



[www.firerecoveryusa.com](http://www.firerecoveryusa.com)

**RFP #02-015**  
**Emergency Medical Service Billing Agency**

**Key West Fire Department**

**Submitted by:**  
**Fire Recovery EMS**

**3343 North Ridge Avenue**  
**Arlington Heights IL 60004**

**Phone 888-640-7222**  
**Fax 916-290-0542**

# Tab 1

City of Key West Fire Department:

Thank you for the opportunity to respond to Key West's Request for Proposal (RFP #02-015) for EMS Billing.

We are excited about the opportunity to partner with Key West to transform its current medical billing model. As you read through this response, we hope you agree that Fire Recovery EMS' experience and transformation capabilities are well matched to Key West's objectives for medical billing.

FR-EMS is an experienced leader in medical billing for more than 19 years. We began EMS billing under the name Andres Medical Billing, a brand still used in Illinois and Wisconsin to this day. We have a reputation for commitment to client service and quality, and we provide client-focused practical solutions to improve billing efficiency and claim processing for your municipality.

We would like to alert you to the fact that we have a proven history of partnering with brand new EMS departments and helping them realize their full revenue potential. Fire Recovery EMS has assumed the billing duties of numerous departments within the last few years. We strongly encourage you to reach out to any of our clients for verification of our services. We started with six municipal clients and now have close to 200 total clients all across the country.

Fire Recovery EMS is proud to offer ESO Solutions' ePCR product in this proposal. Many of our clients also use ESO, and we believe that together we can offer the City the best EMS billing package possible. We look forward to discussing our approach, further refining our solution, and providing Key West with a billing solution that will enable the City to achieve its expected results.

Respectfully,



Patrick J. Mannix  
Owner  
Fire Recovery EMS  
3343 North Ridge Ave.  
Arlington Heights, IL 60004  
Direct: 847-507-6645  
pmannix@andresmedical.com

## Tab 2



## **Detailed Scope of Work**

- a. Fire Recovery EMS will provide billing and accounts receivable management services. We shall file appropriate documentation with all necessary payers.
- b. In 2013 we billed for 25 clients that each transported more than 3000 patients.
- c. We have a full time compliance officer on staff and working from our billing office. Her name is Maryann Mahlman.
- d. There are never any additional fees to our clients or our clients' patients when they decide to pay via credit card.
- e. All EOB's, payments, and correspondence of any kind are scanned and saved into our system using Laserfiche.
- f. We will work diligently to establish relationships with all of the City's receiving hospitals.
- g. Our billing software seamlessly integrates with virtually all modern ePCR systems (including ESO Solutions, which we are offering to the City in this proposal).
- h. We will allow 24/7 web-access to our billing system so the City may access detailed patient information on any of their accounts.
- i. We offer Crystal Reports to all of our clients. There are thousands of pre-existing reports and practically innumerable possibilities for new reports.
- j. Fire Recovery EMS is offering ESO Solutions' ePCR product to the City. ESO does have an HDE model.
- k. We will verify all patient insurance information.
- l. Our office is staffed from 5:30am to 10:30pm Central Standard Time.
- m. All patient calls can be recorded in our office for quality-assurance and security purposes.
- n. Our billing system, RescueNet Billing, accepts NEMSIS data files.
- o. Our reports can combine clinical data with financial data.
- p. We provide a patient web portal ([www.insupdate.com](http://www.insupdate.com)) for all listed activities.
- q. Our customer service department has English and Spanish speaking representatives. All of our correspondence is available in English and Spanish as well.
- r. We will provide a dedicated Account Representative specifically to the City's accounts.

s. Our office is separated into the following departments: Customer Service, Cash, Account Representative, Sales/Marketing, Data Entry, Insurance Entry/Verification, Returned Mail, and Scanning. No person works in multiple departments, ensuring a segregation of duties.

t. We will use the City's incident numbers as our account numbers, thus providing continuity.

u. All required documentation and agreements will be filed and properly maintained with payers. It is our job to notify our clients of any important changes that occur in this industry.

v. We will provide training to the City's personnel as requested. Typical topics that our clients request training on include HIPAA, documentation, and signatures.

w. We will download PCRs from the City's system. Data will be accepted electronically via secure methods.

x. All payment information will be downloaded electronically whenever possible.

y. We will promptly submit claims to all insurance providers via electronic clearinghouses, unless not accepted by the providers. Fire Recovery EMS will respond to all City requests and post payments/adjustments related to probate and bankruptcy proceedings.

z. We employ coders who are certified by the National Academy of Ambulance Coding. All federal, state, and local regulations shall be followed.

aa. All claims will be followed-up on and re-billed with the insurance companies whenever necessary.

bb. Reconciliation reports can be run for the City, just as they are for many of our clients.

cc. We can provide access to the City for reports and insight into billing performance.

dd. We have returned mail experts on staff who work diligently to obtain correct information. We commonly use [www.locateplus.com](http://www.locateplus.com) for issues pertaining to skip tracing.

ee. A variety of sources are used to determine insurance eligibility. Some of these sources include Zirmed, NEBO, and NGS.

ff. A professional account representative will be assigned to handle all patient/payer concerns. We will resolve all patient issues.

gg. Patients can submit or correct insurance information to us electronically via [www.insupdate.com](http://www.insupdate.com).

hh. A toll free phone number is in place for all patients.

ii. All City policies will be followed during every step of the billing process. All interaction with insurance providers and patients will be copied or recorded.

jj. We shall maintain appropriate records in accordance with state records retention requirements. We have many security measures in place throughout every facet of our business. Our specific security

policies can be shared with the City if requested. A professional document disposal company is employed to handle all of our shredding requirements.

kk. We will work with the City's receiving hospitals to obtain/verify patient insurance and contact information. Ideally, we will be granted electronic access to their systems. If not, will establish a faxback relationship.

ll. We will respond within one business day to the City, patients, and patient representatives on all requests for information.

mm. Fire Recovery EMS will participate in face-to-face meetings on any topics as requested.

nn. We will maintain appropriate accounting procedures and provide for reconciling all payments, bank deposits, receivables, billings, patient accounts, adjustments, and refunds between the City's records and our billing system.

oo. All payments would be made payable to Portage County's departments and sent to our post office box. After the posting of payments, a deposit slip and cash receipts journal are generated and reviewed for accuracy. Payments can be sent to the bank of your choice for deposit or can be mailed directly to you.

We offer ACH deposits (Automated Clearing House), wherein your payments would be sent to our PO Box, processed, and the funds are deposited electronically into a custodial account. Within three business days, we send an EFT to the bank account of your choice for the total dollars deposited/posted. This process eliminates the need to send checks through the mail and/or UPS, decreasing the likelihood of payments being lost in transit and increases timely deposits. This deposit/transfer would be done on a weekly basis. You would receive cash receipts reports so you can verify monies deposited and how the payments were posted.

If this process of cash collection is unacceptable, we can customize a cash collection procedure that is agreeable to the City.

pp. The City will be provided with copies of supporting documentation for refunds.

qq. Comprehensive reports will be provided to the City as scheduled or requested. There are never any additional charges for any of our vast reporting capabilities.

rr. We will perform our due diligence on all accounts in order to prevent as many accounts as possible from going to collections. When we send an account to a collection agency, we are not paid our fee on that account if the collection agency receives any money. It is in our best interest to work all of our clients' accounts as quickly and as best as possible.

ss. We will schedule review of all unpaid accounts and send them to whichever collection agency the City chooses to employ. We work with dozens of collection agencies across the country.

tt. We do not directly enroll patients with state debt set off or recovery programs. However, we do work with collection agencies that will enroll patients in such programs if no payments are received after their collection efforts are also exhausted.

uu. We will schedule and arrange payment plans for patients unable to pay the full account balance. All City policies and procedures shall be followed.

vv. City personnel shall be provided with access to City accounts and any requested training will also be provided as needed.

ww. We have disaster recovery plans in place (along with data redundancy and backup plans). Copies of these plans will be made available to the City if requested.

xx. If awarded the contract, all plans for efficiently and smoothly billing City's accounts will be in place before the contract start date. Everything will be verified and tested in advance to reduce any and all possible speed bumps once the contract begins.

yy. Copies of all manuals, system overviews, internal/external audits, or regulatory reports will be provided to the City whenever requested.

zz. We are audited internally and externally routinely. Copies of our independent third party audit can be provided to the City annually.

aaa. We will comply with all applicable federal, state, and local regulations. Our owners and management team are members of numerous organizations detailed in this proposal that allow us to keep our knowledge current on this industry. We believe that no Fire Recovery EMS client has ever completed a CMS audit within the last five years.

bbb. We comply with SSAE 16 Type 2 (now called SOC I Type II). A copy of our current audit is enclosed within this proposal.

ccc. We are currently going through a HIPAA-HITECH audit. We have enclosed a copy of our remediation plan. The entire audit should be completed within the next two weeks. Copies of the final audit can be shared with the City if requested.

ddd. We agree with all requirements in this section regarding monthly reconciliation and payment of invoices to the City.

eee. Fire Recovery EMS agrees to all stipulations in this section regarding being a successful proposer.

## **Business Plan**

### **Organization Capabilities**

Fire Recovery EMS (FR-EMS) is a corporation specializing in outsourced EMS billing. FR-EMS began municipal billing operations as Andres Medical Billing, Ltd. in 1995 with six clients and has grown to service roughly 200 agencies, including large municipalities, fire protection districts, volunteer departments, small rural departments, and private ambulance services. The brand Andres Medical Billing is still used to this day in the Midwest. In 2013, we processed more than 400,000 transports for our clients.

We are excited about the opportunity to partner with the Key West Fire Department to develop a successful billing model and are committed to performing the services within our proposal. As you read through this response, we hope you agree that FR-EMS' experience and transformation capabilities are well matched to your objectives for ambulance billing.

Fire Recovery EMS, an experienced leader in ambulance billing for over 19 years, has a reputation for commitment to client service and quality. We provide client-focused practical solutions to improve billing efficiency and claim processing for our customers.

We would like to draw your attention to certain key features that differentiate our response from alternatives:

- ☐ Customized account services
- ☐ Advanced technology and software
- ☐ Experience
- ☐ Cost effective solution

Our staff of more than 130 employees have decades of experience in the ambulance industry. They are some of the most qualified people in the industry, with in-depth knowledge of the Centers for Medicare and Medicaid Services (CMS) regulations. While most companies have chosen to split their attention among other areas, we solely bill for ambulance providers. This dedication to the industry has led to the development of proprietary methods designed just for transport services.

Our services will reduce your administrative functions and costs so that you can focus on other departmental needs. We are capable of handling the volume of patients and the scope of service that Key West will require.

Our goal is to not only provide customized EMS billing solutions that reduce your costs while increasing your revenue, but also do so in the most efficient and compliant manner available.

## **Proposer Solutions**

All of our services can be individually customized to fit your particular specifications. Working in partnership, we plan and implement billing and reporting systems that best meet your requirements.

### **Software**

Our billing software is RescueNet Billing through Zoll Data Systems. Zoll Data Systems has been providing Windows-based EMS software solutions since 1993. They have more than 760 customers in the U.S., Canada, Australia and the UK using one or more of their products. RescueNet Billing is in use at over 430 organizations. We have been using the software for more than seven years.

RescueNet Billing automates the billing process so you can get paid on time. Its intuitive features help our employees organize their workday and avoid mistakes that can lead to denials. RescueNet keeps claims from slipping through the cracks, speeds up collections, and generates powerful business analysis and productivity reports, all while being Medicare, Medicaid, and HIPAA compliant. It also monitors claims for errors, which reduces receivable turnaround time and helps maximize cash flow.

### **Data Exchange**

We currently support data exchange of PHI (Protected Health Information) electronically through a secure website by XML and/or PDF file, fax, encrypted email, US mail, or UPS delivery. Data exchange is done at your discretion. Our software allows us to interface with many ePCR systems, however, we anticipate a completely seamless integration since we are offering ESO Solutions' products, and we have such extensive experience working with departments that use this technology.

Fire Recovery EMS uses a secure messaging system to send and receive secure email messages with our clients. The system provides a secure, encrypted email message without having to install anything. Our PGP server hosts a secure site that registered users can access to read and download files and messages to and from our staff. The PGP screens outgoing messages/files for certain sensitive data and will force those messages/files to go through the secure system.

FR-EMS has successfully integrated with all types of billing and payment processes. We will meet with Key West to ensure the transition process is done quickly and smoothly for you and the patients that you transport.

## **Billing and Collection Process**

### **Model Bill Schedule**

This bill schedule is a generic model, it can and will be customized to meet the needs and requirements of your department. We can set up specific bill schedules for residents and non-residents, depending on your preferences. Some clients use more aggressive methods of collections for their non-residents versus residents.

I. **Receipt of Patient Care Report**

On a daily or weekly basis, your run reports are sent to us via your preferred method. Our Certified Ambulance Coders review the transport so it can be coded and billed for the services provided. Our staff is thoroughly trained to accurately disseminate the information from the ambulance report and code the run properly for billing.

II. **Printing and mailing of initial invoice\***

Printing and mailing of the initial invoice will occur *within 48 hours* of entering into our system. (Total time from receipt of ambulance report to mailing is a maximum of 72 hours). *\*Invoices are mailed only if no third-party insurance information is received.*

We would work with your receiving hospitals to develop a relationship wherein patient information can be exchanged.

III. **Printing and mailing of letter and phone call to patient**

A letter is sent thirty (30) days following the mailing of the initial invoice. It simply states the patient was transported and that we do not have any insurance information. There are no negative phrases on this letter. We also call the patient and ask them to provide us with their insurance information.

IV. **Printing and mailing of statement**

A statement is sent thirty (30) days after the letter. The statement simply states the patient name, address, and balance due. There are no negative phrases on this form.

V. **Letter**

A letter is sent thirty (30) days after the statement. This again is a request for insurance information.

VI. **Final Notice**

A final notice is sent thirty (30) days after the second letter.



VII. Phone call to patient

Fourteen (14) days after the Final Notice, a call would be placed to the patient. This conversation would explain that the invoice is seriously past due and payment must be immediately sent. If there is no viable response to this phone call, our representative would explain that their account could be sent to collections if no payment or insurance information is received.

VIII. Send to Collection Agency, if applicable

Accounts can be turned over to the collection agency chosen by Key West. We work with dozens of collection agencies across the country and do not have an issue working with whichever agency a client requests.

Prior to mailing invoices, all addresses are electronically reviewed for accuracy. Non-standard addresses are returned automatically with the USPS return code. At this point, we would follow-up with the hospital and/or hospital face sheet to verify and resend the bill. We also have an address change service wherein the USPS will return "forwardable" address changes to us electronically. Lastly, out-going mail goes through a National Change of Address link, which locates change of address and identifies "moved left no forwarding address," and that new information is returned to us electronically.

We have a return mail specialist on-site. She uses different methods to obtain legitimate addresses, including Lexis/Nexis, Melissa Data.com, AT&TDirectory.com, locateplus.com, and switchboard.com to confirm names, addresses, social security numbers, and telephone numbers.

**Subsequent Billing Invoices and Correspondence**

It is at the discretion of the City as to which communications its patients will receive. Our invoices are standard (request for insurance letter, balance due statement, insurance denial letter, Medicare/Public Aid denial, installment payments, etc.). All invoices and correspondence are also available in Spanish, if necessary. Examples of invoices and correspondence have been included in this proposal for review.

**Customer Service**

All inquiries are handled through our office. We have English and Spanish speaking customer service representatives. We have an 800 number in place for our existing clients' patients. Our office is staffed between 5:30 a.m. and 10:30 p.m., Monday through Friday, Central Standard Time. The phone is answered "Billing Department, \_\_\_\_ (name) speaking." This telephone number is printed on all invoices, correspondence, and insurance forms. Patient name, ticket number and/or account number identifies the patient. The ticket number is the actual run number that each fire department utilizes. This gives continuity to the fire department and the billing office. Once the patient is identified, the parameters set by the City will be implemented, including installment payment plans, hardships, etc.



All inquiries, including records requests, are handled in accordance with HIPAA requirements. We follow whatever instructions our clients give us for these requests as well. Some clients prefer requests for run reports from patients or attorneys are forwarded directly to them. Others want us to handle those requests in our office. We are happy to assist our clients either way.

