City of Key West RFP #02-015 for Billing Agency

Attachments

A. TripTix ePCR Product Description
B. ESO Software Suite Brochure
C. Revenue Plan for the City of Key West
D. CDX Product Overview
E. SSAE 16 Type 2 Audit Report (Confidential)
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G. Sample Reports
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I. Iron Mountain
J. Confidential Financial Statements

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ATTACHMENT A:
TripTix ePCR PRODUCT OVERVIEW

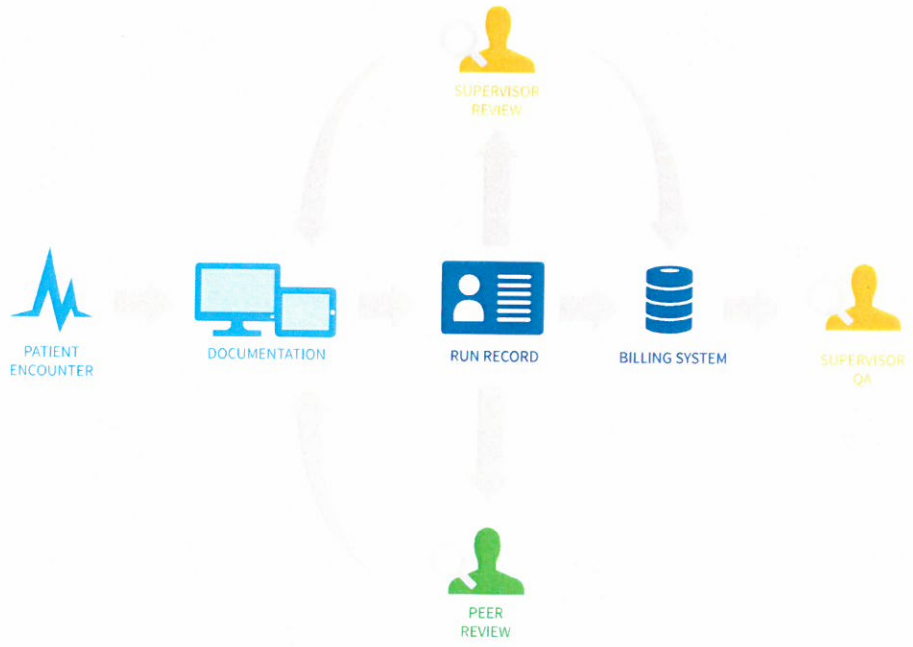
TripTix ePCR

TripTix®, the Intermedix® proprietary ePCR (Patient Care Record) solution, is a NEMSIS Gold Compliant data-collection tool for individual EMS, fire, and first responder agencies. With TripTix, ambulance crews can quickly and securely complete patient incident reports that are then automatically integrated with our powerful billing system for quick revenue return.

The application's unique call flow design allows the field user to enter data into their medical record as they progress through the natural flow of their call. Each screen is designed for ease of use to maximize data capture while minimizing effort. This approach allows the report writer the flexibility of real-time data entry and the ability to generate documentation at call conclusion. The ePCR records reside on the same platform as our billing system, allowing transfer without any translation or restriction of data.

Currently, two solutions are offered – TripTix Mobile® and TripTix Web®. TripTix Mobile is available as an application on a number of devices, such as the Panasonic® Toughbook CF-19 and H2. These devices are portable and allow you to open, complete, and upload PCR data in the field as a call is taking place. TripTix Web provides the same functionality within a Web interface and provides the option for your medics to upload their run records from their devices and finish at a later date. The Web application provides additional features for administrators, such as reporting, QA/QI, and other administrative tasks.

A third option for ruggedized, windows-based tablets will be available in 2014.



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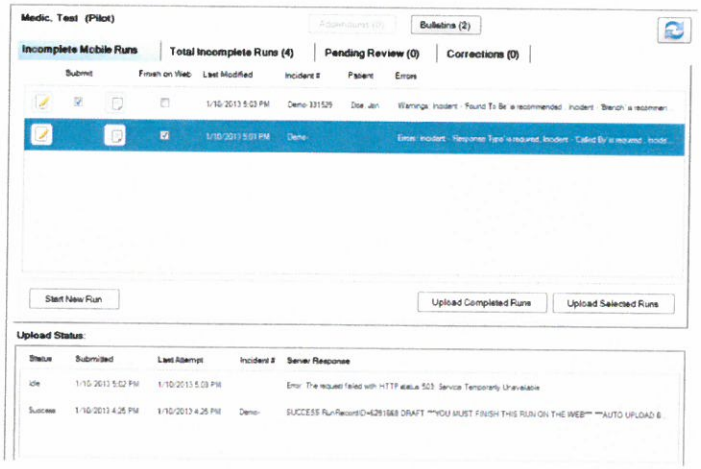
SECURITY

TripTix meets all federal and state confidentiality, security, and transaction code requirements, including the HIPAA Transaction Code, Privacy, and Security Regulations. TripTix systems are fully compliant with Medicare and Medicaid guidelines, adhere to HIPAA HITECH regulations, and are NEMSIS Gold compliant.

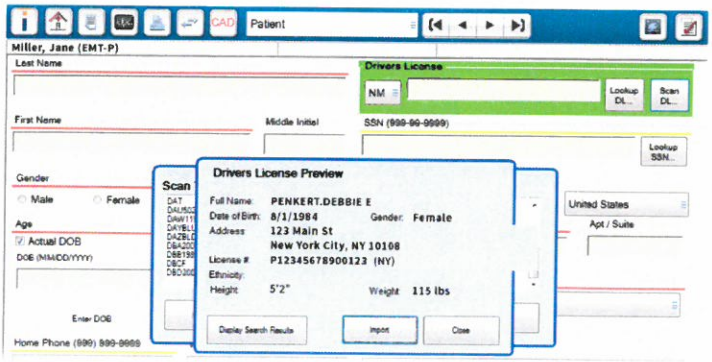
In addition, TripTix requires an individually assigned user log-in and password. This approach ensures security for crew entry and data transfer. When one crew member needs to exchange a tablet with another crew member, the first crew member logs out of TripTix and hands off the tablet to a second crew member who can immediately log in and begin recording a run report.



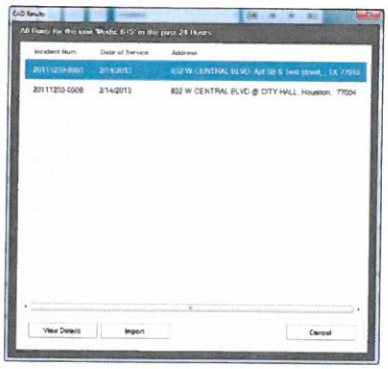
IMPORTING PATIENT INFORMATION

SSN AND DRIVER LICENSE

After opening a new PCR, a medic can look up patient demographics electronically by entering the patient's Social Security Number or Driver License number. The system then locates the patient's information in a comprehensive database to quickly and accurately fill out their demographics and medical history on your run record. You can also use devices with built-in scanners to scan a patient's driver license barcode directly.



For new patients, the Address, DOB, SSN, and Phone fields may be populated. For repeat patients, the previously mentioned fields plus Gender, Ethnicity, History, Medications, Allergies, Physician, Insurance, and Responsible Party/Next of Kin may be populated.



CAD

Within the application, you can import CAD data into your run record when your system has been configured for CAD integration. Some items that are imported include response times, destination and pickup locations, and specific incident information.

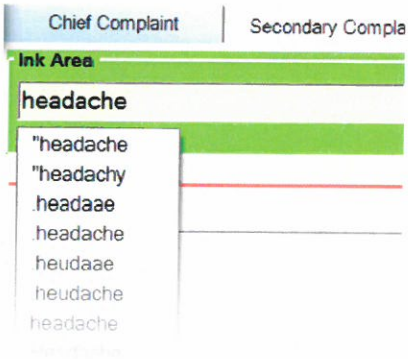
CARDIAC MONITOR

You can transfer your patient's critical data into the run record using various technologies, such as Bluetooth®, from the ZOLL© E, M, and X series monitors; Philips® MRx monitors; and LIFEPAK® 12 and 15 EKG directly into the application on your device. You can select the monitor icon on your system toolbar to interact with the monitor device you are using on the patient. The system allows you to select any cases, waveforms, and any additional data that you want to include in the run record. You can edit and review the imported information within the Monitors page, which opens immediately after import.

