



Proposal to City of Key West Florida

EMS Billing Services

RFP – # 002-18

January 24, 2018

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City Clerk

City of Key West, Florida
1300 White Street
Key West, Florida 33040

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Reference: RFP # 002-18 EMS Billing Services City of Key West

Dear Evaluation Committee:

Attached is the Intermedix proposal for Emergency Medical Services Billing for the City of Key West (the City).

We have provided what we feel to be a comprehensive solution to address your EMS Billing requirements, as outlined in the RFP. Intermedix has more than 37 years of experience in this space, with an industry footprint that extends to over 300 clients nationwide, and includes many of the largest agencies in the US.

We provide billing services to 55 clients in the State of Florida and our Florida client base exceeds the combined client base of our competitors several times over. The extended length of time we have serviced clients, often spanning multiple contracts, and the superior EMS revenue streams they benefit from, speak to the quality of our solutions to the Florida market.

We closely evaluated the requirements in the RFP and associated Addendum #1. Below we have shared some details on your program performance.

Year	Receipts	Transports	\$ Per Transport
2016	\$903,593.55	5,607	\$161.15
2017	\$778,542.84	5,344	\$145.69

Your two-year average revenue (cash receipts) per transport is \$153.61, a number we find extremely low for the City. This contrasts sharply with your Florida peers, who routinely realize \$280 to \$350 per transport (and more), while partnering with Intermedix. *Our question is why, given the favorable economic demographics of your City.* We believe your program should produce in excess of \$315 per transport, and a fully mature billing pipeline should produce over \$1,750,000 annually for the City. That is **an increase of \$971,000** from the City's revenue vendor reports for 2017.

Our bid response provides specific plans on how our partnership will generate your revenue lift. Your revenue lift, like any other EMS revenue program, is dependent on internal factors (under our partnership control) and external factors (outside of our control).

Below we summarize the major factors that will generate your funding lift, should we be favored with your billing services:

Collections	\$634,828.39
Service Mix	\$41,912.91
Insurance Mix	\$196,338.70
Transport Growth	\$80,896.00
Medicare Rate Increase	\$17,024.00
Initial Revenue Lift	\$971,000.00

Later in our proposal we address the specifics on changes our partnership can generate to realize the revenue lift above.

We would like for the City to also consider:

- Intermedix is an ESO Platinum partner
- Our processing center is located in Miami, Florida
- Your assigned client services representative is only a short drive away in Miami

We are confident that our knowledge, technology, customer service model along with our specific process improvement plans, provide compelling reasons to consider partnering with Intermedix. We are dedicated to delivering superior service and are committed to your success.

Please reach out to Glenn Goodpaster, Vice President Business Development at 513.225.6613 or via email at Glenn.Goodpaster@intermedix.com should you need any further information.

Respectfully submitted,



Melissa Leigh
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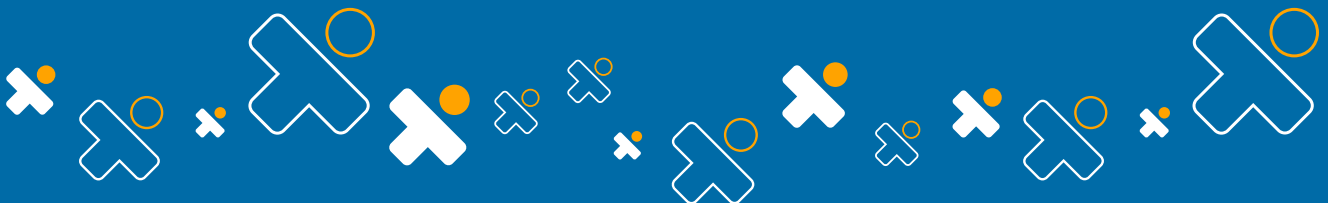


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Organization

Intermedix (Advanced Data Processing, Inc.) was founded in Florida during 1978 to provide EMS Revenue Cycle Management (RCM) billing services. We now employ 2,400 professionals in 29 offices across 14 states and internationally. The executive leadership for our EMS RCM business unit continues to be based out of Fort Lauderdale FL and the vast majority of our EMS billing work for our Florida client base is processed out of Miami FL. Key West will benefit from the close proximity of our EMS client support team led by Darryl Hartung in Fort Lauderdale with client services representative staff located in Miami, FL, a short drive from your facility.

Our specialized teams have specific knowledge and experience about EMS billing, and with our heavy emphasis on Florida-based EMS billing, we will be well-versed on your policies to ensure timely working of your accounts. Due to the number of staff we employ, an organization chart would be cumbersome to display, so as an alternative, we provided a high-level organization chart for our EMS business unit and the key personnel we will assign to work with City of Key West. Both charts can be found in Attachment 2 of our response.

We have **650** dedicated EMS RCM team members in **3** geographically distinct, large operating centers who serve over **230 satisfied EMS clients**, processing over **3.8 million transports** annually and **collecting \$1.2 billion** annually on behalf of our clients. Of the 165+ staff in FL, **90 team members** are based in **Miami, FL**.

The importance of the revenue stream generated by your EMS transports to the community dictates the successful vendor be financially strong to mitigate future program revenue risks. Intermedix is financially sound with over \$10 million in available cash with an additional liquidity of over \$20 million available under its revolver. Our financial strength allows Intermedix to continuously invest in technology and new processes, which optimizes your cash flow and program results. With regard to pending or present litigation, given the scope and nature of our business operations, Intermedix is sometimes subject to or named in complaints in litigation or arbitration matters in the ordinary course of its business. Intermedix represents that no pending legal matters, either individually or in the aggregate, are material or would create an impediment to our ability to perform the services required by the City of Key West.

Intermedix is intimately involved with many relevant industry organizations and also sponsors several EMS initiatives including, but not limited to the Pinnacle conference, the Florida Fire Chiefs' and an annual NAEMT Harvard scholarship to advance EMS leadership. Please refer to Attachment 6 Industry Associations and Memberships for further details.

Qualifications

1. Resumes of academic training and employment in the area of EMS Billing.

In support of the organization chart provided for key personnel, bios have been provided as Attachment 3 Key Personnel Bios for your review along with a description of our training criteria. The key personnel assigned to the City of Key West have a combined 140 years of EMS RCM experience.