Patients are also able to contact us through our website ([www.insupdate.com](http://www.insupdate.com)). Patients can email us their insurance information and/or contact us with any questions or concerns.

We believe it is important that the patients we contact on your behalf are treated with dignity and respect. Most of the people we contact have had a medical emergency which may have been life threatening. Having compassion and understanding helps us in our goal of collecting for services rendered. Our responsibility is to not only collect as much as a possible, but to represent Key West in a manner in which we can both be proud. We have the expertise, experience, and professional disposition that is required for this project.

### **Electronic Claims Processing**

Prior to submission, RescueNet Billing scans all electronic claims to ensure that pertinent information is not missing or invalid. This audit system enables us to review claims for duplication and/or accuracy before they are submitted, thus reducing the denial rate and increasing cash flow. Once a claim is sent, our system generates a reminder 30 days from the date of transmission to alert our personnel to check the status of the claim.

We submit all Medicare and Medicaid claims electronically in ANSI (American National Standard Institute), HIPAA compliant, and encrypted format. Medicare claims are sent through the appropriate clearinghouse. Private insurance claims are also encrypted and submitted electronically on a daily basis through ZirMed, which is a clearinghouse for all private insurance claims.

We also have the capability to check eligibility and claim status using three web-based insurance research tools: ZirMed, NEBO Systems (eCare), and Medicare SNAP.

ZirMed enables us to check patient eligibility and the status of private insurance and Railroad Medicare claims. Within two days, we know if a claim is being denied or paid. Also, if an insurance company does not accept electronic claims, we can download an HCFA form from ZirMed and mail the claim directly to the insurance carrier.

NEBO Systems, Inc., eCare Online, enables us to check private insurance and public aid eligibility and verification, claim status, precertification, medical necessity tools, and perform a UPIN search.

Medicare SNAP enables us to check Medicare eligibility, coordination of benefits, and claim status.

These tools help decrease the turn-around time for claims. Within days, claims can be reviewed to determine whether they will be paid or denied. Properly submitted claims increase timely cash flow and decrease the denial rate.

If a claim is denied, our staff is knowledgeable and experienced at handling appeals and will continue after the first appeal stage to aggressively pursue payment on claims. The patient is notified of any problems that we encounter with their insurance carrier so we may work together to successfully settle the claim. As many patients are unfamiliar with the insurance industry, we feel it is important to assist them in each stage of the appeal process. We find it to be beneficial to our clients to take a claim further than one appeal.

### **Cash Collection**

All payments would be made payable to the Key West Fire Department and sent to our post office box. After the posting of payments, a deposit slip and cash receipts journal are generated and reviewed for accuracy. Payments can be sent to the bank of your choice for deposit or can be mailed directly to you.

We offer ACH deposits (Automated Clearing House), wherein your payments would be sent to our PO Box, processed, and the funds are deposited electronically into a custodial account. Within three business days, we send an EFT to the bank account of your choice for the total dollars deposited/posted. This process eliminates the need to send checks through the mail and/or UPS, decreasing the likelihood of payments being lost in transit and increases timely deposits. This deposit/transfer would be done on a weekly basis. You would receive cash receipts reports so you can verify monies deposited and how the payments were posted.

If this process of cash collection is unacceptable, we can customize a cash collection procedure that is agreeable with the City.

We also accept Visa, MasterCard, American Express, and Discover for patients' convenience. There are no additional charges to a patient if he/she decides to pay via credit card.

### **Statistical Reports**

We use Crystal Reports through RescueNet. Crystal Reports is an award-winning custom report designer. There is a multitude of accounting and service oriented reports that can be generated for you. There are numerous variations of reports with different methods of sorting (e.g. response time, payer types, number of invoices produced, etc.). These can be produced for any time period specified. Under normal circumstances these reports are run on a monthly basis. We can provide other specialized reports as needed, upon request.

The following are typical reports that would be sent to you each month:

#### Aging Reports

An aging report is run on a monthly basis. This report details the status of all outstanding claims/accounts, including private pay, Medicare, Medicaid, and private insurance.

#### Credit Reports

Credit reports detail the total amount of monies collected, refunds processed, adjustments, and write-offs for the month. It also details the total amount collected from Medicare, Medicaid, private insurance, and private pay. This journal can be customized to sort this information by resident versus non-resident and other different parameters.

#### Trip Detail Reports

A ticket survey details all transports billed for the time frame requested. This can be sorted by date of service, pay source and patient. A ticket survey can be done in detailed or summary format.

These reports can be sent to Key West via our secure website. We also have the capability of supplying these reports in Excel and WORD format. We are agreeable to sending all reports mentioned in the RFP to the City. Additional reports will also be sent upon request. We have included many copies of example reports in this proposal for review.

#### **Document Control and Records Management**

We also use a document management, records management, and document imaging software program called Laserfiche. All insurance request forms, ambulance reports, correspondence, and payments are scanned into this program. This allows us the capability to have all documents pertaining to our clients readily available and in a format wherein they can be sent electronically. This is why we are able to respond to all client inquiries in such a speedy fashion. There are no additional charges for our document retention and storage. In fact, there are no additional charges for any of our services.

## **Training Philosophy**

### **Compliance Programs**

We utilize two outside services which keep us abreast of all legal issues regarding EMS billing and compliance, the American Ambulance Association and Page, Wolfberg & Wirth.

We are also members of the Wisconsin Fire Chiefs' Association, Illinois Ambulance Association, Illinois Fire Chiefs' Association, Illinois Association of Fire Protection Districts, Illinois Fire Service Administrative Professionals, and Illinois Government Financial Officers Association. Our involvement with these organizations keeps us current on EMS related issues and industry changes.

On a monthly basis, we have internal reviews of our coding and billing procedures to ensure all federal, state, HIPAA, and other statutory requirements are met. Coding and billing procedures are the most important aspect of this industry as they allow us to maximize collections in a timely fashion.

To ensure full compliance, we follow a billing and reimbursement compliance program designed specifically for FR-EMS. We even specifically employ a Compliance Officer who monitors the ones doing the monitoring.

### **HIPAA**

In compliance with HIPAA Privacy Rule 164.530(c)(1), we will comply with all state, local, and federal regulations for the implementation of security measures.

Our HIPAA Compliance Officer, Maryann Mahlman, keeps our staff educated and trained on any new compliance issues. Each employee signs a verification of our initial training session and this form is part of his or her employee file. Confidentiality of ambulance reports and the subsequent invoices are of the utmost importance. Our policy manual states this in an explicit manner. All new employees are informed of this in detail. We release no information without a HIPAA authorization executed by the patient.

### **Training & Communication**

We can provide on-site training to your EMS staff on documentation and medical necessity. We can also supply on-site HIPAA training to Key West personnel, EMS staff, or any other individuals you feel would benefit from such training. Maryann Mahlman, our Compliance Officer, or other members of management would be available to supply this training upon request at no additional charge to you.

We believe in having frequent, productive dialogue with a client. If one of our clients has a problem, we have a problem. If there are open lines of communication, any issues that may arise will be caught and corrected much sooner than if the two parties rarely talk to each other. Frequent communication would allow us to suggest any alterations or additions to the City's reporting techniques. We also believe in forwarding any information to our clients when any of

their patients complain about or compliment the level of care they received, if the client desires such feedback about the level of service they are providing to their citizens.

**Customer Survey**

We can also include a customer survey/informational brochure to be sent to your patients at no additional charge to you.

If we are fortunate enough to work with Key West for a period of time and the City decides to select another billing vendor after our contract expires, we will cooperate and help facilitate the transition process to the new biller. We are thankful to have been awarded many new contracts over the last few years and know just how aggravating it can be when an outgoing biller decides to create problems. It is our stance as a company to assist in any transition process. We believe it is completely disrespectful to our client to behave any other way.

## **Additional Services**

We have the ability to bill for additional services of motor vehicle accidents, car fires, Hazmat, vehicle/personnel use, false alarms, and inspections. More than 360 cities and fire departments across the country utilize these services and generate additional revenue.

We have already touched on fighting denials for our clients, but we have not yet mentioned audits. We believe it is part of our job to assist a client if they are ever subject to an audit. It is something that occurs in our industry frequently and is something that we are quite comfortable handling. We will be there every step of the way.

Additionally, some of our clients choose to audit our work annually. We completely understand the many reasons a client would want to audit their biller. Any client (or their agent) who audits our work will receive the utmost compliance and assistance.

## **Technology**

We have an on-site IT Manager who is available to assist with any technology issues you may have.

We understand that the City may want to utilize new equipment, such as iPads or Toughbooks, in the field. Fire Recovery EMS will offer to finance any of these purchases if the City deems that it is in its best interests. We believe in going above and beyond for our clients, so we're always looking at ways to offer our clients things that other companies may not be willing to offer.

We are proud to offer ESO Solutions' products within our proposal. We are offering ESO's ePCR Suite, Fire Suite, ePCR Mobile, QuickSpeak, CAD Interface, Monitor Interface, Billing Interface, and software training. These wonderful products are explained and presented in ESO's Tab of our proposal. Many of our clients use their products, and we are quite confident that ESO is one of the premiere ePCR companies on the market today.

## **References**

Fire Recovery EMS is fortunate enough to be able to work with nearly 200 fire departments, private ambulance companies, and EMS departments. We proudly work with all size departments. Some of our clients transport 50 patients per year; others will transport more than 50,000. We have included sample invoices that are used by these clients in another Tab.

We would be more than happy to furnish Key West with our full client list, if so desired. Please feel free to contact any and all of our clients. You should never just take a billing company's word that it functions successfully. We believe in operating with complete transparency and would love for you to speak with our clients directly. Fire chiefs and finance directors tend to give you their honest opinions when asked. We would be proud for any of them to speak on our behalf.

## Tab 3



## Cost of Services to the City

Fire Recovery EMS is privately owned and controlled and as such does not publicly report its financial information. Banking and financial references will be provided upon request to confirm our capability to complete this contract if the City determines that our proposal is the winner or a finalist.

### **FEES**

We were very pleased to have been engaged by Key West Fire Department personnel many months ago to do studies and revenue forecasts. The last completed revenue forecast is included in this section. KWFD gave us last year's transportation numbers and charges from the private company actually doing the transporting. No definitive or potential transportation fee schedules were provided in this RFP. Therefore, we have taken the fee schedule previously provided by KWFD as the basis for all of our fees for service moving forward. Our fees listed in this section are contingent upon the KWFD setting transportation fees roughly equivalent to the rates previously given to us. If the KWFD drastically alters their rates, we may not be able to offer our services for the following percentages.

**Option A:** If the City should decide to engage an ePCR company separately from a billing company, we would charge 4.95% of all dollars collected for our fee. **Option B:** If the City would like to engage our services and have us pay for ESO Solutions' products (all products listed in the provided quote), we would charge 8.2% for the first year of the contract and 6.15% for every year after. **Option C:** If the City would like to sign a three year contract to engage our services and have us pay for ESO Solutions' products (all products listed in the provided quote), we would charge 6.8% every year for the three years.

We utilize two outside services which keep us abreast of all legal issues regarding EMS billing and compliance, the American Ambulance Association and Page, Wolfberg & Wirth.

We are also members of the Wisconsin Fire Chiefs' Association, Illinois Ambulance Association, Illinois Fire Chiefs' Association, Illinois Association of Fire Protection Districts, Illinois Fire Service Administrative Professionals, and Illinois Government Financial Officers Association. Our involvement with these organizations keeps us current on EMS related issues and industry changes.

On a monthly basis, we have internal reviews of our coding and billing procedures to ensure all federal, state, HIPAA, and other statutory requirements are met. Coding and billing procedures are the most important aspect of this industry as they allow us to maximize collections in a timely fashion.

The direct economic benefit to the City by selecting Fire Recovery EMS can be quantified to be roughly \$1,000,000. EMS transports were formerly done by a private company in Key West. By having the KWFD transport its own patients, there is a great revenue stream now available.

We spent many hours analyzing the data that KWFD personnel provided to us at the beginning of this year. Using formulae that we have created over the course of many years for various fire departments, we have concluded that the anticipated number of transports should generate a dollar amount right around \$1,000,000.

This projection is based on the volume and rates provided to us previously. Obviously, if the KWFD ultimately decided to charge half or twice as much as earlier listed amounts, the bottom line would be greatly impacted.



ESO Solutions, Inc.  
9020 N. Capital of Texas Hwy.  
Building II-300  
Austin, TX 78759

#### ESO CONTACT DETAILS

Prepared By Tammy Bourassa Phone (866) 766-9471  
E-mail tammy.bourassa@esosolutions.com Fax (512) 687-5190

#### CUSTOMER CONTACT DETAILS

Contact Name Brandon Shallcross Quote Number 00003523  
Bill To Name Key West Fire Dept Created Date 10/1/2014  
Bill To 1600 N Roosevelt Blvd Expiration Date 10/31/2014  
Key West, Florida 33040

#### QUOTE LINE ITEMS

Product	Quantity	List Price	Discounts	Total Price	Line Item Description
ePCR Suite 3,750 - 5,000 Incidents	1.00	\$7,995.00	\$800.00	\$7,195.00	Billing Partner Discount; Annual Subscription
Fire Suite 1,250 - 2,500 Incidents	1.00	\$2,495.00	\$250.00	\$2,245.00	Billing Partner Discount; Annual Subscription
ePCR Mobile	8.00	\$695.00	\$560.00	\$5,000.00	Billing Partner Discount; One Time Fee
QuickSpeak	8.00	\$99.00	\$80.00	\$712.00	Billing Partner Discount 8 Mobile Units; Annual Subscription Fee
Interface - CAD	1.00	\$9,995.00	\$1,000.00	\$8,995.00	Billing Partner Discount; One Time Fee
Interface - Monitor	1.00	\$3,995.00	\$400.00	\$3,595.00	Billing Partner Discount; One Time Fee
Interface - Billing (NEMSIS Export)	1.00	\$1,995.00	\$200.00	\$1,795.00	Billing Partner Discount - Waived; One Time Fee
Services - Training	1.00	\$995.00	\$0.00	\$995.00	1 day onsite Training; One Time Fee
Services - Training Travel Costs	1.00	\$1,250.00	\$0.00	\$1,250.00	1 day onsite training; trainer travel costs; One Time Fee

Full Price \$35,072.00

Sum of Discounts \$3,290.00

Grand Total \$31,782.00

#### NOTES

1. The subscription rate is based on volume and will be re-evaluated on an annual basis.
2. Further terms and conditions apply as defined in the ESO Subscription Agreement.
3. If your organization is not tax exempt, sales tax will be added where applicable.
4. Additional charges from your billing and/or CAD vendor may apply and should be discussed with that vendor.