ENTERING EPCR DATA

EFFICIENT TOUCH SCREEN AND TABLET ENTRY

TripTix extensively uses the touch screen and pen-tablet entry features to increase efficiency for field personnel. The application minimizes the time required to enter data and complete patient records with features such as drop-down lists, point-and-click methodology, and color-coded fields. It also provides protocol-based and medical-oriented choices, which simplifies on-scene medic entry and documentation of patient care. Additionally, the handwriting recognition software has proven to be adaptable to a wide range of users, even those with poor handwriting characteristics.



FLEXIBLE FIELDS AND PICKLISTS

You have the ability customize fields as well as add new fields and field options to meet variations driven by your specific department protocols. Fields can be set to auto-populate your pick-up and destination facility information so that crews simply choose a facility from a pick list to populate the full address in the ePCR. In addition, the Incident page can be formatted to include agency-specific default information.

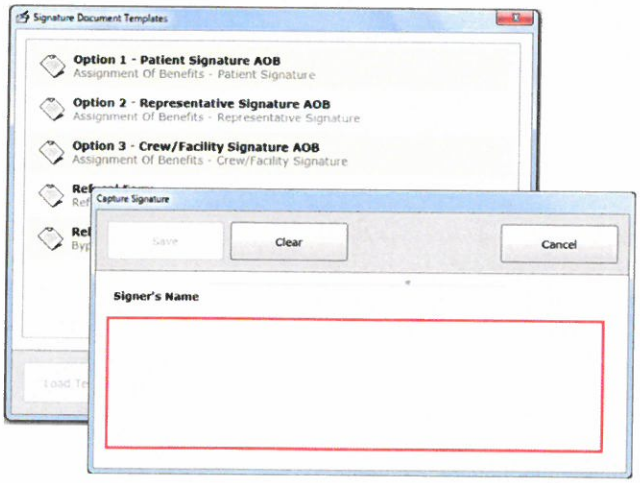
Customization is accomplished at the request of your administrator to Intermedix, not by your field personnel, to ensure the integrity of the process and the security of the application.

CONTEXT-SENSITIVE FORMS

TripTix simplifies medic interaction through context-sensitive forms, which causes the application to display specific fields and pages based on other field selections. For example, data required exclusively for motor vehicle accidents appears only after selecting **MVA** as the incident type.

SIGNATURE CAPTURE

TripTix provides Medicare and HIPAA-compliant signature capture for billing authorization purposes. Medics can choose from several signature templates available in the application, and the language can be customized to meet your needs or provide typical compliance language. After a medic captures the necessary signatures and submits the run record, the signatures are stored on the application's server for legal proof of authorization and patient acknowledgement.



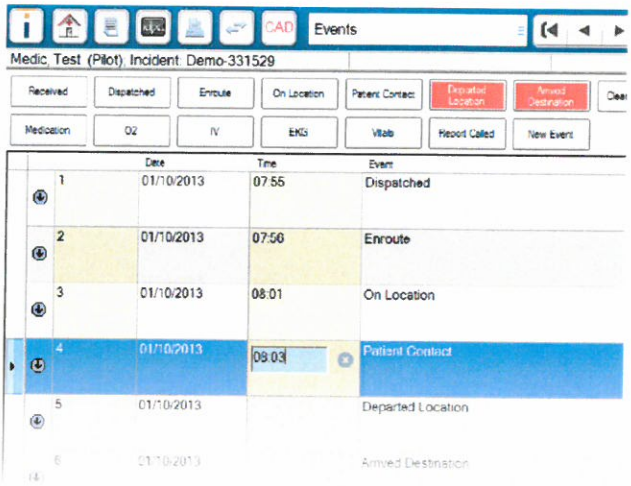
In addition, these "smart" electronic signature forms pull information from the run record at signing so that very little, if any, manual entry is necessary.

ENTERING EPCR DATA *(continued)*

EVENTS

The Events page allows you to document a chronological list of treatments and interventions provided during the call as well as the date and time they took place. Required events are flagged as errors when they are left blank, which forces a medic to add the necessary events before submitting the ePCR. Information entered into the Events page is linked to the narrative generator for automatic insertion into the narrative.

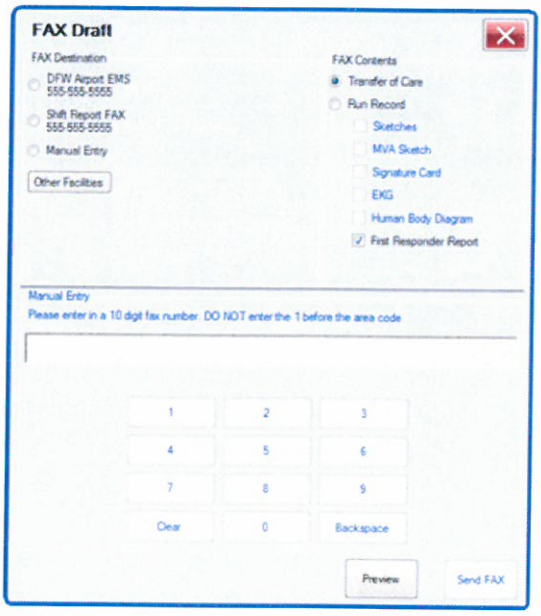
Additionally, events can be imported directly from a CAD when your system has been configured for CAD integration.



TRANSMITTING RUN RECORDS

FAXING

The Fax-on-Demand feature allows you to send report drafts at will and transmit 12- and 15-lead data to the destination hospital. This electronic routing eliminates the need for field printing by offering a simple way to maintain and manage facility FAX phone numbers and automatically send ePCR data to these facilities.



TRANSFERRING CARE

Using the Transfer of Care functionality, one crew member can send incident information via Bluetooth® to a different TripTix device. After the second device receives the transfer, the medic can import the data directly into their ePCR for the incident.

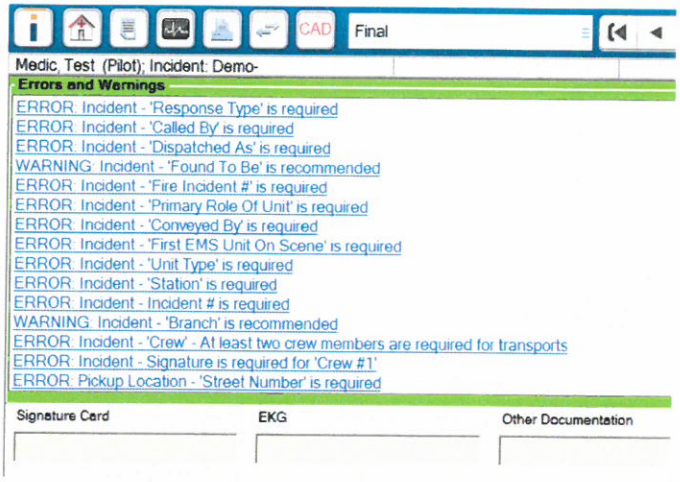
UPLOADING TO THE WEB

The TripTix platform allows you to upload any unfinished ePCRs to the Web interface, where medics can complete a record started in the field and submit it for review or to billing.

QUALITY ASSURANCE

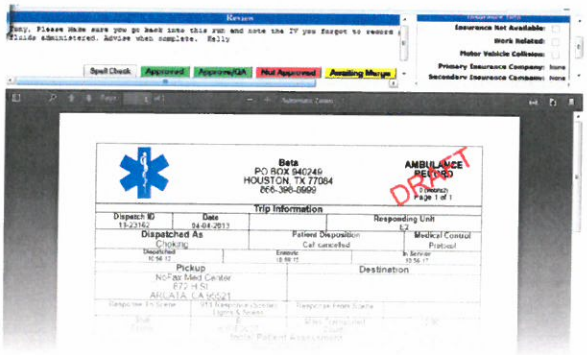
CLOSE CALL RULES

TripTix automatically validates data before finalizing a patient care report by flagging specific fields with errors and warnings. Department administrators can designate specific fields to generate errors and warnings by submitting a request to Intermedix. The system flags errors and warnings while the record is being created and lists them on the Final page. The medic must correct all errors prior to submitting the report, which reduces documentation errors that can delay the billing process.



