecuting the suspected identity thief, and will be encouraged to complete the FTC Identity Theft Affidavit.
- (f) Investigation of Suspected Identity Theft: If an individual claims to be a victim of identity theft, Service Provider will notify the Creditor and investigate the claim. The following guidelines apply:
  - (i) The individual will be instructed to file a police report for identity theft.
  - (ii) The individual will be instructed to complete the ID Theft Affidavit developed by the FTC, including supporting documentation; or an ID theft affidavit recognized under state law.
  - (iii) The individual will be requested to cooperate with comparing his or her personal information with information in Service Provider's records.



- (iv) If following investigation, it appears that the individual has been a victim of identity theft, Service Provider will take the following actions:
  - 1. Cease collection on open accounts that resulted from identity theft. If the accounts had been referred to collection agencies or attorneys, the collection agencies/attorneys will be instructed to cease collection activity.
  - 2. Cooperate with any law enforcement investigation relating to the identity theft.
  - 3. If an insurance company, government program or other payer has made payment on the account, the provider will notify the payer and seek instructions to refund the amount paid.
  - 4. If an adverse report had been made to a consumer reporting agency, the provider will notify the agency that the account was not the responsibility of the individual.
  
- (v) If following investigation, it does not appear that the individual has been a victim of identity theft, Service Provider will give written notice to the individual that he or she is responsible for payment of the bill. The notice will state the basis for determining that the person claiming to be a victim of identity theft was in fact the patient.
  
- (g) Amendment of Records: Patient medical records and payment records must be corrected when identity theft has occurred. This is necessary to ensure that inaccurate health information is not inadvertently relied upon in treating a patient, and that a patient or a third-party payer is not billed for services the patient did not receive. Patient records will be corrected in consultation with the patient and the patient's treating health care provider(s), and in a manner consistent with the Service Provider's HIPAA policy on amendments to medical records.
  
- (h) Disclosure/Unauthorized Access to Unencrypted Data: If there is a disclosure of, or an unauthorized access to, unencrypted computerized data containing a person's first name or first initial and last name and (1) a social security number, (2) driver's license number, or (3) financial account number (including a credit or debit card number), state law governing notification of patients will be followed.
  
- (i) The Presentation of Suspicious Documents at the Time of Transport:  
When a patient presents a suspicious document such as an insurance card or form of identification that is clearly altered or does not match other information about the patient, ambulance personnel shall:
  - 1. Note the nature of the incident and circumstances surrounding the incident in an incident report or other appropriate document so that the claim is "flagged" for review.
  - 2. If possible, attempt to obtain identifying information about the patient from other sources such as individuals who know or have treated the patient.
  - 3. Notify the individual in charge of Red Flag Rules compliance as soon as possible after the transport about the incident and the circumstances surrounding the incident.
  - 4. Before opening a covered account under the name given, the Red Flag Rules compliance officer, or other designated individual, shall make attempts to verify the identity of the patient through any means possible. If it appears the patient has attempted to commit identity theft, the procedures for notification and investigation of the incident (above) shall be followed.



## 5. Update the Program

- (a) Service Provider shall update this Program (including identifying Red Flags determined to be relevant) annually.
- (b) The update shall reflect changes in risks of identity theft to patients or to the safety and soundness of Service Provider's information. The review and update will be based on factors such as:
  - (i) The experiences of Service Provider with identity theft;
  - (ii) Changes in methods of identity theft;
  - (iii) Changes in methods to detect, prevent, and mitigate identity theft;
  - (iv) Changes in the types of accounts that Service Provider offers or maintains; and
  - (v) Changes in the business arrangements of Service Provider, including mergers, acquisitions, alliances, joint ventures, and service provider arrangements.

## 6. Administer the Program

- (a) Program Oversight: The board of directors shall designate an individual who is in charge of Red Flag Rules compliance. This individual shall be involved in the oversight, development, and implementation and administration of the Program. The individual shall be responsible for:
  - (i) Implementation of this Program;
  - (ii) Reporting to the board of directors or an appropriate designated committee of the board at least annually on compliance by Service Provider with this Program. The report shall address material matters related to the Program and evaluate issues such as:
    1. The effectiveness of the policies and procedures of Service Provider in addressing the risk of identity theft in connection with the opening of covered accounts and with respect to existing covered accounts;
    2. Service provider arrangements;
    3. Incidents involving identity theft and management's response; and
    4. Recommendations for material changes to the Program.
- (b) After reviewing official annual reports, the board of directors or appropriate designated committee shall approve changes to this Identity Theft Prevention Program, as necessary.

## 7. Train Employees

- (a) Service Provider will conduct a general training session for all personnel to provide them with a general overview of this Program. All new personnel shall undergo such training during their orientation process. Documentation of training, including copies of all rosters and sign in sheets showing the training dates and the names of attendees, shall be maintained for at least four years.
- (b) All staff that are responsible for the administration of the Program and staff who regularly deal with covered accounts should be trained on an annual basis.



**EMPLOYEE BACKGROUND CHECKS**

As a matter of policy all employees and agents of Wittman Enterprises receive background checks including criminal history and cross-checking against the list of Excluded Individuals and Entities (LEIE), maintained by the Office of Inspector General (OIG). We consult the OIG prior to hiring any new employees.

**TRAINING AND CONTINUOUS IMPROVEMENT**

Our comprehensive and ongoing training program allows us to continuously improve the way we conduct our clients’ business and get you your maximum legal reimbursement available. The training program is divided into four parts:

**Initial Training**

Employees begin with a *minimum* of four weeks training on general concepts required of their position including: our computerized billing system, office and position procedures, ambulance billing rules and regulations, identifying key payers, medical billing best practices, HIPAA, industry standards, customer service, billing Medicare and Medicaid, private insurance. Trainees are not advanced in the training program until they have shown competence in all required areas. If they are unable to show the required competence our clients expect from us, employees are provided extra training opportunities and/or dismissed if necessary.

**Secondary Training**

The next phase of training runs for at least four weeks, emphasizing the practical portion of the employee’s job and preparing them to conduct their position under direct supervision. At this point in the training the employees “shadow” senior staff as they apply what they have learned in their first four weeks of training. More specialized concepts such as “ALS” and “BLS” are introduced and mastered along with workflow management (organizing and prioritizing), ambulance coding, data entry, translating common industry abbreviations, and working with first responder companies. There is significantly more hands-on training in this section than in the initial training period.

**100% Auditing and Training**

After successfully completing the first eight weeks of training, staff operates independently under direct supervision. During this time, new employees and their work product are 100% audited until the employee exceeds a *minimum* of 90% error-free performance consistently. Regular one-on-one meetings and training sessions are conducted as needed to assure the minimum amount of human error. After this, our auditing team routinely and randomly audits between 10% and 20% of our staff and their work on a weekly basis.

**Specialist Development**

We develop our long-term and talented staff by expending considerable resources on training and continuous improvement of our employees. Experienced staff demonstrating aptitude toward



specialty areas of our work are identified and placed in multiple-function-training to prepare them to work on several teams and continuously expand their knowledge and experience base.

**EMS STAFF TRAINING**

As needed, we provide regular updates of changes to industry regulations and practices as well as revenue enhancement reviews with City staff. Documentation training for field personnel can be helpful in maintaining compliance with governmental requirements and helps in the building of a partnership perspective between the field crews and the billing office. We will plan conferences with you regularly to discuss accurate run reports/charge tickets, specific codes, and other required documentation. Effective training helps ensure Wittman receives all material and information necessary for the effective collection of claims through a clean process.

**KEY PERFORMANCE INDICATORS**

Tracking and examining accounts receivable and days sales (revenue) outstanding are useful tools helping us judge how “quickly” and efficiently we are getting our clients their maximum and legal reimbursements. This doesn’t work as well as a snapshot in time but rather as a comparison tool from period to period. As one of our key performance indicators DSO is monitored regularly to ensure the most consistent and effective results possible, analyzing how long it takes from the billing date to when we receive payment on your behalf. In this example the account’s DSO is calculated by:

- Getting the Average Charge per Day: last 3 months charges divided by the number of days in those 3 months; and
- Dividing the A/R Balance by the Average Daily Charge, giving us how many days of charges are outstanding.

Client	Feb	Mar	Apr	3 Mo. Charges	# of Days 3 Mos.	Avg. Charge/Day	A/R Balance	A/R Days	Days Up/Down
NRH	486,938	529,350	490,601	1,506,889	92	16,379.23	1,022,531	62	18

We have also found that one of the best ways to monitor how well your EMS billing agency is working your A/R is to compare three months of your average charges to your outstanding A/R. When the work is being managed appropriately your outstanding A/R should not usually be more than three months of charges. Much of this key information can be found in your Year-to-Date Revenue Report.

**MAXIMIZING COLLECTIONS**

Through streamlined efficiency, talented staff, automation, and continuous improvement, Wittman has a long track record of strong collect returns for our clients on billed charges. *We consider the net percentage collected from the amount billed to be the ultimate standard by which your ambulance billing company should be evaluated.* Net collections are those dollars eligible for collection after taking into account Medicare and Medicaid contractual write downs. Wittman Enterprises welcomes



the opportunity to discuss difference in performance and how we generally outperform our competitors by 10% to 20% in net collections for our EMS partners.

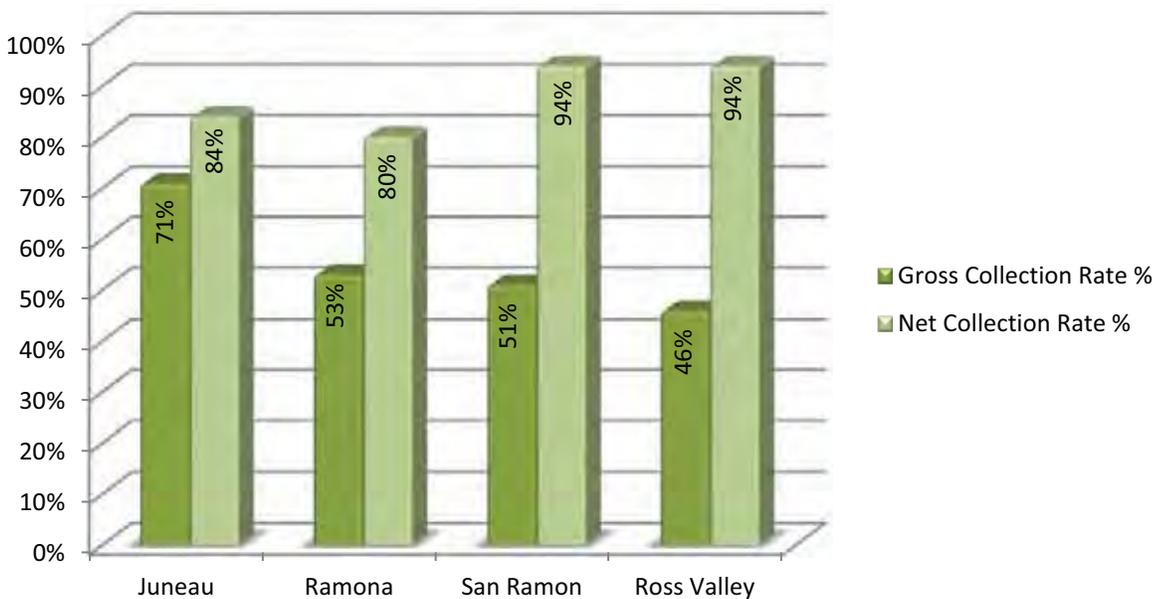
**DEMONSTRATED COLLECTIONS PERFORMANCE**

Wittman Enterprises, LLC measures our own performance using the same tools we provide you, through up-to-the-minute reporting on a variety of metrics including gross and net collection percentages.

**Gross Collection % =**  $\frac{\text{Gross Dollars Billed}}{\text{Receipts (\$) Collected}}$

**Net Collection % =**  $\frac{\text{Net Dollars Billed (Gross Dollars Minus Allowances)}}{\text{Receipts (\$) Collected}}$

**Collections Performance Sample (7/1/2011 – 6/30/2012)**



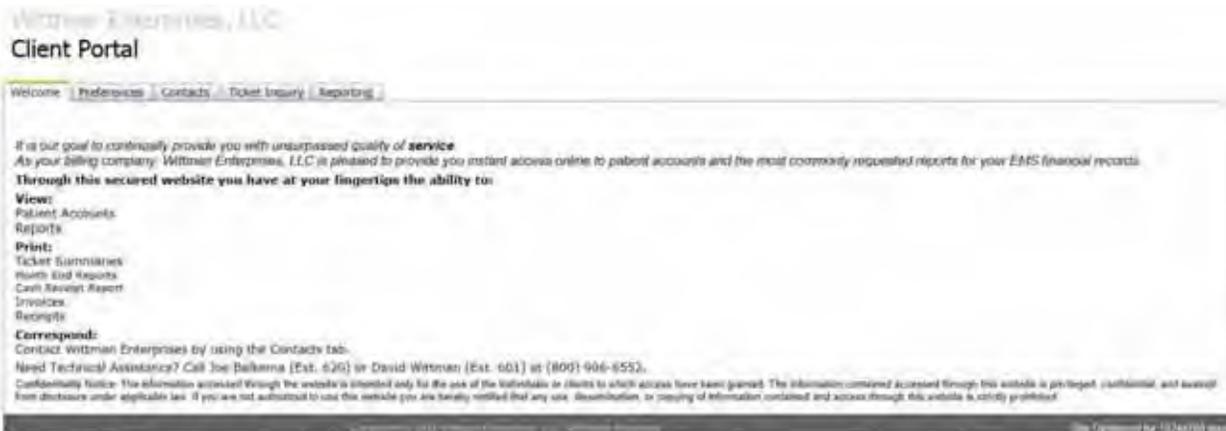
Avg. Charged per call	\$716	\$1,041	\$1,333	\$1,310
Avg. Collected per call	\$509	\$552	\$672	\$604



**ELECTRONIC ACCESS TO RECORDS/DATA AVAILABILITY**

Wittman Enterprises, LLC offers secured Internet access to our billing system via our [Client Portal](#). No additional software is required for the City of North Richland Hills to access the information through our secured website. It is accessed through a secured login that is password protected. Information accessed from the [Portal](#) is in real time, allowing authorized City and Fire personnel to view each claim wherever it is in the billing and collection process. Access to the [Client Portal](#) is granted only to pre-authorized Finance and Fire Department EMS personnel with permission to view such information and is strictly limited to the City information. All patients may be referenced by name, date of service, incident, and run number. City staff can print invoices for patients and run reports for their own use. Additionally, many of the City’s specialized reports may be made available through this site. Our billing software system is Microsoft Windows-based which enables data export by the City for easy manipulation. It also allows for a clear and traceable audit trail for initial client verification, billing notification, and phone contact. Moreover, our software automatically updates each individual account detailing date, change, or billing function. All history and noted entries become a permanent record and all charges are maintained for a complete payment history.

**Client Portal**





### Collections Portal

We have created a [Portal](#) for the most commonly requested items from collection agencies. From here they can:

- Review accounts electronically
- Print invoices
- Print Patient Care Reports
- Print 1500 billing forms.

The connection is fully secure and available only with authorization from you. Authorized agencies only have access to those accounts sent to them for collection work.

### Secure Email

Another option we provide the City is our Secure Email Program from Axway. It provides multiple tiers of security that can be used individually or in combination to block threats at the DMZ and within the enterprise network, and secure inbound and outbound email traffic at the content and network levels. MailGate SC simplifies management with one comprehensive secure email solution for inbound, outbound and encryption, providing secure file delivery without impacting your current environment.



**File Transfer Protocol (FTP)**

We provide our clients access to our secure FTP site. We receive an email notification anytime reports or other information are uploaded to the site. There is no file size limitation for client uploads. Additionally, some clients prefer that we download information from their own FTP software such as SFTP. We are comfortable with both options pending client preference and policy.

**DEDICATED RESPONSE TIME COMMITMENT**

Wittman Enterprises' goal is that clients and patients reach a live person when they call into our single location. Our customer service response standard is, if our EMS partners or their patients do not reach a live person during regular business hours, and instead leave an email or voice message, appropriate Wittman personnel will respond the same day during normal operating hours. On rare occasions when this is not possible we will respond in less than 24 business hours.



**SECTION 4: Client History**  
City of North Richland Hills RFP 13-030  
*EMS Billing and Collection Services*



**SECTION 5: Transition Plan**  
City of North Richland Hills RFP 13-030  
*EMS Billing and Collection Services*

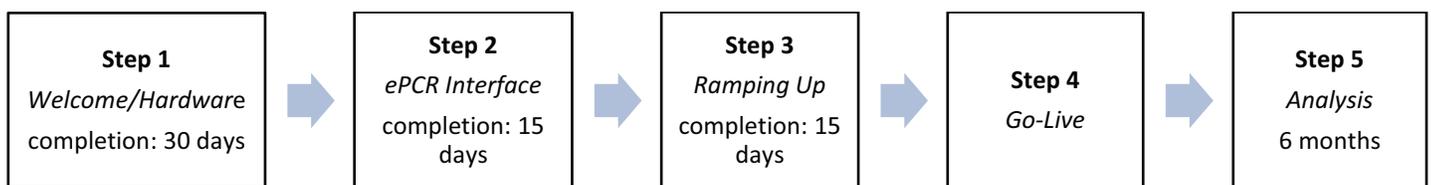
**SECTION 5: Transition Plan**

**TRANSITION PLAN SUMMARY**

Your transition plan will be customized to meet and exceed your needs and expectations as our experience has shown that no two transitions are ever the same. Our transition process is built around 5 key steps that will be facilitated by your Client Liaison, Russ Harms, and the entire Wittman Project Management Team. It is designed to systematically address all required deliverables for a timely and orderly transition: from hardware and software procurement and delivery, to Medicare, Medicaid, and other insurance transfer requirements, to the interfacing of all software systems—all leading to the successful go-live date estimated in the timeline and schedule below. As your EMS billing and collections partner, Wittman works closely with you during the operational implementation process ensuring a smooth transition. Regular meetings throughout the transition period focus on the items and tasks necessary for our transition partnership. Ongoing communications include conference calls and regular correspondence ensuring we meet required deadlines from your customized schedule so that your EMS program deadlines are met.

Our billing system is easily customized and **we are able to complete set procedures within 48 hours of award of contract.** Wittman Enterprises has significant experience in working out old work from numerous billing systems. We are capable of taking on this task immediately upon award and execution of a contract. ***Billing private insurance and private pay claims starts immediately*** and we vigorously attempt to collect on all aging account receivables turned over to us. As part of our regular processes we maintain complete account receivables, payment collection, and balance records on each patient. The countdown to “flipping on the billing switch” is completed in the few milestone steps shown below.

**TRANSITION TIMELINE ESTIMATED**



**TRANSITION SCHEDULE ESTIMATED**

If we are fortunate enough to become your new billing partner we project the following schedule based upon the information provided by you in your RFP and our 22 year of experience transitioning new clients. ***Should an earlier start date be required we will work with you to meet that schedule.***

<p><b>Step 1</b></p> <ul style="list-style-type: none"> <li>▪ Welcome</li> <li>▪ Gather Information</li> <li>▪ Procurement</li> <li>▪ Transition Billing</li> </ul> <p>30 days</p>	<ul style="list-style-type: none"> <li>• Award of contract</li> <li>• Kickoff meeting and introductions</li> <li>• Fully-executed Contract and Business Associates Agreement (BAA)</li> <li>• Gathering of Company Specifics, demographic information, pay-to address requirements, etc.</li> <li>• <b>Begin transition billing immediately</b></li> <li>• ePCR product demonstrations as needed</li> <li>• Procure chosen hardware and software solutions</li> <li>• Completion of transfer documents with Medicare, Medicaid, and other insurance</li> <li>• Assembling of North Richland Hills policies: add to Wittman department procedures</li> <li>• Wittman department manager and customer service briefings on NRH policies &amp; procedures</li> <li>• Client and vendor ramp-up meetings as needed</li> <li>• Delivery, programming, installation, and troubleshooting of hardware/software solutions</li> </ul>
<p><b>Step 2</b></p> <ul style="list-style-type: none"> <li>▪ ePCR Interface</li> <li>▪ Reporting Program</li> </ul> <p>15 days</p>	<ul style="list-style-type: none"> <li>• Mapping and interfacing of ePCR and billing systems</li> <li>• Attain necessary logins, passwords, credentials, permissions</li> <li>• Testing ePCR interfaces for the System’s EMS billing program</li> <li>• Client, vendor, and ePCR ramp-up meetings as needed</li> <li>• Customize North Richland Hills Reporting Program</li> </ul>
<p><b>Step 3</b></p> <ul style="list-style-type: none"> <li>▪ Ramping Up</li> </ul> <p>15 Days</p>	<ul style="list-style-type: none"> <li>• Complete overlapping and remaining tasks from Step 1 and Step 2</li> <li>• Gather banking information and materials and make necessary transfers of information</li> <li>• Set up North Richland Hills personnel on Client Portal, FTP site, etc.</li> <li>• Client and vendor ramp-up meetings as needed</li> <li>• Conduct ePCR training with selected software vendor</li> </ul>
<p><b>Step 4</b></p> <ul style="list-style-type: none"> <li>▪ Go-Live</li> </ul>	<ul style="list-style-type: none"> <li>• Accept live data via ePCR interface</li> <li>• Transmit electronic claims to Medicare, Medicaid, etc.</li> <li>• Client and vendor ramp-up meetings as needed</li> </ul>
<p><b>Step 5</b></p> <ul style="list-style-type: none"> <li>▪ Analysis</li> </ul> <p>6 months</p>	<ul style="list-style-type: none"> <li>• Conduct comprehensive process, compliance, and documentation analyses</li> <li>• As needed, provide North Richland Hills EMS personnel comprehensive billing compliance and documentation training</li> </ul>

**HARDWARE AND SOFTWARE IMPLEMENTATION PLAN**

Upon contract agreement and your hardware and software selections, we can begin procurement immediately. Production times vary and can affect hardware delivery schedules. Prior to beginning the procurement process you will need to:

- Review, demo, and choose the ePCR solution for the City of North Richland Hills
- Review, demo, and choose your hardware solution
- Choose configuration for the hardware solution

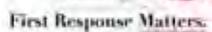


- Schedule implementation and training

Each of the proposed ePCR vendors joins us in our commitment to the successful implementation of your new EMS program. Your implementation schedule is customized to meet your requirements and allow for as smooth a transition as possible. This includes installation, system configuration, training, testing, roll-out, and troubleshooting. Each vendor has indicated in their proposals that their products and programs meet the requirements of the RFP, specifically, Section O “EMS Patient Care Reporting System” (p. 11).

### Electronic Patient Care Records (ePCR) Interface

Wittman Enterprises provides extensive mapping of information with any ePCR system to ensure that it correctly corresponds to our billing system. There are no requirements or added costs for an electronic interface with Wittman. We utilize ZOLL’S RescueNet billing software and our IT team has worked extensively with ZOLL to ensure that all aspects of our processes operate efficiently with every ePCR system currently in operation. We work with your chosen ePCR vendor to help ensure you are satisfied with our levels of service. Wittman interfaces with several ePCR and RMS systems including:

-  IMAGE TREND INC.
-  ESO SOLUTIONS
-  Beyond Lucid technologies
-  First Response Matters.
- Alpine
- Digital Solutions
- EMS Charts
- FieldSaver
- Fire House
- Health EMS
- High Plains
- iPCR
- Med-Media
- ZOLL

### Transfer of Electronic Files

Incident tickets are generally either “pushed” to us via our FTP site by you or exported by us daily as we process the tickets directly from your ePCR software. Typically we log into the ePCR site Monday through Friday and process all the work that is ready to bill. We generate a batch of “ready” PCRs and generate a NEMSIS file for direct import to our system. Our Electronic Billing team reconciles the newly created NEMSIS file with the batch listed on the ePCR system to detect any inconsistencies. Files are then uploaded to our billing system workflows and processed.



**SECTION 6: Hardware and Software Solution**  
City of North Richland Hills RFP 13-030  
*EMS Billing and Collection Services*

## SECTION 6: Hardware and Software Solutions

### EPCR SOFTWARE OPTIONS

#### ImageTrend

ImageTrend's user-intuitive and dynamic **EMS Service Bridge** with the **EMS Field Bridge** is an ePCR Solution that provides a secure method of collecting pre-hospital data for Electronic Patient Care Reports, extracting existing data, and exporting or sharing data with other agencies and applications. Not only does this system provide data handling, but it has extensive tools for turning this data into valuable and discernible information with its data analysis and data mining tools that have extensive reporting and geographical display capabilities.