THANK YOU FOR CONSIDERING ESO SOLUTIONS

ALS2	Charge	Total Calls	Payor Mix	Percentage of Payor Mix	Percentage/Tot al Calls	Total Charges	Average Collection Percentage	Potential Rev
\$900.00								
Allowed	\$ 637.53	19	Medicare	49%	9.31	\$5,935.40	80%	\$ 4,748.32
Allowed	\$ 250.00		Medicaid	4%	0.76	\$190.00	80%	\$ 152.00
	\$ 900.00		Blue Cross	6%	1.14	\$1,026.00	60%	\$ 615.60
	\$ 900.00		Patient	14%	2.66	\$2,394.00	10%	\$ 239.40
	\$ 900.00		Other Insurance	27%	5.13	\$4,617.00	60%	\$ 2,770.20
Mileage**	\$ 12.00	19				\$1,140.00	40%	\$ 456.00

ALS	Charge	Total Calls	Payor Mix	Percentage of Payor Mix	Percentage/Tot al Calls	Total Charges	Average Collection Percentage	Potential Rev
\$ 900.00								
Allowed	\$ 440.47	1607	Medicare	49%	787.43	\$ 346,839.29	80%	\$ 277,471.43
Allowed	\$ 190.00		Medicaid	4%	64.28	\$ 12,213.20	80%	\$ 9,770.56
	\$ 900.00		Blue Cross	6%	96.42	\$ 86,778.00	60%	\$ 52,066.80
	\$ 900.00		Patient	14%	224.98	\$ 202,482.00	10%	\$ 20,248.20
	\$ 900.00		Other Insurance	27%	433.89	\$ 390,501.00	60%	\$ 234,300.60
Mileage**	\$ 12.00	1607				\$ 96,420.00	40%	\$ 38,568.00

BLS	Charge	Total Calls	Payor Mix	Percentage of Payor Mix	Percentage/Tot al Calls	Total Charges	Average Collection Percentage	Potential Rev
\$ 625.00								
Allowed	\$ 370.92	1113	Medicare	49%	545.37	\$ 202,288.64	80%	\$ 161,830.91
Allowed	\$ 136.00		Medicaid	4%	44.52	\$ 6,054.72	80%	\$ 4,843.78
	\$ 625.00		Blue Cross	6%	66.78	\$ 41,737.50	60%	\$ 25,042.50
	\$ 625.00		Patient	14%	155.82	\$ 97,387.50	10%	\$ 9,738.75
	\$ 625.00		Other Insurance	27%	300.51	\$ 187,818.75	60%	\$ 112,691.25
Mileage**	\$ 12.00	1113				\$ 66,780.00	40%	\$ 26,712.00

\*\* Mileage - assume 5

Average \$ Collected per Transport = \$358.62

Our Fee = 4.95% or \$48,622.18

Total Revenue \$ 982,266.31  
Net Revenue \$933,644.13

## Tab 4

## **Experience and Capacity of Firm**

We began municipal billing operations in 1995 with six clients and have grown to service roughly 200 agencies, including large municipalities, fire protection districts, volunteer departments, small rural departments, and private ambulance services. In 2013, we processed more than 400,000 transports for our clients.

We employ 130 people who work tirelessly to get our clients' claims paid as quickly as possible. Our reputation and results have helped us to experience continuous growth over the years. We have become extremely skilled at setting up new clients and transitioning them from their previous billers to our service.

Fire Recovery EMS and ESO Solutions share many common clients. We have been receiving PCRs and data files from ESO for many years. ESO has generously provided us with references and detailed product information which has been included in this proposal. There is no doubt that we can combine our products and services to offer the Key West Fire Department an impeccable billing and ePCR service.

We employ coders who are trained and certified by the National Academy of Ambulance Coding (NAAC). We continuously monitor their work and results to make sure that our lofty standards are being met. We are enclosing a copy of some of their CEUs from last year as proof of the training and education that they must complete.

We proudly partner with 25 agencies that transported more than 3000 patients last year. Some of these have been with us for 15 years while others have recently decided to switch to us within the last two years.

A-Tec Ambulance (21,572); Calumet City FD (3,143); City of Aurora (8,945); City of Des Plaines (4,051); City of Elgin (6,188); City of Granite City (3,234); City of Janesville (4,768); City of Joliet (12,467); City of Naperville (5,787); City of Waukegan (5,601); City of Waukesha (3,736); Clayton County (15,826); Evanston FD (4,701); Kurtz Ambulance Service (64,238); Lockport Township FPD (4,201); Midwest Medical Services (17,096); Oak Lawn FD (4,253); Orland Fire Protection (3,973); Palatine FD (3,582); Rescue Eight Paramedic Service (20,322); Schaumburg FD (4,440); Tri-City Ambulance (4,418); Village of Arlington Heights (4,876); Village of Hoffman Estates (3,080); Wheaton FD (3,191)

# Andres Medical Billing 2013 CEUs

First Name	Last Name	Employer Name	Original CAC	Recert Due	CourseName	Course Date	TopicID	CEUs	Vendor	CertificationYear
Sherry	Breakiron	Andres Medical Billing	May 3 2010	Aug 31 2014	PWW - HIPAA II Webinar - The Big Overhaul of Secur	Feb 5 2013	1	2	Page, Wolfberg & Wirth	2013
Sherry	Breakiron	Andres Medical Billing	May 3 2010	Aug 31 2014	WPS - Ambulance Teleconference - Jan 2013	Jan 16 2013	11	1.5	Wisconsin Physicians Service	2013
Sherry	Breakiron	Andres Medical Billing	May 3 2010	Aug 31 2014	TrnTech - Resourceful and Efficient Ambulance Bill	Jun 5 2013	9	1	TrnTech Emergency Medical Systems, Inc.	2013
Sherry	Breakiron	Andres Medical Billing	May 3 2010	Aug 31 2014	2013 Mandatory CEU Package	Mar 7 2013	1	4	NULL	2013
Sherry	Breakiron	Andres Medical Billing	May 3 2010	Aug 31 2014	NHIC - ICD-10 Terminology	Aug 7 2013	2	1	NHIC	2013
Sherry	Breakiron	Andres Medical Billing	May 3 2010	Aug 31 2014	WPS - Medicare A & B Incident to Services - Docume	Jul 23 2013	3	1.5	Wisconsin Physicians Service	2013
Sherry	Breakiron	Andres Medical Billing	May 3 2010	Aug 31 2014	TrnTech - Top Documentation Challenges From A Comp	Jul 25 2013	3	1	TrnTech Emergency Medical Systems, Inc.	2013
Noreen	Catino	Andres Medical Billing	May 3 2010	Aug 31 2014	Zoll - What Everyone Should Know About Billing & D	Sep 13 2012	9	1	Zoll, Inc.	2013
Noreen	Catino	Andres Medical Billing	May 3 2010	Aug 31 2014	2012 abc3 Update Webinar Series - Part III	Dec 6 2012	1	1	Page, Wolfberg & Wirth	2013
Noreen	Catino	Andres Medical Billing	May 3 2010	Aug 31 2014	WPS - Ambulance Teleconference - Jan 2013	Jan 16 2013	11	1.5	Wisconsin Physicians Service	2013
Noreen	Catino	Andres Medical Billing	May 3 2010	Aug 31 2014	Novitas - Ambulance Services Webinar	Jan 18 2013	6	1	Novitas Solutions, Inc.	2013
Noreen	Catino	Andres Medical Billing	May 3 2010	Aug 31 2014	Cahaba GBA - Medicare 101 - Understanding Medicare	Feb 12 2013	6	1	Cahaba GBA	2013
Noreen	Catino	Andres Medical Billing	May 3 2010	Aug 31 2014	NHIC - ICD-10 Terminology	Feb 20 2013	2	1	NHIC	2013
Noreen	Catino	Andres Medical Billing	May 3 2010	Aug 31 2014	NHIC - Ambulance Basics & Billing for Medicare Pro	Feb 27 2013	6	1	NHIC	2013
Noreen	Catino	Andres Medical Billing	May 3 2010	Aug 31 2014	TrnTech - Resourceful and Efficient Ambulance Bill	Jun 5 2013	9	1	TrnTech Emergency Medical Systems, Inc.	2013
Noreen	Catino	Andres Medical Billing	May 3 2010	Aug 31 2014	2013 Mandatory CEU Package	Mar 7 2013	1	4	NULL	2013
Marcie	Craig	Andres Medical Billing	May 3 2010	Aug 31 2014	WPS - Ambulance Teleconference - Jan 2013	Jan 16 2013	11	1.5	Wisconsin Physicians Service	2013
Marcie	Craig	Andres Medical Billing	May 3 2010	Aug 31 2014	Novitas - Ambulance Services Webinar	Jan 18 2013	6	1	Novitas Solutions, Inc.	2013
Marcie	Craig	Andres Medical Billing	May 3 2010	Aug 31 2014	PWW - HIPAA II Webinar - The Big Overhaul of Secur	Feb 5 2013	1	2	Page, Wolfberg & Wirth	2013
Marcie	Craig	Andres Medical Billing	May 3 2010	Aug 31 2014	Cahaba GBA - Medicare 101 - Understanding Medicare	Feb 12 2013	6	1	Cahaba GBA	2013
Marcie	Craig	Andres Medical Billing	May 3 2010	Aug 31 2014	NHIC - ICD-10 Terminology	Feb 20 2013	2	1	NHIC	2013
Marcie	Craig	Andres Medical Billing	May 3 2010	Aug 31 2014	NHIC - Ambulance Basics & Billing for Medicare Pro	Feb 27 2013	6	1	NHIC	2013
Marcie	Craig	Andres Medical Billing	May 3 2010	Aug 31 2014	2013 Mandatory CEU Package	Mar 7 2013	1	4	NULL	2013
Marcie	Craig	Andres Medical Billing	May 3 2010	Aug 31 2014	TrnTech - Top Documentation Challenges From A Comp	Jul 25 2013	3	1	TrnTech Emergency Medical Systems, Inc.	2013
JEAN	DAVIS	Andres Medical Billing	Apr 7 2010	Apr 30 2016	WPS - Ambulance Teleconference - Jan 2013	Jan 16 2013	11	1.5	Wisconsin Physicians Service	2013
JEAN	DAVIS	Andres Medical Billing	Apr 7 2010	Apr 30 2016	Novitas - Ambulance Services Webinar	Jan 18 2013	6	1	Novitas Solutions, Inc.	2013
JEAN	DAVIS	Andres Medical Billing	Apr 7 2010	Apr 30 2016	Cahaba GBA - Medicare 101 - Understanding Medicare	Feb 12 2013	6	1	Cahaba GBA	2013
JEAN	DAVIS	Andres Medical Billing	Apr 7 2010	Apr 30 2016	NHIC - ICD-10 Terminology	Feb 20 2013	2	1	NHIC	2013
JEAN	DAVIS	Andres Medical Billing	Apr 7 2010	Apr 30 2016	2013 Las Vegas abc3 Conference - Mandatory CEUs	Mar 21 2013	1	4	Page, Wolfberg & Wirth	2013
JEAN	DAVIS	Andres Medical Billing	Apr 7 2010	Apr 30 2016	2013 Las Vegas abc3 Conference - Elective CEUs	Mar 21 2013	11	8	Page, Wolfberg & Wirth	2013
Jessica	Gird-Blaskowski	Andres Medical Billing	Aug 30 2010	Dec 31 2014	TrnTech EMS - Best Practices for EMS Billing Webin	Jun 28 2012	9	1	TrnTech Emergency Medical Systems, Inc.	2013
Jessica	Gird-Blaskowski	Andres Medical Billing	Aug 30 2010	Dec 31 2014	TrnTech EMS - How to Get Your Crews to Document Ef	Aug 30 2012	11	1	TrnTech Emergency Medical Systems, Inc.	2013
Jessica	Gird-Blaskowski	Andres Medical Billing	Aug 30 2010	Dec 31 2014	TrnTech - Top Documentation Challenges From A Comp	Jul 25 2013	3	1	TrnTech Emergency Medical Systems, Inc.	2013
Jessica	Gird-Blaskowski	Andres Medical Billing	Aug 30 2010	Dec 31 2014	TrnTech - Resourceful and Efficient Ambulance Bill	Jun 5 2013	9	1	TrnTech Emergency Medical Systems, Inc.	2013
Jessica	Gird-Blaskowski	Andres Medical Billing	Aug 30 2010	Dec 31 2014	Anything You Write Will Be Used Against You - Webi	May 31 2012	3	1	TrnTech Emergency Medical Systems, Inc.	2013
Jessica	Gird-Blaskowski	Andres Medical Billing	Aug 30 2010	Dec 31 2014	TrnTech Webinar - Health Care Reform: Charting You	Nov 14 2013	6	1	TrnTech Emergency Medical Systems, Inc.	2013
Jessica	Gird-Blaskowski	Andres Medical Billing	Aug 30 2010	Dec 31 2014	NGS - Medicare Ambulance Coverage	Nov 1 2011	6	1	NGS Medicare	2013
Jessica	Gird-Blaskowski	Andres Medical Billing	Aug 30 2010	Dec 31 2014	NGS - Ambulance 101	Feb 8 2013	6	1	NGS Medicare	2013
Jessica	Gird-Blaskowski	Andres Medical Billing	Aug 30 2010	Dec 31 2014	NGS Medicare - Medicare Secondary Payer: Identifi	Nov 25 2013	6	1	NGS Medicare	2013
Jessica	Gird-Blaskowski	Andres Medical Billing	Aug 30 2010	Dec 31 2014	2013 Mandatory CEU Package	Mar 7 2013	1	4	NULL	2013
Susan	Grady	Andres Medical Billing	Apr 19 2011	Apr 30 2015	NHIC - Overpayment Process	May 30 2012	6	1	NHIC	2013
Susan	Grady	Andres Medical Billing	Apr 19 2011	Apr 30 2015	NHIC - Ask the Contractor Teleconference	Mar 7 2012	6	1	NHIC	2013
Susan	Grady	Andres Medical Billing	Apr 19 2011	Apr 30 2015	WPS - Ask the Contractor Teleconference	Jun 12 2012	6	1.5	Wisconsin Physicians Service	2013
Susan	Grady	Andres Medical Billing	Apr 19 2011	Apr 30 2015	NHIC - ICD-10 - Impact on Clinical Documentation &	Mar 21 2012	9	2	NHIC	2013
Susan	Grady	Andres Medical Billing	Apr 19 2011	Apr 30 2015	TrnTech EMS - Best Practices for EMS Billing Webin	Jun 28 2012	9	1	TrnTech Emergency Medical Systems, Inc.	2013
Susan	Grady	Andres Medical Billing	Apr 19 2011	Apr 30 2015	Novitas - Ambulance Services Webinar	Jan 18 2013	6	1	Novitas Solutions, Inc.	2013
Susan	Grady	Andres Medical Billing	Apr 19 2011	Apr 30 2015	PWW - HIPAA II Webinar - The Big Overhaul of Secur	Feb 5 2013	1	2	Page, Wolfberg & Wirth	2013
Susan	Grady	Andres Medical Billing	Apr 19 2011	Apr 30 2015	Cahaba GBA - Medicare 101 - Understanding Medicare	Feb 12 2013	6	1	Cahaba GBA	2013
Susan	Grady	Andres Medical Billing	Apr 19 2011	Apr 30 2015	NHIC - ICD-10 Terminology	Feb 20 2013	2	1	NHIC	2013
Susan	Grady	Andres Medical Billing	Apr 19 2011	Apr 30 2015	2013 Mandatory CEU Package	Mar 7 2013	1	4	NULL	2013
Susan	Janchev	Andres Medical Billing	Apr 19 2011	Apr 30 2013	WPS - Ask the Contractor Teleconference	Jun 12 2012	6	1.5	Wisconsin Physicians Service	2013
Susan	Janchev	Andres Medical Billing	Apr 19 2011	Apr 30 2013	NHIC - Overpayment Process	May 30 2012	6	1	NHIC	2013
Michelle	Rodriguez	Andres Medical Billing	Apr 19 2011	Apr 30 2015	NHIC - Overpayment Process	May 30 2012	6	1	NHIC	2013
Michelle	Rodriguez	Andres Medical Billing	Apr 19 2011	Apr 30 2015	NHIC - Ask the Contractor Teleconference	Mar 7 2012	6	1	NHIC	2013
Michelle	Rodriguez	Andres Medical Billing	Apr 19 2011	Apr 30 2015	NHIC - ICD-10 - Impact on Clinical Documentation &	Mar 21 2012	9	2	NHIC	2013
Michelle	Rodriguez	Andres Medical Billing	Apr 19 2011	Apr 30 2015	TrnTech EMS - Best Practices for EMS Billing Webin	Jun 28 2012	9	1	TrnTech Emergency Medical Systems, Inc.	2013
Michelle	Rodriguez	Andres Medical Billing	Apr 19 2011	Apr 30 2015	2012 abc3 Update Webinar Series - Part III	Dec 6 2012	1	1	Page, Wolfberg & Wirth	2013
Michelle	Rodriguez	Andres Medical Billing	Apr 19 2011	Apr 30 2015	WPS - Ambulance Teleconference - Jan 2013	Jan 16 2013	11	1.5	Wisconsin Physicians Service	2013
Michelle	Rodriguez	Andres Medical Billing	Apr 19 2011	Apr 30 2015	PWW - HIPAA II Webinar - The Big Overhaul of Secur	Feb 5 2013	1	2	Page, Wolfberg & Wirth	2013
Michelle	Rodriguez	Andres Medical Billing	Apr 19 2011	Apr 30 2015	NHIC - ICD-10 Terminology	Feb 20 2013	2	1	NHIC	2013
Michelle	Rodriguez	Andres Medical Billing	Apr 19 2011	Apr 30 2015	2013 Mandatory CEU Package	Mar 7 2013	1	4	NULL	2013
Trish	Warren	Andres Medical Billing	May 3 2010	Aug 31 2014	WPS - Ambulance Teleconference - Jan 2013	Jan 16 2013	11	1.5	Wisconsin Physicians Service	2013
Trish	Warren	Andres Medical Billing	May 3 2010	Aug 31 2014	PWW - HIPAA II Webinar - The Big Overhaul of Secur	Feb 5 2013	1	2	Page, Wolfberg & Wirth	2013
Trish	Warren	Andres Medical Billing	May 3 2010	Aug 31 2014	TrnTech - Resourceful and Efficient Ambulance Bill	Jun 5 2013	9	1	TrnTech Emergency Medical Systems, Inc.	2013
Trish	Warren	Andres Medical Billing	May 3 2010	Aug 31 2014	2013 Mandatory CEU Package	Mar 7 2013	1	4	NULL	2013
Trish	Warren	Andres Medical Billing	May 3 2010	Aug 31 2014	TrnTech - Top Documentation Challenges From A Comp	Jul 25 2013	3	1	TrnTech Emergency Medical Systems, Inc.	2013
Trish	Warren	Andres Medical Billing	May 3 2010	Aug 31 2014	WPS - Medicare A & B Incident to Services - Docume	Jul 23 2013	3	1.5	Wisconsin Physicians Service	2013
Trish	Warren	Andres Medical Billing	May 3 2010	Aug 31 2014	NHIC - ICD-10 Terminology	Aug 7 2013	2	1	NHIC	2013

## Tab 5



## **Specialized Expertise of Team Members**

### *Owner – Patrick Mannix*

Pat is the main contact for the administrative personnel. He is a “hands-on” owner and is knowledgeable in all aspects of the billing industry. He is a member of the Wisconsin Fire Chiefs’ Association, Illinois Government of Financial Officers Association, Illinois Fire Chiefs’ Association, and he is an active participant in other numerous ambulance associations and fire department organizations. He maintains a constant rapport with other industry leaders.