SUPERVISOR REVIEW

Based on your department configuration, an administrator may perform a Supervisor Review on the Web interface before a PCR is finalized to ensure that the report contains the necessary information and does not contain any errors.During Supervisor Review, the administrator can enter comments and return the report to the writer for modifications or approve the report for finalization. After the PCR has been finalized and submitted to billing, it can undergo both Peer Review and Audit Review for quality improvement.



PEER REVIEW

With Peer Review, administrators can assign a redacted version of a completed run record to any user in a department. The assigned user receives an email regarding their review assignments and can then make comments regarding weak points in the report. He or she saves any comments and submits it back to the administrator, who can then return the report to the writer. The reviewer and the writer remain anonymous to protect the privacy of all involved parties.

QUALITY ASSURANCE *(continued)*

AUDIT REVIEW

With Audit Review, administrators can review all-inclusive (unredacted) versions of a completed run record. In addition to being able to make comments about the run record, administrators can request addenda and add instructions regarding additional information the writer should gather for the run record. The addendum request appears on the writer's home page, and the administrator receives an email when the addendum has been added. Once approved, addenda become part of the legal ePCR.

Administrators who perform audit reviews can amplify the process by using audit protocols, which allow them to specify rules that run records should follow. For instance, a rule can be created which indicates that on all calls where a seizure is involved, the medic should always document blood glucose levels. If the blood glucose levels field is empty in a seizure incident, the system flags it and displays the flag next to the run record on the Audit Review page. The administrator can then review the flags before performing the audit review and indicate whether any remediation activities were conducted for the break in protocols.

Comments entered during the Supervisor Review, Peer Review, and Audit Review processes are for internal use and do not become part of the legal ePCR.

REPORTS

Intermedix® is committed to providing clients with flexible and innovative reporting solutions. The reports available in the Web application are designed to allow administrators to analyze operational, clinical, and mission-critical data within the system. The ability to analyze trends by incident type, such as illness, injury, symptoms, and procedures, is provided as a standard feature.

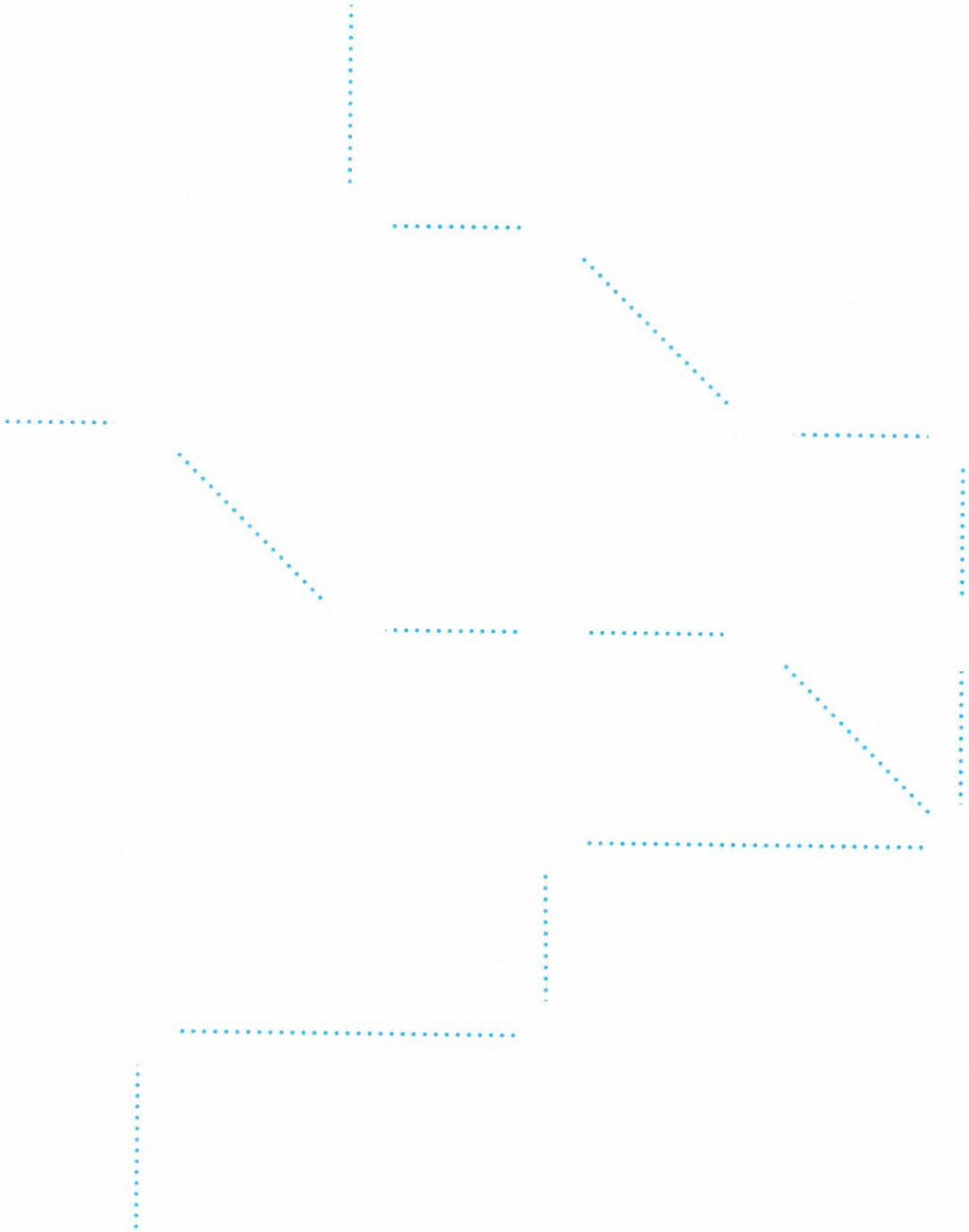
SYSTEM ARCHITECTURE

The TripTix ePCR solution is offered in the Software as a Service (SaaS) model, which means crews will access the latest version of the system each time their device goes through the power-up sequence.

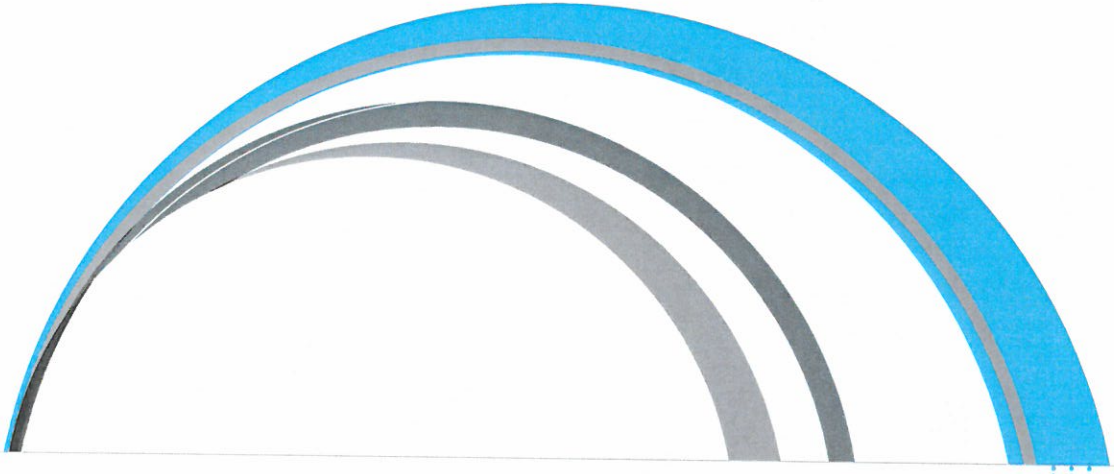
ATTACHMENT B:
ESO SOFTWARE SUITE BROCURE