2. Include three (3) examples of EMS Billing including pricing methodology used.

Over the last 39 years Intermedix has worked with hundreds of EMS providers employing multiple pricing models. Below we group those experiences into X major categories for your consideration:

- **Subscription Model EMS Billing:** This EMS billing model is more popular in specific geographic areas of the county. In a subscription model a residence elects to “subscribe” to EMS transport services, which eliminates any personal or patient financial obligations for receiving transport services. Insurance carriers are still billed for services provided and any subscriber balance due is written off. Patients who do not subscribe are billed for balances due after insurance processing. A fee schedule for transports and mileage is maintained with some providers charging for Treatment Without Transport (TWT).
- **No Resident Billing:** EMS providers utilizing this model maintain a separate fee schedule as above and claims for services are submitted to insurance carriers for processing. Patient responsible invoices are sent to nonresidents for payment, however invoices to residents are suppressed and those balances are written off. This model, fully approved by the OIG, allows jurisdictions providing EMS transport services to not bill its residents for those services.
- **Full Service Billing:** EMS providers utilizing this model maintain a separate fee schedule and claims for services are submitted to insurance carriers for processing. Patient responsible invoices are sent to all patients receiving services, optionally some EMS providers elect to forward unpaid balances for collections.

Almost all EMS providers utilize an all-inclusive fee schedule and do not itemize charges for their EMS transports (e.g., drugs, supplies, etc.). With the announcement by Anthem that TWT's will be paid by Anthem after January 1, 2018, more EMS providers have elected to include TWT (HPCS A0998-coded 9-1-1) in their fee schedule. However there are no plans to include Florida in this payment program as of this date.

Program Approach and Price

Please submit a program approach for the completion of the scope of services requested above and price for a three (3) year period. The approach and price, at a minimum, shall include the following:

- 1. From a technical perspective, explain why your organization should be selected for performing the services covered under this Request for Proposals and how you can add value to the goals and objectives of the City. Include examples of your success in performing such services with other entities.**

Intermedix was founded to provide billing services to providers of EMS transports in 1978. While we have grown to be the national leader in EMS billing services, our primary geographic market was and is today, the State of Florida. We process more claims for more departments within the State of Florida than the entire competitive market combined—increased by a factor of four. We retain our Florida client base year over year for two primary reasons – **financial performance** and **client service**. We will deliver the same superior service to the City of Key West.

Your addendum includes details on the current production of your EMS billing program, including a two year average collections of \$841,068 on an average of 5,475 transports billed, or \$153 per transport. We find this financial production to be alarmingly low. By contrast, **we project your fully loaded collections should be \$1.75M or more, which is an average of \$317 per transport.**

Your work, like our other Florida based clients, will be processed out of our Miami, FL operations center. Because of the huge volume of Florida transports processed out of this office, our staff is more attuned to the nuances of processing Florida transport claims than any other processing center in the country. The financial results for our clients bear this out, for instance, Miami Dade County averages over \$290 per transport.

So how do we improve your billing performance from the current \$153 per transport benchmark? The following section steps you through how we will lift the financial performance of your EMS billing program.

Foundation Work: Successful EMS billing programs are built on strong foundations. To build your billing foundation, we will start with a detailed documentation audit that captures and reports on 42 data elements contained in your Patient Care Report (PCR). Your documentation review will be used to evaluate training needs, and if appropriate, documentation training will occur onsite. You will also receive a benchmark of how your department performed against this and your peers that have undergone this review.

Your staff will also have access to our extensive online training program through our Education Outreach team, which includes on-demand training, onsite consulting and on-demand documentation review, at no additional cost. The learning portal modules include:

- Understanding Compliance and Medical Necessity

- Signature and Credentialing Requirements
- Level of Service
- Introduction to EMS Documentation
- Documenting Medical Complaints
- More Documenting Tips and Scenarios
- Writing the Narrative
- Preparing for ICD-10
- Top 5 EMS PCR Data Points to Improve Upon

The onsite and web-based training offers the following benefits:

- Training course tests post instant results
- Printable certificates of completion for your files
- Contact hours and college level CEUs awarded
- Reporting to track your agency progress
- And, more courses and topics added each year

Our implementation team will also document your dispatch policy and ALS assessment requirements in response to 911 patient complaints.

Based on prior Florida billing engagements, we project the funding lift associated with these services will be \$42,000 in the first fully loaded year. Additionally, your documentation will be more complete and your coding will be more accurate.

Professional Services will provide an implementation team that collaborates with the City to discuss and build how your transports will be processed in our system. This process includes defining reports, patient communications and patient billing. Professional Services will also ensure the IMX billing platform integrates with your ePCR solution and an integration with Lower Keys Medical Center (LKMC), which receives 100% of your current patient transports. As a Platinum Partner of ESO we are able to confirm LKMC is not connected to the ESO HDE so the hospital interface is important.

It appears your program mail and checks are being received directly by your billing vendor for processing, introducing an opportunity for fraud. Best practices dictates the use of a lockbox services to mitigate risk of theft and speed cash flow. *As part of our proposal we have built a lockbox service into our pricing to provide this important service to your program.*

EMS Billing Program: Now that your billing infrastructure is fully developed, our true work starts. In the following section we highlight your billing process under our partnership with an eye on your program success.

Once fully implemented your billing process will benefit from the advanced automation leveraged by the IMX Billing System. Your PCRs will be automatically pulled into our system and programmatically reviewed for completeness. Records with deficient documentation will be returned to your department with specific instructions on where the documentation is deficient. The system will also attach the appropriate patient insurance provided by our interface with LKMC for billing purposes. All PCRs are reviewed by our coding staff for appropriateness before submitting a claim to insurance carriers for processing.

If the hospital interface does not produce insurance to bill, then our system looks for patient insurance inside of our Master Bank database of 40,000,000 patient records with insurance, for billing purposes. *Our Master Bank is a proprietary database gathered from billing millions of EMS transports and ED visits annually.* This is a unique value-add only Intermedix provides to our clients, and we expect to drop your self-pay category using this technology. Of course when there is no insurance to bill, we will generate an invoice to the patient and request insurance coverage.

We believe a unique challenge the City faces with fully collecting on EMS transports is processing claims on tourists and others visiting your City. The economic demographics of your residents are excellent, however out of town visitors can present a special challenge. That is where our proprietary database, electronic online insurance sweeps and outbound patient phone call campaigns will drive improvements to your revenues.

We project our processes above will drive a change in your insurance carrier mix that will generate a \$196,000 revenue lift.

All commercial claims are processed by our Patient Deductible Management (PDM) module. Our system then pends the patient deductible balance and waits for claims submitted by other healthcare providers to absorb the deductible. The PDM module also manages the timely filing requirements of the patient's insurance policy, meaning our system will release a claim to the insurance carrier when the deductible is exhausted or the timely filing deadline requires a claim to be released. The result of this process is, *your patients receive less bills for your services and insurance carriers pay more of your services directly.* **We project this process will yield an additional \$40,000 to your program.**

Once the claim is released, we closely track the status of the claim with your carrier and aggressively work insurance claims that are not responded to by carriers on a timely basis. Claims that are underpaid are appealed for full payment and claims that are denied are appealed for payment purposes. *This process of review and account resolution is critical to your program financial performance.* Analyzing your 2-year performance of \$153 cash generated per transport leads us to question if your accounts are being aggressively resolved.