### *Co-Owner – Shana Betz*

Shana has been here since inception in 1995 and became a co-owner in 2004. She has worked in the ambulance industry since 1978. Shana belongs to the American Ambulance Association, Illinois Ambulance Association, and remains current on changes and/or issues that may affect our industry, including local, state and federal laws. Shana will handle the financial operations of your account, including financial reporting responsibilities.

### *Director of Operations - Sarah Wroblewski*

Sarah is also our Cash Receipts Supervisor. Sarah has more than 15 years of experience in EMS transportation billing. Prior to working for our company, Sarah was the Office Manager for a private ambulance company for four years. She handles the implementation of our new clients and oversees new accounts to ensure they transition efficiently. Once new clients are established, she maintains a rapport with each client to ensure their account is running smoothly.

### *Information Technology Manager – John Pakledinaz*

John has been working in the IT industry for 17 years. He maintains our computer software and hardware. John works on site so all technology questions or concerns that arise are handled immediately. He also maintains our phone system and all internal electrical equipment i.e. fax machines, copiers, printers, etc. John is available to our clients who may have technology questions or issues.

### *Data Entry Supervisor and Regional Operations Manager – Noreen Catino*

Noreen has been with us for more than twelve years. She will oversee the entry of your ambulance reports to ensure they are entered and coded properly. Noreen is also a certified ambulance coder through the National Academy of Ambulance Coding. She continuously monitors and audits our staff of certified ambulance coders on a monthly basis.

All of these staff members work very hard for our current clients. They have helped transition dozens of fire departments and EMS agencies over the last few years from their current billers to

our company and assisting new agencies with establishing their billing programs. They are each experienced and capable of doing the same thing for Key West.

We love to have our clients actively participate in their billing program. It takes buy-in on your part to make sure your crew members document well enough for our experienced coders to correctly code your PCRs. Our Compliance Officer will gladly assist in training any of your personnel that would benefit from our assistance.

While we are always hesitant to take a guess as to how many hours each employee will have to work to satisfy your contract requirements (call volumes fluctuate, etc.), we pledge to absolutely satisfy all of the requirements. Our staffing level is significantly higher than that of most other billing companies. We simply have more resources at our disposal to allocate to our clients' needs than does the average billing company.

## Tab 6

## References

Chief Landry Merkison  
Clayton County Board of Commissioners  
7810 Hwy 85  
Riverdale, GA 30274  
Ph: 770-472-8021  
Fax: 770-473-3837  
landry.merkison@ccfes.org  
EMS Billing and Collections since 2013

Secretary Roseann Hernandez  
City of Aurora  
44 E. Downer Place  
Aurora, IL 60507  
Ph: 630-256-4008  
Fax: 630-256-4009  
rhernandez@aurora-il.org  
EMS Billing and Collections since 2008

Administrator Kyla Stewart  
City of Joliet  
101 E. Clinton  
Joliet, IL 60432  
Ph: 815-724-3553  
Fax: 815-72-3548  
kstewart@jolietcity.org  
EMS Billing and Collections since 2007

VP Ed Matteson  
Kurtz Ambulance Service, Inc  
P.O. Box 129  
New Lenox, IL 6451  
Ph: 815-823-8308  
Fax: 815-485-3700  
ed@kurtzems.com  
EMS Billing and Collections since 2001

Chief Ken Koeppen  
Village of Arlington Heights  
33 S. Arlington Heights Rd.  
Arlington Heights, IL 60005  
Ph: 847-368-5000  
Fax: 847-368-5995  
kkoeppen@vah.com  
EMS Billing and Collections since 2002

Fire Recovery EMS could have presented the City with clients that all have wonderful patient demographics, thus leading to collection percentages well above 80%. We believe in showing an accurate portrayal of the country and the state of EMS for many departments. Please contact any of these departments that are listed or any of our departments in general. All of these departments have experienced an increase in collection percentage and overall revenue since working with us. (Just remember to note that any Midwestern clients will be familiar with the Andres Medical Billing brand name). We would be proud to have any of them speak on our behalf as to the quality of our service and results that we produce.

# CITY OF AURORA Collection Percentage 64.13 Average Collected Per Trip \$234.42

Month	Total Calls	Total Amount Billed	Adjustments	External Collections	Other Write-Offs	Net Billed	Total Collected	Net Collected Percent	Income Per Call
March	676	\$309,943.09	\$52,905.57	\$83,452.24	\$7,415.40	\$257,037.52	\$163,034.33	64.51%	\$241.18
April	774	\$357,021.85	\$50,340.20	\$87,495.46	\$17,934.67	\$306,681.65	\$182,309.68	63.10%	\$235.54
May	707	\$321,416.96	\$60,415.29	\$73,239.73	\$13,773.24	\$261,001.67	\$162,651.64	65.61%	\$230.06
June	690	\$316,675.61	\$56,475.18	\$67,760.83	\$10,198.26	\$260,200.43	\$158,406.25	63.50%	\$231.02
Total	2,847	\$1,305,057.51	\$220,136.24	\$321,948.26	\$49,321.57	\$1,084,921.27	\$687,401.90	64.13%	\$234.42

# CITY OF JOLIET Collection Percentage 79.56 Average Collected Per Trip \$337.34

Month	Total Calls	Total Amount Billed	Adjustments	External Collections	Other Write-Offs	Net Billed	Total Collected	Net Collected Percent	Income Per Call
March	976	\$1,094,064.50	\$452,019.55	\$39,547.98	\$225,896.96	\$642,044.95	\$359,145.23	85.62%	\$367.98
April	1,028	\$1,140,256.50	\$513,463.67	\$32,915.82	\$222,754.88	\$626,792.83	\$341,509.84	83.27%	\$332.21
May	1,104	\$1,230,179.50	\$522,649.72	\$48,258.67	\$229,937.51	\$707,529.78	\$368,139.46	77.08%	\$333.46
June	1,002	\$1,116,568.00	\$468,069.49	\$23,388.50	\$217,488.72	\$648,498.51	\$317,677.13	72.99%	\$317.04
Total	4,110	\$4,581,068.50	\$1,955,202.43	\$144,111.97	\$886,078.07	\$2,624,868.07	\$1,386,471.66	79.56%	\$337.34

# CLAYTON COUNTY BOARD OF COMMISSIONERS Collection Percentage 42.86 Average Collected Per Trip \$233.99

Month	Total Calls	Total Amount Billed	Adjustments	External Collections	Other Write-Offs	Net Billed	Total Collected	Net Collected Percent	Income Per Call
March	1,482	\$1,133,192.50	\$328,506.32	\$334,229.72	\$903.00	\$804,888.18	\$366,790.82	45.50%	\$247.50
April	1,355	\$1,048,604.50	\$306,596.48	\$300,648.97	\$818.74	\$742,018.02	\$324,084.48	43.64%	\$239.16
May	1,366	\$1,052,069.50	\$308,794.02	\$293,683.81	\$816.97	\$743,275.48	\$302,004.32	40.57%	\$221.09
June	1,330	\$1,030,077.00	\$304,544.20	\$222,931.59	\$2,412.98	\$725,532.80	\$301,787.18	41.49%	\$226.91
Total	5,533	\$4,263,943.50	\$1,246,431.02	\$1,151,494.09	\$4,951.69	\$3,015,512.48	\$1,294,648.80	42.86%	\$233.99

# KURTZ AMBULANCE SERVICE INC Collection Percentage 69.87 Average Collected Per Trip \$324.08

Month	Total Calls	Total Amount Billed	Adjustments	External Collections	Other Write-Offs	Net Billed	Total Collected	Net Collected Percent	Income Per Call
March	2,550	\$2,941,041.04	\$1,708,451.98	\$275,207.11	\$18,891.67	\$1,232,589.06	\$851,759.38	69.46%	\$334.02
April	2,504	\$2,908,040.33	\$1,746,058.39	\$193,688.51	\$15,468.12	\$1,161,981.94	\$816,746.92	70.59%	\$326.18
May	2,489	\$2,830,661.09	\$1,688,965.23	\$182,524.46	\$12,463.32	\$1,141,695.86	\$790,978.70	69.80%	\$317.79
June	2,436	\$2,803,062.30	\$1,694,281.11	\$153,725.91	\$17,292.39	\$1,118,771.19	\$774,480.67	69.67%	\$317.93
Total	9,979	\$11,482,804.76	\$6,827,766.71	\$805,146.99	\$64,115.50	\$4,655,038.05	\$3,233,967.67	69.87%	\$324.08

# VILLAGE OF ARLINGTON HEIGHTS Collection Percentage 78.53 Average Collected Per Trip \$312.41

Month	Total Calls	Total Amount Billed	Adjustments	External Collections	Other Write-Offs	Net Billed	Total Collected	Net Collected Percent	Income Per Call
March	379	\$169,497.42	\$14,718.72	\$24,138.58	\$3,280.00	\$154,778.70	\$125,439.01	82.01%	\$330.97
April	384	\$169,044.00	\$16,937.01	\$25,763.15	\$2,178.32	\$152,106.99	\$120,162.28	79.77%	\$312.92
May	416	\$184,654.61	\$18,260.28	\$28,505.52	\$1,192.80	\$166,394.33	\$128,695.42	77.53%	\$309.36
June	420	\$185,400.35	\$16,552.55	\$25,609.96	\$2,847.88	\$168,847.80	\$125,241.04	75.24%	\$298.19
Total	1,599	\$708,596.38	\$66,468.56	\$104,017.21	\$9,498.80	\$642,127.82	\$499,537.75	78.53%	\$312.41

## Tab 7

### **Acceptance of Conditions**

Fire Recovery EMS agrees to all insurance requirements and the other terms listed in the RFP. We will provide a copy of our local business license and supporting financial documentation to the City upon advancement in the RFP selection process. A domestic partner benefits certification letter shall be submitted to the City along with a description of our employee benefits plan prior to entering into a contract.



## Tab 8

ANTI-KICKBACK AFFIDAVIT

STATE OF FLORIDA

SS

COUNTY OF MONROE

I, the undersigned, hereby duly sworn, depose and say that no portion of the sum herein bid will be paid to any employee of the City of Key West as a commission, kickback, reward or gift, directly or indirectly by me or any member of my firm or by an officer of the corporation.

BY: 

Patrick J. Monix

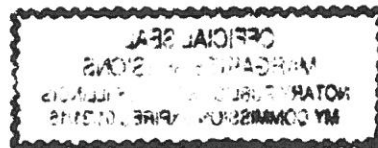
sworn and prescribed before me this 3rd day of Oct, 2014

  
NOTARY PUBLIC, State of IL

My commission expires: 1-31-16

**OCT 03 2014**





## CONE OF SILENCE

STATE OF FLORIDA

SS:

COUNTY OF MONROE

I the undersigned hereby duly sworn depose and say that all owners(s), partners, officers, directors, employees and agents representing the firm of Fire Recovery Ems have read and understand the limitations and procedures regarding communications concerning City of Key West issued competitive solicitations pursuant to City of Key West Ordinance Section 2-773 Cone of silence.

Sec. 2-773. Cone of silence.

(a)

*Definitions.* For purposes of this section, reference to one gender shall include the other, use of the plural shall include the singular, and use of the singular shall include the plural. The following definitions apply unless the context in which the word or phrase is used requires a different definition:

(1)

*Competitive solicitation* means a formal process by the City of Key West relating to the acquisition of goods or services, which process is intended to provide an equal and open opportunity to qualified persons and entities to be selected to provide the goods or services. Competitive solicitation shall include request for proposals ("RFP"), request for qualifications ("RFQ"), request for letters of interest ("RFLI"), invitation to bid ("ITB") or any other advertised solicitation.

(2)

*Cone of silence* means a period of time during which there is a prohibition on communication regarding a particular competitive solicitation.

(3)

*Evaluation or selection committee* means a group of persons appointed or designated by the city to evaluate, rank, select, or make a recommendation regarding a vendor or the vendor's response to the competitive solicitation. A member of such a committee shall be deemed a city official for the purposes of subsection (c) below.

(4)

*Vendor* means a person or entity that has entered into or that desires to enter into a contract with the City of Key West or that seeks an award from the city to provide goods, perform a service, render an opinion or advice, or make a recommendation related to a competitive solicitation for compensation or other consideration.

(5)

*Vendor's representative* means an owner, individual, employee, partner, officer, or member of the board of directors of a vendor, or a consultant, lobbyist, or actual or potential subcontractor or sub-consultant who acts at the behest of a vendor in communicating regarding a competitive solicitation.

(b)

*Prohibited communications.* A cone of silence shall be in effect during the course of a competitive solicitation and prohibit:

(1)

Any communication regarding a particular competitive solicitation between a potential vendor or vendor's representative and the city's administrative staff including, but not limited to, the city manager and his or her staff,

(2)

Any communication regarding a particular competitive solicitation between a potential vendor or vendor's representative and the mayor, city commissioners, or their respective staff;

(3)

Any communication regarding a particular competitive solicitation between a potential vendor or vendor's representative and any member of a city evaluation and/or selection committee therefore; and

(4)

Any communication regarding a particular competitive solicitation between the mayor, city commissioners, or their respective staff, and a member of a city evaluation and/or selection committee therefore.

(c)

*Permitted communications.* Notwithstanding the foregoing, nothing contained herein shall prohibit:

(1)

Communication between members of the public who are not vendors or a vendor's representative and any city employee, official or member of the city commission;

(2)

Communications in writing at any time with any city employee, official or member of the city commission, unless specifically prohibited by the applicable competitive solicitation.

(A)

However, any written communication must be filed with the city clerk. Any city employee, official or member of the city commission receiving or making any written communication must immediately file it with the city clerk.