SOFTWARE
SUITE

eso



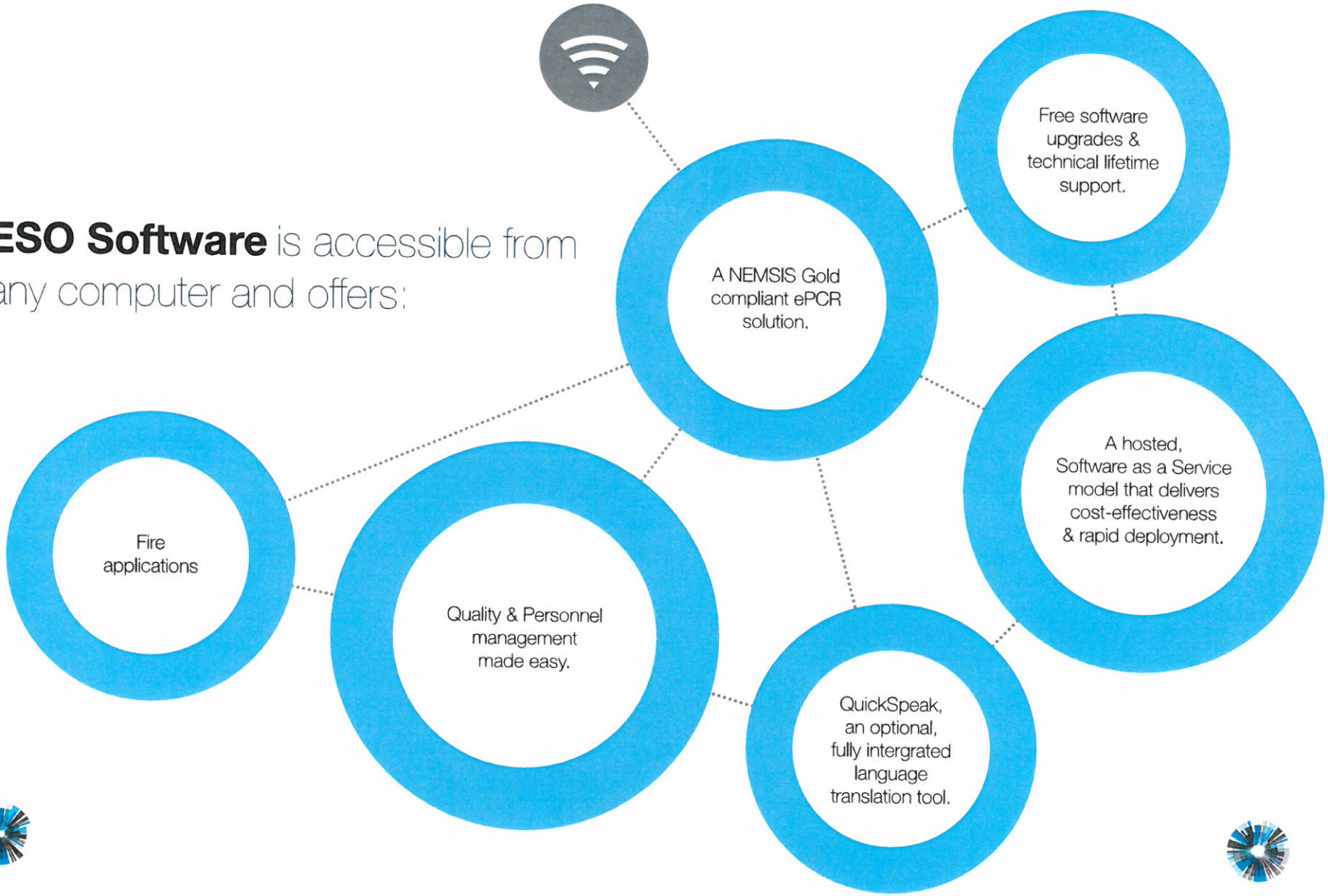
ePCR
QUALITY MANAGEMENT
PERSONNEL MANAGEMENT
QUICK SPEAK
FIRE



Built on next generation web technologies, the **ESO Software Suite** delivers:

- *powerful reporting capabilities*
- *unmatched quality management features*
- *clinical and operational tools to save you time and improve the quality and accuracy of your patient documentation.*

ESO Software is accessible from any computer and offers:



ESO ePCR is fast and easy to implement, and it's Software-as-a-Service so it comes with free upgrades—you're always using the latest and greatest software.

Integration

In order to better serve your patients and communities it is crucial that you are an integrated part of the healthcare system. We not only connect you to your CAD system, cardiac monitors, billing system and state repository; we will integrate with your local hospitals, regional or statewide health information exchange (HIE) and other areas of your healthcare network.

User-Friendly Workflow

Document the care you provide in any order you choose—you, not the software, run the call. Easily navigate through the system with jet-out screens, auto-calculation tools and system checks designed to ensure that your documentation is accurate and complete. And we integrate your protocols for easy look-up.

On-The-Go Features With ESO ePCR Mobile

Things in EMS can change at a moment's notice. ESO ePCR Mobile lets you quickly document and time stamp vital signs and treatments, collect electronic signatures and pull over important data from your CAD system and cardiac monitor devices. Easily transfer a patient from one tablet to another with Mobile-to-Mobile Transfer. Or sync a chart to the web for later completion with Auto-Sync.

ESO Quality Management allows administrators, clinical managers, medical directors and billing personnel to better manage the delivery of patient care and oversee processes from one easy-to-use application.

Improved Quality of Care

Clinical review and outcomes modules provide powerful tools to review the quality of care provided by your agency:

- Customizable and searchable reviews
- Hospital outcome data management
- Click-through to patient care records

End-to-End Review Management

Our system is designed to allow you to manage clinical and operational reviews without slowing down the billing process. Track clinical, operational and billing related issues so you know where to focus your training:

- End-to-end solution for the billing process
- Ability to make changes on the fly
- Multiple reviews let you multi-task

Better Bottom Line

Whether you bill in-house or utilize a billing company to manage collections, ESO facilitates communication between billing staff and operations:

- Internal messaging system
- Quick click-through access to ePCRs
- At-a-glance billing status updates

ESO Personnel Management (PM) completely integrates with ESO ePCR to help you manage your agency's personnel, training courses and education history from one easy-to-use application.

Personnel

Put your employee data in one place and never search for personnel files again. Track employee demographics, personal and emergency contact information, work history, credentials, certifications and more.

Training & Education

Store pre-built class templates, presentations and other training-related information for easy sharing. Assign class credit to a group or individual and customize user roles so you can control access to employee information.

QuickSpeak is a translation tool that enables EMS providers in the field to communicate with non-English speaking patients. It facilitates quick analysis of the issues at hand when a language barrier exists.

Break Through the Language Barrier

Through a series of closed-ended questions and commands medics can determine a patient's problem and explain treatments regardless of what language they speak.

Improve Time to Patient Care

Previous means to overcome language barriers—using a telephone translation service to perform the assessment—are inefficient and costly. QuickSpeak takes the guesswork out of patient care when providers cannot otherwise communicate with a patient.

Become an Expert

QuickSpeak is easy to use and can be mastered in minutes and includes more than 400 questions in 20 categories of assessment and treatment. Languages include many of the non-English languages spoken in the U.S.

ESO FIRE gives you the tools you need to report your agency's NFIRS data with ease. Featuring seamless integration with ESO ePCR and ESO Personnel Management, easy setup and featuring the industry's easiest to use interface, ESO FIRE lets you focus on putting out real fires, not the ones caused by complicated software.

Hassle-free, Automatic NFIRS Data Submission

Stop worrying about your agency's NFIRS data submissions. ESO FIRE's built-in validation tools help you stay compliant with the latest NFIRS requirements, and ESO takes care of your NFIRS data submissions for you. What's more, if you use ESO ePCR, the data from your ePCR auto-populates your NFIRS record to save you time and increase your efficiency.

No More Redundant Data Entry

Are more than 70% of your calls EMS related? With ESO Fire we pull the data from the ePCR to complete your Fire record, so there is no need to enter data twice. And if you do need to enter data, we've made it simple with an intuitive and flexible user interface, including features such as auto-complete fields and quick jump-to-links.

Quick to Setup, Easy to Manage

ESO FIRE can be configured to meet your agency's needs and is accessible from any computer with an Internet connection. Administrators can:

Select which optional modules (Apparatus, Personnel, HazMat, Wildland and Arson) your agency wishes to use

Quickly and easily add plus-one codes to specify particular incident information about your calls

Access canned reports to view the data you need most

Why Administrators love ESO

Powerful Administrative Tools

Manage your data with ease by creating validation rules and pick-lists, turning on/off forms and fields, uploading custom forms, managing users' roles and more.