The **EMS Service Bridge** is designed specifically as a Web-based data collection system with a scalable open architecture that is centralized for anywhere, anytime access and aggregates all data for full reporting capabilities. As an ePCR solution, the system incorporates both an online run form and the mobile client-based, EMS Field Bridge for use with Tablet PCs. All are based on the NEMSIS Gold data set that will accommodate additional data fields.

The system's DataPort allows for data exchange with other software packages (data collection, billing, CAD/Dispatch) via a variety of standards such as XML. The EMS Service Bridge will also give the user query and export tools to retrieve data to be sent to other agencies or to billing. Additionally, these reporting and query tools will provide the user a way to analyze the data for statistical purposes. Additional functional modules support **ad hoc reporting**, QA/QI reviewing and Hospital View. This secure system meets or exceeds state and federal data privacy requirements and conforms to HIPAA regulations through secure logins, hierarchical based password administration, audit trails and site monitoring, and encompasses data validation checks at all levels.

ImageTrend provides easy access to online EMS product information on their website at [www.ImageTrend.com/Products/EDS](http://www.ImageTrend.com/Products/EDS). They invite the City of North Richland Hills to watch the Version 5 sneak peek for an overview of the new features and functionality offered in the EMS Service Bridge and EMS Field Bridge. To view this sneak peek, please visit their EDS website at [www.imagetrend.com/eds-version5](http://www.imagetrend.com/eds-version5). ImageTrend welcomes any opportunity to demonstrate their offering to you in person for efficient and thorough understanding. It would give NRH the chance to not only view the solution, but to meet their dedicated partners as well.

Designed for speed and accuracy, **EMS Field Bridge**, with thousands of units in the field, assists medics in quickly generating complete, real-time electronic patient care reports in a mobile environment.

***Please see Appendix 2 for product specifications.*** EMS Field Bridge:

- Easily documents incidents using touch or stylus input on a tablet or with ruggedized notebooks
- Provides lightning-fast data entry
- Improves patient care
- Includes exclusive Power Tools and Provider Actions



## ESO Solutions

Built on next generation web technologies, the **ESO ePCR Suite** delivers powerful reporting capabilities, unmatched quality management features, and clinical and operational tools to save you time and improve the quality and accuracy of your patient documentation. ***Please see Appendix 3 for product specifications.*** ESO ePCR is accessible from any computer with an Internet connection and offers:

- A NEMESIS Gold compliant ePCR solution
- Free software upgrades and lifetime technical support
- A hosted, Software as a Service model that delivers cost-effectiveness and rapid deployment
- Web and mobile applications
- Quality management made easy

The ESO ePCR Suite includes flagship **ESO ePCR Web and Mobile**, ESO Quality Management, ESO Personnel Management, ESO FIRE (NFIRS-reporting software), and ESO QuickSpeak language translation software. The suite interfaces between ESO and several types of EMS technology, including cardiac monitor devices, CAD systems, billing software and more, increasing data accuracy and reducing duplicate data entry.

Using a Software-as-a-Service (SaaS) delivery model, ESO is able to implement their solutions at a low risk to customers, with few infrastructure requirements. Their data hosting facilities are SAS 70, Type II and PCI compliant and strict measures are employed at the facilities, including redundant power, multi-layered security, automatic backups, data archival, effective environmental controls, 24 x 7 monitoring and more help ensure the security of customer data at all times.

ESO warrants the software and provides customer support for the life of the contract, so organizations are able to shift IT resources away from application maintenance. ESO products are easy to implement and require little upfront investment, especially when compared to more traditional client server models. And the administrative tools available in the ESO Suite make it easy for anyone to configure and maintain the system.

ESO's ePCR Suite integrates with more than 30 CAD systems. ESO typically imports live CAD backup data. Technically, the CAD vendor writes to our API and the data is processed by our web service, or we access backup data from CAD and process it to the web server. The fields that we import are dependent on what the CAD vendor makes available to us. Typically, data fields that are imported are: unit, EMD information, incident location, times, mileage, and destination. ESO has interfaced with more than 30 CAD vendors and we will work with KCEAA and the CAD vendors – and the associated data field and import process – with the understanding that it is the CAD vendor(s) that must permit access to the data fields. The ESO ePCR Suite also integrates with popular cardiac monitors, including Physio-Control LIFEPAK 12 and 15 defibrillator/monitors.



## Beyond Lucid Technologies

Beyond Lucid Technologies' **MEDVIEW ePCR** systems are customized to suit your specific needs, including data analysis and work flow optimization. Whether you're seeking solutions that provide analytics, maximize efficiency, or just keep your team and clients safe, Beyond Lucid Technologies arms you with cutting-edge innovations in a manner that respects your time, budget, and limited bandwidth for "talking tech." *Please see Appendix 4 for product specifications.* Core functionality includes:

- Handwriting Recognition
- Protocol and Education Document Management
- Integrated Secure Photo Capture and Display
- Integrated GPS Navigation

The **MEDVIEW** Electronic Patient Care Record (ePCR) system by Beyond Lucid Technologies, Inc., can integrate with all leading Computer Aided Dispatch (CAD) systems, and MEDVIEW is cleared for integration with LifePak, Philips, and ZOLL monitor-defibrillators.

MEDVIEW is fully HIPAA compliant, and documentation will be provided with respect to data security and integrity. It was also the first ePCR specifically designed to use with NEMSIS version 3, which is due to become required in several states during 2014. In accordance with NEMSIS v.3, the system can be modified on-demand with a variety of custom fields. A narrative assistance feature can be activated within MEDVIEW, and reports can be exported from the ePCR on demand. By contrast, the Administrator Portal included with the system includes an ability to turn virtually any section of the system on or off on demand; changes to the Administrator Portal propagate to the field units within an hour or the next time a user logs in.

MEDVIEW is built in two parts: MEDVIEW Mobile for use in the field, which is the first ePCR to incorporate online/offline GPS navigation that does not require an internet connection; online/offline telemedicine capabilities, to enable the capture of a patient's ID or insurance information, pictures from the accident scene or a patient's wound, etc.—even billing documents and advance directives—all without the need for network access. It slashes the time required to complete patient care records (PCR), thanks to innovative and proprietary tools that enable the record to be quickly and conveniently provided in the field. MEDVIEW Hub is a web-based portal that allows for the completion of PCRs through the Internet, using almost any computer (so long as the computer has a compatible web browser).

Thanks to its unique technical architecture, MEDVIEW makes the data collected by practitioners in the field available to care providers across a network within seconds (in accordance with HIPAA rules). The resulting longitudinal records offer insights that are actionable by community paramedicine and accountable care organizations—what Beyond Lucent Technologies believes to be the next generation of Fire/EMS agencies.



## HARDWARE OPTIONS

### Panasonic Toughpad FZ-G1

This tablet option offers a fluid user experience while providing crucial port connectivity and feature rich options in a compact size. Designed for highly mobile field workers, it's the thinnest and lightest fully-rugged 10.1" tablet running Genuine Windows. ***Please see Appendix 5 for product specifications.***

### Panasonic Toughbook 19

A fully-rugged, lightweight, wireless laptop that converts from a powerful notebook PC to a convenient tablet PC with one quick swivel. It features a full magnesium alloy case capable of withstanding a 6-foot drop – ideal for working in those challenging environments and mission-critical situations. ***Please see Appendix 6 for product specifications.***

### Logic Data Systems L-5500

Designed to meet the needs of EMS providers, the Logic Data Systems L-5500 combines GPS, WiFi, and cellular technologies into a single rugged enclosure for a reliable and always-on Internet connection. From ePCR to GPS & AVL, the L-5500 enables real-time data communications for today's demanding field applications. ***Please see Appendix 7 for product specifications.*** Select features include:

- Always On Broadband
- Integrated GPS Receiver
- WiFi Access Point or Client
- Integrated VPN
- Multiple Ethernet Ports
- Battery Monitoring
- Sensor Inputs
- Garmin Messaging



**SECTION 7: Reporting Processes**  
City of North Richland Hills RFP 13-030  
*EMS Billing and Collection Services*

## SECTION 7: Reporting Processes

### CLEAR AND CONCISE REPORTING

Wittman Enterprises, LLC will provide financial, statistical, and fiscal reports to the City pursuant to your guidelines. We will set up with North Richland Hills to create month-end closing dates or cut offs. Our month-end correspondence includes Cash Receipt Reports that reconcile all deposits, receivables, billings, patient accounts, adjustments, dishonest checks, and refunds. All other processes and functions at Wittman Enterprises, LLC are ongoing. Financial and performance reports are detailed and easy to read. Month-end reports will be mailed or emailed directly to the City's designated representative each month. On-Demand reports are our specialty and can be provided at a moment's notice at no additional charge. The following is a sampling of the reports we can provide the City of North Richland Hills at a moment's notice. These reports provide detailed accounting for Medicare, Medicaid, and Bad Debt write offs of any type and track revenue by period. Our reports are **Accurate and Easy to Read. Robust and Individualized. Accessible.** *Please see Appendix 1 for a sample of our Month-End Reports for samples of our specialized reports.*

### A/R Aging

This report can be run in detail or summary by trip date (date of service), patient, or payer. The report can be customized to track a specific payer or payers and date ranges and lists how many ambulance claims are still outstanding for any given time period.

### Ticket Survey

Detail or Summary can be run by date of service, payer or patient or combination thereof. Ticket Surveys are used to provide the number of accounts input into the system in a given month and under the payer mix category. This information provides revenue projection information and can be used to verify that all tickets sent have been received.

### Year-to-Date Revenue

This report provides a snapshot of the last twelve months at any time. It offers totals in all categories including Medicare and Medicaid write-downs, monthly amount of delinquent accounts and refund amounts. It is a very effective performance analysis tool in monitoring our performance as it reflects our ongoing collection rate, both gross and net, for a twelve-month period.

### Management Summary

The report is run by fiscal year. It provides an accounting by financial class of total trips and dollars billed each month, with a cumulative year-to-date tracking. It also provides an accounting of the dollars received each month by financial class with a cumulative year-to-date tracking.

### Ad Hoc Reports

On-demand reports are our specialty and are provided at no additional charge. Our billing software collects and tracks numerous data elements whether input manually or electronically downloaded.



From the large data field our ad hoc reports are available and on-line for the City’s review and can contain month-end and real time information as required by you.

**REPORTING LIBRARY: PARTIAL LIST**

This is a small sample of our extensive reporting library. In fact we have well over **200 system-generated reports** as well as more than **100 customized reports** to meet the reporting needs of all of our clients. Utilizing our in-house programmers, we are able to design reporting programs to fit all our clients’ needs.

- Management Summary
- Ticket Survey Summary: Payer
- Ticket Survey Summary: Trip Date
- Year-to-date Revenue
- Aging: Current Payer (Aging Date)
- Cash Receipts Summary
- Credit Summary
- Activity Summary: Vehicle
- Activity Summary: Payer
- Trip Count: Age/Sex
- Charge Type: Medications and Services
- Refund Report

**CONFIDENTIALITY, SECURITY, PRIVACY OF INFORMATION**

Wittman operates as your Custodian of Records, providing protected information only upon receipt of the properly executed permission forms for release of confidential information by the patient or patient’s legal representative.

- We regularly inform the City of any changes in privacy statutes and other industry regulations.
- Our operations incorporate “administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of electronic Protected Health Information (e-PHI).”
- We ensure that any agent, including a subcontract that provides service under this Agreement, complies with this Confidentiality Clause.
- Our agreement with the City of North Richland Hills is executed pursuant to the requirements of the Security Regulations promulgated under the Health Insurance Portability and Accountability Act of 1996 (Security Rule or “HIPAA” found at 45 C.F.R. Part 164).
- We follow the “Privacy Rules” as put forth in the America Recovery and Reinvestment Act of 2009, Title XIII of the ARRA; Health Information Technology for Economic and Clinical Health Act Subtitle D section 163400-013424.



**ACCESS TO RECORDS POLICY SUMMARY**

Wittman Enterprises ensures that its use, disclosure of and requests for PHI are in accordance with the Minimum Necessary requirements under HIPAA. We make every reasonable effort to limit the amount of PHI that we use, disclose, or request to the Minimum Necessary to accomplish the intended purpose of the use, disclosure or request.

**Internal use**

Wittman’s Privacy Officer is responsible for identifying those persons or categories of persons in our workforce who need access to PHI to carry out their duties, and shall, for each such person or class:

- Identify the category or categories of PHI to which access is needed in order for the persons or class to carry out their duties; and
- Identify any conditions that should apply to each person’s or class’ access to PHI.
- Approved personnel shall only have access to PHI when they are on duty.

Each department is responsible for overseeing and making reasonable efforts to ensure that personnel under its supervision only obtain access to the limited type of PHI that is required to carry out their duties. All Requests from any department for changes in access to PHI by its personnel shall be directed to the Privacy Officer for approval.

**Routine Disclosures to Third Parties**

For disclosures that Wittman Enterprises makes on a routine, recurring basis, we may use protocols to limit the PHI disclosed to the Minimum Necessary to achieve the purpose of the disclosure. The Privacy Officer is responsible for ensuring that all departments and functions within the Organization identify disclosures of PHI that they make on a routine, recurring basis. The Privacy Office is responsible for assisting each applicable department to create standard protocols to be applied to reasonably ensure that routine disclosures only include the Minimum Necessary PHI. Protocols under this section must address the following:

- The protocol must set forth the type of PHI that can be disclosed.
- The protocol must identify the types or categories of persons to whom the PHI identified in the protocol can be disclosed.
- The protocol must identify any applicable conditions to providing the disclosure.

**Non-Routine Disclosures to Third Parties**

All disclosures that are not routine and recurring must be reviewed on an individual basis in accordance with this section. The Privacy Officer, together with the compliance committee, shall be responsible for developing criteria to be applied to analyze non-routine disclosures to determine the Minimum Necessary PHI that can appropriately be disclosed. All non-routine disclosures must be forwarded to the Privacy Officer for review and approval prior to making the disclosure. The Privacy Officer shall be responsible for reviewing each such non-routine disclosure and determining the Minimum Necessary PHI that can be included in the disclosure. Finally, the PHI requested for



disclosure by the following entities shall be deemed to be the Minimum Necessary for the stated purpose and do not require individual review by the Privacy Officer:

- Disclosures to a public official in accordance with applicable law, if the public official represents that the information requested is the Minimum Necessary;
- The information is requested by another Health Care Provider, Health Plan, or Health Care Clearinghouse;
- The information is requested by a professional who is a member of Wittman’s workforce or is a Business Associate of Wittman Enterprises for the purpose of providing professional services to the Organization, if the professional represents that the information requested is the Minimum Necessary for the stated purpose(s); or
- A person is requesting PHI for research purposes and he or she has complied with the Organization’s policy on research and provides documentation to that effect.

In the event a workforce member believes that a request for a disclosure involving PHI from a person or entity is not the Minimum Necessary, such workforce member must raise his or her concerns with the Privacy Officer. The Officer is responsible for evaluating such requests for disclosure and determining whether it is reasonable for Wittman Enterprises to rely on such request.

**STATE OF TEXAS TRAUMA REGISTRY**

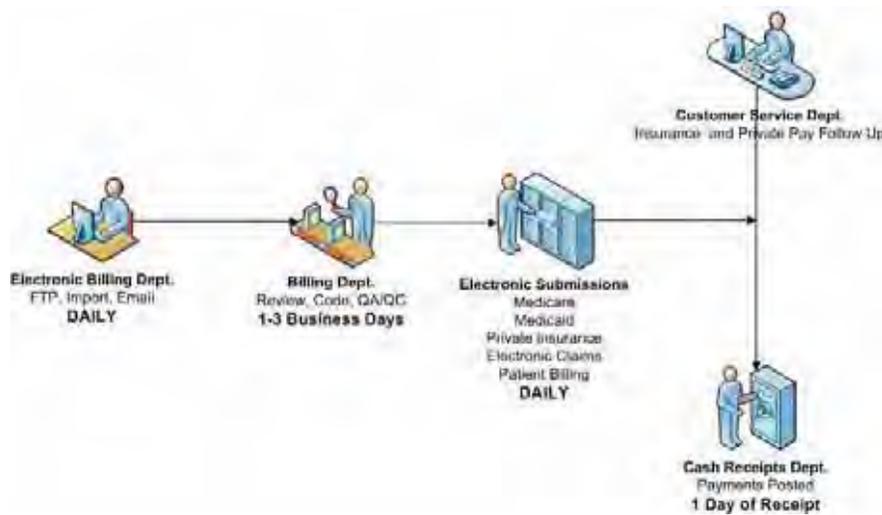
As part of the services we provide our Texas clients, Wittman remits to the *State of Texas Department of Health Services* and to the *North Central Texas Trauma Regional Advisory Council* all required reports on their behalf. Our in-house programmers wrote the software interfaces so that our billing system scrubs, imports, organizes, reports, and uploads requested data directly into the registries. On behalf of the City of Hurst we have nearly completed our interface and upload testing and are prepared to “go live” with regular registry reporting within the next month or two.



**SECTION 8: Billing Processes**  
City of North Richland Hills RFP 13-030  
*EMS Billing and Collection Services*

## SECTION 8: Billing Processes

### BILLING TO PAYMENT CYCLE



#### DOCUMENTS CONFIRMED AND SCREENED FOR COMPLETENESS

All North Richland Hills Fire PCR's received by our Billing Team are thoroughly reviewed for treatments and treatment codes, medical coding/ICD-9 (ICD-10\*) Codes, medical necessity, appropriateness of charges for services based on services rendered, and overall completeness. Coding with the appropriate payer, patient condition, and charges normally occur within 48 to 72 hours of receipt. PCR's with incomplete information may be referred back to the City for the missing information if and when hospital face sheets are not available. Patient accounts with private insurance, Medicare, and Medicaid information are billed immediately. If insurance information is not available on the PCR's, or by means of our research, the patient's account is set up for private billing.

#### INSURANCE FINDING AND VERIFICATION

All insurance and third party payer information provided at the time of input is verified online or by phone. By identifying the correct payer for a patient's claim before it is ever billed we consistently keep our percentage of incorrect billings very low. In the event of incorrect insurance billing our customer service representatives contact the patient or receiving hospitals for the correct insurance information. Our revenue assurance team appeals rejected claims and demand payment, with interest when applicable, from non-compliant insurance companies. They are challenged when claims are denied or underpaid. Denials are **not** simply **accepted**. Wittman adds regularly to our collection methods through extensive training that clarify the obligations of insurance carriers. We are very familiar with applicable insurance codes, and health and safety codes, and we employ them commonly when demanding payment from insurance companies.



**HOSPITAL PATIENT RECORD SYSTEMS**

Creating a mutually beneficial partnership with your destination hospitals is a key part of our transition schedule when we begin our work with you. Initial contact is usually started even before the contract has been finalized. Generally each contact indicates that their preference is for Wittman to fax our information requests to them and upon approval they fax hospital face sheets back to us. We start with this method and then work with HIPAA compliance and IT teams at each hospital to try and establish a more efficient mode of information transfer. Typically faxed requests from us can take a minimum of two working days before we might expect to see the requested information from the hospital.

As part of this proposal process we reached out to Health Information Managers, Compliance Managers, or other qualified contacts at area hospitals. Our outreach ensures regular exchange of information and the retrieval of hospital face sheets in the most expedient way allowed. Once we have established a strong relationship with our destination hospital partners we are often able to establish a secured VPN link that allows us to interface more directly with hospital patient records systems. Initial contacts included:

- Baylor Medical Centers
- Children’s Medical Center
- Cook Children’s Medical Center
- HCA
- John Peter-Smith
- Med Center of Arlington
- Parkland Memorial
- Plaza Medical Center
- Texas Health Resources

**DESTINATION HOSPITAL CONTACTS**

As part of our comprehensive collection services Wittman works with your receiving hospitals to obtain patient demographics to ensure the highest level of collection possible. We gather the required information via secured email, VPN, fax, and phone calls to the financial offices of the hospitals or skilled nursing facilities.

- Wittman Enterprises employs a variety of other processes and resources in the course of following up on accounts with inadequate billing information including:
- Use of Zip Code/Street Directories for obtaining missing/incomplete addresses in addition to our own proprietary [address.checker](#) program and [MelissaData.com](#)
- Use of [Accurint.com](#) for tracing mail returns
- Contacting the EMS Division to locate missing information from Run Reports
- Contacting the patient’s family members for billing or insurance information



- Mailing inquiry forms to the patient
- Personal contact with the patient via phone or email

**PATIENT DATABASE**

As an EMS billing specialist since 1991 we have accumulated an extensive Patient Database containing thousands of patient records and pieces of demographic and patient historical data. This allows us to cross-reference accounts and streamline the billing process in a more efficient and thorough manner. We do this under the strictest HIPAA compliance regulations to ensure proper patient confidentiality.

**ASSIGNMENT AUTHORIZATION**

In our 22 successful years of EMS billing we have found that the most efficient billing and collection programs are a direct result of a strong partnership between our client and us. It applies here as well because the release of billing to Medicare is not permitted without the signature of the patient, designated guardian, or witnessed declaration that the patient is not able to sign. If field crews do not regularly obtain the patient signature—or witness the patient’s inability to sign at the time of service—billing and subsequent payment can be delayed significantly. Recognizing that there are times when obtaining these clearances simply are not feasible, and in partnership with you, Wittman assists with the collection of raw data as much as possible to ensure the highest achievable collection rate.

**ELECTRONIC FILING**

Medicare, Railroad Medicare, and Medicaid claims are billed electronically. When we receive a trip indicating Medicare, Railroad Medicare, or Medicaid coverage, we verify this information through electronic verification systems to be certain we bill correctly the first time. Wittman electronically bills all qualified primary and secondary insurance sources, workers compensation, health maintenance organizations, third party liability, benefit programs, and self-insurance programs such as:

- Amerigroup
- Aetna
- Blue Shield - Texas
- CIGNA Healthcare
- Croy-Hall Management – Texas
- Humana Healthcare
- Molina Healthcare
- North Texas Healthcare
- PacifiCare – Texas
- Tarrant Health Services



**ELECTRONIC BILLING TO MEDICARE AND MEDICAID**

Medicare and Medicaid claims are submitted electronically and paid within 14 days and 7 days respectively. When we receive a trip indicating Medicare or Medicaid coverage, we verify this information through electronic verification systems in order to be certain we bill correctly the first time. *Medicare and Medicaid claims are transmitted daily* using ANSI, the format set forth under HIPAA requirements. Our Medicare and Medicaid Specialists process all denials and appeals. They receive extensive training in all aspects of Medicare and Medicaid billing, and are well-versed in federal and state law, as well as the implementation of the associated fee schedules. Secondary insurance or private balance billing occurs immediately upon posting of Medicare payments. Follow-up commences as required, based on the secondary source, until full adjudication is resolved.

**BILLING PRIVATE INSURANCE**

In the event of incorrect or incomplete insurance information our Customer Service Representatives work with hospitals and the patient for any corrections to that information. Insurance information is checked for eligibility during initial patient contact by phone. This prevents billing delays and allows customer service representatives to inform patients if there are any issues. Wittman electronically bills all qualified primary and secondary insurance sources, workers compensation, health maintenance organizations, third party liability, benefit programs, and self-insurance programs. Those who do not qualify are billed via generated paper statements mailed directly to them. Denials are not accepted; in fact as a policy we appeal where appropriate and demand payment with the appropriate interest from non-compliant insurance companies.

For auto accident-related accounts we determine from the patient whether they have med-pay through their automobile insurance, whether we are billing a third party insurer, or if they have retained the services of an attorney. Depending on the patient’s response, we will either bill the patient’s med-pay or private health insurance, bill the responsible party or we will work with the patient’s attorney to set up a lien against their personal injury case. All appropriate follow-up on accounts occurs regularly by specialized personnel in our Customer Service Department. Wittman Enterprises, LLC has also worked on several large insurance bankruptcies. These bankruptcies have affected the revenue of our clients. Through our efforts we have been able to obtain for our clients up to 80% of unsecured debt owed by several of these insurance companies. *Most of our competitors opt to forego this process.* It takes many hours of correspondence and re-billing to the bankruptcy courts to net our clients payments that otherwise would have been written off.