(B)

The city clerk shall include all written communication as part of the agenda item when publishing information related to a particular competitive solicitation;

(3)

Oral communications at duly noticed pre-bid conferences;

(4)

Oral presentations before publically noticed evaluation and/or selection committees;

(5)

Contract discussions during any duly noticed public meeting;

(6)

Public presentations made to the city commission or advisory body thereof during any duly noticed public meeting;

(7)

Contract negotiations with city staff following the award of a competitive solicitation by the city commission; or

(8)

Purchases exempt from the competitive process pursuant to section 2-797 of these Code of Ordinances;

(d)

*Procedure.*

(1)

The cone of silence shall be imposed upon each competitive solicitation at the time of public notice of such solicitation as provided by section 2-826 of this Code. Public notice of the cone of silence shall be included in the notice of the competitive solicitation. The city manager shall issue a written notice of the release of each competitive solicitation to the affected departments, with a copy thereof to each commission member, and shall include in any public solicitation for goods and services a statement disclosing the requirements of this ordinance.

(2)

The cone of silence shall terminate at the time the city commission or other authorized body makes final award or gives final approval of a contract, rejects all bids or responses to the competitive solicitation, or takes other action which ends the competitive solicitation.

(3)

Any city employee, official or member of the city commission that is approached concerning a competitive solicitation while the cone of silence is in effect shall notify such individual of the prohibitions contained in this section. While the cone of silence is in effect, any city employee, official or member of the city commission who is the recipient of any oral communication by a potential vendor or vendor's representative in violation of this section shall create a written record of the event. The record shall indicate the date of such communication, the persons with whom such communication occurred, and a general summation of the communication.

(e)

*Violations/penalties and procedures.*

FOR THAT PUBLIC ENTITY ONLY AND, THAT THIS FORM IS VALID THROUGH  
DECEMBER 31 OF THE CALENDAR YEAR IN WHICH IT IS FILED. I ALSO  
UNDERSTAND THAT I AM REQUIRED TO INFORM THE PUBLIC ENTITY PRIOR TO  
ENTERING INTO A CONTRACT IN EXCESS OF THE THRESHOLD AMOUNT  
PROVIDED IN SECTION 287.017, FLORIDA STATUTES, FOR THE CATEGORY TWO OF  
ANY CHANGE IN THE INFORMATION CONTAINED IN THIS FORM.

  
(SIGNATURE)

10/3/14  
(DATE)

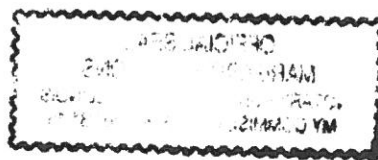
STATE OF Ill

COUNTY OF Cook

PERSONALLY APPEARED BEFORE ME, the undersigned  
Authority Margarite Sessions who, after first being sworn by me,  
(Name of individual)

Affixed his/her signature in the space provided above of this  
3 Day of Oct, 2014





SWORN STATEMENT PURSUANT TO SECTION 287.133(3)(A)  
FLORIDA STATUTES, ON PUBLIC ENTITY CRIMES

THIS FORM MUST BE SIGNED AND SWORN TO IN THE PRESENCE OF A NOTARY  
PUBLIC OR OTHER OFFICIAL AUTHORIZED TO ADMINISTER OATHS,

1. This sworn statement is submitted to Key West Fire Department  
by Patrick J. Manix - Owner  
(Print individual's name and title)  
for Fire Recovery EMS  
(print name of entity submitting sworn statement)

whose business address is 3343 N. Ridge Ave Arlington Heights, IL 60004  
and (if applicable) its Federal Employer Identification Number (FEIN) is \_\_\_\_\_  
(If the entity has no FEIN, include the Social security Number of the individual signing  
this sworn statement: \_\_\_\_\_)

2. I understand that a "public entity crime" as defined in Paragraph 287.133(1)(g), Florida Statutes, means a violation of any state or federal law by a person with respect to and directly related to the transaction of business with any public entity or with an agency or political subdivision of any other state or of the United States, including, but not limited to, any bid or contract for goods or services to be provided to any public entity or an agency or political subdivision of any other state or of the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.
3. I understand that "conviction" as defined in Paragraph 287.133(1)(g), Florida Statutes, means a finding of guilt or a conviction of a public entity crime, with or without an adjudication of guilt, in any federal or state trial court of record relating to charges brought by indictment or information after July 01, 1989, as a result of a jury verdict, nonjury trial, or entry of a plea of guilty or nolo contendere.
4. I understand that an "affiliate" as defined in Paragraph 287.133(1)(a), Florida Statutes, means:
1. A predecessor or successor of a person convicted of a public entity crime;  
or
  2. An entity under the control of any natural person who is active in the



management of the entity and who has been convicted of a public entity crime. The term "affiliate" includes those officers, directors, executives, partners, shareholders, employees, members and agents who are active in the management of an affiliate. The ownership by one person of shares constituting a controlling interest in another person, or a pooling of equipment of income among persons when not for fair market value under an arm's length agreement, shall be a prima facie case that one person controls another person. A person who knowingly enters into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months shall be considered an affiliate.

5. I understand that a "person" as defined in Paragraph 287.133(1)(e), Florida Statutes, means any natural person or entity organized under the laws of any state of the United States with the legal power to enter into a binding contract and which bids or applies to bid on contracts for the provision of goods or services let by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term "person" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.
6. Based on information and belief, the statement which I have marked below is true in relation to the entity submitting this sworn statement (indicate which statement applies).

☐ Neither the entity submitting this sworn statement, or any of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, nor any affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July, 1989.

☐ The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 01, 1989.

☐ The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 01, 1989. However, there has been a subsequent proceeding before a Hearing Officer of the State of Florida, Division of Administrative Hearings and the Final Order entered by the Hearing Officer determined that it was not in the public interest to place the entity submitting this sworn statement on the convicted vendor list. (Attach a copy of the final order).

I UNDERSTAND THAT THE SUBMISSION OF THIS FORM TO THE CONTRACTING OFFICER FOR THE PUBLIC ENTITY IDENTIFIED IN PARAGRAPH ONE (1) ABOVE IS

(1)

A sworn complaint alleging a violation of this ordinance may be filed with the city attorney's office. In each such instance, an initial investigation shall be performed to determine the existence of a violation. If a violation is found to exist, the penalties and process shall be as provided in section 1-15 of this Code.

(2)

In addition to the penalties described herein and otherwise provided by law, a violation of this ordinance shall render the competitive solicitation void at the discretion of the city commission.

(3)

Any person who violates a provision of this section shall be prohibited from serving on a City of Key West advisory board, evaluation and/or selection committee.

(4)

In addition to any other penalty provided by law, violation of any provision of this ordinance by a City of Key West employee shall subject said employee to disciplinary action up to and including dismissal.

(5)

If a vendor is determined to have violated the provisions of this section on two more occasions it shall constitute evidence under City Code section 2-834 that the vendor is not properly qualified to carry out the obligations or to complete the work contemplated by any new competitive solicitation. The city's purchasing agent shall also commence any available debarment from city work proceeding that may be available upon a finding of two or more violations by a vendor of this section.

(Ord. No. 13-11, § 1, 6-18-2013)

BY: 

Sword and prescribed before me this <sup>3<sup>rd</sup></sup> day of Oct, 2014

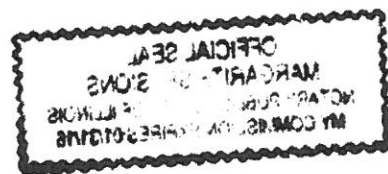
NOTARY PUBLIC, State of Florida



My commission expires:

1-31-16





# **Remediation Plan**

## **Andres Remediation Plan - External**

**Audited on June 30, 2014**

**Reported on June 30, 2014**

## 1. Discovered Systems

IP Address	Operating System	Ports	Comments
74.7.42.104	Linksys Linux 0.9	1,931	•mail.andresmedical.com
74.7.42.101	Cisco VPN	1,381	
74.7.42.102	Microsoft Windows Server 2003	1,264	
74.7.42.105	Linux 0.9	882	
74.7.42.103	Linksys Linux 0.9	765	
74.7.42.97	Cisco IOS 12.4)	194	

## 2. Risk Assessment

This report identifies security risks that could adversely affect your critical operations and assets. These risks are quantified according to their likelihood of occurrence and the potential damage if they occur. Risk factors are combined to form an overall risk index for each system, allowing you to prioritize your remediation activities accordingly.

Risk strategy: Real Risk. This strategy analyzes potential types of exposures associated with vulnerabilities to expand and deepen your understanding of real threats to your environment and the value of different mitigation approaches. The algorithm applies exploit and malware exposure metrics for each vulnerability to CVSS base metrics for asset impact (confidentiality, integrity, and availability) and likelihood of compromise (access vector, access complexity, and authentication requirements). It also indicates how time increases likelihood.

Device	Risk Index	Risk Factor
74.7.42.104	1,931	<ul style="list-style-type: none"> <li>•This device is in the Andres External site with very high importance.</li> <li>•4 severe vulnerabilities were discovered.</li> <li>•One moderate vulnerability was discovered.</li> <li>•One HTTPS service was discovered.</li> <li>•One SMTP service was discovered.</li> <li>•One HTTP service was discovered.</li> </ul>
74.7.42.101	1,381	<ul style="list-style-type: none"> <li>•This device is in the Andres External site with very high importance.</li> <li>•3 severe vulnerabilities were discovered.</li> <li>•One moderate vulnerability was discovered.</li> <li>•One HTTPS service was discovered.</li> </ul>
74.7.42.102	1,264	<ul style="list-style-type: none"> <li>•This device is in the Andres External site with very high importance.</li> <li>•3 severe vulnerabilities were discovered.</li> <li>•One HTTP service was discovered.</li> </ul>
74.7.42.105	882	<ul style="list-style-type: none"> <li>•This device is in the Andres External site with very high importance.</li> <li>•2 severe vulnerabilities were discovered.</li> <li>•One HTTPS service was discovered.</li> </ul>
74.7.42.103	765	<ul style="list-style-type: none"> <li>•This device is in the Andres External site with very high importance.</li> <li>•2 severe vulnerabilities were discovered.</li> <li>•One HTTP service was discovered.</li> </ul>
74.7.42.97	194	<ul style="list-style-type: none"> <li>•This device is in the Andres External site with very high importance.</li> <li>•One severe vulnerability was discovered.</li> <li>•One H.323 Call Setup Protocol service was discovered.</li> </ul>

## 3. Remediation Plan

### 3.1. Remediation Plan for 74.7.42.104

#### 3.1.1. For Microsoft IIS 7.0

These vulnerabilities can be resolved by performing the following 4 steps. The total estimated time to perform all of these steps is 65 hours.

##### *Use Basic Authentication over TLS/SSL (HTTPS)*

Estimated time: 32 hours

Enable HTTPS on the Web server. The TLS/SSL protocol will protect cleartext Basic Authentication credentials.

This will address 8 instances of the following issue: HTTP Basic Authentication Enabled (http-basic-auth-cleartext).

##### *Use Digest Authentication*

Estimated time: 32 hours

Replace Basic Authentication with the alternative Digest Authentication scheme. By modern cryptographic standards Digest Authentication is weak. But for a large range of purposes it is valuable as a replacement for Basic Authentication. It remedies some, but not all, weaknesses of Basic Authentication. See RFC 2617, section 4. Security Considerations for more information.

This will address 8 instances of the following issue: HTTP Basic Authentication Enabled (http-basic-auth-cleartext).

##### *Add the HttpOnly to all cookies*

Estimated time: 30 minutes

For each cookie generated by your web-site, add the "HttpOnly" flag to the cookie. For example:

```
Set-Cookie: <name>=<value>; <Max-Age>=<age>
[; expires=<date>]; domain=<domain_name>
[; path=<some_path>]; secure]; HttpOnly]
```

This will address the following issue: Missing HttpOnly Flag From Cookie (http-cookie-http-only-flag).

##### *Add the Secure flag to cookies sent over SSL*

Estimated time: 30 minutes

For each cookie sent over SSL in your web-site, add the "Secure" flag to the cookie. For example:

```
Set-Cookie: <name>=<value>; <Max-Age>=<age>
[; expires=<date>]; domain=<domain_name>
[; path=<some_path>]; secure]; HttpOnly]
```

This will address the following issue: Missing Secure Flag From SSL Cookie (http-cookie-secure-flag).

#### 3.1.2. General

These vulnerabilities can be resolved by performing the following 2 steps. The total estimated time to perform all of these steps is 16 hours.

## Remediation Plan

### *Enable TCP MD5 Signatures*

Estimated time: 4 hours

Enable the TCP MD5 signature option as documented in [RFC 2385](#). It was designed to reduce the danger from certain security attacks on BGP, such as TCP resets.

This will address the following issue: TCP Sequence Number Approximation Vulnerability (tcp-seq-num-approximation).

*Locate and fix vulnerable traffic inspection devices along the route to the target*

Estimated time: 12 hours

In many situations, target systems are, by themselves, patched or otherwise unaffected by this vulnerability. In certain configurations, however, unaffected systems can be made vulnerable if the path between an attacker and the target system contains an affected and unpatched network device such as a firewall or router and that device is responsible for handling TCP connections for the target. In this case, locate and apply remediation steps for network devices along the route that are affected.

This will address the following issue: TCP Sequence Number Approximation Vulnerability (tcp-seq-num-approximation).

### **3.1.3. For Linksys Linux 0.9**

These vulnerabilities can be resolved with a single step. The estimated time to perform this step is 5 minutes.

#### *Disable TCP timestamp responses on Linux*

Estimated time: 5 minutes

Linux

Set the value of net.ipv4.tcp\_timestamps to 0 by running the following command:

```
sysctl -w net.ipv4.tcp_timestamps=0
```

Additionally, put the following value in the default sysctl configuration file, generally sysctl.conf:

```
net.ipv4.tcp_timestamps=0
```

This will address the following issue: TCP timestamp response (generic-tcp-timestamp).

## **3.2. Remediation Plan for 74.7.42.101**

### **3.2.1. For Cisco HTTP 2.0**

These vulnerabilities can be resolved by performing the following 2 steps. The total estimated time to perform all of these steps is 2 hours.

#### *Resign certificate with trusted CA*

Estimated time: 1 hour 30 minutes

Obtain a new certificate signed by a trusted CA, such as [Thawte](#) or [Verisign](#).

The exact instructions for obtaining a new certificate depend on your organization's requirements. Generally, you will need to generate a certificate request and save the request as a file. This file is then sent to a Certificate Authority (CA) for processing. After you have received a new certificate file from the Certificate Authority, you will have to install it on the TLS/SSL server. The exact instructions for installing a certificate differ for each product. Follow their documentation.



## Remediation Plan

This will address the following issue: Untrusted TLS/SSL server X.509 certificate (tls-untrusted-ca).

### *Add the HttpOnly to all cookies*

Estimated time: 30 minutes

For each cookie generated by your web-site, add the "HttpOnly" flag to the cookie. For example:

```
Set-Cookie: <name>=<value>; <Max-Age>=<age>]  
[; expires=<date>]; domain=<domain_name>]  
[; path=<some_path>]; secure]; HttpOnly]
```

This will address the following issue: Missing HttpOnly Flag From Cookie (http-cookie-http-only-flag).

### **3.2.2. General**

These vulnerabilities can be resolved by performing the following 2 steps. The total estimated time to perform all of these steps is 16 hours.

#### *Enable TCP MD5 Signatures*

Estimated time: 4 hours

Enable the TCP MD5 signature option as documented in [RFC 2385](#). It was designed to reduce the danger from certain security attacks on BGP, such as TCP resets.

This will address the following issue: TCP Sequence Number Approximation Vulnerability (tcp-seq-num-approximation).

#### *Locate and fix vulnerable traffic inspection devices along the route to the target*

Estimated time: 12 hours

In many situations, target systems are, by themselves, patched or otherwise unaffected by this vulnerability. In certain configurations, however, unaffected systems can be made vulnerable if the path between an attacker and the target system contains an affected and unpatched network device such as a firewall or router and that device is responsible for handling TCP connections for the target. In this case, locate and apply remediation steps for network devices along the route that are affected.

This will address the following issue: TCP Sequence Number Approximation Vulnerability (tcp-seq-num-approximation).

### **3.2.3. For Cisco VPN**

These vulnerabilities can be resolved with a single step. The estimated time to perform this step is 5 minutes.

#### *Disable TCP timestamp responses on Cisco*

Estimated time: 5 minutes

Cisco

Run the following command to disable TCP timestamps:

```
no ip tcp timestamp
```

This will address the following issue: TCP timestamp response (generic-tcp-timestamp).