Reporting and Quality Management

Get the big picture while overseeing your clinical, operational and financial processes and make important data-driven decisions using ESO's powerful applications.

Secure, Hosted Data

Rest easy and enjoy peace of mind knowing your data is housed in Tier 3, SAS 70 Type II data hosting facilities—and accessible by you online 24/7

Why Medics love ESO

Flexible workflow

You're in charge so document patient care in any order—in the field or at the station—and it auto-saves your data as you move from one tab to the next.

The Easiest to Use ePCR on the Market

Designed with you in mind with features like Quick Treat functionality for quick, easy documentation of treatments administered and jet-out screen for fast navigation.

Clinically Sophisticated Documentation

Tell the whole story with tools for documenting clinical data such as initial and ongoing assessments and advanced vital signs and Specialty Patient forms for focusing on certain patient types.

ATTACHMENT C:
REVENUE PLAN FOR THE CITY OF KEY WEST

REVENUE PLAN FOR THE CITY OF KEY WEST

STATISTICAL ANALYSIS

We understand how important it is for the City to have a Billing/ technology vendor that is a proven leader in EMS revenue cycle management services and associated technology. We submit that our success and growing list of capabilities over a long history of performance for a wide range of clients similar in size and demographics to Key West, gives the City the confidence to choose Intermedix as your partner. We will speak to the key areas of importance while providing detail in our plan that reinforces how we will meet the requirements and financial goals of the City through:

1. Offering a transparent and efficient transition of Emergency Medical Services from a private provider to the Key West Fire Department and the subsequent maximum cost recovery of those services.
2. Provide a state of the art ePCR and technology solution to effectively monitor the delivery of Patient care and revenue reimbursement.
3. Providing technology and analytics options for the future to meet the City's operational and service delivery objectives.
4. Cost efficiency to the City of Key West

Intermedix has long been the leader in establishing revenue strategies through accurate analysis of client data and careful insight into the many aspects that directly affect the development of revenue recovery goals that can be met. We perform ongoing due diligence for each and every one of our clients to establish firm expectations upon which they can rely, which is especially important because it is upon these expectations that Fire/EMS agencies form their own budgetary goals.

We have carefully vetted our prior performance for Key West. We have reviewed financial data we obtained during the RFP process and comparative data from local area and State agencies. Our strong analytics and modeling capabilities, combined with our vast experience with other similar clients has yielded a deep understanding of your current revenue potential and underlying areas of opportunity.

This enables us to provide a solid approach to address these areas with a plan of action that will ensure increased revenue for the City, should we be selected as your billing partner. We will share with you the projected collections we anticipate. Even more importantly, describe the steps that will fully explain the rationale that has led us to this projection.

THE BOTTOM LINE FOR KEY WEST

We feel very fortunate to be able to say that year in and year out, more agencies select Intermedix than any firm in the industry to help them achieve their revenue goals while providing excellence in client services, patient services, and compliance. The reasons agencies continue to select Intermedix can be grouped into two primary categories. One—Intermedix continues to deliver results in the core areas that Key West requires, and that is our commitment to you. Two—Intermedix continues to add valuable and differentiating capabilities to the list of services we bring to our clients which means that we will grow as you do.

Earlier in this section, we promised to provide you with an explanation of exactly how we would achieve our projected revenue for the City, we do this because we trust you will recognize the level of professionalism exhibited in our understanding of revenue drivers and what it takes to deliver an effective cost recovery program, thus increasing your confidence in our conclusions.

REVENUE DRIVERS FOR KEY WEST

Intermedix has demonstrated that the technology advances within our EMS billing system enables great efficiency of processing your claims, thereby increasing reimbursement totals. We anticipate our ability to bring a great deal of value to Key West through all that we do, and this includes our on-going assessment of your revenue opportunity, always looking to enhance results in partnership with your executive management team. In evaluating the data as provided and culled thru existing relationships, Intermedix focused our attention on four potentially significant drivers of revenue reimbursement.

1. Transport fee schedule
2. Level of service (LOS) mix
3. Charge mix
4. Collection percentage for each payer group

1 - TRANSPORT FEE SCHEDULE

Intermedix understands that the City's Transport Fee Schedule is to be determined. We have included a chart that illustrates Billing rates from a number of Florida agencies. for your analysis. We know that you do not desire to place an undue burden on taxpayers to subsidize the cost of EMS, when we can clearly seek revenue on your behalf with the insurance coverage that most people carry. The fact is that the governmental insurances (Medicare and Medicaid) only pay a set percentage of the fees charged for ambulance transports, and there are even many commercial insurance firms that try to do something similar. Therefore, the amount charged becomes important when assessing the revenue able to be recovered by the Department for its services.

We ABSOLUTELY UNDERSTAND that the City is not seeking to profit from these incidents at the expense of those who must call 911 for an emergency.

However, to be able to provide the best care as quickly as possible with quality equipment and personnel, while being ready to respond as a community provider during a large scale emergency, The City of Key West must fund its readiness. Collecting revenue from those who use the system, and specifically insured users of the system, is merely seeking payment for the care you have rendered by a service they have paid for in insurance premiums.

Sources of Revenue

A clear understanding of the four sources of EMS billing revenue and their yield behavior related to transport Fee charges is important. The four sources are Medicare, Medicaid, Commercial Insurance, and Self-pay. The outcome of charges will differ for each of these "pay classes".

Medicare will pay a federally mandated reimbursement limit or your rate charge, whichever is lower. The reimbursement limit is based on a combination of level of service and geographic region. Medicaid has a state mandated reimbursement limit that is lower than Medicare. The reimbursement amount varies with level of service, and does not include mileage. Commercial insurance will pay 100% of the charge as long as the charge is a "covered benefit", which is usually the case for emergency medical transport. Self-pay includes those who are "self-insured". Self-pay can be billed the full charge, although an extremely low percentage of payers in this class actually pay the full, or any amount.

Setting Charges

When setting your charges, we suggest following the guidelines outlined below. By following this approach, the financial burden of providing the service is shifted from the tax base to those that actually use the services.

1. Set charges in accordance with other agencies, including national trends. Look for agencies that have applied the rationale explained in this document.
2. Set charges to cover usage costs, including the cost of preparedness. The revenue allows you to provide excellent service with highly trained and qualified personnel, the best equipment, and low response times. Utilize a tax subsidy to fund expansion, new equipment, continuous training, etc.
3. Set charges **above** what the anticipated Medicare allowable rates will be at the time you expect to consider a potential charge increase. Doing so ensures that maximum Medicare reimbursement is received.
4. In some instances, use the same charges for BLS, ALS1, and ALS2. The basic cost of preparedness is very similar for each type of call. We have provided a recommendation based on area agencies' fee structures and can discuss appropriateness.

Conclusion

Emergency services such as 911 response have rapidly gained importance in recent years with the increased threat of terrorism, pandemic illness, and disaster response. Accordingly, communities have a greater interest in ensuring adequate funding for such a valuable service. By setting charges to an amount where collections will cover costs, the financial burden is shifted to those that use the service and most often have some form of insurance vs. the community tax base.

Our team will provide analysis and recommendation feedback throughout the contract, including but not limited to, industry comparatives, budgeting projections and needs assessments to ensure that your Leadership is equipped to make the case when the time is right to affect a fee change. If during the term of our service relationship Key West opts to move ahead with a meaningful fee increase, Intermedix will be open to discussing a lower fee for the billing services at that point. As referenced throughout our proposal,

Intermedix has been successful in increasing revenue results for our clients year after year, and we anticipate being able to do the same for Key West working closely with your leadership team to achieve the results we mutually establish as annual revenue goals.