Your programs financial performance will also receive a lift from a unique process we have developed under which we contract with an outside attorney to ensure all claims submitted to property insurance carriers (including auto insurance), are paid at full rates. Often times these carriers will discount policy payments, but when threatened by legal attorney for resolution, those additional payments materialize.

Finally, when the bill does belong to the patient, we will bill the patient with the dunning language you provide. Our system uses both telephone messages and patient invoices to capture the attention of the patient for payment purposes. In addition, we are able to process payments via credit card and our system offers a patient online portal for payment processing and insurance updates. Of course, any unpaid balances can be forwarded to the collection agency of your choice for further processing.

We analyzed the collections rates of each major insurance type and compared your actual performance to that of our Florida client base—the differences are surprising. Based on our collection percentages of our Florida client base we project our account resolution processes will **generate a revenue lift of \$634,000 to the City.**

The close proximity of your Client Relations Manager (CRM), Rebeca Botero will allow us to meet with you face-to-face and review monthly, quarterly and annual billing performance as appropriate. Typically, early in the billing process we will meet with your department leadership more frequently, and once a comfortable cadence is established the frequency of onsite meetings is reduced.

2. From a logistics perspective, explain how your organization intends to interact and interface with the City in the performance of the Services covered under the Request for Proposals.

Your documentation review services will be performed remotely out of our Fort Lauderdale office via a conference or WebEx call to review results. When the documentation review results warrant training, we will develop an onsite training schedule with your department. If other EMS billing is requested, we will also schedule that onsite. In all likelihood, these resources will be provided out of our Miami, FL office.

Your implementation team will work with you remotely to define billing processes, provide switch over credentialing services and required integration services. Your implementation team will continue to work with you over the next three months of going live. Once fully implemented, your Client Relations Manager (CRM) Rebeca Botero will arrange onsite meetings as requested. Typically, these meetings will become a quarterly event, unless your program leadership requests otherwise.

While onsite, your Intermedix CRM will review your monthly program reports with you and provide report training as needed. You are invited to tour our Miami office to see firsthand, our processing operation and meet the local leadership.

While the ratio varies on client size and complexity, on average our Client Relations Managers support 7 clients. We believe this level of client relations investment is unmatched in the industry.

- 3. Specify address of Firm's designated office where the majority of work on this project will be performed, call center location. Indicate percentage total overall of the Services to be performed by the Firm's office specified above. Specify address of Firm's other office(s) where any part of the work for these Services will be performed, if applicable.**

Work will be performed out of our Miami, FL office location. The address is 7900 NW 154 Street, Suite 201, in Miami Lakes, FL 33016.

- 4. Describe any limitations that may exist that would impact your organization's ability to perform the services covered under this RFP.**

There are no limits that would impact our ability to perform services for the City of Key West.

- 5. Proposed price for EMS Billing Services as specified in the Scope of Services.**

Intermedix proposes full billing services along with a lockbox service provided by a financial institution for a fee of 3.9% of non-Medicaid revenues (defined as gross cash receipts less cash refunds) and \$9.00 per Medicaid account processed. Additionally we offer the following optional line items:

- Hardware composed of 8 Panasonic units of your choice (CF20s or CF33s).
- ePCR software of your choice (ESO or TripTix).
- Both hardware and ePCR software. Please note that if the City elects to implement TripTix software your hardware support includes full swap-out hardware support services meaning, *you ship deficient hardware to us and we will cross ship a fully loaded replacement unit to you.* Should you chose ESO loading software and reimaging, efforts will be the responsibility of the City. Please see the schedule below for full pricing:

Quote Pricing	% Fee	Medicaid Per Account
Billing (includes Lockbox)	3.9%	\$9.00
Billing Plus Hardware	4.6%	\$9.00
Billing Plus ePCR	5.0%	\$9.00

- 6. Any other material as may be helpful to establish that the respondent has the necessary facilities, ability, and financial resources to furnish the required services in a satisfactory manner.**

To assist the City of Key West in understanding our EMS Billing processes, we have provided Attachment 1 EMS RCM Methodology and Approach, which details our billing process from

end-to-end. Please read this Attachment if you desire, to better understand our step-by-step processes. You will notice references in response to other questions in this RFP to various sections of this Attachment for the sole purpose of providing additional clarification.

Familiarity with Florida and the Florida Keys: Describe experience with EMS billing in Florida and, particularly, the Florida Keys.

Our Florida experience in 2017 includes:

- Processing over 1,000,000 transports
- Processing 1,041,857 primary insurance claims
- Processing 185,207 claims for Medicaid Managed Care
- Process approximately 20,000 claims per week for our Florida clients

Because of the extensive experience we have in Florida, we are positioned best to understand how to: *collect from Medicaid MCO's* (who can be tricky to deal with), *collect from property insurance*, which is unique to Florida and *collect on patient high deductible plans*.

Client References: Please provide a minimum of three (3) client references for which you have provided a similar service within the past five years of the scope and nature required by this RFP along with contact name, phone number, and email for the references.

Client Name	Contact Name	Phone	Email
1. Miami Dade County Fire & Rescue	Mr. Scott Mendelsberg	786 331-5122	swim@miamidade.gov
2. Plant City Fire & Rescue	D. Burnett, Deputy Chief EMS	813 757-9131	dburnett@platcitygov.com
3. Coral Springs/Parkland FD	Juan C. Cardona, EMS Division Chief / Infection Control Officer	954.346-1349	fdjcc@coralsprings.org

Scope of Services

A. Provide billing and accounts receivable management services -The successful Proposer shall provide billing and accounts receivable management services to the CITY for emergency medical transportation services rendered by the CITY. The

Contractor shall file required documentation and agreements with all payers (e.g. Medicare, Medicaid, and private insurance companies).

Understood. Attachment 1 EMS RCM Methodology and Approach provides details on our end-to-end process.

B. The contractor must have a minimum of 5 clients that exceed 3,000 transports or medical claims processed last fiscal year.

Agreed. Intermedix has been providing EMS RCM Billing services since 1978. To date, we have successfully implemented our solutions to over 350 EMS clients across the US and 55 clients in the State of Florida.

C. The contractor must have a full-time compliance officer.

Melissa Leigh, JD is our Chief Compliance Officer and Leigh Ann Bedrich, JD is our EMS RCM Compliance Officer, both are full time employees of Intermedix. In addition to our Information Security Officer, we employ a team of compliance auditors plus security engineers who work together under a culture of maintaining compliance.

D. The contractor must absorb all credit card and debit card fees incurred for processing.

Understood. Your fee includes credit card processing fees, however the merchant account used should belong to the City of Key West.

E. The contractor will scan images and all patient documents and attach this information to each trip.

All correspondence is scanned and attached to the patient account.

F. The contractor must work to establish relationships with all the CITY receiving hospitals and skilled nursing facilities.