### 3.3. Remediation Plan for 74.7.42.102

#### 3.3.1. For Microsoft IIS 6.0

These vulnerabilities can be resolved by performing the following 2 steps. The total estimated time to perform all of these steps is 45 minutes.

##### *Add the HttpOnly to all cookies*

Estimated time: 30 minutes

For each cookie generated by your web-site, add the "HttpOnly" flag to the cookie. For example:

```
Set-Cookie: <name>=<value>; <Max-Age>=<age>[  
[; expires=<date>]; domain=<domain_name>]  
[; path=<some_path>]; secure]; HttpOnly
```

This will address the following issue: Missing HttpOnly Flag From Cookie ([http-cookie-http-only-flag](#)).

##### *Fix Microsoft IIS Content Location Internal IP Address Leak*

Estimated time: 15 minutes

Configure IIS to return the fully qualified domain name of the web server instead of its IP address. Doing so requires editing the IIS metabase directly.

Editing the IIS metabase is typically performed manually with the `adsutil.vbs` script provided with default Microsoft IIS installations. Microsoft's Knowledge Base article [Q218180](#) on this subject emphasizes that direct editing of the IIS metabase should be performed only by an experienced administrator. Always use caution when editing the IIS metabase and create a metabase backup before proceeding. Please read MSKB Q218180 before making any changes.

•For IIS 4.x, take the following steps:

•Turn on the "UseHostName" option in the IIS metabase. Issue the following commands from the command prompt (the directory may be different depending on where you installed IIS):

```
cd %SystemRoot%\inetrv\adminsamples  
adsutil set w3svc/UseHostName True
```

•Shut down the `inetinfo` process (which shuts down the IIS web server, FTP server, and any other related services):

```
net stop iisadmin /y
```

•Restart the IIS web server. If you are running other IIS services (such as FTP), you will need to restart those services as well.

```
net start w3svc
```

•For IIS 5.x, take the following steps:

•Before making any changes, back up your IIS metabase. See [HOW TO: Create a Metabase Backup in IIS 5](#) for instructions on how to use the IIS administrator snap-in to create a metabase backup.

•Turn on the "UseHostName" option in the IIS metabase. Issue the following commands from the command prompt (the directory may be different depending on where you installed IIS):

```
cd \inetpub\adminscripts  
adsutil set w3svc/UseHostName True
```

## Remediation Plan

- Shut down the inetinfo process (which shuts down the IIS web server, FTP server, and any other related services):  
`net stop iisadmin /y`
  - Restart the IIS web server. If you are running other IIS services (such as FTP), you will need to restart those services as well.  
`net start w3svc`
  - For IIS 6.x, take the following steps:
    - Please visit <http://support.microsoft.com/?id=218180> for information on correcting this issue under IIS 6.x.
- This will address the following issue: Microsoft IIS Content Location Internal IP Address Leak (HTTP-IIS-0065).

### 3.3.2. General

These vulnerabilities can be resolved by performing the following 2 steps. The total estimated time to perform all of these steps is 16 hours.

#### *Enable TCP MD5 Signatures*

Estimated time: 4 hours

Enable the TCP MD5 signature option as documented in [RFC 2385](#). It was designed to reduce the danger from certain security attacks on BGP, such as TCP resets.

This will address the following issue: TCP Sequence Number Approximation Vulnerability (tcp-seq-num-approximation).

*Locate and fix vulnerable traffic inspection devices along the route to the target*

Estimated time: 12 hours

In many situations, target systems are, by themselves, patched or otherwise unaffected by this vulnerability. In certain configurations, however, unaffected systems can be made vulnerable if the path between an attacker and the target system contains an affected and unpatched network device such as a firewall or router and that device is responsible for handling TCP connections for the target. In this case, locate and apply remediation steps for network devices along the route that are affected.

This will address the following issue: TCP Sequence Number Approximation Vulnerability (tcp-seq-num-approximation).

## 3.4. Remediation Plan for 74.7.42.105

### 3.4.1. General

These vulnerabilities can be resolved by performing the following 2 steps. The total estimated time to perform all of these steps is 16 hours.

#### *Enable TCP MD5 Signatures*

Estimated time: 4 hours

Enable the TCP MD5 signature option as documented in [RFC 2385](#). It was designed to reduce the danger from certain security attacks on BGP, such as TCP resets.

This will address the following issue: TCP Sequence Number Approximation Vulnerability (tcp-seq-num-approximation).

*Locate and fix vulnerable traffic inspection devices along the route to the target*

## Remediation Plan

Estimated time: 12 hours

In many situations, target systems are, by themselves, patched or otherwise unaffected by this vulnerability. In certain configurations, however, unaffected systems can be made vulnerable if the path between an attacker and the target system contains an affected and unpatched network device such as a firewall or router and that device is responsible for handling TCP connections for the target. In this case, locate and apply remediation steps for network devices along the route that are affected.

This will address the following issue: TCP Sequence Number Approximation Vulnerability (tcp-seq-num-approximation).

### 3.4.2. For HTTPS

These vulnerabilities can be resolved with a single step. The estimated time to perform this step is 1 hour 30 minutes.

#### *Resign certificate with trusted CA*

Estimated time: 1 hour 30 minutes

Obtain a new certificate signed by a trusted CA, such as [Thawte](#) or [Verisign](#).

The exact instructions for obtaining a new certificate depend on your organization's requirements. Generally, you will need to generate a certificate request and save the request as a file. This file is then sent to a Certificate Authority (CA) for processing. After you have received a new certificate file from the Certificate Authority, you will have to install it on the TLS/SSL server. The exact instructions for installing a certificate differ for each product. Follow their documentation.

This will address the following issue: Untrusted TLS/SSL server X.509 certificate (tls-untrusted-ca).

## 3.5. Remediation Plan for 74.7.42.103

### 3.5.1. General

These vulnerabilities can be resolved by performing the following 2 steps. The total estimated time to perform all of these steps is 16 hours.

#### *Enable TCP MD5 Signatures*

Estimated time: 4 hours

Enable the TCP MD5 signature option as documented in [RFC 2385](#). It was designed to reduce the danger from certain security attacks on BGP, such as TCP resets.

This will address the following issue: TCP Sequence Number Approximation Vulnerability (tcp-seq-num-approximation).

*Locate and fix vulnerable traffic inspection devices along the route to the target*

Estimated time: 12 hours

In many situations, target systems are, by themselves, patched or otherwise unaffected by this vulnerability. In certain configurations, however, unaffected systems can be made vulnerable if the path between an attacker and the target system contains an affected and unpatched network device such as a firewall or router and that device is responsible for handling TCP connections for the target. In this case, locate and apply remediation steps for network devices along the route that are affected.

This will address the following issue: TCP Sequence Number Approximation Vulnerability (tcp-seq-num-approximation).

### 3.5.2. For Microsoft IIS 6.0

These vulnerabilities can be resolved with a single step. The estimated time to perform this step is 15 minutes.

#### *Fix Microsoft IIS Content Location Internal IP Address Leak*

## Remediation Plan

Estimated time: 15 minutes

Configure IIS to return the fully qualified domain name of the web server instead of its IP address. Doing so requires editing the IIS metabase directly.

Editing the IIS metabase is typically performed manually with the adsutil.vbs script provided with default Microsoft IIS installations. Microsoft's Knowledge Base article [Q218180](#) on this subject emphasizes that direct editing of the IIS metabase should be performed only by an experienced administrator. Always use caution when editing the IIS metabase and create a metabase backup before proceeding. Please read MSKB Q218180 before making any changes.

- For IIS 4.x, take the following steps:

- Turn on the "UseHostName" option in the IIS metabase. Issue the following commands from the command prompt (the directory may be different depending on where you installed IIS):

```
cd %SystemRoot%\inetrv\adminsamples
adsutil set w3svc/UseHostName True
```

- Shut down the inetinfo process (which shuts down the IIS web server, FTP server, and any other related services):

```
net stop iisadmin /y
```

- Restart the IIS web server. If you are running other IIS services (such as FTP), you will need to restart those services as well.

```
net start w3svc
```

- For IIS 5.x, take the following steps:

- Before making any changes, back up your IIS metabase. See [HOW TO: Create a Metabase Backup in IIS 5](#) for instructions on how to use the IIS administrator snap-in to create a metabase backup.

- Turn on the "UseHostName" option in the IIS metabase. Issue the following commands from the command prompt (the directory may be different depending on where you installed IIS):

```
cd \inetpub\adminscripts
adsutil set w3svc/UseHostName True
```

- Shut down the inetinfo process (which shuts down the IIS web server, FTP server, and any other related services):

```
net stop iisadmin /y
```

- Restart the IIS web server. If you are running other IIS services (such as FTP), you will need to restart those services as well.

```
net start w3svc
```

- For IIS 6.x, take the following steps:

- Please visit <http://support.microsoft.com/?id=218180> for information on correcting this issue under IIS 6.x.

This will address the following issue: Microsoft IIS Content Location Internal IP Address Leak (HTTP-IIS-0065).

## 3.6. Remediation Plan for 74.7.42.97

### 3.6.1. General

These vulnerabilities can be resolved by performing the following 2 steps. The total estimated time to perform all of these steps is 16 hours.

*Enable TCP MD5 Signatures*

## Remediation Plan

Estimated time: 4 hours

Enable the TCP MD5 signature option as documented in [RFC 2385](#). It was designed to reduce the danger from certain security attacks on BGP, such as TCP resets.

This will address the following issue: TCP Sequence Number Approximation Vulnerability (tcp-seq-num-approximation).

*Locate and fix vulnerable traffic inspection devices along the route to the target*

Estimated time: 12 hours

In many situations, target systems are, by themselves, patched or otherwise unaffected by this vulnerability. In certain configurations, however, unaffected systems can be made vulnerable if the path between an attacker and the target system contains an affected and unpatched network device such as a firewall or router and that device is responsible for handling TCP connections for the target. In this case, locate and apply remediation steps for network devices along the route that are affected.

This will address the following issue: TCP Sequence Number Approximation Vulnerability (tcp-seq-num-approximation).

**ANDRES MEDICAL BILLING, LTD.**  
**SERVICE ORGANIZATION CONTROLS REPORT**  
**(SOC 1 TYPE II)**

For the Period January 1, 2013  
Through December 31, 2013



**ANDRES MEDICAL BILLING, LTD.**  
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## **INDEPENDENT SERVICE AUDITOR'S REPORT ON A DESCRIPTION OF A SERVICE ORGANIZATION'S SYSTEM AND THE SUITABILITY OF THE DESIGN AND OPERATING EFFECTIVENESS OF CONTROLS**

Board of Directors  
Andres Medical Billing, Ltd.  
Arlington Heights, Illinois

### **Scope**

We have examined Andres Medical Billing, Ltd.'s description of its system for processing and billing solutions for Emergency Medical Services (EMS) providers for user entities throughout the period January 1, 2013 to December 31, 2013, and the suitability of the design and operating effectiveness of controls to achieve the related control objectives stated in the description. The description indicates that certain complementary user entity controls must be suitably designed and implemented at user entities for related controls at the service organization to be considered suitably designed to achieve the related control objectives. We have not evaluated the suitability of the design or operating effectiveness of such complementary user entity controls.

Andres Medical Billing, Ltd. uses external service organizations (subservice organizations) as described in Section III D. The description in Section III D. includes only the control objectives and related controls of Andres Medical Billing, Ltd. and excludes the control objectives and related controls of the subservice organizations. Our examination did not extend to controls of the subservice organizations.

### **Service Organization's Responsibilities**

In Section II of this report, Andres Medical Billing, Ltd. has provided an assertion about the fairness of the presentation of the description and suitability of the design and operating effectiveness of the controls to achieve the related control objectives stated in the description. Andres Medical Billing, Ltd. is responsible for preparing the description and for the assertion, including the completeness, accuracy, and method of presentation of the description and the assertion, providing the services covered by the description, specifying the control objectives and stating them in the description, identifying the risks that threaten the achievement of the control objectives, selecting the criteria, and designing, implementing, and documenting controls to achieve the related control objectives stated in the description.

## **Service Auditor's Responsibilities**

Our responsibility is to express an opinion on the fairness of the presentation of the description and on the suitability of the design and operating effectiveness of the controls to achieve the related control objectives stated in the description, based on our examination. We conducted our examination in accordance with attestation standards established by the American Institute of Certified Public Accountants. Those standards require that we plan and perform our examination to obtain reasonable assurance about whether, in all material respects, the description is fairly presented and the controls were suitably designed and operating effectively to achieve the related control objectives stated in the description throughout the period January 1, 2013 to December 31, 2013.

An examination of a description of a service organization's system and the suitability of the design and operating effectiveness of the service organization's controls to achieve the related control objectives stated in the description involves performing procedures to obtain evidence about the fairness of the presentation of the description and the suitability of the design and operating effectiveness of those controls to achieve the related control objectives stated in the description. Our procedures included assessing the risks that the description is not fairly presented and that the controls were not suitably designed or operating effectively to achieve the related control objectives stated in the description. Our procedures also included testing the operating effectiveness of those controls that we consider necessary to provide reasonable assurance that the related control objectives stated in the description were achieved. An examination engagement of this type also includes evaluating the overall presentation of the description and the suitability of the control objectives stated therein, and the suitability of the criteria specified by the service organization and described in Section III. We believe that the evidence we obtained is sufficient and appropriate to provide a reasonable basis for our opinion.

## **Inherent Limitations**

Because of their nature, controls at a service organization may not prevent, or detect and correct, all errors or omissions in the preparation and processing of system for processing and billing solutions for Emergency Medical Services (EMS) providers for user entities. Also, the projection to the future of any evaluation of the fairness of the presentation of the description, or conclusions about the suitability of the design or operating effectiveness of the controls to achieve the related control objectives is subject to the risk that controls at a service organization may become inadequate or fail.

## **Opinion**

In our opinion, in all material respects, based on the criteria described in Andres Medical Billing, Ltd.'s assertion in Section II of this report:

1. The description fairly presents the system for processing and billing solutions that was designed and implemented throughout the period January 1, 2013 to December 31, 2013.
2. The controls related to the control objectives stated in the description were suitably designed to provide reasonable assurance that the control objectives would be achieved if the controls operated effectively throughout the period January 1, 2013 to December 31, 2013 and user entities applied the complimentary user entity controls contemplated in the design of the company's controls throughout the period January 1, 2013 to December 31, 2013.

3. The controls tested, which together with the complementary user entity controls referred to in the scope paragraph of this report, if operating effectively, were those necessary to provide reasonable assurance that the control objectives stated in the description were achieved and operated effectively throughout the period January 1, 2013 to December 31, 2013.

#### **Description of Tests of Controls**

The specific controls tested and the nature, timing, and results of those tests are listed in Section IV.

#### **Restricted Use**

This report is intended solely for the information and use of Andres Medical Billing, Ltd., user entities of Andres Medical Billing, Ltd.'s system of processing and billing solutions for EMS providers during some or all of the period January 1, 2013 to December 31, 2013, and the independent auditors of such user entities, who have a sufficient understanding to consider it, along with other information including information about the controls implemented by user entities themselves, when obtaining an understanding of user entities information and communication systems relevant to financial reporting. This report is not intended to be and should not be used by anyone other than those specified parties.