FEE SCHEDULE

City/County	County	BLS Emergency	ALS1 Emergency	ALS2	Ground Mileage
CITY OF KEY WEST FLORIDA	**MONROE**	**$ 600.00**	**$ 600.00**	**$ 800.00**	**$ 12.00**
Bay County	Bay	$ 812.66	$1,218.90	$1,422.60	$ 20.27
Brevard	Brevard	$ 501.00	$ 541.00	$ 627.00	$ 9.18
Broward Sheriff	Broward	$ 450.00	$ 460.00	$ 575.00	$ 8.00
Cooper City (BSO contracted city)	Broward	$ 850.00	$ 850.00	$ 850.00	$ 10.00
Coral Springs	Broward	$ 433.00	$ 488.00	$ 623.00	$ 10.00
Dania Beach (BSO contracted city)	Broward	$ 752.85	$ 752.85	$ 752.85	$ 13.89
Davie	Broward	$ 751.41	$ 751.41	$ 805.09	$ 12.89
Deerfield Beach (BSO contracted city)	Broward	$1,000.00	$1,000.00	$1,000.00	$ 15.00
Fort Lauderdale	Broward	$ 700.00	$ 700.00	$ 750.00	$ 13.00
Hallandale Beach	Broward	$ 750.00	$ 750.00	$ 750.00	$ 12.00
Hollywood	Broward	$ 750.00	$ 750.00	$ 850.00	$ 12.00
Lauderdale Lakes (BSO contracted city)	Broward	$1,000.00	$1,000.00	$1,000.00	$ 15.00
Lauderhill	Broward	$ 575.00	$ 575.00	$ 650.00	$ 9.00
Lighthouse Point	Broward	$ 500.00	$ 500.00	$ 600.00	$ 9.00
Margate	Broward	$1,000.00	$1,000.00	$1,000.00	$ 15.00
North Lauderdale	Broward	$ 701.00	$ 701.00	$ 701.00	$ 10.78
Oakland Park	Broward	$ 670.00	$ 700.00	$ 750.00	$ 10.00
Plantation	Broward	$ 510.00	$ 530.00	$ 635.00	$ 9.00
Pompano Beach	Broward	$ 750.00	$ 750.00	$ 750.00	$ 10.00
Seminole Tribe	Broward	$ 600.00	$ 800.00	$1,000.00	$ 15.00
Southwest Ranches (Davie contracted city)	Broward	$1,000.00	$1,000.00	$1,000.00	$ 15.00
Sunrise	Broward	$ 606.00	$ 617.00	$ 680.00	$ 10.00
Tamarac	Broward	$ 600.00	$ 650.00	$ 700.00	$ 10.00
West Park (BSO contracted city)	Broward	$ 850.00	$ 850.00	$ 850.00	$ 8.00
Weston (BSO contracted city)	Broward	$ 750.00	$ 760.00	$ 895.00	$ 8.00
Charlotte	Charlotte	$ 550.00	$ 650.00	$ 700.00	$ 10.00
Collier	Collier	$ 700.00	$ 700.00	$ 750.00	$ 12.25
Jacksonville	Duval	$ 550.00	$ 635.00	$ 740.00	$ 10.00
Hardee	Hardee	$ 450.00	$ 550.00	$ 650.00	$ 9.00
Hendry	Hendry	$ 450.00	$ 465.00	$ 575.00	$ 8.00
Highlands	Highlands	$ 450.00	$ 500.00	$ 600.00	$ 10.00
Hillsborough	Hillsborough	$ 355.00	$ 400.00	$ 550.00	$ 9.00
Tampa	Hillsborough	$ 600.00	$ 600.00	$ 600.00	$ 10.00
Jefferson	Jefferson	$ 613.72	$ 754.78	$ 883.46	$ 13.24
Lee	Lee	$ 650.00	$ 875.00	$ 875.00	$ 12.00

Leon	Leon	$ 873.00	$1,046.00	$1,220.00	$ 16.36
Hialeah	Miami Dade	$ 800.00	$ 800.00	$ 900.00	$ 15.00
Madison	Madison	$ 425.00	$ 500.00	$ 700.00	$ 8.00
Miami Beach	Miami Dade	$ 800.00	$ 800.00	$ 800.00	$ 15.00
Miami-Dade	Miami Dade	$ 800.00	$ 800.00	$ 900.00	$ 15.00
Monroe & Trauma Star	Monroe	$ 600.00	$ 600.00	$ 800.00	$ 12.00
Okaloosa	Okaloosa	$ 500.00	$ 500.00	$ 500.00	$ 8.00
Okeechobee	Okeechobee	$ 400.00	$ 500.00	$ 600.00	$ 8.00
Casselberry	Orange	$ 550.00	$ 600.00	$ 674.00	$ 10.00
Maitland	Orange	$ 749.00	$ 749.00	$ 749.00	$ 8.50
Orange	Orange	$ 447.00	$ 750.00	$ 702.00	$ 12.00
Orlando	Orange	$ 736.00	$ 946.00	$1,051.00	$ 12.62
Oviedo	Orange	$ 600.00	$ 650.00	$ 750.00	$ 10.00
Kissimmee	Osceola	$ 600.00	$ 650.00	$ 700.00	$ 10.00
Osceola	Osceola	$ 500.00	$ 500.00	$ 500.00	$ 9.00
North Palm Beach	Palm Beach	$ 495.00	$ 545.00	$ 600.00	$ 8.00
Palm Beach	Palm Beach	$ 590.00	$ 590.00	$ 750.00	$ 11.50
Palm Beach Gardens	Palm Beach	$ 700.00	$ 750.00	$ 800.00	$ 12.00
Palm Springs	Palm Beach	$ 450.00	$ 450.00	$ 610.00	$ 8.00
Riviera Beach	Palm Beach	$ 450.00	$ 450.00	$ 575.00	$ 8.00
West Palm Beach	Palm Beach	$ 700.00	$ 700.00	$ 750.00	$ 12.00
Polk	Palm Beach	$ 600.00	$ 600.00	$ 700.00	$ 9.00
North Port	Sarasota	$ 575.00	$ 600.00	$ 650.00	$ 9.50
Sarasota	Sarasota	$ 600.00	$ 600.00	$ 650.00	$ 10.00
Lake Mary	Seminole	$ 347.37	$ 412.50	$ 597.04	$ 7.16
Longwood	Seminole	$1,011.00	$1,011.00	$1,011.00	$ 15.17
Sanford	Seminole	$ 550.00	$ 600.00	$ 700.00	$ 10.00
Seminole County	Seminole	$ 453.00	$ 538.00	$ 780.00	$ 9.00
Winter Park	Seminole	$ 720.00	$ 925.00	$1,028.00	$ 12.00

2 - LEVEL OF SERVICE MIX

The Level of Service (LOS) mix is an important factor in determining the appropriate amount of reimbursement for the care provided by Key West medics. Our goal is to code every transport at the highest level of compliant reimbursement – no more, no less. To this end, our experienced coding staff utilizes the Medicare level of service coding guidelines, as well as state and local protocols to help ensure that each account is coded at the proper level of service when the claim is submitted.

All coders must achieve a >95% coding accuracy to qualify as an Intermedix coder. The point here is that our coders are diligent in reviewing all run reports and ensuring that all claims are submitted in a compliant manner. This commitment to front-end coding excellence means that more claims are filed "cleanly" the first time, and do not require administrative hassles with audits and "take backs."

Our experience is that agencies of similar size and demographic area yield a level of service (LOS) mix closer to two-thirds ALS, one-third BLS, and a couple of percentage points of ALS-2.

If fortunate enough to be awarded this valuable contract, an initial step Intermedix would take is to conduct an analysis on the level of service mix and share any conclusions with KWFD accordingly. Again, the model we have produced reflects a LOS that we anticipate KWFD to perform as well as a comparison to the mix that we see in other similar demographic areas.

This is an area to which Intermedix will apply the utmost attention. In an effort to comply with all CMS guidelines and regulations, we will perform ongoing coding audits to ensure that all claims are submitted in a compliant manner. It is a process that our operations team will watch and report closely.

3 - CHARGE MIX

Intermedix utilizes robust front-end processes to find patient insurance eligibility and patient demographic information, with the goal of reducing your self-pay percentage (individuals without insurance) and unbillable claims due to lack of information. We will utilize our Hospital Liaison program to seek electronic data files from your local hospitals, specifically **Lower Keys Medical Center** to access critical patient demographic and insurance eligibility information after discharge from the emergency room.

Our billing relationships with area agencies (Miami Dade County, City of Miami Beach) gives us a great advantage as our Hospital Liaison group has established connections and relationships with facilities throughout the Region. Our success with implementing this program for agencies across the country is essential to our success in maximizing the KWFD's collections.

The primary goal of this process is to reduce the level of accounts in the "self-pay category" by moving them into one of the "insured categories." We are able to do this very successfully because of the combined focus of our front-end personnel, automated processes, and extensive database technology that is just not available anywhere else.