**Billing Department**

Tickets (Pre-Hospital Care Reports) are initially reviewed for diagnosis, level of service, and treatment codes. Our internal and automated pre-scrubber program checks eligibility, incident address, and customer address. Next, insurance information is verified when provided and the information is entered into our billing system for initial billing and follow-up by the Customer Service Department.



### **Customer Service Department**

Customer Service Representatives are responsible for the follow-up on private insurance, private pay, and balance-billed accounts. They take in and make over 10,000 calls weekly to and from patients and process insurance EOBs, patient insurance information, and patient disputes.

### **Cash Receipts Department**

Wittman's Cash Receipts department processes and posts all account payments and processes refund requests. This includes automatic posting, ensuring timely denial filing and billing of any secondary Payer, resulting in quicker reimbursement for the City.

### **BILLING MILEAGE**

For Medicare recipients, CMS guidelines direct that accurate loaded miles from ambulance odometer readings must be reported as part of the patient's permanent record to the nearest tenth fractional mile. For commercial insurance plans miles are rounded up. As part of our review of PCRs, each account is automatically run through Google Maps and MapQuest and the results placed in the notes of the account. If the odometer mileage information is missing from the PCR, Wittman bills with the lowest fractional mileage result from either Google Maps or MapQuest.

### **PRIVATE PAY ACCOUNTS**

Surveys from the *American Collectors Association* indicate that patients are more motivated to make payment from a telephone call than repeated collection notices. However, they have also shown increased effectiveness with a combination of both methods. We have found this to be true through the personal attention given to our clients and their patients. Our first call to a private account occurs immediately after data entry of the incident into the system and automated and manual searches for previous accounts for the same patient. This verification call allow us to determine if the patient has insurance or any special circumstances that will make it difficult to pay the bill in a reasonable amount of time. The early establishment of contact with the patient is beneficial because, at this point, handling of their account has become individualized.

We believe our system of invoices, statements, delinquency notices, and individual letters, in conjunction with telephone follow up, is most successful. Follow-up procedures used to elicit payment include a data file established for each patient from which information regarding the transport, billing, and payment can be recorded and retrieved, and patient information can be updated. All patients are referenced by name, date of service, incident and run number, social security number, and insurance identification numbers.

### **MEDICARE AND MEDICAID COLLECTIONS**

We electronically submit Medicare and Medicaid claims on behalf of your eligible patients, transmitting daily using ANSI format per HIPAA regulations. Our Medicare and Medicaid Specialists automatically process any and all denials and appeals. Secondary insurance or private balance billing



occurs immediately upon posting of Medicare payments. Follow up commences as required based on the secondary source, and continues until full payment is procured.

**CITY STAFF**

Wittman Enterprises looks forward to enjoying regular contact with City and staff for direction on specific accounts, balance adjustments, and other procedures requiring your authorization. On occasion, when we have exhausted our resources and need help completing missing information, clarifying unclear or incomplete narratives on PCRs, we request assistance from our regular NRH contacts who are often able to acquire the information from their resources. However, as your billing partner, Wittman generally does not request regular tasks from City Staff as it is our job to support your billing and reimbursement program.

**CLAIM DENIAL PROCESSES**

Wittman Enterprises pursues every claim and follows through with every denial so that all legitimate revenue is collected on behalf of our clients. We have dozens of Standard Operating Procedures (SOPs) covering numerous scenarios for processing denials for Medicare, Medicaid, and Private Insurance. Below is a brief overview of our policies; however, each of our SOPs are also available to you for review if you would like a more exhaustive explanation of our various methods.

**Medicare**

Medicare may deny claims for any number of reasons such as a patient without Part B coverage on the date of service, incorrect patient information on the claim, Medicare is a secondary payer, the patient has a Medicare Advantage plan, and many others. Wittman Enterprises actively appeals and processes all denials, making sure our clients get their maximum legal reimbursements. Our thorough process starts with reviewing the denial code and includes:

- Identifying the course of action based on the denial code
- Re-checking Medicare Eligibility
- Verifying payer primacy between patient insurance and Medicare coverage
- Locating Medicare Advantage plan coverage
- Re-checking modifiers and codes
- Checking EOBs for reported non-covered services or for no Part B coverage
- Billing secondary payers such as insurance and Medicaid as necessary
- Correcting information requested on denial and rebill Medicare, supplemental insurance, Medicaid, and the patient to reflect all necessary changes
- Scheduling a call-back date to follow up on resubmission
- Notating the account so that it reflects up-to-the-minute status of every claim



**Medicaid**

Not all Medicaid denials are provided to us in the same way. Most are received in traditional EOB format where codes are given and definitions for the codes are provided on the EOB. Others are returned in letter format only without codes. Our procedures for processing Medicaid denials include:

- Review EOB/letter to verify if a payment was issued, and to identify the explanation for the listed code. This primary step is key for determining the type of denial received and what course of action to take for ultimate payment.
- Recheck patient Medicaid eligibility and modify claim data if necessary.
- Identify hierarchy of payers. Assuming Medicaid is the primary; add appropriate denial code along with any other necessary changes.
- Rebill Medicaid.
- Schedule a call-back date to follow up on resubmission.
- Notate the account so that it reflects up-to-the-minute status of every claim.

**Insurance**

Health Plans and Medical Groups issue denials when all or parts of a claim are not paid. There are several types of denials. Some are issued correctly according to the patient’s insurance policy and/or billing guidelines while others are incorrect due to an error by the health HP or MG when processing the claim. Our standard operating procedures include:

- Verify whether the denial is based on “Not a Covered Benefit”, “Not Eligible”, “Unable to Identify as a Member”, “Primary Insurance Paid more than Allowed”, for example.
- If there is another billable insurance on file, send a claim to that insurance, attaching the denial received.
- If there is no other billable insurance on file, contact the patient to inform them of the denial and request other insurance information, if any.
- When corrected information is received from the patient, update the payer information and send a claim and a copy of the PCR to that insurance with the denial received attached.
- When there is no viable insurance policy to bill, no Member or Resident program, the claim is converted to private pay and billed directly to the patient.

**PAYMENT PROCESSING**

Payments received are posted to the proper account within one day, noting the source of that payment. All charges applied to a patient’s account are retained as a permanent record of their medical history. Full payments posted that result in a zero balance require no further action. When partial payment is made, it will be posted and the balance transferred to the appropriate pay source. For example, a Medicare payment would be posted with the appropriate write downs; and the patient’s remaining responsibility would be transferred for billing to the secondary insurance or to private billing directly to the patient. Follow-up is completed by the Customer Service Representative



regardless of private or secondary insurance billing. If secondary insurance is not available for billing the patient is billed directly. In the course of billing, patients without insurance are identified. If they are unable to make one payment in full, they are offered payment arrangements that can be made on a monthly, bi-monthly, or weekly schedule. Our customer service representative will set up the **Time Pay** within the system and an initial letter is sent to the patient outlining the payment arrangements. There is no minimum monthly payment amount; however, we recommend to our clients that such accounts should be paid in full within 6 months of the agreement.

#### **PROCESSING CITY OF NRH FUNDS**

Many of our EMS billing partners prefer the *Live Cash* method of processing payments. Payments are sent directly to us and then deposited into North Richland Hills's bank account. Due to our meticulous auditing, balancing, and reconciliation processes your monthly reports will balance with your bank statements to the penny. Great care is taken from the opening of correspondence and payment envelopes by a specific group of staff. Patient accounts are updated and verified for accuracy before any checks are prepared for deposit. In all cases double-custody procedures are followed so that payments are always within at least two cash receipt staff's hands. Finally, we limit processing of payments and remote deposit logins to a maximum of two people to control deposits completely.

Payments made by check are scanned and deposited remotely to your bank account (or directly at the bank by designated personnel if remote banking is not a service your bank provides). Cash payments are handled directly by the president of the company. For Electronic Funds Transfers ("EFT") required by federal insurance providers such as Medicare, we post Electronic Remittance Advices ("ERA") to patient accounts immediately upon receipt.

Other payments are posted to the proper account within one day while noting the source of the payment. Additional correspondence, EOB's, patient, letters, and requests are also sent directly to Wittman Enterprises for processing. The *Live Cash* option eliminates the need for City personnel to make copies of payment information and process correspondence. Many of our current clients have found lock box programs to be an unnecessary and costly expense for a fairly inefficient correspondence method. Besides the posting of payments, the lock box service must distribute in a timely manner the regular flow of correspondence which often includes requests from government programs such as Medicare for refund requests for overpayment or requests for Revalidation that are extremely time sensitive. This can also include correspondence from patients that could contain insurance information which, if not received in a timely manner, might result in unnecessary billings to the patient.



**ACCOUNTING OF PAYMENTS RECEIVED**

On a monthly basis and by request, Wittman Enterprises, LLC accounts for all payments received and provides financial reports of all billing and collection activity pursuant to Generally Accepted Accounting Principles.



**SECTION 9: Collection and Customer Service Processes**  
City of North Richland Hills RFP 13-030  
*EMS Billing and Collection Services*

## SECTION 9: Collection and Customer Service Processes

### COLLECTION PRACTICES

On average we send less than 12% of all accounts billed for additional collection efforts. Wittman provides North Richland Hills Fire current reporting identifying any non-collectable accounts to be released to your collection agency. As part of our process we work with your agency and provide them necessary documentation regarding the billings. However, before an account is even considered for referral to collections, the following exhaustive procedures will have been performed:

- Through our extensive Patient Database, patients will have been cross-referenced by name, social security number, incident pickup or residence address, and date(s) of service.
- The entire regular Bill Schedule will have been completed.
- We will have conducted all appropriate follow-up calls and letters.
- We have identified all available alternate patient contacts.
- We will have completed our skip-tracing processes to locate correct address and telephone information with tools such as [Accurint.com](http://Accurint.com), *The Haines Directory*, [MelissaData.com](http://MelissaData.com), etc.
- Receiving hospitals have been contacted for most accurate and current patient demographic information.
- Medicare, Medicaid, and Private Insurance eligibility is re-verified.

### Collection Agencies

Wittman Enterprises effects collections through written and oral communications with debtors skip tracing for new addresses, and correspondence with receiving hospitals. In partnership with you we will identify bad debts and follow the City's policies regarding their treatment. The account is referred for collections when the only recourse is to have it reported as bad debt. We are expert in EMS Medical billing and work diligently to ensure that before an account is sent to outside collections all options have been exhausted. To avoid any conflict of interest between billing and bad debt collections, we strongly suggest that the City is better served having two different agencies working on billing and collection agency assignments separately. Although we cannot in good faith recommend one agency over another, Wittman can provide a list of agencies with which our clients often contract.

### Bill Schedule

Wittman Enterprises customizes your private bill schedule to reflect the City's needs. These schedules work in conjunction with our billing program, tracking accounts receivable and assigning them to customer service representatives for making follow-up calls. On the next page are two examples of customized bill schedules:



**Private Payer**

Action	Time Line
Information letter with invoice	Immediately
Phone call to patient	Within 3- 5 Business Days
Send Second Notice	At 30 Days
Phone call to patient	At 30 Days
Hospital Request for Information Sent	At 40 Days
Send Past Due Notice	At 45 Days
Phone call to the Patient	At 55 Days
Send Final Demand	At 70 Days

**Patient Signature Required**

Action	Time Line
Medicare signature required letter	Immediately
Phone call to patient	Within 3- 5 Business Days
Patient signature required Invoice	At 35 Days
Patient signature required Past Due Notice	At 55 Days
Phone call to patient	At 60 Days
Patient Signature required Final Notice	At 70 Days



SAMPLE CORRESPONDENCE

Resident Membership Program Request for Information

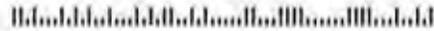
CITY OF NORTH RICHLAND HILLS  
PO BOX 269110  
SACRAMENTO CA 95826-9110



1(800)772-6552 Central Standard Time 8:00am to 6:30pm.



WANN0523A AUTO MIXED AADC 926  
7000003658 01 0015 0029 3658/1



CITY OF NORTH RICHLAND HILLS  
PO BOX 269110  
SACRAMENTO CA 95826-9110

RE: Run Number:  
Date of Service:

**Request For Information Only --- THIS IS NOT A BILL**

Our records do not indicate any insurance coverage other than your enrollment in the Paramedic Subscription/Membership program. If your household is enrolled with any other insurance we will need the following information:

- No other insurance.
- Medicare — We need a copy of your card.
- Medical-Cal/Caid — We need a copy of your card.
- Private Insurance — We need a copy of the I.D. card and the following:

Insurance Co. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Insurance Address: \_\_\_\_\_ Insurance City, State & Zip: \_\_\_\_\_

Group#/Claim#: \_\_\_\_\_ Insured's Name: \_\_\_\_\_ Insured's ID#: \_\_\_\_\_

Part of the Paramedic Subscription/Membership Program includes the provision for the Fire Department to bill your insurance whenever you or the other household members use local emergency paramedic and ambulance services. Private insurance and Medicare frequently leave various parts of the bill unpaid, citing limitation in the policy. **As a subscriber, you are not directly liable for the payment of these charges.**

**Authorization for release of Medical Information:**

I authorize any holder of Medical information about me to release to Medicare, Medicaid and any insurance, as well as the provider of this service, any information or documentation in their possession needed to determine these benefits or the benefits payable for related services, whether in the past, now or in the future.

Signature of Patient, Parent or Guardian

Date

Print Name

Contact Phone Number

FOR BILLING INQUIRIES CALL 1(800)772-6552 Central Standard Time 8:00am to 6:30pm.  
You may also submit insurance information at [www.webilliams.com/secure](http://www.webilliams.com/secure)

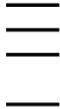


**Information Request**

CITY OF NORTH RICHLAND HILLS  
 PO BOX 269110  
 SACRAMENTO CA 95826-9110



TELEPHONE NUMBER: (800)772-6552  
 Central Standard Time 8:00am to 6:30pm  
 INCIDENT NUMBER:  
 RUN NUMBER:



WMN0910A MIXED AADC 926  
 7000000290 01.0002.0123 290/1



September 10, 2013



CITY OF NORTH RICHLAND HILLS  
 PO BOX 269110  
 SACRAMENTO CA 95826-9110

RE: Run Number:  
 Incident Number:  
 Date of Service:  
 Balance Due:

Por favor llame a nuestra oficina con la  
 informacion de su aseguransa.

**Dear**

In order to bill for your recent Emergency Medical Service, please fill out the form below and return it to our office as soon as possible. Please include a front and back copy of your insurance card if possible. We will not be able to bill your Medicare, Medi-Cal/Medicaid, or Health Insurance until we receive this information. Ultimately, you will be held responsible for all charges.

**Health Insurance:**

Insurance Name: \_\_\_\_\_ Insurance Phone#: (\_\_\_\_) \_\_\_\_\_

ID# or Member #: \_\_\_\_\_ Group #: \_\_\_\_\_

Subscriber: \_\_\_\_\_ Subscriber Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Auto Insurance (if applicable):**

Auto Insurance Name: \_\_\_\_\_

Policy #: \_\_\_\_\_ Claim #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

**Attorney, 3rd party or Work Comp (if applicable):**

Attorney Name/Insurance Name: \_\_\_\_\_ ID# or Claim #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

Contact: \_\_\_\_\_ Employers Name (Work Comp): \_\_\_\_\_

**Authorization for release of Medical Information:**

I authorize any holder of Medical information about me to release to Medicare, Medicaid and any insurance, as well as the provider of this service, any information or documentation in their possession needed to determine these benefits or the benefits payable for related services, whether in the past, now or in the future.

\_\_\_\_\_  
 Signature of Patient, Parent or Guardian

\_\_\_\_\_  
 Date

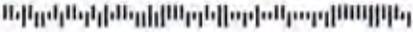
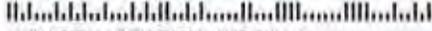
\_\_\_\_\_  
 Print Name

(\_\_\_\_) \_\_\_\_\_  
 Contact Phone Number

FOR BILLING INQUIRIES CALL 1(800)772-6552 Central Standard Time 8:00am to 6:30pm.  
 You may also submit insurance information at [www.webillems.com/secure](http://www.webillems.com/secure)



Invoice

<b>MAKE CHECKS PAYABLE TO:</b>		<b>CREDIT CARD CHOICES</b>									
CITY OF NORTH RICHLAND HILLS PO BOX 269110 SACRAMENTO, CA 95826-9110 		<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD CARD NUMBER: _____ SECURITY CODE: _____ AMOUNT: _____ SIGNATURE: _____ EXP. DATE: _____									
FOR BILLING INQUIRIES CALL: 1(800)772-6552 Central Standard Time 8:00am to 6:30pm RUN NO: 12-12345 INCIDENT NO: 12345678 DATE OF SERVICE: 03/10/2011		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>RUN NUMBER</th> <th>STATEMENT DATE</th> <th>DUE DATE</th> <th>AMOUNT DUE</th> </tr> <tr> <td>12-12345</td> <td>07/05/2011</td> <td>08/01/2011</td> <td></td> </tr> </table> * LAST THREE DIGITS ON BACK OF CREDIT CARD. <b>AMOUNT PAID</b> <span style="float: right;"><b>\$ 1400.40</b></span>		RUN NUMBER	STATEMENT DATE	DUE DATE	AMOUNT DUE	12-12345	07/05/2011	08/01/2011	
RUN NUMBER	STATEMENT DATE	DUE DATE	AMOUNT DUE								
12-12345	07/05/2011	08/01/2011									
<b>ADDRESSEE</b>		<b>PLEASE REMIT TO:</b>									
W002705A AUTO MIXED AADC 924 7000001234 01,0005.0284 1234/1   JANE DOE 123 STREET ANY WHERE, USA 12345-1234		 CITY OF NORTH RICHLAND HILLS PO BOX 269110 SACRAMENTO, CA 95826-9110									
PLEASE RETURN THIS PORTION WITH YOUR PAYMENT		SEE REVERSE SIDE FOR ADDITIONAL INFORMATION									

INVOICE

INCIDENT NO. 12345678	Page 1 of 1
RUN NO. 12-12345	DATE OF SERVICE: 03/10/2011

DESCRIPTION	CHECK #	QUANTITY	COST PER UNIT	DATE	TOTAL CHARGE
Basic Ambulance Service		1	1,300.00		1,300.00
Mileage		3	18.00		41.40
Cervical Collar		1	24.00		24.00
Body Substance Isolation		1	20.00		20.00
Pulse Ox		1	15.00		15.00
<b>TOTAL AMOUNT DUE</b>					<b>1400.40</b>

<b>PICKUP LOCATION:</b> 123 ANY STREET    ANY WHERE, USA	<b>DROPOFF LOCATION:</b> HOSPITAL
---	--------------------------------------

This bill is separate from your hospital bill. Please inform us of any insurance, Medicare, Medicaid.  
 Please contact our billing office at (800) 772-6552.

CITY OF NORTH RICHLAND HILLS PO BOX 269110 SACRAMENTO, CA 95826-9110	PATIENT: JANE DOE
--	-------------------

**FOR BILLING INQUIRIES CALL 1(800)772-6552 Central Standard Time 8:00am to 6:30pm.**  
 You may also submit insurance information at <http://WWW.WEBILLEMS.COM/SECURE>



**PATIENT'S CHANGE OF MAILING ADDRESS**

Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
New Phone #: ( ) \_\_\_\_\_  
Social Security #: \_\_\_\_\_

**PATIENT'S CHANGED INSURANCE INFORMATION**

Insurance Co.: \_\_\_\_\_  
Claim Office Address: \_\_\_\_\_  
Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_  
Named of Insured: \_\_\_\_\_  
Relationship of Patient to Insured: \_\_\_\_\_  
Employer Name: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
Medicare #: \_\_\_\_\_

**Authorization for release of Medical Information:**

I authorize any holder of Medical information about me to release to Medicare, Medicaid and any insurance, as well as the provider of this service, any information or documentation in their possession needed to determine these benefits or the benefits payable for related services, whether in the past, now or in the future.

\_\_\_\_\_  
Signature of Patient or Guardian



Statement

**MAKE CHECKS PAYABLE TO:**  
 CITY OF NORTH RICHLAND HILLS  
 PO BOX 269110  
 SACRAMENTO, CA 95826-9110

**CREDIT CARD CHOICES:**  VISA  MASTERCARD

**FOR BILLING INQUIRIES CALL: 1(800)772-6552**  
 Central Standard Time 8:00am to 6:30pm

**RUN NO:** 12-12345  
**INCIDENT NO:** 12345678  
**DATE OF SERVICE:** 03/10/2011

**ADDRESSEE:**  
 W9010705A AUTO MIXED AADC 926  
 7000001234 01.0005.0284 1234/L  
 JANE DOE  
 123 STREET  
 ANY WHERE, USA 12345-1234

**PLEASE REMIT TO:**  
 CITY OF NORTH RICHLAND HILLS  
 PO BOX 269110  
 SACRAMENTO, CA 95826-9110

RUN NUMBER	STATEMENT DATE	DUE DATE	AMOUNT DUE
12-12345	07/05/2011	08/01/2011	75.25

\* LAST THREE DIGITS ON BACK OF CREDIT CARD. **AMOUNT PAID:** \$

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT SEE REVERSE SIDE FOR ADDITIONAL INFORMATION

**INVOICE**

INCIDENT NO. 12345678  
 RUN NO. 12-12345  
 DATE OF SERVICE: 03/10/2011

DESCRIPTION	CHECK #	QUANTITY	COST PER UNIT	DATE	TOTAL CHARGE
Payment-Check	198765432			07/01/2011	-12.62
Payment-Check	198765432			07/01/2011	-288.38
Basic Ambulance Service		1	1,300.00		1,300.00
Mileage		2	18.00		41.40
Cervical Collar		1	24.00		24.00
Body Substance Isolation		1	20.00		20.00
Pulse Ox		1	15.00		15.00
Contractual Allowance					-1,024.15

<b>PICKUP LOCATION:</b> 123 ANY STREET ANY WHERE, USA 12345-1234	<b>DROPOFF LOCATION:</b> HOSPITAL	<b>TOTAL AMOUNT DUE</b> 75.25
---	--------------------------------------	----------------------------------

Your insurance has paid their portion of these charges. The balance is your responsibility. If you have supplemental insurance which covers this amount, or wish to setup payment arrangements, please contact our billing office. Thank you

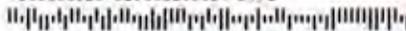
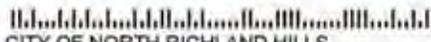
CITY OF NORTH RICHLAND HILLS  
 PO BOX 269110  
 SACRAMENTO, CA 95826-9110

PATIENT: JANE DOE

FOR BILLING INQUIRIES CALL 1(800)772-6552 Central Standard Time 8:00am to 6:30pm.  
 You may also submit insurance information at <http://WWW.WEBILLEMS.COM/SECURE>



Past Due

<b>MAKE CHECKS PAYABLE TO:</b>		<b>CREDIT CARD CHOICES:</b>	
CITY OF NORTH RICHLAND HILLS PO BOX 269110 SACRAMENTO, CA 95628-9110		<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD	
 FOR BILLING INQUIRIES CALL: 1(800)772-6552 Central Standard Time 8:00am to 6:30pm		CARD NUMBER    SECURITY CODE    AMOUNT SIGNATURE    EXP. DATE	
RUN NO: 12-33333 INCIDENT NO: 15544554 DATE OF SERVICE: 03/10/2011		RUN NUMBER    STATEMENT DATE    DUE DATE    AMOUNT DUE 12-33333    07/05/2011    08/01/2011    20.00	
<b>ADDRESSEE:</b>		<b>PLEASE REMIT TO:</b>	
NP010705A AUTO SCH 3-DIGIT 954 7000000020 01.0001.0027 27/1   JOHN DOE 123 STREET ANY WHERE, USA 12345-1234		 CITY OF NORTH RICHLAND HILLS PO BOX 269110 SACRAMENTO, CA 95628-9110	
PLEASE RETURN THIS PORTION WITH YOUR PAYMENT		SEE REVERSE SIDE FOR ADDITIONAL INFORMATION	

**PAST DUE**

INCIDENT NO. 15544554    DATE OF SERVICE: 03/10/2011  
 RUN NO. 12-33333    Page 1 of 1

DESCRIPTION	CHECK #	QUANTITY	COST PER UNIT	DATE	TOTAL CHARGE
Payment-Check				06/13/2011	-787.85
Advanced Ambulance Service		1	1,140.00		1,140.00
Mileage		16	22.00		352.00
Oxygen		1	80.00		80.00
EKG Monitoring		1	30.00		30.00
King Tube		1	54.00		54.00
Supply Charge ALS2		1	92.00		92.00
Contractual Allowance					-920.15

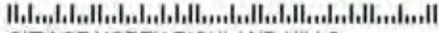
PICKUP LOCATION: 123 ANY STREET ANY WHEREM USA	DROPOFF LOCATION: HOSPITAL	<b>TOTAL AMOUNT DUE</b> <b>20.00</b>
---	-------------------------------	---

This balance is now past due and requires your attention. If you have questions about this balance or need to set up a payment plan, contact our billing office immediately. Para preguntas de facturacion en espanol llame al(800) 772-6552 y oprima 1.