Naperville, Illinois  
March 31, 2014



Sikich LLP  
1415 W. Diehl Road, Suite 400  
Naperville, Illinois 60563

We have prepared the description of Andres Medical Billing, Ltd's system for processing and billing solutions for Emergency Medical Services (EMS) providers for user entities of the system during some or all of the period January 1, 2013 to December 31, 2013, and their user auditors who have a sufficient understanding to consider it, along with other information, including information about controls implemented by user entities of the system themselves when assessing the risks of material misstatements of user entities' financial statements. We confirm, to the best of our knowledge and belief, that:

1. The description fairly presents the system for processing and billing solutions for Emergency Medical Services (EMS) providers made available to user entities of the system during some or all of the period January 1, 2013 to December 31, 2013 for processing user entities' transactions. Andres Medical Billing, Ltd uses Data Management Center and ZirMed© to perform aspects of the processing and billing solutions for Emergency Medical Services (EMS) providers. The description on page 14 includes only the control objectives and related controls of Andres Medical Billing, Ltd and excludes control objectives and related controls of Data Management Center and ZirMed©. The criteria we used in making this assertion were that the description:
  - a. Presents how the system made available to user entities of the system was designed and implemented to process relevant transactions, including, if applicable:
    - i. The types of services provided, including, as appropriate, the classes of transactions processed.
    - ii. The procedures, within both automated and manual systems, by which services are provided, including, as appropriate, procedures by which transactions are initiated, authorized, recorded, processed, corrected as necessary, and transferred to the reports and other information prepared for user entities of the system.
    - iii. The related accounting records, supporting information, and specific accounts that are used to initiate, authorize, record, process, and report transactions; this includes the correction of incorrect information and how information is transferred to the reports and other information prepared for user entities of the system.
    - iv. How the system captures and addresses significant events and conditions, other than transactions.
    - v. The process used to prepare reports and other information provided to user entities of the system.

**CORPORATE HEADQUARTERS**

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- vi. The specified control objectives and controls designed to achieve those objectives including, as applicable, complementary user entity controls contemplated in the design of those controls.
  - vii. Other aspects of our control environment, risk assessment process, information and communication systems (including the related business processes), control activities, and monitoring controls that are relevant to processing and reporting transactions of user entities of the system.
- b. Does not omit or distort information relevant to the scope of the system for processing and billing solutions for Emergency Medical Services (EMS), while acknowledging that the description is prepared to meet the common needs of a broad range of user entities and their independent auditors and may not, therefore, include every aspect of the system that each individual user entity of the system and its auditor may consider important in its own particular environment.
2. The description includes relevant details of changes to the system for processing and billing solutions for Emergency Medical Services (EMS) during the period covered by the description.
3. The controls related to the control objectives stated in the description were suitably designed and operating effectively throughout the period January 1, 2013 to December 31, 2013 to achieve those control objectives. The criteria we used in making this assertion were that:
- a. The risks that threaten the achievement of the control objectives stated in the description have been identified by us;
  - b. The controls identified in the description would, if operating as described, provide reasonable assurance that those risks would not prevent the control objectives stated in the description from being achieved; and
  - c. The controls were consistently applied as designed, and manual controls were applied by individuals who have the appropriate competence and authority.

Very truly yours,

  
Andres Medical Billing, Ltd.

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### **III. ANDRES MEDICAL BILLING, LTD.'S SYSTEM DESCRIPTION OF OPERATIONS AND CONTROLS**

#### **A. Overview of Operations and Services**

Andres Medical Billing, Ltd. (AMB or the Company) specializes in customized outsourced billing solutions for Emergency Medical Services (EMS) providers, including; municipalities, fire protection districts, volunteer departments, rural departments, and private ambulance services. AMB aims to provide customized EMS billing solutions that reduce client costs while increasing client revenue.

AMB's corporate objective is to provide the highest standards of quality and professionalism. It is AMB's dedication to this that builds their reputation and relationships. AMB's goal is to provide the most efficient and compliant outsourced billing available.

With over 30 years in the industry, AMB is dedicated to providing experienced, knowledgeable, and efficient customer service to ensure that patients are treated with dignity and compassion. AMB solely bills for ambulance transports. All AMB services are individually customized to fit the particular specification of the client. Working in partnership with its clients, AMB plans and implements billing and reporting systems that best meet the clients' needs.

#### **B. Relevant Aspects of the Internal Control Environment**

##### **Control Environment**

A company's control environment reflects the overall attitude, awareness and actions of management, employees, and others concerning the importance of controls, and the emphasis given to controls in its policies, procedures, and organizational structure. The Company's control environment originates with and is the responsibility of the Chief Executive Officer, Chief Operating Officer, and Chief Administrative Officer, which are the owners of AMB. These officers are actively involved in management responsibilities and daily operations of running the Company.

The control environment at AMB provides employees with the Company's overall philosophy on professional conduct and operating style. Organizational professional conduct has been established and communicated to employees through policies and ethical standards included in the policy manual. Lines of authority and responsibility are clearly established throughout the organization and communicated through the organization structure and policies and procedures. AMB has established policies and procedures to provide management and staff with guidance related to the billing and collections of EMS providers. Operations are conducted in accordance with these policies and procedures and are reviewed and updated as deemed necessary.

AMB is organized into several departments to ensure that it is operating effectively and efficiently so that its clients receive the highest level of service. Company departments consist of Sales, IT, Account Operations, Customer Service, Data Entry, Cash Receipts, Records Management, and General Office Administration. Management is encouraged to address developing issues and risks proactively in order to minimize their impact on the Company and its customers.



AMB is organized into the following functional areas:

- Organization and Administration
- Client Information and Management
- Processing Claims
- Processing Collections
- Information Technology

### **Risk Assessment**

A company's risk assessment process is its identification, analysis, and management of risks that may potentially affect the company. The Company recognizes that risk management is an important component of its operations which helps ensure their and customers' assets are properly managed. The Company identifies and manages risks that could affect its ability to provide accurate transaction processing for its customers. This process requires management to identify significant risks inherent in the billing and collections for EMS providers and implement measures to monitor and manage the risks.

### **Monitoring**

The quality of the internal control system over time is monitored through ongoing activities. Ongoing activities include actions employees take in performing their assigned duties and management and supervisory activities. Key monitoring controls over significant processes are subject to review by management and AMB's internal audits performed.

EMS Billing Specialists can only enter data and do not have the authority to review whether or not claims they have entered are paid. The Regional Operations Manager ensures that the data workflow is reviewed weekly so claims are billed timely.

AMB performs various internal audits periodically on employees responsible for processing the data. The audits ensure accuracy of coding, schedules, insurance information, notes, and proper application of cash. The HIPAA/Red Flag Rules Compliance Officer onsite conducts training, communicates regulatory requirements and reminders, and performs annual desk and home audits. Results of the internal audits conducted are documented and reviewed with the employees.

### **Information and Communication**

Information and communication systems support the identification, capture, and exchange of information that enable people to carry out their responsibilities. Management is committed to maintaining effective communication with all of the Company's EMS providers, employees, and third party service providers. AMB has several methods of communication to ensure all employees understand their individual responsibilities and to ensure significant events are communicated in a timely method. These methods include the employee handbook, training for new employees, and meetings.

AMB uses third party purchased RescueNet© software applications for processing the billing and collection transactions for EMS providers. This licensed software application runs on a Windows server owned by AMB and physically located in Arlington Heights. AMB does not have access to modify source code. Product upgrades are evaluated and authorized by management. The outside software vendor provides the software upgrade for the Company and it is installed by the IT Manager and pushed out to the workstations.

### **C. Description of Control Areas**

#### **Organizational and Administration**

The organizational structure is aligned for achieving the Company's corporate objective. An organizational chart is in place to communicate key areas of authority and responsibility. AMB officers meet regularly to evaluate the organization and operating performance. Management considers issues with the IT environments and monitors the implementation of approved changes.

Written job descriptions are in place that describe job functions and responsibilities for each position within the Company and revised as necessary. AMB has hiring policies and procedures in place to ensure qualified staff with appropriate experience and qualifications are hired for customer service, data entry, cash receipts, and account representatives along with other specialized personnel. New applicants are required to complete an employment application. The hiring process requires that prospective employees must pass a background check that includes; pre-employment drug screening, felony and misdemeanors check, a social security trace report and an education and employment verification check. AMB's hiring practice requires final job offers be reviewed and approved by management. All new employees are provided the appropriate level of training in accordance with company and professional policies and practices. Training records are maintained for each employee.

All employees are provided an employee handbook that contains principles that guide the conduct of employees, personnel policies and benefits offered by the Company, and other various procedural and administrative matters. Periodic revisions and updates are released as needed. All new hires are required to sign an acknowledgement form stating they understand the employee handbook. The handbook is also posted on the Company intranet site. Employees are provided and required to attend the appropriate training to perform their day-to-day responsibilities. Formal performance reviews are given to employees annually.

Employees are removed from their positions when terminated and exit interviews are performed. Keys and user accounts are deactivated to revoke physical and electronic security access.

#### **Client Information and Management**

A contract is executed outlining the responsibilities of the Company and of the EMS provider for all new clients, and such contracts are maintained at AMB. AMB assures that the proper information is obtained from the client and reviewed at appropriate levels.



Once a contract is obtained, a new client checklist is used to help ensure an accurate setup. Setup is completed by management and there is testing and communication with the client during the set up process. Upon completion, clients are provided a new client protocol including their information. All new clients are verified on the Officer of the Inspector General (OIG) website and reviewed for reasonableness.

All paper documents including ambulance reports, payments, and documentation received regarding the account are scanned into Laserfische. Management reviews the quality of scanning on a monthly basis. AMB utilizes a certified shredding company (Cintas) that shreds all documents on-site and receives a "certificate of destruction" document.

### **Processing Claims**

All internal departments are involved in the processing of claims in order to process claims timely and effectively. Each processing area is responsible for adhering to controls specified by company policies and procedures.

The control activities of each area include the following:

Ambulance reports from clients are received in both electronic and paper format. Electronic claims are received from health care providers online which enables submission of claims and eligibility. In addition, claims can be submitted through secure electronic transmission and through electronic clearinghouses. Electronic data has specific personnel assigned to specific departments. Paper reports are distributed to specific personnel by the DE Team Leader.

Data entry: EMS Billing Specialists can only enter data. There is a validation control procedures built into RescueNet© software that does not allow an ambulance transport trip to be billed if claim information is missing. If information is missing, AMB will contact the client to obtain the missing information. This procedure mitigates errors in submission. Workflow reports maintain all trips daily that are reviewed by Operations Manager to ensure accuracy of billings.

Account Representatives: All representatives are responsible for reviewing ZirMed©, a clearinghouse for insurance and Public Aid claims, to ensure all claims are actively being managed. If a claim is rejected, insurance verification is performed by utilizing a third party web portal using a secure user name and password. This was not included in the scope of the report. In addition, representatives are responsible for reviewing computer-generated workflow reports to ensure claims are managed timely. The Operations Manager reviews the workflows to ensure that the accounts are worked in a timely manner and relays that information via a bi-weekly manager's report.

Outgoing mail: All outgoing mail is done through DMC. 1500 forms are printed in-house as they require a copy of the Medicare Explanation of Benefits to be included. There are also several letters that are printed in house that are mailed to patients at the request of clients, such as surveys. A RescueNet© batch is created daily for all clients. This batch is uploaded to DMC by means of a secure file transfer protocol (FTP) using WS-FTP software.

## **Processing Collections**

As a segregation of duties, only designated employees are authorized to post payments to patient accounts while the next level of management posts those transactions in the general ledger.

All cash ACH transfers are done through a custodial account, which, only the Director of Operations and the Chief Operations Officer have the security clearance to perform this function. For customer mail-in payments, daily checks are deposited and cash is applied to the patient's outstanding invoice(s) and reports are provided either once per week or once per month as established by the client during the client implementation process. Cash receipts personnel run an adding machine tape on all transactions to agree to the deposit amount as a control procedure to ensure accuracy. This is completed after each cash batch is posted. An AMB team leader on a biannual basis performs an internal audit of cash personnel. All managers and supervisors continually monitor desks, copy machines, printers, etc. to ensure that patient protected health information is not visible.

AMB does not reconcile deposit information. Each client is responsible for obtaining the relevant output from their financial institution and for recording and reconciling deposits to their financial system.

The internal collection process varies from client to client. Each account goes through a series of invoices, letters, and phone calls. These schedules are customized to the client. Work flow process is used to review account aging and reviewed daily by account representatives. When the schedule is completed, the account is reviewed by a specific person and then slated for collections or write off, depending on the parameters set forth by the client. The accounts are then reviewed by a senior manager and sent to collections on paper or electronically.

AMB does use external collection agencies when internal means to collect funds are unsuccessful. AMB requires Business Associate agreements for all collection agencies and these are maintained on file. The Business Associate agreements document the arrangement to collect on behalf of AMB and maintain confidentiality of all client information. Data is sent to the external collection agencies in one of three following ways: (1) if the outside collection agency has its own file transfer protocol, AMB will send the batch file via WSFTP, (2) if the external agency does not have a secure FTP address, the batch is sent via an email encryption software, or (3) if agencies do not have the first two options, data is sent on paper via U.S. mail.

## **Information Technology**

### *IT System Support*

The IT Manager is responsible for the administration, operation, and security network system. System issues and the resolution of those issues are openly communicated to the officers of the Company in person, by phone, or through email as they arise.

### *Physical Access Security*

AMB operations are responsible for adhering to all state and local building codes and security specifications. In addition, AMB operations are responsible for maintaining the following:

- Building access is authorized through an electronic key card/fob access controlled by the IT systems.
- Security cameras are located both inside and outside the building.
- Each of the security zones is recorded using a digital video recorder with a 1 terabyte hard drive. The hard drive is overwritten when it is filled to capacity, no more than 48 hours.
- Emergency exit doors.
- Alarm/fire system is connected directly to the police and fire department.
- A secure lockbox is used to ensure cash receipts are secure until processing. Only authorized employees have access to the cash receipts room and a security camera is located directly in the cash receipts room.

Access to data center is controlled and limited to authorized employees based on job requirements. The data center room is automatically locked when not in use by the systems administrator. AMB has controls in place related to environmental risks. The data center has a fire extinguisher and smoke detector as well as a separate cooling unit to maintain proper operating temperature.

The IT Manager is also responsible for monitoring activity and identifying unauthorized access. Controls are established through the use of firewalls to protect the internal network from external intrusion. A firewall appliance configured to limit access to necessary protocols protects the network to prevent unauthorized access to the network. Network traffic through the firewall is monitored. Antivirus software is deployed on workstations and servers.

### *Access Management*

AMB uses security authentication to grant access to the network and passwords security parameters have been established for password expiration, minimum and maximum length, and account lockout settings. After five unsuccessful logon attempts, users are locked out of the system. All user sign-ons are logged. Management approves all user accounts and access capabilities. The IT Manager assigns permissions and security rights. Each user is given only the access authorized by Management based on job responsibilities and access is denied to all other areas. Once an employee is terminated, they are removed from the network. Logical access is periodically reviewed by Management.

### *Data Backup*

All servers have a back up power supply installed and daily tape backups are made at the main office and stored offsite. Daily tape backups are made for all critical databases and folders per a schedule. Resources are scheduled so that every server completes at least one full backup per week. Backup procedures ensure all data can be recovered if problems are encountered.

#### **D. Subservice Organizations Used**

AMB relies on systems and services provided by other organizations external to them (subservice organizations). The achievement of control objectives depends on whether controls at the subservice organization anticipated in the design of AMB controls were implemented and operating effectively. The subservice organization is not subject to examination by Sikich LLP. The following table describes the type of subservice organization used by AMB not subject to examination by Sikich LLP.

AMB has identified the following as a critical vendor and utilizes the following subservice organization for services listed below:

<u>Subservice Organization</u>	<u>Service Provided</u>
Data Management Center ZirMed©	Outsourcing mail provider Claims management provider

The Director of Operations is responsible for monitoring and implementing any changes with Data Management Center.

#### **E. Complementary User Entity Controls**

The examination was limited to the activities and procedures at AMB as they relate to its user entities. Accordingly, the examination did not extend to any activities or procedures in effect at the user entities. It is each user auditor's responsibility to evaluate this information in relation to a user entity's internal controls in place in order to obtain an understanding of the internal controls and assess control risk. The portions of the internal controls provided by the user entities and AMB must be evaluated together. If effective user internal controls are not in place, AMB's controls may not compensate for such weaknesses.

This section describes other internal controls that should be in operation at user entities to complement the controls at AMB. User auditors should consider whether the following controls have been placed in operation at the user entities:

- Controls are implemented by user entities to provide reasonable assurance that adequate logical security is in place for the systems residing on AMB premises but managed by the user such as proper management of user accounts and passwords.
- Controls are implemented by user entities to provide reasonable assurance that system processing is complete, accurate, and authorized.
- Controls are developed to secure confidential information.
- Controls are implemented by user entities to provide reasonable assurance that appropriate personnel are available to report issues and to discuss them with AMB personnel, and to provide AMB with up-to-date emergency contact information.
- Controls are implemented by user entities to provide reasonable assurance that responses to error messages received by the users are appropriately and timely resolved or escalated.