Agreed. Our hospital liaison program maintains connections with over 600 hospitals nationwide and have a dedicated hospital integrations team that will establish connections with the City of Key West's transport hospitals. Please refer to Attachment 1 EMS RCM Methodology and Approach under Patient Research and Professional Services for further details.

G. The contractor must have demonstrated success interfacing ePCR technology to their billing system.

Intermedix is a Platinum Partner of ESO, meaning you will receive priority support from both organizations in establishing and maintaining the ESO interface. ESO grants the status of Platinum Partner to only select EMS billing vendors and we currently maintain 27 active ESO interfaces. Our ePCR Integrations team is responsible for all aspects related to the integration of the City of Key West's ePCR solution into our IMX Billing system. This includes the scheduling of file transmission to our secure site, mapping data values, resolution of import

errors that may arise over time, and more. Please refer to Attachment 1 EMS RCM Methodology and Approach under Professional Services, Figure 3 for details on daily PCR programmatic uploads and a graphic depicting the ePCR interfaces we support.

H. The contractor must allow 24/7 web access to the billing system to access detailed patient billing processes to see all transactions on any account at any time.

Agreed. City of Key West personnel with the appropriate security rights will have full access to the system to view account information, including all scanned attachments. *We believe in full transparency and as such do not limit your access to a client-specific view.*

I. The contractor must provide both canned and custom reporting daily, weekly, monthly via a secure method.

Agreed. The end of month reporting package is provided on our secure site for approved City of Key West staff to retrieve. Attachment 4 Sample Reports, provides the various reports and dashboards available. Custom or ad hoc reports can be created at no additional cost.

J. The contractor may supply an ePCR solution with Health Data Exchange model.

Our proposal includes optional fees for our internal software TripTix, and ESO software, which is your ePCR system currently deployed. We have engineered TripTix to drive EMS revenue from the ground up. We do emphasize the revenue lift we project to the City does not include any impact from the ePCR system you run. We have optionally provided pricing on Panasonic Toughbooks, should you choose to refresh your field hardware.

K. The contractor will confirm every patient transported by KWFD insurance verification across Medicare if 65+, across Medicaid at the time of processing and retroactively.

Agreed, our system provides Medicare insurance eligibility for all patients 65 or older. Additionally, we retroactively sweep accounts with no insurance information for Medicaid eligibility for three months.

L. The customer service center must have call times from 8 am to 8 pm eastern standard time.

Agreed and we exceed this requirement. Our Patient Support Center is available 24 hours a day, 7 days a week from 8:00 a.m. to 8:00 p.m. EST Monday - Friday and 9 a.m. - 3:30 p.m. EST on Saturday. Our Saturday call center hours provide a more convenient time for busy folks to return calls requesting information for insurance processing. Our extended hours proactively generates more patient return calls. Additionally, our staff is bilingual so patient communications is not hindered in any way.

M. The contractor must record all inbound and outbound patient calls and be able to provide a recording of the call to the KWFD.

All inbound Patient Call Center phone calls are automatically recorded as well as all outbound Patient Call Center phone calls. We meet this requirement.

N. The contractor must be able to accept NEMSIS (National EMS Information System) EMS exports to the billing system to comply with Florida reporting standards.

Our system is able to accept NEMSIS exports; your ESO version is NEMSIS 3 compliant and we specifically accept that export.

O. The contractor's reports must combine complete clinical data with financial data.

As specified in your Addendum 1, our billing system allows access to the PCR along with other account documents. We are able to customize reports that combine billing information with clinical data and are prepared to deliver those custom reports when requested.

P. The contractor must provide a patient web portal which includes:

- 1. Updates on insurance information**
- 2. Credit Card/ Debit Card/e-Check processing without extra charge to the patient.**
- 3. Re-occurring payment plans**

Intermedix offers a self-service Patient Portal to all of our clients, allowing patients to log in at their convenience and update contact, insurance, or payment details. If the client enters into a merchant agreement with our online payment partner, the option to make payments becomes available to the patients. Patients are presented with a Make Payment button through which they will be seamlessly redirected to the online payment site to update insurance and/or pay by credit card or electronic check. Our system supports the ability to establish and manage payment plans. The System Payment Plan Module supports, Monthly, Bi-Weekly, Weekly and Fixed period payment plans. The City of Key West defines the payment plan frequency. Additionally, insurance can be updated.

Q. The contractors call center must support diverse languages on staff and have resources available for translation services when necessary.

Our professionally staffed patient contact center is open from 8:00 a.m. to 8:00 p.m. EST (M-F) and 9:00 a.m. - 3:30 p.m. Saturday, where patients can communicate with Patient Account Representatives (PAR) in more than 200 languages, including Spanish. Many of our patient representatives are also bilingual, which provides higher quality customer service to patients.

R. The contractor must provide a dedicated Client Service Representative to oversee all primary issues between the CITY and contractor.

Your dedicated Client Service Manager is Rebeca Botero and can be reached via email at rebeca.botero@intermedix.com or via phone at 786.473.3491.

S. The contractor must ensure a segregation of duties, whereby the same individual must not be able to enter billing, adjust billing, post payments, nor deposit funds;

and maintain the necessary levels of security in their automated billing system to protect the CITY from loss.

Our staff does not deposit funds since we do not receive checks on behalf of our clients. Best practices dictate billing vendors utilize a lockbox service.

T. All patient account numbers must be cross referenced with the KWFD incident number.

Agreed. This is a standard part of our system.

U. Ensure that all required documentation and agreements with payers (e.g. Medicare, Medicaid, Tri-Care, etc.) are filed and maintained, and that the CITY is notified of important changes to industry regulations.

Our Credentialing Department, which is part of our Professional Services team will ensure all credentialing services are timely and complete. Your CRM will alert you to important industry changes. Additionally, we provide seminars and WebEx meetings to continually educate our clients. You will also have access to our online training portal. Our Educational Outreach team offers comprehensive training, which includes live onsite documentation training, online learning and annual crew documentation reviews to track your agency's progress and improvement. Please refer to Attachment 1 EMS RCM Methodology and Approach under Educational Outreach.

V. Provide periodic training to CITY Emergency Medical Services personnel as requested regarding the gathering of necessary information and proper completion of Patient Care Reports (PCRs).

Please refer to our response to Question U.

W. Download PCRs from the CITY EMS data collection system or any EMS data collection system used by the CITY. Firm must accept electronic data from CITY via a secure network supplied by the firm. The secure data transfer will be electronic in XML, ASCII or any other acceptable electronic data transfer format.

Confirmed. ePCR transmission files are retrieved from our secure website and validated every 15 minutes. Validated files are imported nightly. Please refer to Attachment 1 EMS RCM Methodology and Approach under Trip Import and also under Professional Services.