CITY OF NORTH RICHLAND HILLS    PATIENT: JOHN DOE  
 PO BOX 269110  
 SACRAMENTO, CA 95628-9110  
 FOR BILLING INQUIRIES CALL 1(800)772-6552 Central Standard Time 8:00am to 6:30pm.  
 You may also submit insurance information at <http://WWW.WEBILLEMS.COM/SECURE>



**Final Notice**

<b>MAKE CHECKS PAYABLE TO:</b>		<b>CREDIT CARD CHOICES</b>	
CITY OF NORTH RICHLAND HILLS PO BOX 269110 SACRAMENTO, CA 95826-9110 <b>11-77885</b>		<input type="checkbox"/> VISA <input type="checkbox"/> MasterCard	
FOR BILLING INQUIRIES CALL: 1(800)772-6552 Central Standard Time 8:00am to 6:30pm		CARD NUMBER _____	* SECURITY CODE    AMOUNT _____
RUN NO: 11-77885 INCIDENT NO: 174125836 DATE OF SERVICE: 04/12/2011		SIGNATURE _____	EXP. DATE _____
<b>NAME:</b>		<b>PLEASE REMIT TO:</b>	
88020705A AUTO SCH 3-DIGIT 956 7000000040 01.0001.0040 40/1 		 CITY OF NORTH RICHLAND HILLS PO BOX 269110 SACRAMENTO, CA 95826-9110	
JOE SMITH 123 STREET ANY WHERE, USA 12345-1234		* LAST THREE DIGITS ON BACK OF CREDIT CARD. <b>AMOUNT PAID</b> _____ <b>3</b>	
PLEASE RETURN THIS PORTION WITH YOUR PAYMENT		SEE REVERSE SIDE FOR ADDITIONAL INFORMATION	

**FINAL NOTICE**

INCIDENT NO. 174125836      Page 1 of 1  
 RUN NO. 11-77885      DATE OF SERVICE: 04/12/2011

DESCRIPTION	CHECK #	QUANTITY	COST PER UNIT	DATE	TOTAL CHARGE
Payment-Check		1		05/17/2011	-326.98
Basic Emergency Ambulance Srvc		1	1,382.00		1,382.00
Mileage		5	45.31		194.83
Oxygen		1	180.00		180.00
EKG Monitor		1	152.75		152.75
Pulse Oximetry		1	72.75		72.75
Finance Charge-American Legion		1	2.04		2.04
Contractual Allowance					-1,573.61

<b>PICKUP LOCATION:</b> 123 ANY STREET ANY WHERE, USA	<b>DROPOFF LOCATION:</b> HOSPITAL	<b>TOTAL AMOUNT DUE</b> <b>83.78</b>
--	--------------------------------------	---

**This balance is seriously past due. Payment in full or acceptable payment arrangements must be made immediately. Contact our billing office within 14 days or further action may be taken. Para preguntas de facturación en español llame al 1(800) 772-6552.**

CITY OF NORTH RICHLAND HILLS      PATIENT: JOE SMITH  
 PO BOX 269110  
 SACRAMENTO, CA 95826-9110

FOR BILLING INQUIRIES CALL 1(800)772-6552 Central Standard Time 8:00am to 6:30pm.  
 You may also submit insurance information at <http://WWW.WEBILLEMS.COM/SECURE>



**REPORTING UNCOLLECTED/DELINQUENT ACCOUNTS**

In our month-end reporting and as often as needed, we regularly send reports of uncollectable/delinquent patient accounts. They are usually identified in the reports as “bad debt write off.” Because we are not a collection agency we are not allowed to follow practices associated with traditional collection agencies. Based upon City policies, we will design a collection protocol that follows City of North Richland Hills philosophies and policies regarding the collection of bad debt. Per your authorization we work directly with your identified staff on bad debt write offs and/or directly with your chosen collection agency. No account will ever be written off as bad debt nor turned over to a collection agency without your prior approval.

**PATIENT PAYMENT OPTIONS**

Wittman Enterprises affects positive collections for the City’s financial requirements while providing compassionate service to your patient—doing everything possible to attain positive reimbursement for your claims. With that goal, we try to provide as many payment options as possible so that patients have choices of how best to make payments to their accounts. Whether they mail their check payment or credit card billing information, provide their credit card information over the phone, set up a limited installment payment plan, or prefer to access our Credit Card Payment Portal, we make it as simple as possible for patients to submit their payments.

**Installment Payments**

For patients unable to pay their full balance owed, Wittman follows the client’s policies in regards to private pay accounts. This could include minimum payments accepted and the duration of the private pay contract. Based on our experience, we have found that limiting payback duration to one year usually provides the best results for our clients. Patients have the option of making their monthly payments by check or credit card. They may also set up an AutoPay agreement where payment is automatically withdrawn from their credit card each month, following their signed authorization.

**Credit Card Payments**

Patients wishing to make credit card payments are informed through our correspondence and our customer service staff how they can make credit card payments to their accounts. Limited and designated staff is authorized to accept credit card information over the phone and our automated Credit Card Portal allows patients to securely pay their bills using our online reporting module.



### Credit Card Payments Portal

Based on the client’s preferences, we can provide credit card payment options for your patients who wish to have bill payments processed this way. Our credit card payment [Portal](#) provides a link for patients who prefer to pay their invoices online.



### HARDSHIPS, DISCOUNTS, AND REDUCTIONS

In the course of providing our services, Wittman will follow North Richland Hills Fire policies and statutes. The City may waive the ambulance fee if it is found that a patient does not have the financial resources to pay. We will notify your department in the case of any situation requiring modification of account balances, pay schedule, referral to collections, or account write off. No adjustment would ever be made without prior authorization from you. All adjustments would be clearly documented and identified in our regular reporting and documentation. We will work with you customizing policies regarding discounts and reductions to meet the City’s requirements. Some of these may include hardships, attorney requests, city employees, or small balance write-offs. In all cases no discounting decisions will be made without your advanced approval.

### CLIENT/CUSTOMER SATISFACTION

Our clients have counted on Wittman Enterprises since 1991 to conduct diligent, regular, and uninterrupted billing and collection services in a professional businesslike manner. We believe our personal approach and higher levels of service greatly exceed industry standards. Client expectations and overall satisfaction are attained through ongoing and regular training, continuous improvement, and our comprehensive auditing program. Wittman maintains our resource-to-work ratio (generally 30% higher than our competitors) based on upholding the standard of practice our clients expect. Our comprehensive and ongoing training program allows us to continuously improve the way we conduct our clients’ business and get you your maximum legal reimbursement available. We do not strive to be the largest EMS billing company but expect to be the best. The secret to our clients’ successful reimbursements is ultimately the personal attention we apply to each of their accounts. Simply put, it is dedication to our process that combines the best in technology with the **commitment of people** to perform the hard work necessary to pursue elusive insurance payers, successfully appeal Medicare denials, and work effectively through Medicaid cutbacks (for example).



**PATIENT COMMUNICATIONS**

Wittman Enterprises observes all debtors’ rights and complies with all applicable federal, state, and local laws, including by way of example and not as a limitation, applicable provisions of the Federal Fair Debt Collections Practices Act and the Consumer Credit Protection Act. We will treat the City of North Richland Hills constituents with respect and dignity throughout the billing and collection process.

**DISPUTE RESOLUTION**

We manage resolution of any unlikely disputes in accordance with the City and HIPAA guidelines. Wittman will develop strong rapport with your staff and work closely with them to find quick and equitable resolutions to any unlikely patient disputes. Customer Service Representatives are trained to respond with the awareness that we represent your interest when responding to inquiries from patients, insurance companies, attorneys, and others. We generally dispel any patient concerns or disputes without involving City personnel. However we notify you immediately of any patient care complaints.

**NRH TOLL-FREE NUMBER**

Our Customer Service Representatives are available Monday through Friday from 8:00 AM to 5:00 PM CST to serve your patient needs. The toll-free number has multiple lines available for patients, clients, insurance companies, attorneys, and third parties to call for information or to discuss account status.

**BILINGUAL STAFF**

Wittman Enterprises employs several Spanish-speaking Customer Service Representatives in management and non-management positions. We also have employees fluent in Hmong, Chinese, and Vietnamese. This provides patients with the highest quality of service. On rare occasions, if a patient speaks a language we are not staffed to service, we utilize *Language Line Services* to conduct communications which cannot be accommodated internally.



**PATIENT PORTAL**

For many years Wittman has provided patients with [Portal](#) access. Each invoice, statement, and letter mailed to patients provide a website link for them to access, login, provide insurance information, make a payment, or simply inquire about their bill. This site is available 24 hours a day, 7 days a week. We respond to patient inquiries within one business day.



**NRH Customer Service**

As an extension of your City’s EMS program, Wittman Enterprises will maintain a strong customer service accountability platform that provides your team with direct phone numbers and real access to all management staff, starting with our CEO. Additionally, specialized Wittman staff are assigned to your team so that the City of North Richland Hills will have direct access to the person on our team who can most help with whatever situation may arise. Our client liaison team is also available to help identify key resources you may need to get the results you want in a timely manner.

**Client Liaison Team**

Wittman’s Client Liaison team is the conduit between you and our operations. We look forward to meeting with City personnel to discuss the goals of our business relationship, the services we provide, and any other topics required for the continued quality performance of EMS billing on behalf of the City of North Richland Hills. Russ Harms would be your Client Liaison and your main point of contact should any issues arise. Please consider too that Client Liaison Stephanie Cooper-Noe, CEO Corinne Wittman-Wong, and COO Walter Imboden would also be available to you at any time. We make ourselves accessible for meetings by teleconference, Skype, or in person as necessary. In tandem with the Customer Service group and as part of our comprehensive service the Client Liaison team provides:

- Assistance in completing application forms required for maintenance of enrollment in Medicare Part B and state Medicaid programs in the state where services are rendered, including the establishment of a National Provider Identifier (NPI).
- Assistance in maintaining and updating the local Medicaid signature authorization forms for billing paper claims.
- Annual Medicare updates as required by the program.



- Re-enrollment of Medicare and other third party payers required by Medicare or by the respective third party payers.
- EDI registration maintenance and updated application for local Medicaid and Medicare carriers.
- All required registration maintenance and updates of Wittman as the City's official patient billing address.
- Staff to obtain signatures, and provide mailing and follow-through on all enrollment forms and all third party payers.
- Specialized reporting.
- Status and projections reporting.



**SECTION 10: Proposed Service Fee Schedule**  
City of North Richland Hills RFP 13-030  
*EMS Billing and Collection Services*

**SECTION 10: Proposed Service Fee Schedule**

**PROPOSAL**

Wittman Enterprises, LLC is pleased to provide the City of North Richland Hills (“City”) all billing and collection functions and reporting requirements described in this response. We are a full service billing agency from the point of data entry to the last cent collected. Based on the information provided in your RFP, answers provided throughout the RFP process, Addenda, and our significant transition experience, we project we will collect approximately \$1,714,365 annually for NRH as indicated in this *projection worksheet*, following the customary 3 to 6 month ramping up period for a new account.

Total Runs	4,000
ALS 80% of Total Runs	3,200
BLSE 20% of Total Runs	800
Average ALS Run Charge	\$920.00
Average BLSE Run Charge	\$920.00

PaySource	Run Percentage			Charges		Payments		% of Charges
		ALS	BLSE	ALS	BLSE	ALS	BLSE	
Insurance	29.00%	928	232	\$853,760.00	\$213,440.00	\$725,696.00	\$181,424.00	85%
Private	23.00%	736	184	\$677,120.00	\$169,280.00	\$40,627.20	\$10,156.80	6%
Medicare	42.00%	1,344	336	\$1,236,480.00	\$309,120.00	\$556,416.00	\$120,556.80	42%
Medicaid	6.00%	192	48	\$176,640.00	\$44,160.00	\$65,356.80	\$14,131.20	33%
	100.00%	Sub-Total		\$2,944,000.00	\$736,000.00	\$1,388,096.00	\$326,268.80	
		Grand Total		\$3,680,000.00		\$1,714,364.80		
		Gross Percentage				46.59%		

***Our proposed fees contain the full range of EMS billing including:***

- ✓ Accurate, efficient, and experienced billing staff
- ✓ ePCR integration
- ✓ Each document confirmed, and screened
- ✓ Electronic billing to Participating Payers
- ✓ Billing private insurance
- ✓ Employee background checks
- ✓ Bilingual staff
- ✓ Client Liaison team
- ✓ Higher staff-to-claim ratio
- ✓ Unlimited access to Client Portal
- ✓ Insurance finding and pre-verification
- ✓ Assignment authorization verification
- ✓ Destination hospital contact/patient demographics
- ✓ Toll-free number (calls answered by real people)
- ✓ Personalized reporting
- ✓ Relentless Claim Appeals team

If the City terminates the fully-executed contract for any reason prior to the end of the first term, or does not choose to renew the contract for years 4-5, the contracted equipment amortization and payout schedule will be enforced at that time. Price quotes do not reflect hardware replacement costs unspecified in the RFP. Any requests for the return of ePCR hardware will be subject to the same terms of early contract termination and payout schedules.



**Bid Option 1: EMS Billing and Collection Services Only**

Years 1-3	
• EMS Billing & Collection Services	4.50% of net collections

**NOTE:** We have provided this option for your consideration since there are may be significant cost savings for all purchases due to the buying power of your City along with the fact you are not required to pay any sales tax.



**Bid Option 2: EMS Billing and Collection Services with ePCR Package (ImageTrend)**



Years 1-3	
<ul style="list-style-type: none"> <li>• EMS Billing &amp; Collection Services</li> </ul>	<b>4.50% of net collections</b>
<ul style="list-style-type: none"> <li>• ImageTrend Service Bridge Program</li> <li>• Setup</li> <li>• Site License</li> <li>• Other Modules &amp; Integrations</li> <li>• Training</li> <li>• (7) Panasonic Toughpads</li> <li>• Secure Internet Access</li> <li>• Systems Interfacing</li> <li>• 3-Year Hardware Warranty</li> </ul>	<b>1.25% of net collections</b> <u><b>OR</b></u> <b>\$2,540 monthly fee</b>
<ul style="list-style-type: none"> <li>• L-5500 Wireless Data Platform Upgrade (<i>OPTIONAL UPGRADE</i>)</li> </ul>	

**OR**

Years 1-3	
<ul style="list-style-type: none"> <li>• EMS Billing &amp; Collection Services</li> </ul>	<b>4.50% of net collections</b>
<ul style="list-style-type: none"> <li>• ImageTrend Service Bridge Program</li> <li>• Setup</li> <li>• Site License</li> <li>• Other Modules &amp; Integrations</li> <li>• Training</li> <li>• (7) Panasonic Toughbooks</li> <li>• Secure Internet Access</li> <li>• Systems Interfacing</li> <li>• 3-Year Hardware Warranty</li> </ul>	<b>1.25% of net collections</b> <u><b>OR</b></u> <b>\$2,540 monthly fee</b>
<ul style="list-style-type: none"> <li>• L-5500 Wireless Data Platform Upgrade (<i>OPTIONAL UPGRADE</i>)</li> </ul>	



**Bid Option 3: EMS Billing and Collection Services with ePCR Package (ESO)**



Years 1-3	
<ul style="list-style-type: none"> <li>• EMS Billing &amp; Collection Services</li> </ul>	4.50% of net collections
<ul style="list-style-type: none"> <li>• ESO Solutions ePCR Program</li> <li>• Setup</li> <li>• License</li> <li>• Training</li> <li>• (7) Panasonic Toughpads</li> <li>• Secure Internet Access</li> <li>• Systems Interfacing</li> <li>• 3-Year Hardware Warranty</li> </ul>	1.25% of net collections <u>OR</u> \$2,560 monthly fee

OR

Years 1-3	
<ul style="list-style-type: none"> <li>• EMS Billing &amp; Collection Services</li> </ul>	4.50% of net collections
<ul style="list-style-type: none"> <li>• ESO Solutions ePCR Program</li> <li>• Setup</li> <li>• License</li> <li>• Training</li> <li>• (7) Panasonic Toughbooks</li> <li>• Secure Internet Access</li> <li>• Systems Interfacing</li> <li>• 3-Year Hardware Warranty</li> </ul>	1.25% of net collections <u>OR</u> \$2,560 monthly fee



**Bid Option 4: EMS Billing and Collection Services with ePCR Package (Beyond Lucid)**



Years 1-3	
<ul style="list-style-type: none"> <li>• EMS Billing &amp; Collection Services</li> </ul>	<b>4.50% of net collections</b>
<ul style="list-style-type: none"> <li>• Beyond Lucid MEDIVIEW ePCR Program</li> <li>• Setup</li> <li>• License</li> <li>• Training</li> <li>• (7) Panasonic Toughpads</li> <li>• Secure Internet Access</li> <li>• Systems Interfacing</li> <li>• 3-Year Warranty</li> </ul>	<b>1.25% of net collections</b> <u>OR</u> <b>\$2,244 monthly fee</b>

**OR**

Years 1-3	
<ul style="list-style-type: none"> <li>• EMS Billing &amp; Collection Services</li> </ul>	<b>4.50% of net collections</b>
<ul style="list-style-type: none"> <li>• Beyond Lucid MEDIVIEW ePCR Program</li> <li>• Setup</li> <li>• License</li> <li>• Training</li> <li>• (7) Panasonic Toughbooks</li> <li>• Secure Internet Access</li> <li>• Systems Interfacing</li> <li>• 3-Year Warranty</li> </ul>	<b>1.25% of net collections</b> <u>OR</u> <b>\$2,244 monthly fee</b>



**COLLECTION RATES**

Through streamlined efficiency, talented staff, automation, and continuous improvement, Wittman has a long track record of strong collection returns for our clients on billed charges. Wittman Enterprises welcomes the opportunity to discuss differences in performance and how we generally outperform our competitors by 10% to 20% in net collections for our EMS partners.

Wittman does not just pursue “the easy” claims processed by algorithmic programs. In addition to collecting from Medicare, Medicaid, and private insurance, we aggressively appeal all denials, research all private pays to find viable insurance, and we work with patients to arrange alternate methods of repayment. Other elements that can affect collection percentages include:

- Payer Mix: A higher percentage of private pay, for example, can lead to lower collections percentages depending on your patients’ ability to pay. Higher Medicare or Medicaid may result in lower percentages because of the fixed reimbursement rates of each program.
- Incomplete PCR documentation: We may initially bill at a lower reimbursable rate due to a lack of information available.
- Unclear or non-descriptive PCR narratives: Wittman Enterprises bills to the level of service based on required documentation. If we are unable to accurately ascertain a level of service we might bill at a lower reimbursable rate until required criteria are met.
- Missing, incomplete, or incorrect patient information on PCR: can delay timely reimbursement.
- Missing patient insurance information on PCR: can delay insurance reimbursement.
- Missing patient signatures on PCR: may delay and possibly inhibit our ability to bill Medicare or Medicaid.

**COMPETITOR AND TRANSITION PERFORMANCE DATA**

We believe that it is important not only to demonstrate our superior performance over our competitors on behalf of our clients but, when necessary, to provide specific information to our clients regarding vendors with inconsistent performance history. Too often in our industry there is an overreliance on algorithms that deliver lesser results. Subsequently, fewer resources are employed to provide the individual attention ambulance claims often require in order to receive their maximum legal reimbursement. For example, using average revenue collected per transport, the chart on the following page demonstrates the significant improvement for clients who have transitioned from your current vendor to Wittman Enterprises.



Client	Previous Vendor Results	Wittman Results	Revenue Improvement	Percentage Improvement
<b>Burney Fire Protection District</b>	\$393.00	\$595.00	\$202.00*	34%*
<b>Carson City Fire Department</b>	New Client 2012	~	~	~
<b>Cosumnes Community Service District FD</b>	\$471.00	\$589.18	\$118.18	20%
<b>CSA 69 (Heartland)</b>	\$292.12	\$340.91	\$48.79	14%
<b>North County Fire Protection District</b>	\$437.81	\$530.78	\$92.97	18%
<b>North Tahoe Fire Protection District</b>	\$792.37	\$872.41	\$80.04	10%

\* **Note:** Burney Fire’s transition to Wittman included a rate increase as well as our improved efficiencies: both resulting in the significant performance improvement for the client.



**Appendices**  
**City of North Richland Hills RFP 13-030**  
***EMS Billing and Collection Services***

**APPENDICES**

**APPENDIX 1: SAMPLE REPORTING**

**Accounts Receivable Analysis: Payment Credits**

**Accounts Receivable Analysis**

Payment Credits from 2012-02 to 2013-02

<b>FIRE DEPARTMENT</b>													
MONTH - BUDGET CHARGES	2012-03	2012-04	2012-05	2012-06	2012-07	2012-08	2012-09	2012-10	2012-11	2012-12	2013-01	2013-02	TOTALS
2012-02 \$51,061,471	19,674.00 3.8%	170,924.00 33.3%	139,527.00 27.3%	47,940.00 9.4%	19,939.00 3.9%	22,094.00 4.3%	7,089.00 1.4%	9,989.00 1.9%	1,393.00 0.3%	3,359.00 0.7%	2,917.00 0.6%	994.00 0.2%	439,827.00 86.0%
2012-03 \$51,165,176		29,502.00 5.8%	292,191.00 57.1%	100,199.00 19.6%	-49,347.00 -9.7%	31,419.00 6.1%	10,140.00 2.0%	21,989.00 4.3%	4,803.00 0.9%	5,322.00 1.0%	7,016.00 1.4%	713.00 0.1%	466,169.00 91.1%
2012-04 \$51,077,290			33,698.00 6.6%	180,054.00 35.3%	80,312.00 15.7%	46,191.00 9.0%	21,740.00 4.3%	16,219.00 3.2%	3,952.00 0.8%	4,699.00 0.9%	4,898.00 1.0%	2,946.00 0.6%	402,947.00 78.4%
2012-05 \$51,174,929				49,572.00 9.7%	203,309.00 39.7%	67,912.00 13.3%	31,759.00 6.2%	26,919.00 5.3%	14,309.00 2.8%	7,587.00 1.5%	5,922.00 1.2%	1,791.00 0.3%	430,157.00 84.1%
2012-06 \$51,148,053					47,201.00 9.2%	192,191.00 37.6%	73,928.00 14.5%	56,915.00 11.1%	20,273.00 4.0%	15,622.00 3.1%	3,929.00 0.8%	3,922.00 0.8%	416,045.00 81.2%
2012-07 \$51,262,912						47,999.00 9.4%	198,721.00 38.8%	153,449.00 29.9%	61,801.00 12.1%	24,310.00 4.7%	16,375.00 3.2%	3,699.00 0.7%	479,012.00 93.5%
2012-08 \$51,300,519							70.00 0.0%	177,910.00 34.7%	171,209.00 33.3%	49,620.00 9.7%	51,041.00 10.0%	10,903.00 2.1%	466,785.00 91.3%
2012-09 \$51,219,117								15,020.00 2.9%	113,989.00 22.3%	131,359.00 25.7%	96,399.00 18.8%	46,474.00 9.1%	403,071.00 78.6%
2012-10 \$51,208,916										85,361.00 16.7%	199,031.00 38.8%	89,111.00 17.4%	340,093.00 66.5%
2012-11 \$51,182,544											48,000.00 9.4%	133,992.00 26.2%	199,992.00 39.1%
2012-12 \$51,208,069												39,121.00 7.6%	39,120.00 7.6%
2013-01 \$51,296,873												199.00 0.0%	2,899.00 0.6%

Printed on 4/7/2013 at 2:07:38PM



## Activity Summary by Code

### Activity Summary by CODE

Trq Date IS BETWEEN 01/01/2013 AND 12/31/2013.