We will work with the KWFD to optimize your collection and documentation of insurance information at the scene. With the documentation training our staff provides, we are often able to assist in increasing the number of reports containing valid insurance eligibility information through this training alone, not even taking into additional consideration all the upside change from our processes and our internal patient database.

Intermedix will also implement our patient linkage system to electronically seek patient insurance eligibility information from Medicare, Medicaid, and other major third-party payers via historical patient transport records from our database containing over 30 million unique patient records with valid insurance information. We process nearly 3 million claims each year within our EMS business segment, and another 9 million Emergency Department (ED) patient visits annually, so our linkage pool continues to expand.

The bottom line here is that a MAJOR KEY to the results being driven from the valuable services provided by the men and women of KWFD is the ability to locate patient insurance information, and we have a tremendous focus on this element of the process and the tools necessary to maximize this measure.

We know that specific data was not provided during the RFP process related to the City of Key West charge mix of transported patients. For purposes of our projections, and with the knowledge that Key West is a tourist destination, we have utilized a charge mix somewhat similar to what we have experienced with agencies and cities of comparable demographics. In addition, U.S. Census Data for Key West provided some helpful direction as we looked at your charge mix, although the variations we recognized do not exceed the range of what we would expect to see.

Census Data	Key West
Medicare- 65+ population	12.8%
Medicaid- below poverty level	12.1%
Median Income	$52,660
In Labor Work Force	70.2%

Key West Projected Charge Mix

PAYER	% OF CHARGES
Medicare	35%
Medicaid	12%
Commercial Insurance	22%
Self-Pay	31%

Intermedix will track this very closely regularly discussing the shift in charge mix to ensure the best results given market conditions, application of Intermedix processes and technology, and run report documentation.

4 - COLLECTION PERCENTAGE FOR EACH PAYER GROUP

Many agencies and billing companies alike look to overall collection percentages (typically net %) to evaluate vendor performance. However, we find it most telling to examine the revenue per transport (RPT) and gross collection percentage that a vendor is able to achieve for its clients.

Taking a look at the RPT and the gross collections allows the KWFD to evaluate each vendor against a common "yardstick" without opportunity to pre-qualify "billable" runs with variable definitions. On a more granular level, the collection percentage **by payer** often reveals areas where opportunities exist to increase revenue. Intermedix closely tracks our collection percentage by the major payer categories, as well as on the aggregate level, so that we are aware of where our clients should be performing at any given time.

In general, we expect the following from the major insurance payers: **for Medicare and Medicaid, we will expect to collect approximately 90 – 97% of eligible dollars after mandatory contractual allowances. We also expect to collect in the neighborhood of 85 – 95% of eligible dollars from commercial insurance providers, depending on the fees being charged by our client.**

Assuming that the self-pay percentage is truly representative of those without insurance because our front-end eligibility and KWFD field level efforts are working successfully, then our ability to collect here will be based upon the level of consequences for non-payment, and those policies are entirely up to the City and followed accordingly by Intermedix. We normally find this category to have a low collection rate because when

patients do not have insurance, it is indicative of a true inability to afford any healthcare, which translates to a low probability that they will be able to pay their ambulance bill.

SFD EMS Revenue Projections

To summarize, Intermedix has become the leading EMS billing company in the country because of our expertise and focus on the EMS billing business. Given the unique opportunity now facing the City of Key West, we are confident in saying that the model we have constructed, and will use as a benchmark for our performance during the length of the contract, will demonstrate the effect of the various revenue drivers and the significant impact on the reimbursement levels Intermedix can achieve for KWFD.

The following abbreviated chart demonstrates the outcomes by payer that we anticipate for the City over the next three years. Our projections are based on the limited data provided in the RFP document as well as historical collection data from area and State of Florida agencies. Our assumptions include 1% increase in transport growth per year and no change in Medicare/Medicaid reimbursement levels. We reserve the right to revise our projections based on actual findings. If selected, we will verify all estimates based on actual data identified during the start-up process as well as audit results designed to enhance our efficiency and establish accurate benchmarks.

Intermedix Analysis of EMS Revenue – City of Key West, FL

	2014	2015	2016	2017
Projected Collections by Payer				
Medicare	$ 679,249	$ 695,646	$ 702,602	$ 709,628
Medicaid	$ 86,456	$ 87,321	$ 88,194	$ 89,076
Insurance	$ 489,098	$ 493,989	$ 498,929	$ 503,918
Private Pay	$ 27,567	$ 27,843	$ 28,121	$ 28,403
TOTAL COLLECTIONS	$ 1,282,370	$ 1,304,799	$ 1,317,847	$ 1,331,025
Revenue Per Transport	$ 287.26	$ 289.39	$ 289.39	$ 289.39

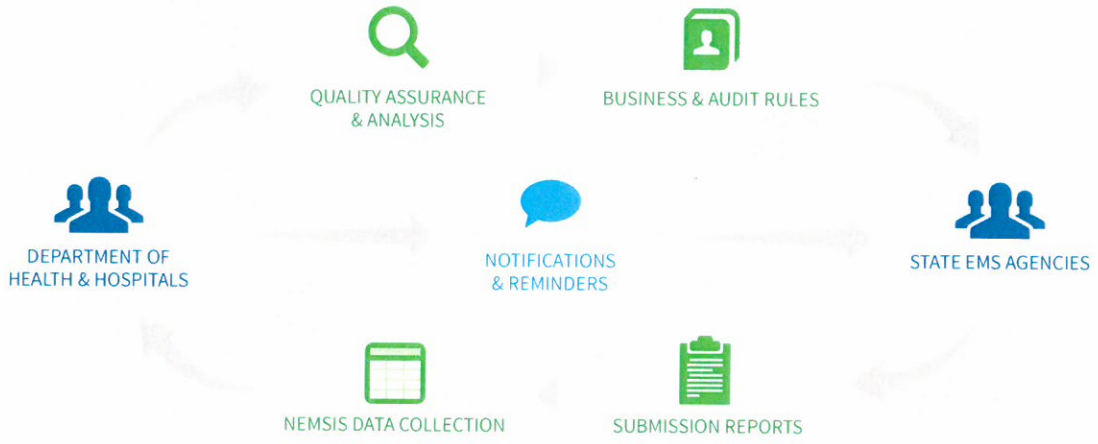
Accomplishing these goals will be a collaborative effort between Intermedix, the City of Key West and the KWFD. We look forward to the opportunity to assist in these revenue enhancements. Our projections are based on the data included in the solicitation process and further due diligence of historical collections.

ATTACHMENT D:
CDX PRODUCT OVERVIEW

Clinical Data Exchange

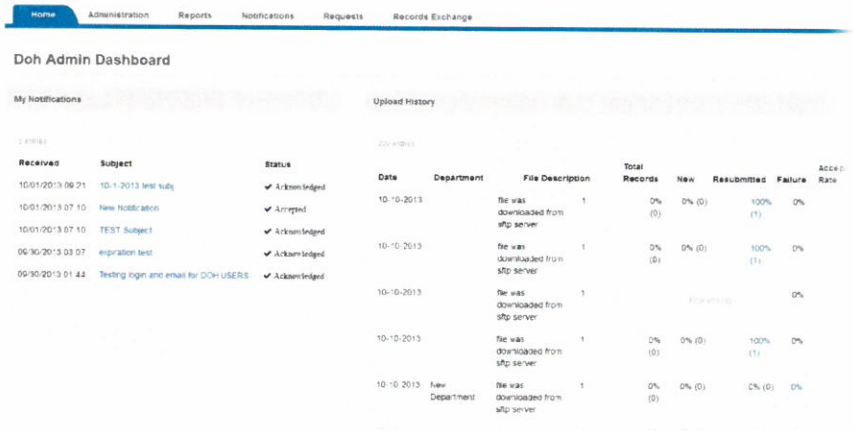
OVERVIEW & WORKFLOW

The Clinical Data Exchange (CDX) application is a state NEMSIS repository for collecting, analyzing, and reporting pre-hospital patient care data submitted by EMS agencies. With this solution, agencies, regional EMS officials, and state administrators can view and analyze a variety of reports within the Web interface for benchmarking and to identify quality improvement initiatives.