X. Provide prompt submission of Medicare, Medicaid and Insurance claims after receiving PCRs, which will be the contractor's notice to commence the billing/collection process, including keeping logs confirming all electronic submissions. Secondary insurance provider claims will be submitted after the primary insurance provider has paid. The CITY will monitor for probate and bankruptcy cases for KWFD EMS patients and on receiving Bankruptcy and Probate notice, will submit information with appropriate detail to contractor for filing. The

contractor will respond to KWFD requests and post payments/adjustments related to probate and bankruptcy proceedings.

Confirmed. Our standard processes are to file primary, secondary and tertiary claims as required. Accounts that contain secondary or tertiary payer information are submitted after the initial payment is received. When dealing with secondary claims; we:

- Capture the Medicare crossover claim filing date on the account. If the secondary claim is not adjudicated in a predefined number of days based on client and payer configurations, the IMX Billing system automatically files a claim with the primary payer explanation of benefits (EOB) to the secondary payer.
- Send paper claims with supporting primary payment information, such as an EOB, on non-Medicare crossover accounts and when the secondary payer is not Medicare.
- File Medicare secondary claims electronically with all required information.

Please refer to Attachment 1 EMS RCM Methodology and Approach under Claim Filing for more information.

Y. Use up-to-date knowledge and information regarding coding procedures, assigning diagnostic codes and proper preparation of electronic and paper insurance filings to ensure compliance with Federal, State and local regulations.

Our coding application performs numerous data quality and integrity checks to assist our coding specialists in accurately and efficiently coding each encounter. Before a specialist receives the encounter, the application reviews the information submitted for level of service charges, mileage charges, supplemental changes, ICD10 code, and medical necessity. Intermedix follows the Medicare Level of Service Coding Guidelines, unless they conflict with a local ordinance in which case that ordinance sets the standard. Please refer to Attachment 1 EMS RCM Methodology and Approach under Medical Coding for more information.

Z. Guarantee claim follow up and re-bill and work with the insurance companies when applicable. Re-bill indicates that all charges applicable to the service be retrievable in billing type format and/or detailed statement.

This is standard within our billing process. Intermedix uses a monitoring tool that allow us to follow-up on claims that have not been paid within an expected timeframe. When claims have not received a payer response within the client and payer configured time period, the billing system sends the accounts to our Claims Status Monitor queue for follow up by our Account Resolution Specialists. Please refer to Attachment 1 EMS RCM Methodology and Approach under Account Resolution for more information.

AA. Provide a reconciliation of the number of transports (PCRs) collected with those transmitted to the contractor, and contact the CITY to report any discrepancies.

We will specifically provide a monthly reconciliation between PCR exports received from your ePCR system and runs entered into our system provide feedback on any discrepancies. This

report will be provided with our standard monthly reporting package. Please refer to Attachment 4 Sample Reports to review all the standard reports provided with our service offering.

BB. Download payment information electronically and provide web access to the CITY for access to ad hoc reports on billing performance.

We have connections with payers to receive over 85% of payment information electronically. While you have full access to our reporting solution for ad hoc reporting needs, we can create reports specific to your unique requirements, at no additional charge.

CC. Establish a skip tracing process to validate patient information (correct spelling of name, social security #'s, Date of Birth, and mailing address to also include unit/condo #'s), and returned mail/bad addresses.

If a patient address is not identified during our patient information database search, we perform skip tracing through a connection with LexisNexis. Information received includes, but is not limited to patient Names, SSNs, DOBs, addresses, phone numbers and date of death. Only records that meet our extremely high matching requirements are updated automatically to patient accounts. Records not meeting our stringent automatic update criteria are provided to Patient Research Specialists for review.

DD. Employ extensive internal and external insurance eligibility and demographic sweeps to identify patients in a timely manner to support billing practices.

External sources to obtain patient insurance information will include an interface with LKMC, access to your ESO HDE data if activated and external electronic sweeps for insurance. Internal sources of patient insurance information include our proprietary Master Bank of insurance policies and outbound phone calls for patient insurance. Please refer to Attachment 1 EMS RCM Methodology and Approach under Patient Research for more information.

EE. Provide a designated, responsive and professional liaison for patient/payer concerns. Accept responsibility resolution and communication of all EMS consumer complaints and compliments.

For ongoing support, Rebeca Botero, Client Relations Manager will service as your primary point of contact. Rebeca will be supported by several team members as described in Attachment 3 – Key Personnel. Please also refer to our response to Question 2 under Program Approach and Price for further details.

FF. Provide a means for patients to provide billing information, preferably through a secure web site, to allow patients to review their billing information, add insurance information and request corrections to expedite recovery.

Confirmed. Please refer to our response to Question P.

GG. Provide a toll-free phone number to respond to inquiries concerning patient account information.

A toll-free phone number will be assigned and your calls will be answered under the name you designate (for instance, *thank you for contacting the City of Key West, how may we serve you today*). For the convenience of your patients, the call center is staffed from 8:00 a.m. to 8:00 p.m. EST Monday through Friday and 9:30 am – 3:30 PM Saturday. Please refer to Attachment 1 EMS RCM Methodology and Approach under Patient Experience for more details on this process. Please also refer to our response to Question Q.

HH. Provide all customer-related inquiry services and prepare additional third-party claims or patient payment agreements in accordance with CITY policies. Document interaction between parties.

Confirmed. Our system and processes are flexible to ensure adherence to the City of Key West's policies.

II. Provide proper security of confidential information and proper shredding of all disposed materials containing confidential information. Retain appropriate records in accordance with state records retention requirements.

Intermedix will maintain all of our payment records for the required duration (for a period of at least 10 years), either in the original electronic format, or via a scanned copy created from all paper-based payment records, in accordance with (5 ILCS 160/) State Records Act. Any data provided by the City of Key West for the purpose of billing for ambulance transports will remain the property of the City of Key West at all times.

JJ. Establish working relationships with hospitals to obtain/verify patient insurance and contact information, preferably through electronic, VPN or faxback programs.

Confirmed. Our team includes an experienced hospital liaison specialist who works to establish and manage electronic and fax back connections with client transport hospitals. We gather demographic and insurance information for claims processing. Our preferred method is an electronic file, but we also pursue fax requests and VPN access into the hospital system to obtain necessary information. These interfaces provide access critical patient demographic and insurance eligibility information from the intake process in the emergency room. When an electronic interface is active, it allows data to link directly to the patient account in our billing system.

KK. Respond promptly (within one business day) to the CITY, patients, and patient representatives on request for information.

Confirmed. Although you will have the cell phone number of your assigned CRM so that typically you are making same day connections.

LL. Participate in face-to-face meeting between CITY personnel and your appropriate personnel on a semiannual basis (at minimum) to discuss current legislation, trends, hot topics and better business practices.

With our travel originating in Miami, FL, face-to-face meetings with your CRM will be easy to schedule. Your designated Client Service Manager, Rebeca Botero will schedule in-person meetings as required by the City of Key West to discuss changes in regulations, trends for improving collection revenue, to reinforce industry best practices and to ensure we are tracking toward your goals.