Code	# of Calls	Gross Charges	Costs Allow	Net Charges	Rev Adj	Payments	Write-Offs	Refunds	Balance	Average
<b>FIRE DEPARTMENT</b>										
ALSI Advanced Life Support	1	1,615.00	0.00	1,615.00	0.00	0.00	0.00	0.00	1,615.00	1,615.00
ALSI Code 2	2,710	5,072,979.06	2,949,819.94	2,124,307.41	2,620.90	1,278,330.20	28,054.40	2,291.18	1,548,134.86	1,000.00
ALSI Code 3	15,879	34,020,159.89	19,124,439.47	14,895,720.48	17,264.77	7,577,212.00	99,499.47	8,396.20	8,940,390.02	602.21
ALSI Hosp to Hosp Code 2	78	29,574.18	11,154.29	18,420.09	0.00	6,117.04	0.00	0.00	12,303.05	151.28
ALS2 Code 2	9	14,907.20	8,856.66	6,050.54	0.00	6,075.15	0.00	0.00	1,545.41	307.84
ALS2 Code 3	340	756,678.96	296,238.74	460,440.21	13,332.45	177,192.01	13,181.81	0.00	207,644.64	1,246.52
ALSD Deceased Patient Code 3	40	26,011.15	5,302.27	20,708.88	799.87	7,288.90	489.00	0.00	14,098.54	375.96
Assessment Code 2 Non Transp	4	1,104.32	317.12	787.20	0.00	204.04	0.00	0.00	581.16	146.30
Assessment Code 3 Non Transp	3,307	949,644.46	67,925.35	881,725.33	3,711.89	243,308.12	67,341.52	669.56	507,344.61	305.19
BLS Code 2	1	1,638.28	1,587.30	50.98	0.00	0.00	0.00	0.00	370.84	370.84
BLSE Code 2	8,121	12,082,879.14	8,181,118.03	3,901,761.11	2,989.97	1,441,481.88	175,183.24	889.17	2,053,105.91	789.68
BLSE Code 3	7,220	12,824,873.96	7,167,903.09	5,746,929.81	4,787.34	2,258,528.97	223,240.88	2,144.30	3,203,050.28	794.81
Dry Run	818	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
First Responder	26	3,929.66	1,768.99	2,160.67	827.32	4,122.16	1,402.22	0.00	-1,050.10	226.44
First Responder/Dispatch	1,820	413,305.10	3,829.58	409,475.54	6,744.20	120,620.51	71,980.20	822.20	199,190.91	255.11
<b>Grand Totals</b>	<b>38,370</b>	<b>66,744,826.84</b>	<b>35,852,948.52</b>	<b>30,891,874.42</b>	<b>56,128.25</b>	<b>12,587,728.00</b>	<b>1,925,029.84</b>	<b>16,210.16</b>	<b>16,264,879.86</b>	<b>779.63</b>

Revised 11/11/2013

Page 1



### Activity Summary with Percentage

#### Activity Summary

Trip date IS BETWEEN 11/01/2012 AND 11/00/2012.

Payer	# of Trns	Gross Charges	Cont Allow	Net Charges	Rev Adj	Payments	Write-Offs	Refunds	Balance	Average
<b>FIRE DEPARTMENT</b>										
<b>Medicare</b>	<b>94</b>	<b>31,914.96</b>	<b>40,742.14</b>	<b>40,972.72</b>	<b>-0.12</b>	<b>31,003.50</b>	<b>0.00</b>	<b>0.00</b>	<b>9,881.34</b>	<b>37.99%</b>
Moore HMO AARP Medicare Complete Choice PPO31292	4	2,579.44	1,852.44	1,726.00	0.00	1,526.00	0.00	0.00	200.00	42.67%
Moore HMO Aetna14079	1	1,034.38	406.46	627.90	0.00	527.90	0.00	0.00	100.00	51.04%
Moore HMO Advantage61010	1	1,020.00	0.00	1,030.00	0.00	0.00	0.00	0.00	1,020.00	0.00%
Moore HMO Care Improvement Plus458	1	932.00	0.00	932.89	0.00	0.00	0.00	0.00	932.00	0.00%
Moore HMO Care of Care Health Plan961232	2	1,772.78	863.71	907.07	0.00	907.07	0.00	0.00	0.00	51.22%
Moore HMO Coventry Healthcare of Iowa71152	1	940.00	492.95	387.05	0.00	309.44	0.00	0.00	77.41	26.14%
Moore HMO Humana 039214678	3	2,379.00	1,114.69	1,255.37	0.00	810.94	0.00	0.00	444.88	34.20%
Moore HMO Secure Horizons Direct LHC01332	1	495.00	467.59	227.11	-0.12	227.23	0.00	0.00	0.00	25.33%
Moore HMO Secure Horizons02968	25	21,192.15	11,363.74	9,926.43	0.00	7,193.01	0.00	0.00	2,625.28	21.94%
Moore HMO Secure Horizons03275	2	1,850.00	895.03	884.67	0.00	884.67	0.00	0.00	0.00	83.24%
Moore HMO United Health Care01362	1	890.00	373.29	516.71	0.00	0.00	0.00	0.00	516.71	0.00%
Moore HMO Universal Health Care0294	1	79.13	0.00	79.13	0.00	79.13	0.00	0.00	0.00	100.00%
Medicare Railroad	2	1,998.00	893.99	1,002.01	0.00	459.93	0.00	0.00	345.39	34.08%
Medicare Texas	48	43,232.98	21,849.94	21,381.24	0.00	17,981.26	0.00	0.00	2,889.78	41.59%
<b>Medicaid</b>	<b>8</b>	<b>7,371.29</b>	<b>3,492.70</b>	<b>3,686.64</b>	<b>0.00</b>	<b>1,563.21</b>	<b>0.00</b>	<b>0.00</b>	<b>2,305.63</b>	<b>21.49%</b>
Moore HMO Aetna Select Health02088	2	1,739.24	1,129.54	629.70	0.00	629.70	0.00	0.00	0.00	95.79%
Moore HMO Advantage01010	2	1,825.00	552.56	1,072.44	0.00	287.60	0.00	0.00	784.64	17.70%
Moore HMO Civil Childrens Health Plan091295	2	2,295.35	744.79	1,550.57	0.00	344.34	0.00	0.00	1,176.23	15.20%
Medicaid Texas	2	1,221.60	1,059.67	486.13	0.00	321.57	0.00	0.00	344.59	18.63%
<b>Insurance</b>	<b>37</b>	<b>33,241.64</b>	<b>1,281.51</b>	<b>31,960.33</b>	<b>0.00</b>	<b>18,470.18</b>	<b>0.00</b>	<b>0.00</b>	<b>13,410.17</b>	<b>55.96%</b>
Aetna14079	2	1,914.91	0.00	1,919.31	0.00	1,919.31	0.00	0.00	0.00	100.00%
AS&G Administration0300 Healthplan 400	1	1,085.00	441.39	643.62	0.00	643.62	0.00	0.00	0.00	86.32%
SCBS of Texas FEP660044	1	980.00	0.00	980.00	0.00	980.00	0.00	0.00	0.00	100.00%
SCBS of Texas060044	3	3,465.00	0.00	3,465.00	0.00	3,465.00	0.00	0.00	5,031.94	46.15%
SCBS Out of State Rebirth1500	4	3,910.00	0.00	3,910.00	0.00	1,716.25	0.00	0.00	2,194.25	43.89%
Signal182223	2	1,425.00	0.00	1,425.00	0.00	0.00	0.00	0.00	1,425.00	0.00%
GEHA4985	1	905.00	0.00	905.00	0.00	716.25	0.00	0.00	239.75	79.00%
Liberty Mutual Auto Ins1053	1	995.00	0.00	995.00	0.00	995.00	0.00	0.00	0.00	100.00%
Moore HMO Blue Health Ins091709	1	793.00	395.13	384.87	0.00	0.00	0.00	0.00	384.87	0.00%
Mutual Of Omaha Mutual of Omaha Blue	1	965.00	0.00	965.00	0.00	0.00	0.00	0.00	965.00	0.00%

RescueNet™ Reporting



**Activity Summary**

Trip date IS BETWEEN 11/01/2012 AND 11/30/2012

Payer	# of Trips	Gross Charges	Conti Allow	Net Charges	Rev Adj	Payments	Write-Offs	Refunds	Balance	Average
<b>FIRE DEPARTMENT</b>										
<b>Insurance</b>	37	33,241.64	1,361.51	31,880.33	0.00	18,475.16	0.00	0.00	13,405.17	35.56%
TriCare WPS077028	1	658.00	585.00	73.00	0.00	210.00	0.00	0.00	448.00	28.24%
UMMS00541	3	259.08	0.00	259.08	0.00	259.08	0.00	0.00	0.00	100.00%
United Health Care View0306	1	1,032.18	0.00	1,032.18	0.00	1,032.18	0.00	0.00	0.00	100.00%
United Health Care0205	8	8,391.18	0.00	8,391.18	0.00	8,595.82	0.00	0.00	1,795.36	78.00%
United Health Care740900	1	945.00	0.00	945.00	0.00	0.00	0.00	0.00	945.00	0.00%
<b>Bill Patient</b>	42	35,158.38	0.00	35,158.38	1871.25	295.00	3,248.23	0.00	24,963.90	0.73%
Bill Patient	42	35,158.38	0.00	35,158.38	1871.25	295.00	3,248.23	0.00	24,963.90	0.73%
<b>Private Pay</b>	1	906.00	0.00	906.00	0.00	0.00	0.00	0.00	906.00	0.00%
Bill Patient	1	906.00	0.00	906.00	0.00	0.00	0.00	0.00	906.00	0.00%
<b>Grand Totals</b>	<b>192</b>	<b>158,282.87</b>	<b>48,688.40</b>	<b>112,796.27</b>	<b>991.13</b>	<b>61,311.87</b>	<b>3,248.23</b>	<b>0.00</b>	<b>61,186.94</b>	<b>33.42%</b>



## Aging by Current Schedule

### Aging by Current Schedule with % (Trip Date)

Aging as of 9/21/2013, and

Trip date is 08/01/2013 to 08/31/2013

#### FIRE DEPARTMENT

Billing Schedule	0 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	121 - 180 Days	Over Days	Total Balance	% of Total
Insurance 1500 (Paper)	\$0.00	\$1,015.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,015.00	0.80%
Data Entry Hold	\$0.00	\$495.62	\$0.00	\$0.00	\$0.00	\$0.00	\$495.62	0.39%
Write Down	\$0.00	\$100.00	\$0.00	\$0.00	\$0.00	\$0.00	\$100.00	0.08%
Automatic Crossover	\$0.00	\$87.61	\$0.00	\$0.00	\$0.00	\$0.00	\$87.61	0.07%
Mcare HMO	\$1,488.45	\$4,774.93	\$0.00	\$0.00	\$0.00	\$0.00	\$6,263.38	4.94%
Mcare HMO Mem/Res	\$0.00	\$478.74	\$0.00	\$0.00	\$0.00	\$0.00	\$478.74	0.38%
Billing Patient w/CC	\$21,562.67	\$38,665.39	\$0.00	\$0.00	\$0.00	\$0.00	\$60,228.06	47.51%
Ins Paid Balance Rem w/CC	\$0.00	\$1,296.21	\$0.00	\$0.00	\$0.00	\$0.00	\$1,296.21	1.02%
Pt Signature Required w/CC	\$430.62	\$361.74	\$0.00	\$0.00	\$0.00	\$0.00	\$792.36	0.63%
Membership Contact	\$0.00	\$894.38	\$0.00	\$0.00	\$0.00	\$0.00	\$894.38	0.71%
Bill Patient w/Mcad HMO/Auto	\$0.00	\$910.80	\$0.00	\$0.00	\$0.00	\$0.00	\$910.80	0.72%
Bill Patient for Auto Info CC	\$1,055.00	\$8,340.99	\$0.00	\$0.00	\$0.00	\$0.00	\$9,395.99	7.41%
Bill Patient w/Ins need Auto	\$900.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$900.00	0.71%
Insurance Electronic	\$1,366.71	\$4,670.45	\$0.00	\$0.00	\$0.00	\$0.00	\$6,037.16	4.76%
Insurance Electronic Mem/Res	\$0.00	\$1,789.06	\$0.00	\$0.00	\$0.00	\$0.00	\$1,789.06	1.41%
Bill Patient w/Mcare HMO Auto	\$807.65	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$807.65	0.48%
Hosp Request /Vcall Only	\$0.00	\$880.00	\$0.00	\$0.00	\$0.00	\$0.00	\$880.00	0.69%
Mcad Texas Electronic	\$1,915.16	\$3,478.54	\$0.00	\$0.00	\$0.00	\$0.00	\$5,393.72	4.25%
Mcare Out of State Electronic	\$3,834.00	\$10,918.79	\$0.00	\$0.00	\$0.00	\$0.00	\$14,752.79	11.64%
Insurance 1500 (Paper) Texas	\$824.91	\$2,214.32	\$0.00	\$0.00	\$0.00	\$0.00	\$3,039.23	2.40%
Accurint Hold	\$3,720.72	\$3,417.40	\$0.00	\$0.00	\$0.00	\$0.00	\$7,138.12	5.63%
Pt Sign Req w/FS Mcare Capano	\$1,886.65	\$2,505.63	\$0.00	\$0.00	\$0.00	\$0.00	\$4,392.28	3.31%
Automatic Crossover No Ins	\$0.00	\$87.24	\$0.00	\$0.00	\$0.00	\$0.00	\$87.24	0.07%
	<b>\$39,292.56</b>	<b>\$87,383.04</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$126,775.60</b>	

RescueNet™

Printed On: 9/21/2013 at 11:43:56AM

Page 1

\\WZKMEM\RES\NET\REPORTS\30\BILLING\AGING\AGINGBYSCHEDELE\_TRIPDATE.RPT



## Aging Detail Report

### Aging Detail Report (Patient/Trip Date)

**Smith, John**

Smith, John	SSN 123-45-6789	DOB 07/01/1965	Phone (818) 555-1212	Total			
<u>Trip Date</u>	<u>Current</u>	<u>31-90</u>	<u>61-90</u>	<u>91-120</u>	<u>121-180</u>	<u>Over 180</u>	
2013-09-01	0.00	0.00	0.00	0.00	0.00	0.00	
<b>Totals</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	

Smith, John	SSN 123-45-6789	DOB 07/01/1965	Phone (818) 555-1212	Total			
<u>Trip Date</u>	<u>Current</u>	<u>31-90</u>	<u>61-90</u>	<u>91-120</u>	<u>121-180</u>	<u>Over 180</u>	
2013-09-01	0.00	0.00	0.00	0.00	0.00	0.00	
<b>Totals</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	

Smith, John	SSN 123-45-6789	DOB 07/01/1965	Phone (818) 555-1212	Total			
<u>Trip Date</u>	<u>Current</u>	<u>31-90</u>	<u>61-90</u>	<u>91-120</u>	<u>121-180</u>	<u>Over 180</u>	
2013-09-01	0.00	0.00	0.00	0.00	0.00	0.00	
<b>Totals</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	

Smith, John	SSN 123-45-6789	DOB 07/01/1965	Phone (818) 555-1212	Total			
<u>Trip Date</u>	<u>Current</u>	<u>31-90</u>	<u>61-90</u>	<u>91-120</u>	<u>121-180</u>	<u>Over 180</u>	
2013-09-01	0.00	0.00	0.00	0.00	0.00	0.00	
<b>Totals</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	

**Totals** 0.00 0.00 0.00 0.00 0.00



# Aging Summary

## Aging Summary Report by Current Payor (Trip Date)

Aging as of 9/21/2013, and  
 Trip Date IS BETWEEN 07/01/2013 AND 07/31/2013.

### FIRE DEPARTMENT

Current Payor	Current	31-60	61-90	91-120	121-180	Over 180	Total		
Aetna/14079	0.00	790.00	1,031.25	0.00	0.00	0.00	2,611.25		
BCBS of Texas FER/60048	0.00	0.00	960.00	0.00	0.00	0.00	960.00		
BCBS Of Texas/60044	0.00	0.00	3,983.48	0.00	0.00	0.00	3,983.48		
Bill Patient	0.00	11,043.33	42,791.47	0.00	0.00	0.00	53,841.00		
Christian Fidelity/4890	0.00	0.00	90.96	0.00	0.00	0.00	90.96		
Cigna/162223	0.00	600.00	831.25	0.00	0.00	0.00	1,731.25		
GEHA/4685	0.00	962.99	0.00	0.00	0.00	0.00	962.99		
Mcaid HMO Amerigroup Texas	0.00	0.00	160.00	0.00	0.00	0.00	160.00		
Mcaid HMO Healthspring/71709	0.00	0.00	0.00	0.00	0.00	0.00	0.00		
Mcaid Hmo Superior Healthplan/3003	0.00	0.00	0.00	0.00	0.00	0.00	0.00		
Mcare HMO Aetna/901197	0.00	0.00	382.99	0.00	0.00	0.00	382.99		
Mcare HMO Care N Care Health Plan/90	0.00	0.00	444.68	0.00	0.00	0.00	444.68		
Mcare HMO Secure Horizons Direct UHC	0.00	0.00	710.00	0.00	0.00	0.00	710.00		
Mcare HMO Secure Horizons of Texas	0.00	0.00	622.34	0.00	0.00	0.00	622.34		
Mcare HMO Secure Horizons/30966	0.00	3,096.70	3,091.67	0.00	0.00	0.00	6,190.37		
Mcare HMO Select Care of Texas/744920	0.00	0.00	441.71	0.00	0.00	0.00	441.71		
Mediant Texas	0.00	438.07	293.68	0.00	0.00	0.00	699.83		
Medicare Railroad	0.00	486.78	604.76	0.00	0.00	0.00	971.58		
Medicare Texas	0.00	2,585.17	6,782.63	0.00	0.00	0.00	9,367.80		
Membership Hurst	0.00	0.00	0.00	0.00	0.00	0.00	0.00		
Mutual Assurance Administrators/15206	0.00	0.00	923.75	0.00	0.00	0.00	923.75		
Mutual Of Omaha/Mutual of Omaha Plaz	0.00	0.00	0.00	0.00	0.00	0.00	0.00		
Travelers Work Comp/600456	0.00	965.00	0.00	0.00	0.00	0.00	965.00		
Tricare for Life Ins/7890	0.00	0.00	90.00	0.00	0.00	0.00	90.00		
Tricare West UHC/7064	0.00	0.00	0.00	0.00	0.00	0.00	0.00		
United American Ins/0880	0.00	790.00	0.00	0.00	0.00	0.00	790.00		
United Health Care West/30966	0.00	960.00	0.00	0.00	0.00	0.00	960.00		
United Health Care/30656	0.00	0.00	913.62	0.00	0.00	0.00	913.62		
United Health Care/30657	0.00	0.00	88.94	0.00	0.00	0.00	88.94		
United Health Care/30973	0.00	0.00	0.00	0.00	0.00	0.00	0.00		
USAA Life Ins/900 Frederickburg	0.00	0.00	102.27	0.00	0.00	0.00	102.27		
<b>Payor</b>	<b>91</b>	<b>Balance</b>	<b>0.00</b>	<b>22,994.98</b>	<b>66,671.50</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>90,665.58</b>



## Charge Type Distribution

### Charge Type Detail Report (Trip Date)

Trip Date IS BETWEEN 06/01/2013 AND 06/31/2013.

	<u>Count</u>	<u>Dollars</u>
<b>FIRE DEPARTMENT</b>		
<b>Airway Supplies</b>		
Airway Maintenance	6.0	270.00
Capnography Capnoline	15.0	345.95
Combi-Tube	1.0	75.00
Endotracheal Tube	5.0	225.00
<b>Totals For Type: Airway Supplies</b>	<b>27.0</b>	<b>\$ 915.95</b>
<b>Base Rate</b>		
ALS1 Non Resident	30.0	24,000.00
ALS1 Resident	110.0	77,000.00
ALS2 Resident	6.0	4,200.00
Assesment at Scene	5.0	375.00
BLSE1 Non Resident	11.0	8,800.00
BLSE1 Resident	28.0	19,600.00
<b>Totals For Type: Base Rate</b>	<b>190.0</b>	<b>\$ 133,975.00</b>
<b>EKG Monitoring Supplies</b>		
12 Lead EKG	58.0	2,610.00
3 Lead EKG	131.0	2,620.00
<b>Totals For Type: EKG Monitoring Supplies</b>	<b>189.0</b>	<b>\$ 5,230.00</b>
<b>Extra Attendant</b>		
Extra Attendants	4.0	140.00
<b>Totals For Type: Extra Attendant</b>	<b>4.0</b>	<b>\$ 140.00</b>
<b>IV Supplies</b>		
EZ IO Cath	2.0	267.50
IV Therapy	114.0	5,130.00
<b>Totals For Type: IV Supplies</b>	<b>116.0</b>	<b>\$ 5,397.50</b>
<b>Medication</b>		
Albuterol	4.0	1.96
Aminophylline	3.0	8.57
Amiodarone	1.0	26.36

RescueNet™ Reporting

\\W2K3MEM0\RESCUENET\REPORTS\32 BILLING\CHARGES\CHRG TYP07.RPT  
Printed on 8/21/2013, 12:23:48PM

Page 1



### Charge Type Detail Report (Trip Date)

Trip Date IS BETWEEN 08/01/2013 AND 08/31/2013;

	<u>Count</u>	<u>Dollars</u>
<b>FIRE DEPARTMENT</b>		
Aspirin	43.0	3.87
Ativan/Lorazepam	4.0	34.24
Atrovent	4.0	1.16
Benadryl/Diphenhydramine	2.0	3.48
Dextrose 50%	5.0	18.75
Dilaudid	4.0	12.00
Epinephrine 1/10000 1mg/10ml	7.0	26.25
Fentanyl	12.0	30.00
Insta-glucose	1.0	4.13
Lidocaine 2% 100mg/5ml	1.0	3.75
Magnesium Sulfate	2.0	9.88
Narcan	3.0	59.73
Nitroglycerine	5.0	25.00
Phenergan/Promethazine	5.0	14.95
Sodium Bicarbonate	2.0	7.50
Thiamine	11.0	165.00
Vasopressin	3.0	29.58
Vecuronium	3.0	35.22
Versed/Midazolam	8.0	75.04
Zofran/Ondansetron	9.0	56.25
<b>Totals For Type: Medication</b>	<b>142.0</b>	<b>\$ 650.67</b>
<b>Mileage</b>		
MILE1	943.5	9,435.00
<b>Totals For Type: Mileage</b>	<b>943.5</b>	<b>\$ 9,435.00</b>
<b>Misc. Services</b>		
Pulse Oximetry	142.0	2,840.00
<b>Totals For Type: Misc. Services</b>	<b>142.0</b>	<b>\$ 2,840.00</b>
<b>Misc. Supplies</b>		
Bandaging	8.0	200.00
C-Collar	16.0	400.00
Cold Pack Disposable	4.0	3.72
Defibrillation/Cardioversion	3.0	120.00
Emesis Bags disposable	1.0	2.40
Spinal Immobilization	19.0	855.00
Splinting	1.0	45.00

RescueNet™ Reporting



### Charge Type Detail Report (Trip Date)

Trip Date IS BETWEEN 08/01/2013 AND 08/31/2013.