- Controls are implemented by user entities to provide reasonable assurance that all hardware, software systems, and routers residing at user entities are properly obtained and maintained.
- Controls should be implemented by user entities to provide reasonable assurance that deposits are processed accurately on their financial systems.

#### **IV. ANDRES MEDICAL BILLING, LTD.'S CONTROL OBJECTIVES AND CONTROLS AND SIKICH LLP'S TESTS OF OPERATING EFFECTIVENESS**

##### **Objective of Examination**

This report on controls placed in operation and tests of operating effectiveness is intended to provide interested parties with information sufficient to obtain an understanding of those aspects of AMB's controls that may be relevant to a user organization's internal control structure. This report, when coupled with an understanding of internal controls in place at user organizations, is intended to assist in the assessment of the total internal control structure surrounding transaction processing.

Our examination was limited to selected services provided to users and, accordingly, did not extend to procedures in effect at the user organization. It is each user's responsibility to evaluate this information in relation to internal control in place at their client organization to obtain an understanding of controls and assess control risks. The users' and AMB's portions of the controls must be evaluated together with the user's portion of controls. If effective user controls are not in place, AMB's controls may not compensate for such weaknesses.

Our examination included inquiry of appropriate management, supervisory, and staff personnel; inspection of documents and records; observation of activities and operations; and re-performance of controls put into place by AMB. Our tests of controls were performed on controls as they existed during the period of January 1, 2013 through December 31, 2013, and were applied to those controls related to control objectives specified by AMB.

The description of controls and control objectives are the responsibility of AMB's management. Our responsibility is to express an opinion whether the controls were operating with sufficient effectiveness to provide reasonable, but not absolute, assurance that the control objectives, specified by AMB's management, were achieved during the period covered by our examination.

##### **Tests of Operating Effectiveness**

Our tests of operational effectiveness of controls were designed to cover a representative number of transactions thought the period of January 1, 2013 through December 31, 2013, for each of the controls listed in Section III, which are designed to achieve the specific control objectives, also listed in Section III. In selecting particular test of operational effectiveness of controls, we considered the (a) nature of the items being tested, (b) the types of available evidential matter, (c) the nature of the audit objectives to be achieved, and (d) the expected efficiency and effectiveness of the test.

##### **Description of Testing Procedures Performed**

Tests performed of the operational effectiveness of controls are described below:

Test	Description
Inquiry	Made inquiries of appropriate personnel to ascertain the compliance of controls.
Observation	Observed application of specific controls.
Evidential Material	Inspected documents and reports indicating performance of the controls.
Transaction Testing	Reperformed application of the controls.



## Organizational and Administration Controls

Control Objective #1 - Organizational and Operational Management: Controls provide reasonableness assurance that Management is providing proper oversight and monitors operating results.

Description of Controls	Testing Procedures	Results of Testing
AMB officers meet regularly to evaluate the organization and operating performance.	Inquired with management that the meetings are held regularly and reviewed some correspondence to determine that meetings are taking place.	No exceptions were noted.
Employee policies and procedures are documented in the employee handbook. Periodic revisions and updates are released as needed.	Obtained and reviewed the Company's employee handbook to determine policies and procedures are clearly communicated to employees. Discussed with management and inspected the updated policies and procedures.	No exceptions were noted.
Each employee is required to sign an acknowledgement page that they understand the policies. The handbook is also posted on the Company intranet site.	Reviewed the signed acknowledgement of the employee handbook by all new employees and for a sample of existing employees.	No exceptions were noted.
Duties are segregated for the processing of data and collections.	Reviewed organization chart to confirm segregation of processing of billings and collections. Reviewed job descriptions to determine position responsibilities.	No exceptions were noted.
Written job descriptions are in place that describe job functions and responsibilities for each position within the Company and revised as necessary.	Reviewed a sample of job descriptions noting the content described for job functions and responsibilities.	No exceptions were noted.
A HIPAA/Red Flag Rules Compliance Officer is onsite and communicates regulatory requirements and reminders to employees.	Interviewed the Compliance Officer to gain an understanding of their responsibilities. Reviewed job description for this position and observed quarterly reminders sent.	No exceptions were noted.

### Organizational and Administration Controls (Continued)

Control Objective #2 - Personnel and Human Resources: Controls provide reasonableness assurance that qualified individuals are recruited, developed, and retained.

Description of Controls	Testing Procedures	Results of Testing
Applicants are required to provide a resume.	Reviewed all personnel files for employees hired during testing period for a resume.	No exceptions were noted.
All prospective employees must pass a background check that includes: pre-employment drug screening, felony and misdemeanors check; a social security trace report; and an education and employment verification check. These are completed by a third party vendor.	Observed that the hiring policy requires these are performed, and reviewed the third party results for the all new employees.	No exceptions were noted.
Final job offers are reviewed and approved by management.	Reviewed all personnel files for employees hired during testing period and observed approval by management as documented in their hiring policy.	No exceptions were noted.
All employees are provided the appropriate level of training in accordance with company and professional policies and practices. Training records are maintained for each employee.	Interviewed the Director of Operations to gain an understanding of the training provided to employees and required. Reviewed log of training courses attended by employees.	No exceptions were noted.



## Operational Control Objectives

Control Objective #1 - Client Information and Management: Controls provide reasonable assurance that new clients are setup accurately and completely and client data is protected from loss and improper disclosure.

Description of Controls	Testing Procedures	Results of Testing
A contract is executed outlining the responsibilities of the Company and of the EMS provider for all new clients, and such contracts are maintained at AMB.	For all new clients and a sample of existing clients, obtained signed contract maintained in client file.	No exceptions were noted.
A new client checklist is used to help ensure an accurate setup. Setup is completed by management and there is testing and communication with the client during the set up process.	Reviewed new client checklists for all new clients and discussed with management that this information is set up in the system by them.	No exceptions were noted.
New Client Protocols include client completion of a packet containing their information. These are maintained in client files at AMB. New clients' status are verified on the Officer of the Inspector General (OIG) website and reviewed for reasonableness.	For all new clients, obtained and inspected the packet completed and maintained in the client file.	No exceptions were noted.
All paper ambulance reports, payments, and documentation received regarding the account are scanned into Laserfische. Management reviews the quality of scanning on a monthly basis.	Verified that the paper documents were properly scanned and reviewed scanning department audit reports.	No exceptions were noted.
AMB utilizes a certified shredding company (Cintas) that shreds on-site and provides a "Certificate of Destruction" document.	Reviewed a sample of certificates of destruction documents.	No exceptions were noted.

### Operational Control Objectives (Continued)

Control Objective #2 - Processing Claims: Controls provide reasonable assurance that data is complete and accurately processed and output is properly distributed.

Description of Controls	Testing Procedures	Results of Testing
Ambulance reports from clients are received via US Mail, UPS, secure electronic transmission, or logging in electronically to various systems. Electronic data has specific personnel assigned to specific departments. Paper reports are distributed to specific personnel by the Data Entry Team Leader.	For a sample, observed the receipt of ambulance reports from clients and reviewed documentation of distributing these reports by the Data Entry Team Leader to personnel for processing.	No exceptions were noted.
EMS Billing Specialists can only enter data and do not have authority to review whether or not claims they have entered are paid.	Inspected the application access functions for data entry representatives and verified that there is security authentication.	No exceptions were noted.
There is a validation control procedure built into the RescueNet© software that doesn't allow a trip to be billed if claim information is missing.	Observed data entry staff not entering all required claim information in to verify that the validation control procedure properly worked.	No exceptions were noted.
All account representatives are responsible for reviewing ZirMed©, a clearinghouse for insurance and Public Aid claims, to ensure all claims are actively being managed and for reviewing computer-generated workflow reports to ensure claims are managed timely.	For a sample of days, viewed the day's activity as all claims are updated automatically. Reviewed a sample of workflow reports prepared and verified that items were current.	No exceptions were noted.
The Operations Manager reviews the workflows to ensure that the accounts are worked in a timely manner and relays that information via a bi-weekly manager's report.	For a sample of workflow reports, verified that the review was performed by the supervisor and that they signed off on the report.	No exceptions were noted.

### Operational Control Objectives (Continued)

#### Control Objective #2 - Processing Claims: (Continued)

Description of Controls	Testing Procedures	Results of Testing
All outgoing mail is done through a third party, DMC. A RescueNet© batch is created daily and uploaded to DMC by means of a secure ftp using WS_FTP software.	Observed the creation and upload of a sample of batches sent to DMC.	No exceptions were noted.
An internal audit is conducted by a Certified Ambulance Coder on each EMS Billing Specialist to ensure accuracy of coding. The audit results are documented, reviewed, and acknowledged by each EMS Billing Specialist employee.	For a sample of billing specialists, reviewed that the internal audit was performed and verified that any discrepancies were reviewed with the representative.	No exceptions were noted.

Control Objective #3 - Processing Collections: Controls provide reasonable assurance that collections are entered properly, adequately reviewed, and outstanding accounts are handled in an appropriate and timely manner.

Description of Controls	Testing Procedures	Results of Testing
All ACH transfers are done through a custodial account which only the Director of Operations and the Chief Operations Officer have the security clearance to perform this function.	Verified the security clearance that only those authorized to perform ACH transfers can.	No exceptions were noted.
As a segregation of duties, only designated employees are authorized to post payments to patient accounts while the next level of management posts those transactions in the general ledger.	Inspected the application access functions for those with limited access and verified that there is security authentication to process and post these transactions to the system.	No exceptions were noted.

### Operational Control Objectives (Continued)

#### Control Objective #3 - Processing Collections: (Continued)

Description of Controls	Testing Procedures	Results of Testing
For customer mail-in payments, daily checks are deposited and cash is applied to the patient's outstanding invoice(s) either once per week or once per month.	For a sample of cash receipts, verified they properly posted to the patient's account timely.	Exception noted. From 75 sampled customer payments, noted one payment that was not deposited and applied within the month. Management confirmed the date of the check and they do not stamp the mail when it is received so they do not know when the payment was received.
Cash receipts personnel run an adding machine tape on all transactions that must agree to the deposit amount as a control procedure to ensure accuracy. This is completed after each cash batch is posted.	For a sample of deposits, reviewed the daily deposit total and compared that to the batch total for the same day posted to the system.	No exceptions were noted.
An internal audit of cash personnel is performed by an AMB Team Leader biannually. The audit results are documented, reviewed, and acknowledged by each cash employee.	Reviewed sample of biannual audit reports prepared on cash personnel.	No exceptions were noted.

## Operational Control Objectives (Continued)

### Control Objective #3 - Processing Collections: (Continued)

Description of Controls	Testing Procedures	Results of Testing
Outstanding accounts are sent to external collection agencies if parameter set forth by the client. AMB has a Business Associate agreement with each collection agency. Data is sent to external collection agencies in the following methods: (1) if the external agency has its own secure FTP (file transfer protocol), AMB will send the batch file via WSFTP®; (2) if the external agency does not have a secure FTP address, the batch is sent to the collection agency via PGP (email encryption software) email; and (3) for those agencies that do not accept electronic claims, data is sent on paper via US mail.	For a sample of external collection agencies, obtained and inspected the Business Associate agreement. For a sample, observed data being transmitted to the external collection agency.	No exceptions were noted.

## Information Technology

Control Objective #1 - Physical Access Security: Controls provide reasonable assurance that physical access to hardware, software, and client data is restricted to authorized users.

Description of Controls	Testing Procedures	Results of Testing
Physical access to facilities are controlled. Building is locked during nonbusiness hours and building access is authorized through an electronic key card/fob access controlled by the IT systems.	Toured the facilities and observed the presence of appropriate physical access controls. Obtained a listing of employees who have access to the key and verified that access to the key/fob was limited to these individuals.	No exceptions were noted.

## Information Technology (Continued)

### Control Objective #1 - Physical Access Security: (Continued)

Description of Controls	Testing Procedures	Results of Testing
The Company has an installed security system with cameras located both inside and outside the building. Each of the eight zones is recorded. In addition, the security/fire alarm system is connected directly to the police and fire department.	Interviewed personnel to determine that camera tapes are reviewed periodically as needed.	No exceptions were noted.
Access to data center is controlled and limited to authorized employees based on job requirements. The data center room is automatically locked when not in use by the systems administrator.	Toured the data center and observed that the entrance was properly secured. Reviewed list of employees with access to the data center to determine if access was appropriate based on their job responsibilities.	No exceptions were noted.
Environment controls have been installed to protect the data center. Included in these controls are dedicated AC support, hand-held fire extinguisher, battery backup, and fire detection system.	Toured the data center and observed the presence of the appropriate environmental security controls.	No exceptions were noted.
Only authorized employees have access to the cash receipts room and a camera is housed directly in the cash receipts secured room.	Obtained a listing of employees who have access to this secured location and verified it was limited to these individuals. Interviewed personnel to determine that camera tapes are reviewed periodically as needed.	No exceptions were noted.
A secure lockbox is in place outside the cash room to be used by authorized personnel to ensure the cash receipts are properly stored until processing.	Observed the secure lockbox.	No exceptions were noted.



## Information Technology (Continued)

### Control Objective #1 - Physical Access Security: (Continued)

Description of Controls	Testing Procedures	Results of Testing
Management has implemented the use of firewalls to protect the internal network from external intrusion. A firewall appliance configured to limit access to necessary protocols protects the network to prevent unauthorized access to the network.	Interviewed the IT manager to gain an understanding of how firewall activity is monitored. Reviewed the system to ensure there was adequate security to prevent external unauthorized access.	No exceptions were noted.
Network traffic through the firewall is monitored.	Inspected the monitoring of traffic to determine activity is properly monitored.	No exceptions were noted.
Antivirus software is deployed on workstations and servers.	Interviewed the IT Manager to gain an understanding of how workstations and servers are protected with antivirus software. Reviewed examples of tools used to monitor antivirus activity to determine if antivirus software is properly implemented and monitored.	No exceptions were noted.

Control Objective #2 - Access Management: Controls provide reasonable assurance that logical access is limited to those authorized by Management to prevent and detect unauthorized changes to program files and data files.

Description of Controls	Testing Procedures	Results of Testing
AMB uses security authentication to grant access to the network. Network password security parameters have been established for password expiration, minimum and maximum length, and account lockout settings.	Inspected network account logon functions and verified that there is security authentication. Discussed with IT Manager that password security parameters are established.	No exceptions were noted.

## Information Technology (Continued)

### Control Objective #2 - Access Management: (Continued)

Description of Controls	Testing Procedures	Results of Testing
After five unsuccessful logon attempts, users are locked out of the system.	Observed one employee logging on to the system using incorrect password five times noting the employee was locked out.	No exceptions were noted.
Management approves all user accounts and access capabilities and IT Manager assigns permissions and security rights. Each user is given only the access authorized based on job responsibilities and access is denied to all other areas.	Reviewed a sample of requests for new hires made by management to IT Manager and confirmed with IT Manager they set up or disable all accounts. Reviewed user access to determine if access was appropriate given their job responsibilities.	No exceptions were noted.
All user sign-ons are logged.	Inspected a sample of system logs to confirm that user logon/logoff events are logged in the security event log on the server.	No exceptions were noted.
All terminated employees are removed from the network.	Removal of terminated employees from the network is communicated by Management. For a sample of terminated employees during the period, reviewed notification and ensured their access rights were removed timely.	No exceptions were noted.



### Information Technology (Continued)

Control Objective #3 - Data Backup: Controls provide reasonable assurance that data is backed up to prevent data loss.

Description of Controls	Testing Procedures	Results of Testing
Daily tape backups are made for all servers at the main office and some are stored off-site.	Interviewed the IT Manager to gain an understanding of how backups are managed and reviewed the process for data backup to ensure that the processes appeared adequate and viewed sample of back up tapes. Confirmed that backups are stored offsite at an outside location.	No exceptions were noted.
Daily tape backups are made for critical folders and databases per a schedule. Resources are scheduled so that every server completes at least one full backup per week.	Viewed backup tapes to ensure that every server was appropriately backed up in a week.	No exceptions were noted.