MM. Maintain appropriate accounting procedures and provide for reconciling all payments, bank deposits, receivables, billings, patient accounts, adjustments and refunds between the contractor's billing system and CITY records.

Our system does use generally accepted accounting principles and we will maintain reconciliations between your records and our records. Please refer to Attachment 1 EMS RCM Methodology and Approach under, Posting, Account Resolution, Credit Balances and Patient Experience for the details surrounding these functions.

NN. Provide options for payment processing and receipt (i.e.: bank lockbox, other alternatives, etc.).

We have included funding for a bank lockbox service as part of our proposed fee schedule. Utilizing a lockbox is a preferred best practice for medical billing vendors. Additionally, OIG prefers billing vendors do not receive and process checks on behalf of their clients.

OO. Provide the CITY with copies of supporting documentation for refunds to be made by the CITY the month following the payment posting date.

A refund package is typically provided to the client at the beginning of each month, which contains all refunds identified during the prior month along with a summary sheet outlining the amount of the refund and the payee name and supporting documentation. The City of Key West would then generate the refund check as outlined in the summary sheet and send accordingly. Intermedix will work with you during startup and throughout the contract period to determine and monitor the refund package schedule.

PP. Provide timely comprehensive reports facilitating all required aspects of monitoring, evaluating, auditing and managing the services monthly. Reports are to include detailed revenue analysis and forecasts on an as needed basis.

Our month-end reports include all detailed revenue and forecasts. Please refer to Attachment 4 Sample Reports for the standard reports provided with our service offering. For any additional or ad hoc reports required, we will provide this at no additional charge.

QQ. Provide pre-collection activities on accounts to significantly reduce accounts being turned to an outside collection agency.

Our billing system provides a comprehensive audit trail for the City of Key West, including all billing and collection notices (insurance invoices or patient statements) associated with a patient account. These are easily viewed from the account activity screen via a hyperlink to each notice.

RR. Provide the KWFD or designated collection agency with all unpaid invoices along with the complete processing history once accounts are past due by 180 days or more, or once firm's collection efforts have been exhausted.

Our system has a built-in secure file transfer utility, which enables us to transfer files directly to and receive them from, the debt collection partners of the City of Key West. This includes the ability to receive payment files from the vendor to update patient accounts with delinquent accounts activity in the billing system. Some billing vendors do not post collection agency receipts into their patient accounts therefore their system does not provide a comprehensive account history.

SS. Contractor must participate in FL debt set off program on behalf of the CITY. Follow in accordance to the CITY policy on wage garnishment.

Per Addendum 1 dated 12/22/17, this question is not in scope for this effort.

TT. Negotiate and arrange modified payment schedules for individuals unable to pay full amount when billed in accordance with CITY procedures. The contractor will not lower any billed amount without the prior approval of the CITY.

Intermedix provides “soft collections” whereby we request insurance information or assist the patient with setting up a payment plan if he/she is not able to make a full payment at one time. Patient outreach is conducted through a combination of patient statements and phone calls to gather supplemental information or set up a payment plan in an effort to collect on your patient accounts. Ultimately, you have the flexibility to determine the types of accounts to be sent to collections. Please also refer to our response to Question P for additional information.

UU. Provide the CITY with access to all CITY accounts, data and information maintained in the automated system of the contractor including any hardware, software or

connection services required and provide initial and then as needed on-site training for EMS administrative staff on the software utilized.

All the City of Key West requires to access your accounts, data and maintained information is a computer that connects to the internet. From there you can view all activity connected with your patient accounts, if the user is given security clearance.

We offer maximum access to your data, no matter where a patient record is in the billing process. From the point it electronically enters our billing system through the City of Key West vendor ePCR import. Each time the record is touched by an automated process, a third-party payer or a billing specialist working the account – all the way through to delinquent account collections - data access is available 24/7/365, if authorized by the City of Key West. One key differentiator our clients enjoy is the level of transparency and visibility into accounts and processes. This functionality is unmatched in the industry.

VV. Develop disaster safeguards and a data recovery plan with innate system and functional redundancy to include processing and patient services.

The Intermedix billing system database is backed up nightly to both disk and tape in the primary facility and disk in the secondary facility. In addition to these backups, the database is replicated in near real-time between two (2) data centers. These multiple levels of redundancy ensure the system can be restored even after a significant disaster recovery (DR) event. Intermedix has a formal Disaster Recovery Plan (DRP) that is updated regularly and is reviewed as part of our SSAE-18 audit. The DRP plan includes procedures for restoration of service should a DR event occur.

WW. Develop a plan for receiving mail, depositing payments, and providing the CITY with payment information for accounts prior to the Contract period.

Our proposal includes support for a lockbox service with a third-party financial institution; a preferred best practice for billing companies.

XX. Provide copies of all user manuals, system overviews, technical manuals, reports on controls such as internal / external audits or regulatory authority reports when requested to do so by the CITY.

Intermedix is able to provide this information upon request.

YY. Contractor must provide an independent third-party audit annually.

We undergo a rigorous SSAE18 (Statements on Standards for Attestation Engagements) audit annually. A copy of the audit report can be provided outside of the proposal process with the execution of an NDA. Please also see our response to Question AAA.

ZZ. Comply with all applicable federal, state and local regulations. The proposal should describe recent and planned efforts for compliance with privacy requirements and data transmission. Recent audits by Medicare, Medicaid, or other agencies may be

used to document compliance. Please provide experience with CMS audits and results for the last five years.

Intermedix and its systems are certified compliant with CMS rules and regulations related to security. Intermedix annual HITECH audit shows we meet the recognized standard of data protection. Our compliance program is dedicated to following HIPAA privacy and security rules, HITECH and the Omnibus Rule. Our program also addresses applicable State Information Security and Privacy controls. We are unaware of any other EMS billing vendor whose systems are certified by a HITECH audit.

We have a great deal of experience working with our clients during audits and have successfully challenged audit determinations that have occurred in favor our clients.

We are aware of OIG reaching a settlement with another Florida-based EMS provider and their billing vendor in connection with over coding, we affirmatively state Intermedix was not involved in this settlement agreement with OIG.

AAA. Compliance with SSAE 16 type 2 is required. Please attach the current SSAE 16 type 2 audit report to the proposal.

We undergo a rigorous SSAE18 Type 2 SOC 1 (Statements on Standards for Attestation Engagements) audit annually. A copy of the audit report can be provided outside of the proposal process with the execution of an NDA.

BBB. Completion of HIPAA-HITECH Audit is required. Please attach HIPAA-HITECH Audit documentation to the proposal.

As stated in our response to Question ZZ, our systems are certified compliant with CMS rules and regulations, including HIPAA and HITECH requirements. We consider our full report confidential and proprietary information. However, upon request, we can provide a summary report of our last assessment outside of the RFP process with an executed NDA.