	<u>Count</u>	<u>Dollars</u>
<b>FIRE DEPARTMENT</b>		
Totals For Type: Misc. Supplies	52.0	\$ 1,626.12
<b>Oxygen</b>		
Oxygen	44.0	1,540.00
Totals For Type: Oxygen	44.0	\$ 1,540.00
Totals For Company:	1849.5	\$161,751.24
<b>Report Totals:</b>	<b>1,849.5</b>	<b>\$ 161,751.24</b>

RescueNet™ Reporting



### Collection Report Summary

#### Collection List - Summary

Company IS

AND Trip Date IS BETWEEN 08/01/2013 AND 08/07/2013;

<u>Customer Name</u>	<u>Trip Date</u>	<u>Run #</u>	<u>Incident #</u>	<u>Balance</u>
Jones, Louis	8/2/2013	123456	12345678	\$1,142.63
Jones, Louis	8/2/2013	123456	12345678	\$0.00
Jones, Louis	8/1/2013	123456	12345678	\$880.00
Jones, Louis	8/6/2013	123456	12345678	\$825.00
Jones, Louis	8/6/2013	123456	12345678	\$740.00
Jones, Louis	8/4/2013	123456	12345678	\$820.09
Jones, Louis	8/6/2013	123456	12345678	\$405.46
Jones, Louis	8/2/2013	123456	12345678	\$87.81
Jones, Louis	8/4/2013	123456	12345678	\$436.95
Jones, Louis	8/3/2013	123456	12345678	\$960.09
Jones, Louis	8/2/2013	123456	12345678	\$825.00
Jones, Louis	8/4/2013	123456	12345678	\$811.25
Jones, Louis	8/5/2013	123456	12345678	\$433.43
Jones, Louis	8/5/2013	123456	12345678	\$885.36
Jones, Louis	8/6/2013	123456	12345678	\$428.51
Jones, Louis	8/4/2013	123456	12345678	\$823.47
Jones, Louis	8/2/2013	123456	12345678	\$930.00
Jones, Louis	8/7/2013	123456	12345678	\$446.79
Jones, Louis	8/7/2013	123456	12345678	\$770.00
Jones, Louis	8/3/2013	123456	12345678	\$825.00
Jones, Louis	8/2/2013	123456	12345678	\$895.09
Jones, Louis	8/7/2013	123456	12345678	\$699.14
Jones, Louis	8/1/2013	123456	12345678	\$472.74
Jones, Louis	8/1/2013	123456	12345678	\$0.00
Jones, Louis	8/2/2013	123456	12345678	\$87.24
Jones, Louis	8/5/2013	123456	12345678	\$995.00
Jones, Louis	8/7/2013	123456	12345678	\$438.37
Jones, Louis	8/7/2013	123456	12345678	\$75.00
Jones, Louis	8/6/2013	123456	12345678	\$444.68
Jones, Louis	8/7/2013	123456	12345678	\$451.71
Jones, Louis	8/4/2013	123456	12345678	\$437.65
Jones, Louis	8/6/2013	123456	12345678	\$437.65
Jones, Louis	8/6/2013	123456	12345678	\$840.00
Jones, Louis	8/5/2013	123456	12345678	\$760.00
Jones, Louis	8/2/2013	123456	12345678	\$1,010.00
Jones, Louis	8/4/2013	123456	12345678	\$451.01
Jones, Louis	8/1/2013	123456	12345678	\$100.00
Jones, Louis	8/7/2013	123456	12345678	\$495.62
Jones, Louis	8/7/2013	123456	12345678	\$453.62
Jones, Louis	8/5/2013	123456	12345678	\$936.74
Jones, Louis	8/5/2013	123456	12345678	\$896.25
Jones, Louis	8/7/2013	123456	12345678	\$817.99
Jones, Louis	8/7/2013	123456	12345678	\$860.00
Jones, Louis	8/7/2013	123456	12345678	\$889.68
Jones, Louis	8/7/2013	123456	12345678	\$436.24

Totals for City of Hurst Ambulance :

Trip Count: 45

Balance: \$27838.46



### Monthly Cash Receipts Journal

#### Monthly Cash Receipts Journal (Detail)

Deposit Date	Customer Name	Payer	Date of Service	Payments	Contractual Allowance	Write-Offs	Refunds	Revenue Adjustments
09/01/13	Smith, John	Medicare Texas	09/01/13	0.00	341.11	0.00	0.00	0.00
		<b>Total Dollars for: 09/01/13</b>		<b>0.00</b>	<b>341.11</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
09/03/13	Smith, John	Medicare Texas	07/03/13	0.00	0.00	0.00	0.00	0.00
09/03/13	Smith, John	Medicare Texas	05/12/13	340.88	3.48	0.00	0.00	0.00
09/03/13	Smith, John	Medicare Texas	06/22/13	0.00	0.00	0.00	0.00	0.00
09/03/13	Smith, John	Medicare Texas	02/19/13	0.00	0.00	0.00	0.00	0.00
09/03/13	Smith, John	Medicare Texas	04/08/13	0.00	0.00	0.00	0.00	0.00
09/03/13	Smith, John	Medicare Texas	06/07/13	0.00	0.00	0.00	0.00	0.00
09/03/13	Smith, John	Medicare Texas	08/10/13	0.00	0.00	0.00	0.00	0.00
09/03/13	Smith, John	Medicare Texas	07/29/13	0.00	0.00	0.00	0.00	0.00
09/03/13	Smith, John	Medicare Texas	03/12/13	359.19	-3.60	0.00	0.00	0.00
09/03/13	Smith, John	Medicare Texas	07/09/13	0.00	0.00	0.00	0.00	0.00
09/03/13	Smith, John	Medicare Texas	06/05/13	0.00	0.00	0.00	0.00	0.00
		<b>Total Dollars for: 09/03/13</b>		<b>700.07</b>	<b>-0.12</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
09/04/13	Smith, John	Metall HMO Amerigroup Te	08/02/13	304.44	101.02	0.00	0.00	0.00
09/04/13	Smith, John	Medicare Texas	04/15/13	7.00	-7.00	0.00	0.00	0.00
09/04/13	Smith, John	Medicare Texas	07/19/13	692.88	7.07	0.00	0.00	0.00
09/04/13	Smith, John	Medicare Texas	07/09/13	338.10	3.46	0.00	0.00	0.00
09/04/13	Smith, John	BCBS OF TEXAS/660044	06/24/13	88.94	0.00	0.00	0.00	0.00
09/04/13	Smith, John	Aetna 18079	05/27/13	354.00	0.00	0.00	0.00	0.00
09/04/13	Smith, John	Membership Hunt	05/28/13	142.65	35.65	0.00	0.00	0.00
09/04/13	Smith, John	Bill Patient	09/03/12	25.00	0.00	0.00	0.00	0.00
09/04/13	Smith, John	Bill Patient	12/20/11	25.00	0.00	0.00	0.00	0.00
09/04/13	Smith, John	Medicare Texas	07/08/13	383.68	3.90	0.00	0.00	0.00
09/04/13	Smith, John	Medicare Texas	07/18/13	303.13	3.08	0.00	0.00	0.00
09/04/13	Smith, John	Medicare Texas	07/15/13	348.67	3.56	0.00	0.00	0.00
09/04/13	Smith, John	Bill Patient Hunt Old Work	06/22/13	85.85	0.00	0.00	0.00	0.00
09/04/13	Smith, John	Metall HMO Amerigroup Te	07/24/13	304.44	151.02	0.00	0.00	0.00



**Monthly Cash Receipts Journal (Detail)**

Deposit Date	Customer Name	Payer	Date of Service	Payments	Contractual Allowance	Write-Offs	Refunds	Revenue Adjustments
09/04/13	Smith, John	Sierra Health and Life Insur	06/23/13	90.22	0.00	0.00	0.00	0.00
09/04/13	Smith, John	Medicare Texas	07/26/13	0.00	0.00	0.00	0.00	0.00
09/04/13	Smith, John	Medicare Texas	07/06/13	291.45	4.15	0.00	0.00	0.00
09/04/13	Smith, John	Bill Patient	05/28/13	30.00	0.00	0.00	0.00	0.00
09/04/13	Smith, John	Medicare Texas	07/15/13	398.14	4.03	0.00	0.00	0.00
09/04/13	Smith, John	Medicare Texas	07/12/13	400.91	-4.07	0.00	0.00	0.00
09/04/13	Smith, John	Medicare Texas	07/08/13	353.11	3.60	0.00	0.00	0.00
09/04/13	Smith, John	BCBS of Texas FEP660044	01/01/13	0.00	0.00	0.00	0.00	0.00
09/04/13	Smith, John	Medicare Texas	07/17/13	338.65	3.47	0.00	0.00	0.00
09/04/13	Smith, John	BCBS Of Texas 060044	04/19/13	2,095.99	0.00	0.00	0.00	0.00
09/04/13	Smith, John	Bill Patient	04/16/12	45.00	0.00	0.00	0.00	0.00
<b>Total Dollars for: 09/04/13</b>				<b>7,467.25</b>	<b>321.08</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
09/05/13	Smith, John	Medicare Texas	11/23/12	346.74	0.00	0.00	0.00	0.00
<b>Total Dollars for: 09/05/13</b>				<b>346.74</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
09/06/13	Smith, John	Medicare Texas	06/03/13	-4,034.85	34.11	0.00	0.00	0.00
09/06/13	Smith, John	Medicaid Texas	03/28/13	74.35	0.00	0.00	0.00	0.00
09/06/13	Smith, John	Medicaid Texas	07/04/13	87.10	0.00	0.00	0.00	0.00
09/06/13	Smith, John	Bill Patient	01/09/13	130.00	0.00	0.00	0.00	0.00
09/06/13	Smith, John	Bill Patient	10/09/12	547.00	0.00	0.00	0.00	0.00
09/06/13	Smith, John	Medicare Texas	02/23/13	599.18	-3.00	0.00	0.00	0.00
09/06/13	Smith, John	Medicaid Texas	02/28/13	0.00	0.00	0.00	0.00	0.00
09/06/13	Smith, John	Bill Patient	04/08/13	890.00	0.00	0.00	0.00	0.00
09/06/13	Smith, John	Bill Patient	01/25/13	910.00	0.00	0.00	0.00	0.00
09/06/13	Smith, John	Bill Patient	06/11/12	473.83	0.00	0.00	0.00	0.00
09/06/13	Smith, John	Medicare Texas	07/12/13	355.33	3.63	0.00	0.00	0.00
09/06/13	Smith, John	Bill Patient	06/30/13	200.00	0.00	0.00	0.00	0.00
09/06/13	Smith, John	Bill Patient	02/15/13	25.00	0.00	0.00	0.00	0.00
09/06/13	Smith, John	Bill Patient	06/17/13	200.00	0.00	0.00	0.00	0.00



Monthly Cash Receipts Journal (Detail)

Deposit Date	Customer Name	Payer	Date of Service	Payments	Contractual Allowance	Write-Offs	Refunds	Revenue Adjustments
09/06/13	Smith, John	Medicare Texas	03/16/13	654.82	28.46	0.00	0.00	0.00
09/06/13	Smith, John	Meare HMO Humana Ins/Id	05/20/13	375.43	4.59	0.00	0.00	0.00
09/06/13	Smith, John	Bill Patient	02/08/12	25.00	0.00	0.00	0.00	0.00
09/06/13	Smith, John	Medicaid Texas	07/07/13	77.05	0.00	0.00	0.00	0.00
09/06/13	Smith, John	Medicaid Texas	02/17/13	0.00	0.00	0.00	0.00	0.00
09/06/13	Smith, John	Bill Patient	06/27/13	458.00	0.00	0.00	0.00	0.00
09/06/13	Smith, John	Bill Patient	03/04/13	92.95	0.00	0.00	0.00	0.00
09/06/13	Smith, John	Bill Patient	07/06/13	79.15	0.00	0.00	0.00	0.00
09/06/13	Smith, John	Medicaid Texas	07/25/13	271.00	20.00	0.00	0.00	0.00
09/06/13	Smith, John	Medicare Texas	05/17/13	346.94	3.54	0.00	0.00	0.00
Total Dollars for:		09/06/13		10,985.96	91.33	0.00	0.00	0.00

	Payments	Contractual Allowance	Write-Offs	Refunds	Revenue Adjustments
<b>Grand Totals:</b>	<b>\$19,420.02</b>	<b>\$753.40</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>



# Management Summary Report

Management Summary Report  
Monthly and Fiscal Year to Date  
FIRE DEPARTMENT  
June 2012

Financial Class	Number of Accounts	Percent of Total	Year to Date Total Accts.	Percent of Total YTD	Charges	Percent of Total	Year to Date Total Charges	Percent of Total YTD	Payments	Percent of Total	Year to Date Payments	Percent of Total YTD
<i>Medicare</i>	47	50.54%	513	45.84%	\$72,593.30	58.03%	\$740,869.10	50.22%	\$20,558.77	32.90%	\$205,247.30	30.61%
<i>Medicare HMO</i>	0	0.00%	16	1.43%	\$0.00	0.00%	\$20,381.10	1.38%	\$0.00	0.00%	\$4,474.47	0.67%
<i>Medi-Cal</i>	3	3.23%	39	3.49%	\$4,190.70	3.35%	\$49,692.30	3.37%	\$280.74	0.45%	\$7,273.57	1.08%
<i>Medi-Cal HMO</i>	0	0.00%	10	0.89%	\$0.00	0.00%	\$12,898.00	0.87%	\$124.46	0.20%	\$1,291.34	0.19%
<i>Insurance</i>	12	12.90%	171	15.28%	\$15,805.70	12.63%	\$223,241.00	15.13%	\$19,289.77	30.87%	\$259,044.26	38.64%
<i>Private Pay</i>	5	5.38%	107	9.56%	\$6,916.70	5.53%	\$139,470.00	9.45%	\$5,256.20	8.41%	\$34,964.54	5.22%
<i>Kaiser</i>	6	6.45%	74	6.61%	\$7,693.40	6.15%	\$99,956.90	6.78%	\$10,951.46	17.53%	\$119,529.61	17.83%
<i>Kaiser Mcal</i>	0	0.00%	0	0.00%	\$0.00	0.00%	\$0.00	0.00%	\$121.75	0.19%	\$268.35	0.04%
<i>Kaiser Mcare</i>	12	12.90%	66	5.90%	\$16,865.40	13.48%	\$72,598.30	4.92%	\$5,906.31	9.45%	\$36,439.05	5.44%
<i>Other</i>	8	8.60%	123	10.99%	\$0.00	0.00%	\$84,004.10	5.69%	\$0.00	0.00%	\$1,902.38	0.28%
<i>Prior Sales</i>					\$1,029.90	0.82%	\$32,152.10	2.18%				
<b>Sub Total</b>	<b>93</b>	<b>100.00%</b>	<b>1119</b>	<b>100.00%</b>	<b>\$125,095.10</b>	<b>100.00%</b>	<b>\$1,475,262.90</b>	<b>100.00%</b>	<b>\$62,489.46</b>	<b>100.00%</b>	<b>\$670,434.87</b>	<b>100.00%</b>
<i>Dry Runs</i>	0	0.00%	0	0.00%	\$0.00	0.00%	\$0.00	0.00%	\$0.00	0.00%	\$0.00	0.00%
<b>Total</b>	<b>93</b>	<b>100.00%</b>	<b>1119</b>	<b>100.00%</b>	<b>\$125,095.10</b>	<b>100.00%</b>	<b>\$1,475,262.90</b>	<b>100.00%</b>	<b>\$62,489.46</b>	<b>100.00%</b>	<b>\$670,434.87</b>	<b>100.00%</b>



## Refund Report

### Refund List - Summary

---

#### FIRE DEPARTMENT

<u>Customer Name</u>	<u>Trip Date</u>	<u>Run #</u>	<u>Incident #</u>	<u>Refund Amount</u>
Smith, John	3/22/2012	12345678	10052678	-\$31.50
Smith, John	3/24/2012	12345678	10052678	-\$76.14
Smith, John	3/28/2012	12345678	10052678	-\$77.56
Smith, John	4/17/2012	12345678	10052678	-\$22.72
Smith, John	4/17/2012	12345678	10052678	-\$273.88
Smith, John	4/22/2012	12345678	10052678	-\$70.00
Smith, John	5/9/2012	12345678	10052678	-\$836.58
Smith, John	5/13/2012	12345678	10052678	-\$22.78
Smith, John	5/28/2012	12345678	10052678	-\$820.00
Smith, John	6/4/2012	12345678	10052678	-\$303.07
Smith, John	6/4/2012	12345678	10052678	-\$303.07
Smith, John	6/21/2012	12345678	10052678	-\$100.00
Smith, John	7/6/2012	12345678	10052678	-\$78.53
Smith, John	7/13/2012	12345678	10052678	-\$88.94
Smith, John	10/12/2012	12345678	10052678	-\$25.00
<b>Totals for Smith, John:</b>			<b>Trip Count: 14</b>	<b>Balance: -3,129.76</b>



## Ticket Survey by Payor

### Ticket Survey Summary Report by Payor

Trip Date IS BETWEEN 01/01/2013 AND 08/30/2013

Payor	Number of Trips	% of Trips	Total Charges	% of Charges
<none>	2	0.17%	\$ 1,670.00	0.17%
Auto Insurance	7	0.59%	\$ 6,195.00	0.62%
Insurance	83	7.04%	\$ 73,521.11	7.36%
Insurance Electronic	95	8.06%	\$ 83,611.37	8.37%
MCa/MAid	34	2.88%	\$ 29,154.49	2.92%
Mca/Mcaid HMO	54	4.58%	\$ 45,754.16	4.58%
Medicare	323	27.40%	\$ 277,423.28	27.76%
Medicare HMO	214	18.15%	\$ 182,599.09	18.27%
Membership	4	0.34%	\$ 1,972.03	0.20%
Other	2	0.17%	\$ 1,685.00	0.17%
Private Pay	360	30.53%	\$ 294,993.00	29.51%
Workers Compensation	1	0.08%	\$ 940.00	0.09%

Grand Total Ticket Count 1,179

Grand Total Charges \$ 999,518.53



**Ticket Survey Detail**

**Ticket Survey Detail Report (Trip Date)**

Date of Service	Incident #	Customer Name	From:	To:	Charges	
08/01/13	12345678	Smith, John	123 Any Street	Any Hospital	\$ 2,017.00	
08/01/13	12345678	Smith, John	123 Any Street	Any Hospital	\$ 1,745.00	
08/01/13	12345678	Smith, John	123 Any Street	Any Hospital	\$ 1,745.00	
08/01/13	12345678	Smith, John	123 Any Street	Any Hospital	\$ 1,705.00	
<b>Total ticket count for</b>					<b>08/01/13</b>	<b>4</b>
<b>Total charges for</b>					<b>08/01/13</b>	<b>\$ 7,212.00</b>
08/02/13	12345678	Smith, John	123 Any Street	Any Hospital	\$ 1,709.00	
08/02/13	12345678	Smith, John	123 Any Street	Any Hospital	\$ 1,777.00	
08/02/13	12345678	Smith, John	123 Any Street	Any Hospital	\$ 1,765.00	
<b>Total ticket count for</b>					<b>08/02/13</b>	<b>3</b>
<b>Total charges for</b>					<b>08/02/13</b>	<b>\$ 5,251.00</b>
08/03/13	12345678	Smith, John	123 Any Street	Any Hospital	\$ 2,123.00	
<b>Total ticket count for</b>					<b>08/03/13</b>	<b>1</b>
<b>Total charges for</b>					<b>08/03/13</b>	<b>\$ 2,123.00</b>
08/05/13	12345678	Smith, John	123 Any Street	Any Hospital	\$ 2,085.00	
<b>Total ticket count for</b>					<b>08/05/13</b>	<b>1</b>
<b>Total charges for</b>					<b>08/05/13</b>	<b>\$ 2,085.00</b>
08/06/13	12345678	Smith, John	123 Any Street	Any Hospital	\$ 1,805.00	
08/06/13	12345678	Smith, John	123 Any Street	Any Hospital	\$ 1,725.00	
08/06/13	12345678	Smith, John	123 Any Street	Any Hospital	\$ 2,437.00	
08/06/13	12345678	Smith, John	123 Any Street	Any Hospital	\$ 2,027.00	
08/06/13	12345678	Smith, John	123 Any Street	Any Hospital	\$ 1,715.00	
<b>Total ticket count for</b>					<b>08/06/13</b>	<b>5</b>
<b>Total charges for</b>					<b>08/06/13</b>	<b>\$ 9,709.00</b>
08/07/13	12345678	Smith, John	123 Any Street	Any Hospital	\$ 1,725.00	
<b>Total ticket count for</b>					<b>08/07/13</b>	<b>1</b>
<b>Total charges for</b>					<b>08/07/13</b>	<b>\$ 1,725.00</b>
08/10/13	12345678	Smith, John	123 Any Street	Any Hospital	\$ 1,685.00	
<b>Total ticket count for</b>					<b>08/10/13</b>	<b>1</b>
<b>Total charges for</b>					<b>08/10/13</b>	<b>\$ 1,685.00</b>
08/11/13	12345678	Smith, John	123 Any Street	Any Hospital	\$ 2,225.00	
08/11/13	12345678	Smith, John	123 Any Street	Any Hospital	\$ 2,445.00	



### Ticket Survey Detail Report (Trip Date)

Date of Service	Incident #	Customer Name	From:	To:	Charges	
					Total ticket count for 08/11/13	2
					Total charges for 08/11/13	\$ 4,670.00
08/12/13	12345678	Smith, John	123 Any Street	Any Hospital	\$ 1,395.00	
					Total ticket count for 08/12/13	1
					Total charges for 08/12/13	\$ 1,395.00
08/14/13	12345678	Smith, John	123 Any Street	Any Hospital	\$ 1,413.00	
					Total ticket count for 08/14/13	1
					Total charges for 08/14/13	\$ 1,413.00
08/17/13	12345678	Smith, John	123 Any Street	Any Hospital	\$ 2,589.00	
					Total ticket count for 08/17/13	1
					Total charges for 08/17/13	\$ 2,589.00
08/18/13	12345678	Smith, John	123 Any Street	Any Hospital	\$ 2,111.00	
					Total ticket count for 08/18/13	1
					Total charges for 08/18/13	\$ 2,111.00
08/19/13	12345678	Smith, John	123 Any Street	Any Hospital	\$ 1,731.00	
					Total ticket count for 08/19/13	1
					Total charges for 08/19/13	\$ 1,731.00
08/20/13	12345678	Smith, John	123 Any Street	Any Hospital	\$ 2,765.00	
					Total ticket count for 08/20/13	1
					Total charges for 08/20/13	\$ 2,765.00
					<b>Grand Total Ticket Count</b>	<b>24</b>
					<b>Grand Total Charges</b>	<b>\$ 46,464.00</b>



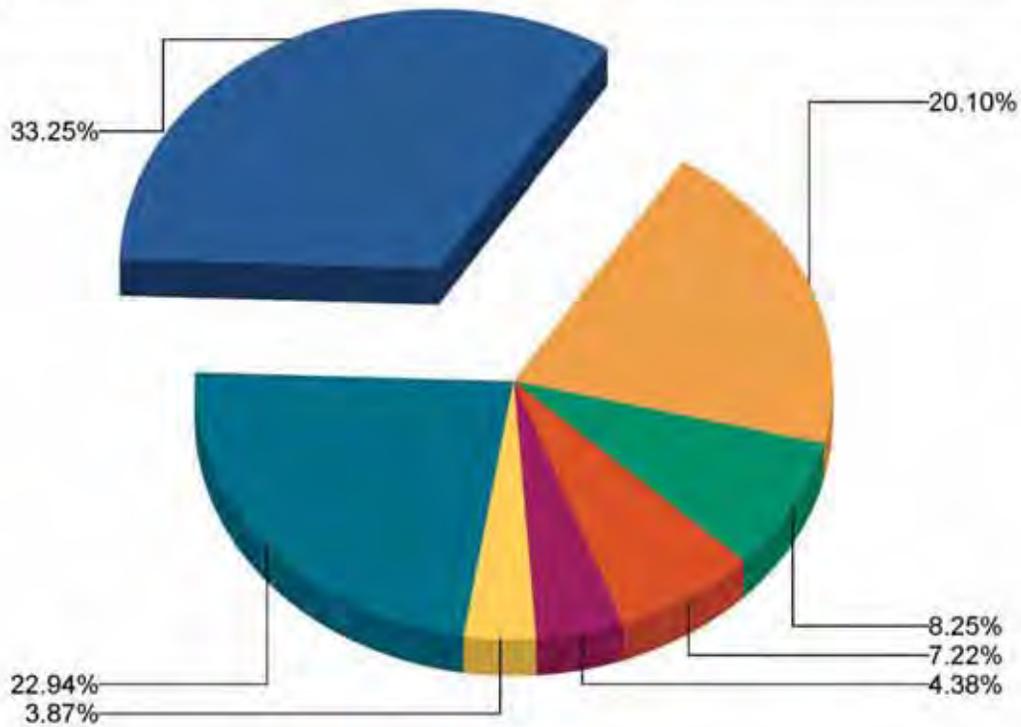
## Top 6 Denials Report

### Top 6 Denial Reasons with Percentages

Trip Date IS BETWEEN 01/01/2012 AND 12/31/2012:

RescueNet™ Reporting

	<u>Total Denials in this Category</u>	<u>% of Total Denial Reasons</u>
<b>FIRE DEPARTMENT</b>		
This service/equipment/drug is not covered under the patient's current benefit plan	129	33.25%
Patient/Insured health identification number and name do not match.	78	20.10%
Claim not covered by this payer/contractor. You must send the claim to the correct payer/contractor.	32	8.25%
Payment adjusted because the procedure modifier was invalid on the date of service	28	7.22%
The procedure code is inconsistent with the modifier used or a required modifier is missing.	17	4.38%
Expenses incurred prior to coverage.	15	3.87%
Others	80	22.94%
<b>Total</b>	<b>388</b>	