VISUALIZE SYSTEM STATUS

The application is designed for NEMSIS 3 but is also able to accept NEMSIS 2.2.1 Gold data. When you log in to CDX, a dashboard appears and shows you recent notifications, an upload history snapshot, and a quick summary of submissions.



UPLOAD ELECTRONIC PATIENT CARE RECORDS

EMS agencies can easily upload their ePCRs and demographic data by logging in to the Web application and using the simple file upload form. Agencies can also submit data through a Web service provided by their ePCR vendor. The system processes the uploaded file to automatically determine whether the file contains Event data or Demographic data as well as the month of data the file represents. After the file is uploaded, its information is reflected in the Submission Report.

ANALYZE STATISTICS

The application offers an entire section dedicated to reporting so that you can view submission information in the format you need. The Submission Report provides a comprehensive snapshot of ePCR and demographics submissions in the system and includes specific department information for submissions that have failed, are missing, or have low validation scores. You can also view Individual patient care records in their original, polished PCR format or in an all-inclusive Data Elements format. Both formats allow you to easily view the revision history of the record.

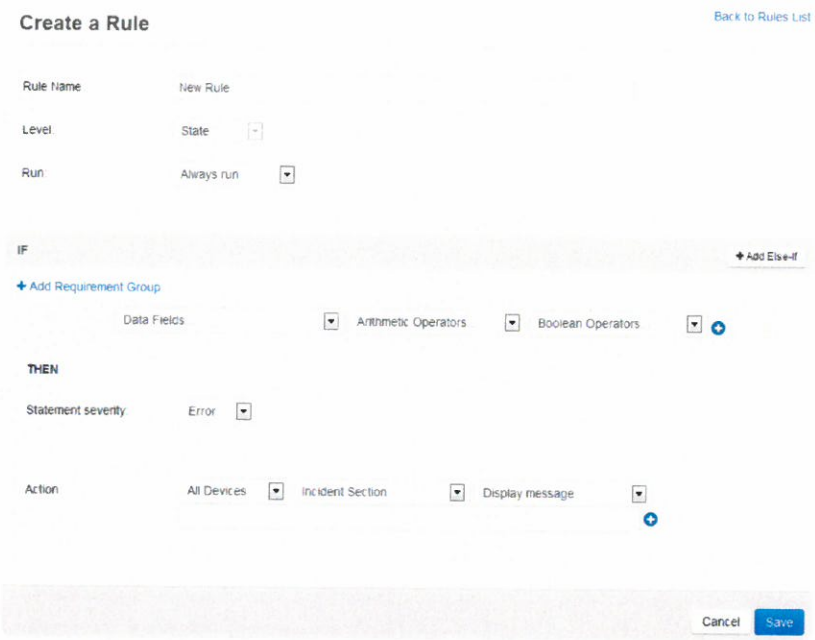
In addition, the application contains an integrated reporting interface known as Business Objects that allows qualified users to create adhoc reports based on the data available in the system. You can use pre-configured reports or customize your own reports with the desired Agency and Incident information and export the reports to a PDF file, a CSV file, or a webpage.

INITIATE QUALITY IMPROVEMENT MEASURES

After reviewing the necessary statistics, you may find that several department submissions are late, missing, or incomplete. The application makes it easy for you to notify these agencies about their submissions as soon as you notice something is amiss using the following options:

- Create notification templates for common scenarios, such as notifying a department with a missing submission, to store in the system for quick disbursement.
- Create automated notifications to provide submission receipts, inform users of file processing results, remind users of submission deadlines, and more.
- Require users to acknowledge receipt of important messages by adjusting message settings to prompt users immediately after they log in.

To more accurately determine whether submissions are acceptable, qualified administrators have the option to create Business Rules using an intuitive interface directly in the Web application. All files are checked against the business rules immediately after uploading. When a file does not comply with any number of rules, it is flagged as partial or incomplete.



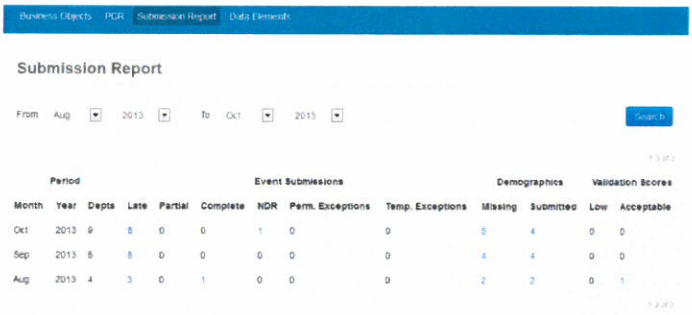
MANAGE DEPARTMENT DEMOGRAPHICS AND INTEGRATIONS

In addition to being a repository for pre-hospital data, CDX integrates department and user management with the NEMSIS demographic data set. This integration allows administrators to create system users and manage their permissions and level of system access. Administrators can also manage department demographic information. Additionally, the application contains the web service framework for bidirectional data sharing with third party ePCR vendors, hospital EMRs, and other registries.

ADDITIONAL FEATURES

SUBMISSION REPORT

The Submission Report table displays the month and year of the submissions and the number of departments who submitted files during that time frame. You can use the filter options at the top to determine which months and years should appear in the table.



You can click the number links to view the individual department names for the **Late**, **Partial**, **Complete**, **Missing**, **Submitted**, **Low**, and **Acceptable** columns. For even more department information, click a department name on this page for an overview of that department's submissions, including total submissions, monthly averages, and more.

UPLOAD HISTORY

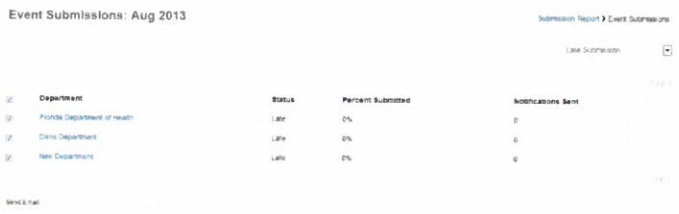
All uploaded files appear in the *Upload History* page, where users can view details such as the date of the upload, the total number of records uploaded, and whether the file is new or has been resubmitted. You can also view the file type, which details the NEMSIS version, and the percentage of failure and acceptance for the file.

FAILURE DETAILS

If a file in the *Upload History* page contains a percentage of failure, you can click the percentage link to view details like the error source and description. If the file contains an acceptance rate of less than 100%, and the percentage is a hyperlink, you can click the percentage link in the **Accept Rate** column to view the details of the warnings found with the records.

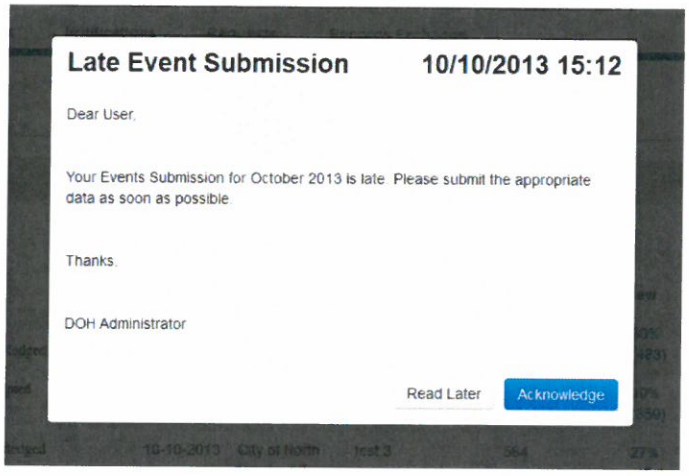
NOTIFY IN SUBMISSION REPORT

Notify agencies with late or missing submissions and low validation scores by clicking on the appropriate number link in the Submission Report, selecting the check box for the desired departments, and then clicking the **Send Email** button. This opens a message center through which you can inform the departments of the issues with their submissions.



USER NOTIFICATION ACKNOWLEDGMENTS

Require users to acknowledge receipt of important messages by adjusting message settings to prompt users immediately after they log in. You can also view reports to see who has acknowledged the notification.



NDR AND EXCEPTION REQUEST

Agencies can submit Exception requests and No Data Report (NDR) requests when they are unable to submit data for a submission month. Qualified administrators can grant temporary or permanent extensions for these requests.