CCC. For monthly reconciliation and payment of invoice by the CITY, provide e the following:

- 1. Copies for the previous s months Explanation of Benefits (EOBs) for Medicare payments and adjustments processed. Notify KWFD of adjustments made by Medicare and accounts affected.**

Since Medicare are received electronically, we can provide specialized reports on accounts with Medicare payments and adjustments. Alternatively, we can provide copies of electronic files that include Medicare Electronic Remit Notices that are used to post payments and adjustments. Intermedix confirms we comply with this requirement.

- 2. Payments and return items are to be posted same date as bank deposit posting date. All posting should be current and all items reconciled by end of business month. Any irreconcilable items are to be reported timely to the**

CITY for direction and resolution. All postings should be reconciled with the CITY on a weekly basis.

Confirmed. We will post payments with the same deposit date in our system as reflected in the bank lockbox deposit reports.

3. Provide monthly reports specific to CITY requirements.

Agreed.

4. Monthly reports are to be received by the CITY no later than the 15th business day of the following month.

Agreed.

DDD. The successful proposer shall be responsible for the invoicing, collection, generation of any and all insurance forms and filings, record maintenance reports and postage for the mailing of all said invoices, and forms. The successful proposer shall provide patients with a comprehensive statement/invoice, HIPPA form and a courtesy return payment envelope. The front of the statement shall describe all charges and payments. The reverse side of the statement shall have clearly marked entry blocks for information needed to file insurance claims.

Agreed. These functions are all part of our standard service offering. Attachment 1 EMS RCM Methodology and Approach details this process for the City of Key West under Patient Experience. The patient invoice program is very flexible, using different wording based on account attributes. The goal is to provide a simple, easy to understand invoice that helps the account to get resolved. There are 16 different attributes that can be used to tailor the wording to the specific patient account situation. That's trillions of wording options. Please refer to Attachment 5 Sample Invoices, Notices, and Letters for review.

Supporting Documentation

Attachment 1 - EMS RCM Methodology and Approach

Attachment 2 - Organization Charts

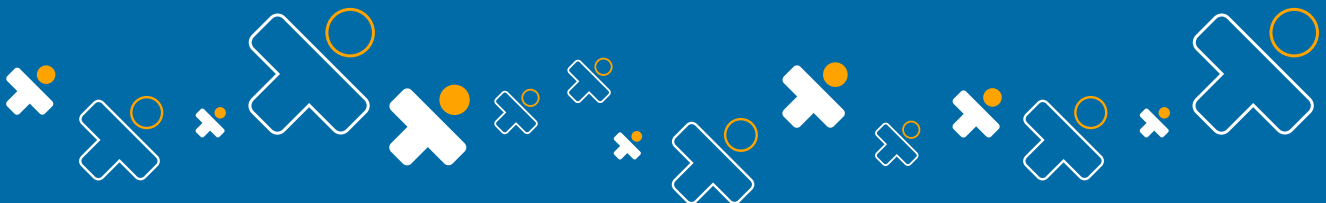
Attachment 3 - Key Personnel Bios

Attachment 4 - Sample Standard Reports

Attachment 5 - Sample Invoices, Notices and Letters

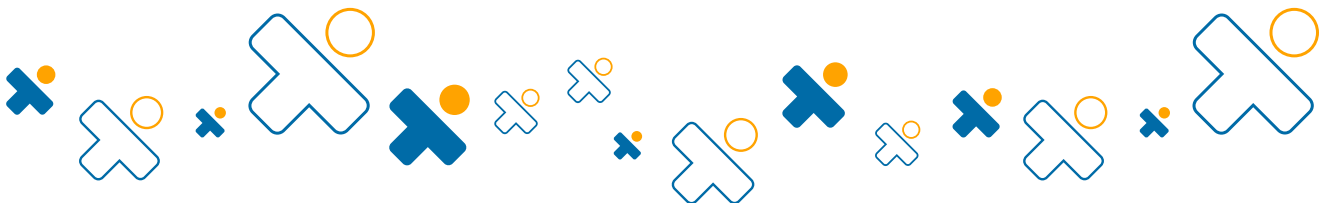
Attachment 6 - Affiliations and Industry Organizations

Attachment 7 - EMS Scope of Services for RFP Proposals



City of Key West

Attachment 1 - EMS RCM Methodology and Approach



Attachment 1 – Intermedix EMS RCM Methodology & Approach

As depicted in the illustration below, our EMS RCM services can be segmented into distinct processes from *Trip Import* to *Patient Experience*. Our *Compliance & Quality*, *Client Relations*, *Professional Services*, and *Analytics teams* support the end to end processing of the City of Key West's accounts. These integrated processes are engineered with a series of edits, feedback mechanisms, quality controls, and segregation of duties.

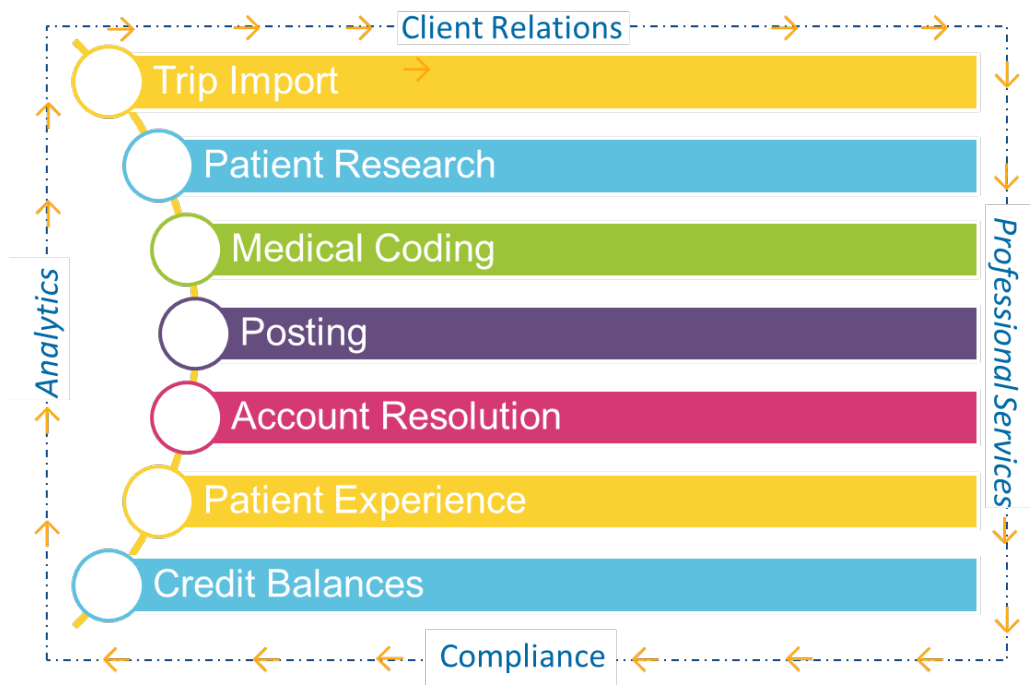



Figure 1: Our end-to-end processes recognize the constraints EMS services face when gathering billing information from patients who are in distress.