Year to Date

Year to Date  
Revenue Report  
Fiscal Year 2012

	REVENUE	MCARE WRITE DOWNS	MCAL WRITE DOWNS	RESIDENT WRITE DOWNS	OTHER CONTRACTUAL WRITE DOWNS	NET REVENUE	RECEIPTS	REFUNDS	NET RECEIPT	BAD DEBT WRITE OFFS	ADJUSTMENT	NEW A/R BALANCE
JULY '11	\$ 134,589.10	\$ 45,829.02	\$ 4,632.98	\$ 18,033.95	\$ 1,624.88	\$ 64,468.27	\$ 51,454.97	\$ -	\$ 51,454.97	\$ -	\$ -	\$ 242,470.98
AUGUST '11	\$ 143,010.60	\$ 46,724.99	\$ 8,427.24	\$ 11,471.14	\$ 2,104.22	\$ 74,283.01	\$ 56,107.49	\$ 1,919.18	\$ 54,188.31	\$ -	\$ -	\$ 262,565.68
SEPTEMBER '11	\$ 145,218.70	\$ 50,239.83	\$ 10,161.28	\$ 10,809.90	\$ 1,615.72	\$ 72,391.97	\$ 83,658.62	\$ -	\$ 83,658.62	\$ 12,716.88	\$ -	\$ 238,582.15
OCTOBER '11	\$ 146,308.90	\$ 55,390.75	\$ 11,689.35	\$ 7,866.40	\$ 835.50	\$ 70,526.90	\$ 70,194.88	\$ 98.70	\$ 70,096.18	\$ (1,064.97)	\$ -	\$ 240,077.84
NOVEMBER '11	\$ 155,741.20	\$ 66,312.56	\$ 5,319.68	\$ 11,059.89	\$ 773.91	\$ 72,275.16	\$ 64,905.74	\$ 337.58	\$ 64,568.16	\$ -	\$ -	\$ 247,784.84
DECEMBER '11	\$ 133,071.00	\$ 47,551.62	\$ 5,326.61	\$ 10,733.78	\$ 1,128.90	\$ 68,330.09	\$ 66,527.20	\$ 1,323.26	\$ 65,203.94	\$ 15,826.75	\$ (1,350.70)	\$ 233,733.54
JANUARY '12	\$ 152,178.50	\$ 58,725.71	\$ 7,831.17	\$ 4,456.84	\$ 2,957.65	\$ 78,207.13	\$ 46,434.21	\$ 85.63	\$ 46,348.58	\$ 2,927.22	\$ (120.15)	\$ 262,544.72
FEBRUARY '12	\$ 125,941.50	\$ 51,170.19	\$ 6,828.73	\$ 7,942.23	\$ -	\$ 60,000.35	\$ 65,176.22	\$ 945.36	\$ 64,230.86	\$ -	\$ 17.95	\$ 258,332.16
MARCH '12	\$ 128,983.80	\$ 57,109.39	\$ 2,891.03	\$ 21,751.18	\$ (145.09)	\$ 47,377.29	\$ 82,857.19	\$ -	\$ 82,857.19	\$ 0.41	\$ -	\$ 222,851.85
APRIL '12	\$ 138,743.50	\$ 40,576.27	\$ 8,888.21	\$ 12,081.31	\$ 1,021.02	\$ 76,176.69	\$ 67,367.21	\$ -	\$ 67,367.21	\$ 0.04	\$ (1,450.90)	\$ 230,210.39
MAY '12	\$ 144,259.80	\$ 52,224.60	\$ 13,260.06	\$ 11,241.58	\$ 592.07	\$ 66,941.49	\$ 60,440.71	\$ 4,619.05	\$ 55,821.66	\$ 0.16	\$ -	\$ 241,330.06
JUNE '12	\$ 125,095.10	\$ 55,297.52	\$ 4,884.43	\$ 7,086.69	\$ 1,111.06	\$ 56,715.40	\$ 62,492.46	\$ 1,235.51	\$ 61,256.95	\$ 25,211.82	\$ -	\$ 211,576.69
<b>YEAR TO DATE TOTALS</b>	<b>\$ 1,673,141.70</b>	<b>\$ 627,152.45</b>	<b>\$ 90,140.77</b>	<b>\$ 134,534.89</b>	<b>\$ 13,619.84</b>	<b>\$ 807,693.75</b>	<b>\$ 777,616.90</b>	<b>\$ 10,564.27</b>	<b>\$ 767,052.63</b>	<b>\$ 55,618.31</b>	<b>\$ (2,903.80)</b>	
<b>YTD PERCENTAGE OF REVENUE</b>		<b>37.48%</b>	<b>5.39%</b>	<b>8.04%</b>	<b>0.81%</b>	<b>48.27%</b>	<b>46.48%</b>	<b>0.63%</b>	<b>45.85%</b>	<b>3.32%</b>	<b>-0.17%</b>	
<b>YTD PERCENTAGE OF NET REVENUE</b>									<b>94.97%</b>			



APPENDIX 2: IMAGETREND EPCR SPECIFICATIONS



# IMAGETREND

EMS FIELD BRIDGE

## Pre-Hospital Data Collection

ImageTrend EMS Field Bridge™ is a pre-hospital patient care data collection and reporting application. Designed for speed and accuracy, the EMS Field Bridge assists medics to quickly generate complete, real-time electronic patient care reports in the field. From rapid, pen-based data entry to streamlined one-click billing and electronic submission, EMS Field Bridge integrates critical information across the entire emergency community.

### Key Advantages

- Exclusive Power Tools™ Toolbar
- Well-organized, intuitive interface
- Accurate data transmission
- Automated data validation
- Data entry shortcuts

**Save Time**

- Real-time data validation on the scene
- Power tools and repeat patient based data entry is fast and easy
- Intuitive workflow designed by EMS medics
- Pre-populated run reports with data via XML dispatch

**Save Money**

- Data entry short-cuts and default selections minimize errors
- Integrate with standard billing packages already in use
- Maximize reimbursement with complete, validated data





**Save Lives**

- Share patient care trends with other services, counties and states
- Provide hospitals with completed run reports
- Look up reference information on the scene

**On The Scene Data Collection**

With EMS Field Bridge, ambulance services are able to collect data electronically in the field as it happens without a major investment and without learning complex new technology.

**Providing the Best in Data Collection**

EMS Field Bridge meets and exceeds state and federal data privacy requirements and is sensitive to medical data security issues. ImageTrend is continually developing and refining the EMS Field Bridge system and working within the emergency community to include the flexibility and longevity of open industry standards.







## Easy Integration

ImageTrend EMS Field Bridge integrates easily with existing systems such as

- SweetSoft Amazon Billing
- ImageTrend State Bridge™ and EMS Service Bridge™
- Physio-Control EKG
- ZOLL and Philips EKGs
- Any NEMSIS compliant system
- CAD integrations

**Corporate Headquarters**  
20855 Kensington Blvd.  
Lakeville, MN 55044

Toll Free: 888.469.7789  
www.imagetrend.com  
sales@imagetrend.com

### Innovations

- Easy visual interactive assessment
- Supports mapping, GPS and wireless connectivity
- Rapid pen data entry

### Improve Speed and Accuracy

- Well organized, intuitive interface to document encounters
- Automated data validation ensures complete records
- Many data entry shortcuts

### Develop Efficiencies

- Capture electronic signatures in the field
- Complete and submit incident reports on the scene
- Generate editable, automated narratives

### Legal and Policy

- Ensure legal protection with thorough documentation
- Powerful data privacy safeguards
- HIPAA assurance

### Reduce Costs, Increase Revenue

- Direct integration to existing billing systems
- Eliminate redundant entries and paper inconvenience
- Accurate first submission billing acceptance

### Improve Patient Care

- Focus on patient care with onboard reference documents
- Wirelessly access and deliver mission-critical information
- Reference patient information - demographics, history, allergies, medications and more

### Power Tools™ Toolbar

Easy access is achieved through the Power Tools Toolbar for quick retrieval of several functions including:

- Active Protocols
- Vitals Calculator
- Pediatric Scale
- EKG Import Wizard
- Graphic assessment for Medical, Injury & Burn
- Glasgow Coma Score
- Cardiac Arrest
- Medications
- Jot pad for quick notes

### Trusted Solutions for ePCR

- Complete ePCR from patient-side pre-hospital collection to service administration to statewide data collection and national reporting
- The ePCR solution chosen by more than half of the states in the US as well as numerous local, county and regional services
- Proven for more than 40 million incidents since 2001



© Copyright 2012 ImageTrend, Inc. All rights reserved.



NFIRS Compliant





## Software Support

ImageTrend's Support Team is dedicated to providing superior support. We offer multi-level technical support. We provide level-two user support by accommodating both the general inquiries of the administrators and those of the system users. System administrators have the ability to field support for the system as the first level of contact while providing them the option to refer inquiries directly to ImageTrend. Our Support Team is staffed with professionals who have worked in the EMS industry, with the majority of them having used the software themselves.

### ImageTrend Support

ImageTrend support services for all ImageTrend products are available:

- 24/7 Online Support
- Phone Support Monday - Friday 7 a.m. to 7 p.m. CST

### Before Contacting ImageTrend

To better assist you, please try to have the following information accessible:

- What ImageTrend product you are working with
- A description of what happened and what you were doing when the problem occurred
- Exact wording of any error messages you see
- Your company name and contact information
- A description of your company system
- The name of your operating system, browser used and service pack version (if applicable)

### Contacting ImageTrend

If you are unable to find the information needed to use an ImageTrend product effectively, please contact ImageTrend in any of the following ways:

- **Phone:** 952.469.1589
- **Toll Free:** 888.469.7789
- **Submit a support incident online:**  
[www.imagetrend.com/support](http://www.imagetrend.com/support)

### ImageTrend University

In order to promote ongoing education and training, ImageTrend provides online education materials for their products as self-guided tutorials to all clients with support agreements. These online support and educational materials can be found at ImageTrend University via your ImageTrend application. When accessing ImageTrend University through the application, users can view educational videos, manuals, quick guides and workbooks to assist them in better understanding our software and support train-the-trainer sessions. These have been very useful as both refresher and initial education materials.





## Reliability, Scalability, Performance

### Application Hosting Services

- HIPAA compliant
- Multi-tiered security
- 24/7/365 network monitoring
- Redundant internet connections
- Dedicated fiber optic connection

"The number one benefit of information technology is that it empowers people to do what they want to do. It lets people be creative. It lets people be productive. It lets people learn things they didn't think they could learn before, and so in a sense it is all about potential."

- Steve Ballmer,  
CEO of Microsoft

ImageTrend offers **professional hosting services** for our e-business applications. Our administration and hosting services ensure reliable network access and system availability. We maintain a state-of-the-art hosting facility and rigorous security measures to assure our clients' data privacy and integrity.



#### Accessibility

ImageTrend's experience hosting high-traffic sites has helped us build one of the best infrastructures on the Net. From servers that are tuned to host mission critical Web applications without breaking a sweat to powerful SQL Servers pumping out the data; sites hosted with ImageTrend are assured of the highest availability and performance.

#### Data Center

Our Web applications are hosted in our state-of-the-art 4,500 square foot data center. Built in a vault with 21" concrete walls, our facilities offer the maximum level of security and stability for all your hosting needs. The data center features triple redundant, high-speed internet connections over fiber optic trunk lines.

#### ImageTrend's Data Integrity Assurance

- HIPAA Business Associate
- HIPAA trained employees
- Secure servers
- Application access security
- Multi-tiered security
- Continuous monitoring
- Audit trails

#### Facility Features

- Physically secure facility
- Climate controlled, power conditioned
- Redundant connections to the internet
- Dedicated fiber optic connection
- SAN storage
- 24/7/365 network monitoring
- Stateful Packet Inspection (SPI) firewall
- Redundant server hardware
- Daily backups
- Professional technical support
- Redundant/scalable storage

#### Application Lease

Any ImageTrend software application is available for an affordable monthly lease to help offset initial investment costs. The leasing and hosting at ImageTrend facilities ensures a full featured application without the purchasing, hardware and support costs associated with installing an application on internal company servers.

#### Optional Features

- ImageTrend traffic builder services
- Traffic monitor services
- Additional email accounts
- Domain parking
- Domain name registration
- Additional hard drive space and bandwidth
- Shared Secure Socket Layer (SSL)
- Private Secure Socket Layer (SSL)
- Off-site idle emergency backup servers
- Dedicated server
- X-Team 24/7/365 technical support



**About ImageTrend**

ImageTrend is an award-winning software development company providing streamlined solutions to a variety of industries, including: government, medical, human resources, business, education and non-profit. We strive to create a better world through technical innovation, a vision of what is possible and our commitment to designing the best web applications and strategies. The company advances this paradigm through our unique philosophy that combines a detailed understanding of our clients' business practices and legendary customer support. Through continuing education, ideation and plans for maximizing growth, we are exploring all available opportunities and, in turn, passing this knowledge and technology to you.

**Corporate Headquarters**  
20855 Kensington Blvd  
Lakeville, MN 55044

Toll Free: 888.469.7789  
[www.ImageTrend.com](http://www.ImageTrend.com)  
[sales@imagetrend.com](mailto:sales@imagetrend.com)

© Copyright 2011 ImageTrend, Inc. All rights reserved.

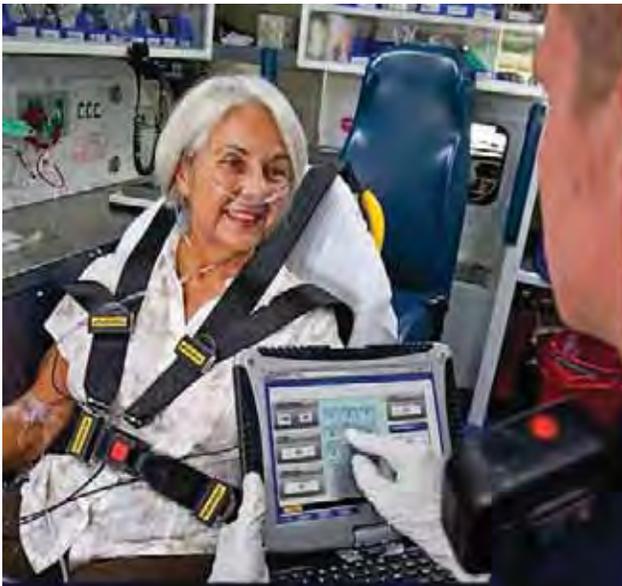


APPENDIX 3: ESO SOLUTIONS EPCR SPECIFICATIONS



Because  
the last thing  
you need to  
worry about  
is your ePCR.





## Your Complete ePCR Solution.

Built on next generation web technologies from Microsoft, the ESO Pro ePCR Suite delivers powerful reporting capabilities, unmatched quality management features, and clinical and operational tools to save you time and improve the quality and accuracy of your patient documentation. And from training and implementation through maintenance and support, ESO has you covered.



### Join the Industry Leader

ESO Pro gives you the confidence of an ePCR solution that's HIPAA compliant and 100% HIPAA compliant from call point to data archival. Its exclusive multi-tiered workflow ensures increased efficiency and accuracy. And with free quarterly upgrades, you'll always have the latest version of the software.

### Unbeatable Support

Only ESO gives you 24-hour technical support and has experience in on-call clinical specialists to help answer your day-to-day questions. Immediate setup and training by our field professionals through the state data administration process, we're here to help.

### Experience Software as a Service

ESO's fully hosted solution means there's no need for implementation - you also get dedicated administrators and user accounts and you benefit from 24/7 access to your data, plus automatic backups of your source data. ESO Pro gives you 100% compliance data hosting facilities.

### Cost-Effectiveness

ESO Pro combines low up-front costs with proven ePCR capabilities to increase the complete, accurate documentation - the first time around. What's more, it integrates with popular billing software solutions, reducing costly delays in billing cycles and increasing your organization's revenue potential.

*"We wanted the solution that was easiest to use at the patient's side. ESO provided that, hands down."*

— JERRY STAYTON, Director of Operations, [Company Name]





The ESO Solutions team brings together industry leaders in EMS, software design and information technology to create ePCR and other software solutions for public and private emergency medical services and fire organizations nationwide. Because we come from the EMS field ourselves, we understand—and believe in—your mission.

The ESO Pro™ ePCR Suite delivers an unmatched combination of clinical and operational tools to save time in the field, improve documentation quality and increase accuracy. Find out how ESO sets the standard for a complete ePCR solution that lets you focus on doing what you do best. Call us at 866-766-9471 today, or reach us via e-mail at [sales@esosolutions.com](mailto:sales@esosolutions.com), to learn more.



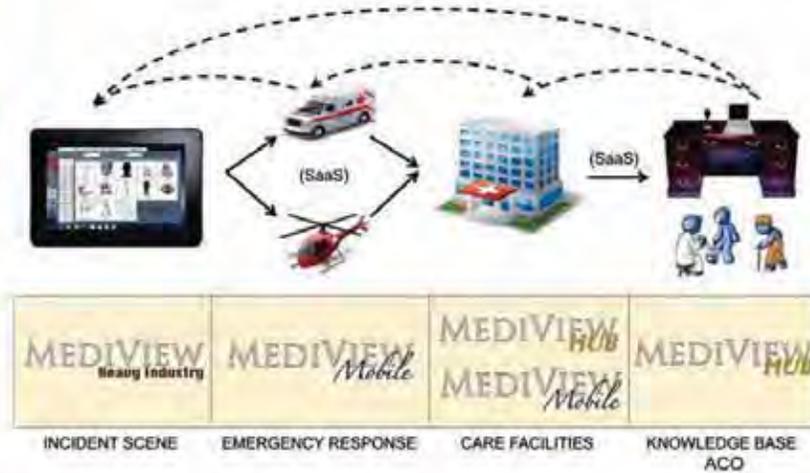
© ESO Solutions, Inc. All trademarks are the property of their respective owners.



APPENDIX 4: BEYOND LUCID TECHNOLOGIES EPCR SPECIFICATIONS



*“Your competitive advantage is being the only integrated solution provider to the EMS industry.”*  
 – Program manager at one of our competitors



The MEDIVIEW™ Platform is built to connect the links of the emergency care chain. It empowers First Responders to collect, store, and transmit emergency patient and incident data from scene to treatment facility, EMS headquarters, QA/QI, billing, and reporting agencies, as well as across an Accountable Care Organization...all securely and in real-time.\*

Sometimes the first-on-scene won't be a professional medic. MEDIVIEW™ is designed to empower First Responders of every specialty to quickly document an emergency incident and convey critical information to the next care provider without having to start over...and risk losing clinical or situational intelligence.



**First Response Matters.**

Demos at [www.BeyondLucid.com](http://www.BeyondLucid.com)  
 (310) 625-0979 • (925) 954-9002

New business: [Jonathon.Feit@beyondlucid.com](mailto:Jonathon.Feit@beyondlucid.com)

© 2012 by Beyond Lucid Technologies, Inc. All rights reserved

Current Features	Upcoming Features
<ul style="list-style-type: none"> <li>• Online-offline ePCR</li> <li>• Designed for NEMESIS v3</li> <li>• HIPAA compliant security</li> <li>• Secure photo capture</li> <li>• Embedded GPS navigation</li> <li>• PDF output and printing</li> <li>• Database backups for QA/QI</li> <li>• Document management</li> </ul>	<ul style="list-style-type: none"> <li>• Real-time vehicle tracking</li> <li>• Intra-agency dispatch scheduling</li> <li>• Embedded tele-consult capability</li> </ul>
	<p><b>Custom-Engineered Features (fee)</b></p> <ul style="list-style-type: none"> <li>• Regional CAD integration</li> <li>• Interfaces to billing + hospital EHR</li> <li>• Agency-specific forms + validation</li> </ul>

\*Due to FDA regulations certain types of biometric signal data may be unavailable in real-time.





**MEDIVIEW™** by Beyond Lucid Technologies  
*The first all-in-one, integrated, "next gen" ePCR*



**First Response Matters.**

**Dispatch Info**

Complaint Reported by Dispatch: Traffic/Transportation Incident

Response Mode to Scene: Emergent/Immediate Response

Initial Contact: 12/31/2012 11:56 **Now** Dispatch Notified: 12/31/2012 11:56 **Now**

Responding Unit Fulfilled: 12/31/2012 11:57 **Now** Ambulance En Route: 12/31/2012 11:58 **Now**

EMD Performed: Yes, Without Pre- Dispatch Priority: Priority 1 (Critical)

Incident Number: 12345 EMS Response Number:

Type of Service Requested: Standby Purpose:

Primary Role of Unit: Air Transport EMS Unit Number: Medic 2

EMS Unit Call Sign: Medic 2 This Unit's Level of Care: ALS-Paramedic

Additional Response Mode Descriptors

Dispatch data – can be imported directly from CAD

**Scene Info**

Arrival at Patient: 12/31/2012 12:00 **Now** Initial Responder at Scene: 12/31/2012 12:00 **Now**

EMS Care Transferred: Yes **Now** First Unit On Scene: **N**

**Other EMS or Public Safety Agencies at Scene**

Info On Other Agencies At Scene

Other Agency Name	Other Agency ID	Type of Other Service at Scene
Contra Costa Fire Department		<ul style="list-style-type: none"> <li>EMS Mutual Aid</li> <li>Fire</li> <li>First Responder</li> <li>Hazmat</li> <li>Low</li> <li>Other</li> <li>Other EMS Agency</li> <li>Other Health Care Provider</li> <li>Rescue</li> </ul>

Number of Patients at Scene: Depart:

Mass Casualty Incident (MCI) Info

Mass Casualty: **N** Triage Classification for MCI:

Natural, Suspected, Intentional, or Unintentional Disaster:

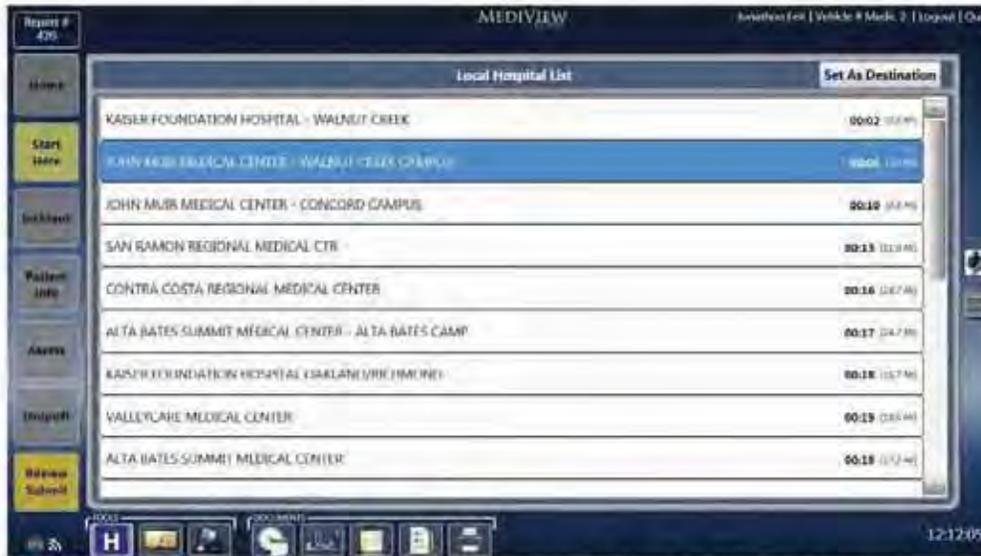
Scene info – including coordination of care / mutual aid / record sharing

COMPANY PROPRIETARY

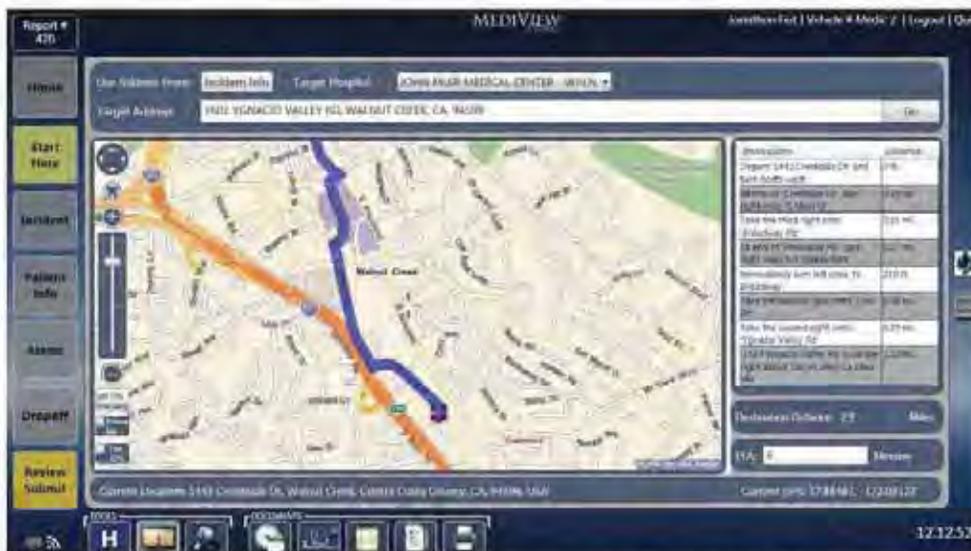
1220 Diamond Way, Suite #240 • Concord, CA • 94520  
(310) 625-0979 main • [Jonathon.Feit@beyondlucid.com](mailto:Jonathon.Feit@beyondlucid.com)



**MEDIVIEW™** by Beyond Lucid Technologies  
*The first all-in-one, integrated, "next gen" ePCR*



Integrated GPS navigation capability tied to the ePCR but DOES NOT require an internet connection lets medics identify their transport locations in-transit, triggering transmission of prehospital data to the hospital and activating turn-by-turn navigation.



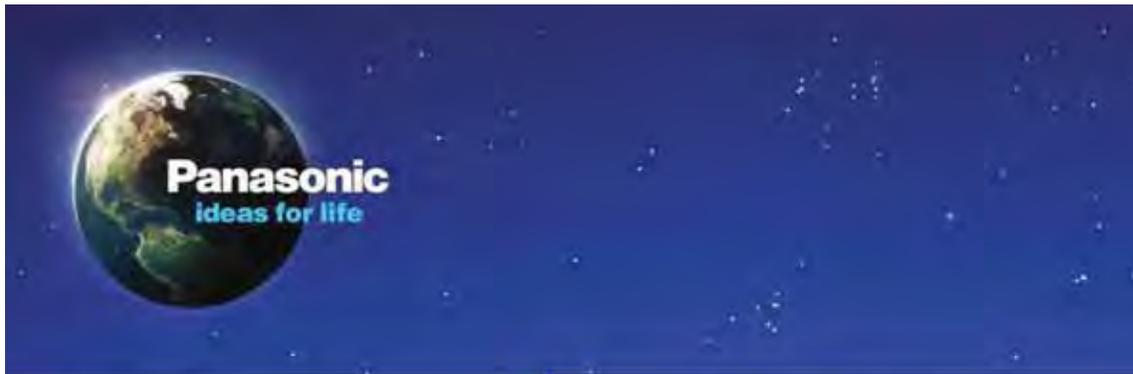
Transport routing (turn-by-turn navigation) using satellite-based GPS. DOES NOT require an internet connection and is integrated with the ePCR. **An industry first**

COMPANY PROPRIETARY

1220 Diamond Way, Suite #240 • Concord, CA • 94520  
 (310) 625-0979 main • [Jonathon.Felt@beyondlucid.com](mailto:Jonathon.Felt@beyondlucid.com)



APPENDIX 5: PANASONIC TOUGH PAD SPECIFICATIONS



**TOUGH PAD FZ-G1**

- MIL-STD-810G, 4ft. Drop and All-weather IP65 Dust and Water-resistant Design
- 3rd Generation Intel® Core™ i5 vPro™ Processor
- 10.1" Daylight-readable 10-point Multi Touch + Digitizer
- USB 3.0 + HDMI Ports, Optional Dedicated GPS, Serial, Ethernet, MicroSD or 2nd USB Port†
- Wi-Fi, Bluetooth® and Optional 4G LTE or 3G Gobi™
- 3-year Warranty with Business Class Support

Panasonic recommends Windows 8.

**The world's thinnest and lightest fully-rugged 10.1" Windows® 8 Pro tablet.**

The Toughpad™ FZ-G1 Windows® 8 Pro tablet offers a fluid user experience while providing crucial port connectivity and feature rich options in a compact size. Designed for highly mobile field workers, it's the thinnest and lightest fully-rugged 10.1" tablet running Genuine Windows® 8 Pro 64-bit. Powered by a 3rd generation Intel® Core™ i5 vPro™ Processor with a MIL-STD-810G, 4ft. drop and all-weather IP65 dust and water-resistant design, the Toughpad FZ-G1 Windows® 8 Pro tablet leads the way in rugged mobile computing. Add to that an HD daylight-readable 10-point multi touch + digitizer screen, and it becomes an essential tool for field workers.



4-FOOT  
DROP RATING

IP65

MIL-STD-810G

1.800.662.3537  
panasonic.com/toughpad

**TOUGH PAD**

SOLUTIONS FOR BUSINESS





APPENDIX 6: PANASONIC TOUGHBOOK SPECIFICATIONS



Panasonic recommends Windows® 7.

## TOUGHBOOK 19

- Convertible Notebook to Tablet Design
- Sunlight-viewable Up to 6000 Nit in Direct Sunlight
- Full Magnesium Alloy Case with Hand Strap
- Shock-mounted Flex-connect Hard Drive with Quick-release
- Optional 4G LTE or 3G Gobi™ Mobile Broadband

### Rugged, lightweight, wireless and convertible.

If you want a fully-rugged, lightweight, wireless laptop that converts from a powerful notebook PC to a convenient tablet PC with one quick swivel, then the Toughbook® 19 is for you. The first tablet PC to be certified<sup>1</sup> for MIL-STD-810G and IP65, it features a full magnesium alloy case capable of withstanding a 6-foot drop<sup>1</sup>—ideal for working in challenging environments and mission-critical situations. At only five pounds, it's good on the go with a hand strap, Wi-Fi, a brilliant LED screen capable of up to 6000 nit in direct sunlight, and optional embedded 4G LTE or 3G Gobi™ mobile broadband.



The first MIL-STD-810G certified tablet PC<sup>1</sup>

1.800.662.3537  
[panasonic.com/toughbook/19](http://panasonic.com/toughbook/19)

**TOUGHBOOK**

SOLUTIONS FOR BUSINESS





**APPENDIX 7: LOGIC DATA SYSTEMS L-5500 SPECIFICATIONS**



# L-5500

## Cellular WiFi Router

### All-in-One Wireless Data Platform

**D**esigned to meet the needs of public and private EMS providers, the L-5500 combines GPS, WiFi, and cellular technologies into a single rugged enclosure for a reliable and always-on internet connection. From ePCR to GPS & AVL, the L-5500 enables real-time data communications for today's demanding field applications.

#### Always On Broadband

Connect instantly to the internet using the always-on broadband connection. With its proprietary firmware, the L-5500 ensures users stay connected by constantly monitoring and handling dropped data sessions.

#### Integrated GPS Receiver

The built-in GPS chipset enables streaming data locally to onboard computers or remote CAD and AVL servers for real-time vehicle tracking. Multiple protocol support allows the L-5500 to report AVL data directly into most CAD systems without the need for an MDC computer.

#### WiFi Access Point or Client

Turn your vehicle into a mobile hotspot and connect tablets, laptops, cardiac monitors and other devices wirelessly from up to 300 feet away. Restrict access and ensure security with WPA2 WiFi authentication.

#### Integrated VPN

Protect patient information and enable seamless connectivity with backend systems using the integrated IPsec VPN. Save both management and deployment costs by eliminating the need for VPN client software on field computers.

#### Multiple Ethernet Ports

Connect network scanners, printers, MDCs, docking stations, and cardiac monitors using the integrated dual port ethernet switch.

#### Battery Monitoring

Prevent stranded vehicles and costly battery replacements by continuously monitoring the vehicle's battery state. Automatically shutoff equipment using the built-in ignition timer.

#### Sensor Inputs

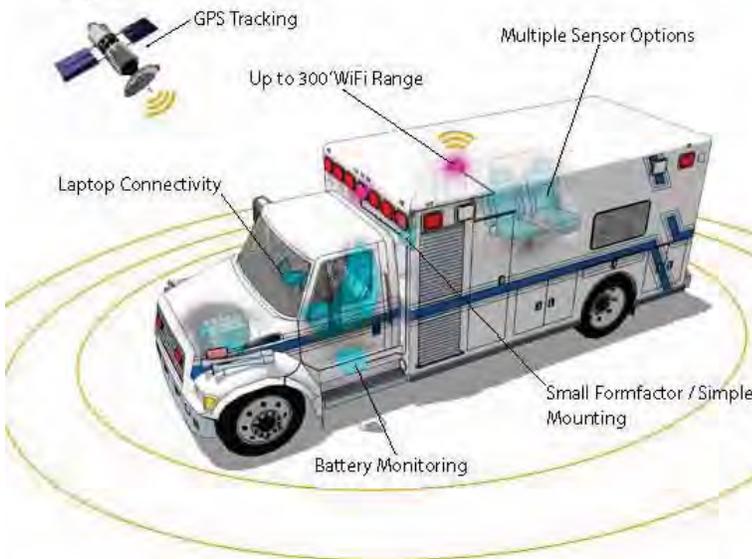
Monitor a variety of sensors including:

- Emergency lights
- Bumper contact strips
- Patient compartment temperature
- Battery voltage
- G-Force
- Seat belt use

Remotely trigger vehicle functions including door unlock and remote start.

#### Garmin Messaging

Instantly receive navigation instructions and call information directly from CAD. Update timestamps and capture odometer information in real-time from the field, without radio traffic.



©2012 Logic Data Systems LLC. All rights reserved.



# L-5500

## Specifications



### General

Input Voltage	9 to 28 VDC
TX Power @ 13.8 VDC	350 mA (500 mA with Wi-Fi)
RX Power @ 13.8 VDC	130 mA (240 mA with Wi-Fi)
VPN	IPSec PSK
Device Management	SNMP, Embedded Web Interface
WiFi Security	Open, WEP, WPA, WPA2
GPS Protocols	NMEA, TAIP, Proprietary
Cellular Technology	Gobi 3000 (Multiple Carrier)

### Interfaces

LED Indicators	RSSI, SVC, NET, GPS, WiFi
Power	4-pin locking connector
Ethernet	(2) 10/100 Mbps RJ-45
Serial	DE-9F with Full Hardware Handshaking*
I/O	2 digital inputs/outputs, 2 analog inputs, 2 outputs (relay contacts)
Primary Antenna	50 Ohm SMA Female
RX Diversity Antenna	50 Ohm SMA Female
GPS Antenna	50 Ohm SMA Female (3-5 VDC)
Wi-Fi Antenna	50 Ohm RP-SMA Female

### Mechanical/Environmental

Dimensions	4.3 (L) x 6.0 (W) x 1.8 (H) in 10.9 x 15.25 x 4.5 cm
Weight	2.5 lb, 1.13 kg
Temperature Range	-30° to +70° C -22° to +158° F
Humidity	5% to 95% non-condensing

### CDMA Technologies / Bands

EVDO Rev A	800 / 1900 / 2100 MHz 3.1 Mbps Downlink 1.8 Mbps Uplink
1xEVDO Rev 0	800 / 1900 / 2100 MHz 2.4 Mbps Downlink 153.6 kbps Uplink
1xRTT	800 / 1900 MHz 153.6 kbps Downlink 153.6 kbps Uplink

### GSM Technology / Bands

UMTS / HSPA	850 / 900 / 1900 / 2100 MHz 7.2 Mbps Downlink 2.0 Mbps Uplink
EDGE / GPRS	850 / 900 / 1800 / 1900 MHz 236 kbps Downlink 236 kbps Uplink



www.logicdatasystems.net

©2012 Logic Data Systems LLC. All rights reserved.



## **Addenda**

**City of North Richland Hills RFP 13-030**  
***EMS Billing and Collection Services***

**ADDENDA  
ADDENDUM 5**



September 18, 2013

**ADDENDUM**

**RFP 13-030**

**EMS BILLING AND COLLECTION SERVICES**

**PLEASE BE ADVISED THE SPECIFICATION FOR THE ABOVE REFERENCED BID HAVE CHANGED AS FOLLOWS:**

**Page 11; Section O**

**7. If narrative assistance features are available, there must be an option to turn off if requested.**

**THIS ADDENDUM MUST BE SIGNED AND RETURNED WITH YOUR BID.**

Acknowledge receipt of this addendum by inserting this page with your bid. This addendum form is a part of the contract documents and modifies, amends, deletes and/or adds to the original bid document.

Name and Address of Company:

Wittman Enterprises, LLC

11093 Sun Center Drive

Rancho Cordova, CA 95670

FAX: 916-471-5108

Authorized Representative:

Signature: Corinne Wittman Wong

Name: Corinne Wittman Wong

Title: CEO

Phone: 916-669-4608

Email: cwittmanwong@webillems.com



**Exhibit C**  
**Wittman Enterprises, LLC**  
**Business Associate Agreement**

**Between Wittman Enterprises, LLC and the City of Richland Hills**

This Business Associate Agreement (“Agreement”) between the **City of Richland Hills** (Covered Entity) and **Wittman Enterprises, LLC** (Business Associate) is executed to ensure that Wittman Enterprises, LLC will appropriately safeguard protected health information (“PHI”) that is created, received, maintained, or transmitted on behalf of The City of Richland Hills (“City”) in compliance with the applicable provisions of Public Law 104-191 of August 21, 1996, known as the Health Insurance Portability and Accountability Act of 1996, Subtitle F – Administrative Simplification, Sections 261, *et seq.*, as amended (“HIPAA”), and with Public Law 111-5 of February 17, 2009, known as the American Recovery and Reinvestment Act of 2009, Title XII, Subtitle D – Privacy, Sections 13400, *et seq.*, the Health Information Technology and Clinical Health Act, as amended (the “HITECH Act”).

**A. General Provisions**

1. **Meaning of Terms.** The terms used in this Agreement shall have the same meaning as those terms defined in HIPAA.
2. **Regulatory References.** Any reference in this Agreement to a regulatory section means the section currently in effect or as amended.
3. **Interpretation.** Any ambiguity in this Agreement shall be interpreted to permit compliance with HIPAA.

**B. Obligations of Business Associate**

Wittman Enterprises, LLC agrees that it will:

1. Not use or further disclose PHI other than as permitted or required by this Agreement or as required by law;
2. Use appropriate safeguards and comply, where applicable, with the HIPAA Security Rule with respect to electronic protected health information (“e-PHI”) and implement appropriate physical, technical and administrative safeguards to prevent use or disclosure of PHI other than as provided for by this Agreement;
3. Report to the City of Richland Hills any use or disclosure of PHI not provided for by this Agreement of which it becomes aware, including any security incident (as defined in the HIPAA Security Rule) and any breaches of unsecured PHI as required by 45 CFR §164.410. Breaches of unsecured PHI shall be reported to the City of Richland Hills without unreasonable delay but in no case later than 60 days after discovery of the breach;
4. In accordance with 45 CFR 164.502(e)(1)(ii) and 164.308(b)(2), ensure that any subcontractors that create, receive, maintain, or transmit PHI on behalf of Wittman Enterprises, LLC agree to the same restrictions, conditions, and requirements that apply to Wittman Enterprises, LLC with respect to such information;

5. Make PHI in a designated record set available to the City of Richland Hills and to an individual who has a right of access in a manner that satisfies the City of Richland Hills's obligations to provide access to PHI in accordance with 45 CFR §164.524 within 30 days of a request;
6. Make any amendment(s) to PHI in a designated record set as directed by the City of Richland Hills, or take other measures necessary to satisfy the City of Richland Hills's obligations under 45 CFR §164.526;
7. Maintain and make available information required to provide an accounting of disclosures to the City of Richland Hills or an individual who has a right to an accounting within 60 days and as necessary to satisfy the City's obligations under 45 CFR §164.528;
8. To the extent that Wittman Enterprises, LLC is to carry out any of the City's obligations under the HIPAA Privacy Rule, Wittman Enterprises, LLC shall comply with the requirements of the Privacy Rule that apply to the City of Richland Hills when it carries out that obligation;
9. Make its internal practices, books, and records relating to the use and disclosure of PHI received from, or created or received by Wittman Enterprises, LLC on behalf of the City of Richland Hills, available to the Secretary of the Department of Health and Human Services for purposes of determining Wittman Enterprises, LLC and the City of Richland Hills's compliance with HIPAA and the HITECH Act;
10. Restrict the use or disclosure of PHI if the City of Richland Hills notifies Wittman Enterprises, LLC of any restriction on the use or disclosure of PHI that the City of Richland Hills has agreed to or is required to abide by under 45 CFR §164.522; and
11. If the City is subject to the Red Flags Rule (found at 16 CFR §681.1 *et seq.*), Wittman Enterprises, LLC agrees to assist the City of Richland Hills in complying with its Red Flags Rule obligations by: (a) implementing policies and procedures to detect relevant Red Flags (as defined under 16 C.F.R. §681.2); (b) taking all steps necessary to comply with the policies and procedures of the City of Richland Hills's Identity Theft Prevention Program; (c) ensuring that any agent or third party who performs services on its behalf in connection with covered accounts of the City of Richland Hills agrees to implement reasonable policies and procedures designed to detect, prevent, and mitigate the risk of identity theft; and (d) alerting the City of Richland Hills of any Red Flag incident (as defined by the Red Flag Rules) of which it becomes aware, the steps it has taken to mitigate any potential harm that may have occurred, and provide a report to the City of Richland Hills of any threat of identity theft as a result of the incident.

**C. Permitted Uses and Disclosures by Business Associate**

The specific uses and disclosures of PHI that may be made by Wittman Enterprises, LLC on behalf of the City of Richland Hills include:

1. The preparation of invoices to patients, carriers, insurers and others responsible for payment or reimbursement of the services provided by the City of Richland Hills to its patients;
2. Preparation of reminder notices and documents pertaining to collections of overdue accounts;

3. The submission of supporting documentation to carriers, insurers and other payers to substantiate the healthcare services provided by the City of Richland Hills to its patients or to appeal denials of payment for the same; and
4. Other uses or disclosures of PHI as permitted by HIPAA necessary to perform the services that Wittman Enterprises, LLC has been engaged to perform on behalf of the City of Richland Hills.

**D. Termination**

1. The City may terminate this Agreement if the City of Richland Hills determines that Wittman Enterprises, LLC has violated a material term of the Agreement.
2. If either party knows of a pattern of activity or practice of the other party that constitutes a material breach or violation of the other party's obligations under this Agreement, that party shall take reasonable steps to cure the breach or end the violation, as applicable, and, if such steps are unsuccessful, terminate the Agreement if feasible.
3. Upon termination of this Agreement for any reason, Wittman Enterprises, LLC shall return to the City of Richland Hills or destroy all PHI received from the City, or created, maintained, or received by Wittman Enterprises, LLC on behalf of the City of Richland Hills that Wittman Enterprises, LLC still maintains in any form. Wittman Enterprises, LLC shall retain no copies of the PHI. If return or destruction is infeasible, the protections of this Agreement will extend to such PHI.

**City of Richland Hills**

**Wittman Enterprises, LLC**

By: \_\_\_\_\_

By: Corinne Wittman-Wong

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Title: Chief Executive Officer

Date: \_\_\_\_\_

Date: \_\_\_\_\_

**EXHIBIT D**  
**ePCR SUPPORT SERVICES AND SERVICE LEVELS**

This Exhibit describes the software support services (“Support Services”) that will be provided to the City of Richland Hills by Wittman Enterprises, LLC (Contractor) via Contractor’s contract with Beyond Lucid Technologies, Inc. (“Beyond Lucid”). Any support service questions and inquiries should be directed to the City of Richland Hills’s designated customer service representative (“Customer”).

1. Definitions.

- (a) “Customer” shall be the person designated by the City of Richland Hills to administer the ePCR program and work with the “Customer Service Representative”.
- (b) “Customer Service Representative” shall be the person at Beyond Lucid designated by Beyond Lucid to receive notices of Errors encountered by Customer that Customer’s Administrator has been unable to resolve.
- (c) “Error” means any failure of the Software to conform in any material respect with its published specifications.
- (d) “Error Correction” means a bug fix, patch, or other modification or addition that brings the Software into material conformity with its published performance specifications.
- (e) “Priority A Error” means an Error that renders the Software inoperable or causes a complete failure of the Software.
- (f) “Priority B Error” means an Error that substantially degrades the performance of the Software or materially restricts Customer’s use of the Software.
- (g) “Priority C Error” means an Error that causes only a minor impact on Customer’s use of the Software.
- (h) “Update” means any new commercially available or deployable version of the Software, which may include Error Corrections, enhancements or other modifications, issued by Beyond Lucid from time-to-time to its Customers.
- (i) “Normal Business Hours” means 8:00 am to 5:00 pm Monday through Friday, Central Time Zone.

2. Customer Obligations.

Customer will provide at least one administrative employee (the “Administrator” or “Administrators”) who will handle all requests for first-level support from Customer’s employees with respect to the Software. Such support is intended to be the “front line” for support and information about the Software to Customer’s employees. Contractor, via Beyond Lucid will provide training, documentation, and materials to the Administrators to enable the Administrators to provide technical support to Customer’s employees. The Administrators will refer any Errors to Beyond Lucid’s Customer Service Representative that the Administrators cannot resolve, pursuant to Section 3 below; and the Administrators will assist Beyond Lucid in

gathering information to enable Beyond Lucid to identify problems with respect to reported Errors.

3. Support Services.

(a) *Scope.* As further described herein, the Support Services consist of: (i) Error Corrections that the Administrator is unable to resolve and (ii) periodic delivery of Error Corrections and Updates. The Support Services will be available to Customer during normal business hours, to the extent practicable. Priority A Errors encountered outside normal business hours may be communicated to the Customer Service Representative via telephone or email. Priority B and C Errors encountered outside normal business hours shall be communicated via email.

(b) *Procedure.*

(i) *Report of Error.* In reporting any Error, the Customer's Administrator will describe to Beyond Lucid's Customer Service Representative the Error in reasonable detail and the circumstances under which the Error occurred or is occurring; the Administrator will initially classify the Error as a Priority A, B or C Error. Beyond Lucid reserves the right to reclassify the Priority of the Error.

(ii) *Efforts Required.* On behalf of Contractor, Beyond Lucid shall exercise commercially reasonable efforts to correct any Error reported by the Administrator in accordance with the priority level assigned to such Error by the Administrator. Errors shall be communicated to Beyond Lucid's Customer Service Representative after hours as indicated below, depending on the priority level of the Error. In the event of an Error, Beyond Lucid will within the time periods set forth below, depending upon the priority level of the Error, commence verification of the Error; and, upon verification, will commence Error Correction. Beyond Lucid will work diligently to verify the Error and, once an Error has been verified, and until an Error Correction has been provided to the Administrator, shall use commercially reasonable, diligent efforts to provide a workaround for the Error as soon as reasonably practicable. Beyond Lucid will provide the Administrator with periodic reports on the status of the Error Correction on the frequency as indicated below.

<b>Priority of Error</b>	<b>Communicating Error to Beyond Lucid outside Normal Business Hours</b>	<b>Time in Which Beyond Lucid Will Commence Verification</b>	<b>Frequency of Periodic Status Reports</b>
Priority A	Telephone or email	Within 8 hours of notification	Every 4 hours until resolved
Priority B	Email	Within 1 business day of notification	Every 6 hours until resolved
Priority C	Email	Within two calendar weeks of notification	Every week until resolved

(c) Other services. Upon request by Customer, Contractor via Beyond Lucid may provide services related to the Software other than the standard support described in this Exhibit at Beyond Lucid's current labor rates. This may include on-site consultation, customization, and initial technical assistance and training for the purpose of installing the Software and training selected personnel on the use and support of the Software. Beyond Lucid shall undertake reasonable efforts to accommodate any written request by Customer such professional services. Any services requested under this option must be communicated to Contractor before work is started to determine whether this affects Contractor's Contract with Customer.

5. Beyond Lucid Server Administration.

Contractor, via Beyond Lucid is responsible for maintenance of Server hardware. Server administration includes:

- (a) Monitoring and Response
- (b) Service Availability Monitoring
- (c) Backups
- (d) Maintenance
  - (i) Microsoft Patch Management
  - (ii) Security patches to supported applications and related components
  - (iii) Event Log Monitoring
  - (iv) Log File Maintenance
  - (v) Drive Space Monitoring
- (e) Security
- (f) Virus Definition & Prevention
- (g) Firewall