All activity takes place in our proprietary IMX Billing System, which is **supported by 25 dedicated developers, allowing us to quickly make adjustments based on client requests and industry changes**. This includes the imaging and retention of all documents directly on the patients' accounts. City of Key West personnel with the appropriate security have access to the system to view account information, the processing audit trail and images. **We believe in full transparency and as such do not limit your access to a client-specific view.**

There are no licensure fees, maintenance agreements or required hardware with the Intermedix solution. The software is highly configurable to accommodate the unique business process of the City of Key West.

Trip Import 	
Objectives	Benefits
Timely capture of all incidentals	Maximum Collections
Import patient demographic, insurance and clinical data	Maximum Collections Enhanced Reporting
Billing Cycle Day 1	Duration ≤ 24 Hours
ePCR transmission files are retrieved from our secure website and validated every 15 minutes. Validated files are imported nightly.	

Account Creation


The ePCR import monitoring program scans our HIPAA-compliant secure website for ePCR files every 15 minutes. When a new file is found, records are validated for compliance with the IMX Billing System import acceptance criteria. Validation errors are available for review and resolution via our online portal, by our team and your agency. More often, issues can be resolved by an Intermedix analyst (e.g., data mapping issue); sometimes the ePCR needs to be reviewed and edited by your field operations personnel because of an important missing data value. Files that are clean, are imported into the IMC Billing system in a nightly batch update. Your assigned Client Relations Manager will contact you to review PCRs our system was unable to validate.

Please refer to [Professional Services](#), Figure 3 for a snapshot of the ePCR vendors with which we partner, including ESO.

Account Reconciliation

Upon import of files into the IMX Billing system, confirmation emails are sent to the City of Key West's designated resources. The email contains the date the file was uploaded, the name of the file, and the number of accounts received. Doing so helps ensure that no files or incidents are missed.

In addition to the import email, we perform a monthly reconciliation between your ePCR solution and our IMX Billing system. Any gaps identified are resolved ensuring that 100% of the City of Key West's incidents have entered the billing cycle. When possible, the reconciliation process is expanded to include the City of Key West's CAD system.

Medical Coding 	
Objectives	Benefits
Code accounts at the highest level of compliant reimbursement	Maximum Collections
Comply with all federal, state and local regulations	Audit Penalty Avoidance
Billing Cycle Day 1 - 2	Duration ≤ 2 Business Days
The Medical Coding process begins immediately upon account creation and on average, is completed within two business days of account entering our medical coding queue.	


Our coding application performs numerous data quality and integrity checks to assist our experienced Medical Coding Specialists with accurately and efficiently coding each encounter. Before a Specialist receives the encounter, the application reviews the information submitted for level of service charges, mileage charges, supplemental charges, ICD10 code, and medical necessity. A complex algorithm applies rules based on what it finds in the report dispatch, assessment, treatment, and crew member narrative data to prepopulate many of the billing fields. These actions facilitate quality, consistency and maximum compliant reimbursement.

CMS' definition of medical necessity is that other means of transportation are not contraindicated. Recognizing that the definition leaves significant room for interpretation, we developed proprietary contraindication codes to assist our team. These codes help to reconstruct the medical coder's thinking when audits occur.

Intermedix follows the Medicare Level of Service Coding Guidelines, unless they conflict with a local ordinance in which case that ordinance sets the standard. All Specialists go through extensive training upon being hired, are reviewed every month and are required to maintain a greater than 95% accuracy rating. Corrective action plans are put in place for those that do not meet our requirements, and they receive additional training until consistent proficiency is achieved.

System suggested medical coding facilitates quality, consistency and maximum compliant reimbursement.

Proprietary medical necessity codes support compliance and audits.

Patient Research 	
Objectives	Benefits
Generate “clean” claims	Maximum Collections Improved Cash Flow
Capture insurance information without contacting the patient	Patient Satisfaction
Billing Cycle Day 1 - Ongoing	Duration ≤ 2 Business Days
The Patient Research process begins immediately upon account creation and continues until the account is closed. The goal is to process accounts on average, within two business days of entering work queues.	

As discussed in greater detail below, we use advanced technology and processes that are designed to locate patient information from numerous sources. To the degree that we capture valid information and bill the patient’s insurance, we are able to achieve optimal patient service. Following a traumatic 911 event, prompt resolution of the account without contacting the patient is the best patient experience possible. Intermedix’ intense focus on Patient Research has led to exceptional financial and patient satisfaction results. In fact, when an account is determined by us to be uncollectible, it is usually deemed truly uncollectible by your collection agency.

Patient Information Database

As the leading provider of municipal EMS and Emergency Department (ED) RCM services, Intermedix has and continues to accumulate an extensive database of patient information for the purpose of obtaining patient insurance, demographic, and Medicare signature information. In today’s world of HIPAA and HITECH, **our database is a value-added asset we offer to the City of Key West that will be very difficult to replicate with a different vendor.**

Patient accounts are bounced against over 44 million records each evening. Extensive edits and Patient Research Specialists are in place to ensure that the data used is current and applicable to the current transport. The database sources include:

- EMS patients from the 230+ agencies Intermedix serves.
- Patients from the 400+ non-EMS clients that Intermedix serves.

- Patient hospital records from the 600+ hospital connections that Intermedix has established.

Patient accounts are bounced against over 44 million records each evening. Extensive edits and Patient Research Specialists are in place to ensure that the data used is current and applicable to the current transport. The database sources include:

- EMS patients from the 230+ agencies Intermedix serves.
- Patients from the 400+ non-EMS clients that Intermedix serves.
- Patient hospital records from the 600+ hospital connections that Intermedix has established.

Eligibility

We interface with external sources to retrieve Medicare, Medicaid and commercial patient insurance information. Changes to patient demographics trigger the initial queries to be resent. In addition, for Medicaid, eligibility inquiries are sent every month for three (3) months from the incident date of service to ensure capture of retroactive Medicaid that is frequently completed through a hospital enrollment process. Lastly, verification of insurance information with the payer is completed for Medicare and Medicaid before filing a claim. We are in the process of turning on the same for several commercial payers. This results in clean claims that get paid and improves cash flow for the City of Key West.

Liability Insurance

We partner with an attorney who specializes in obtaining liability insurance, and who also seeks additional reimbursement for claims that were under paid by the liability carrier. This process facilitates submitting a clean liability claim before the hospital has the opportunity to exhaust all available dollars, and makes sure the liability carrier pays the appropriate amount. **Since implementing this program in August 2017, we have achieved in excess of \$972,000 in collections from liability insurance carriers.**

Skip Tracing

If patient demographic information is not found during our Patient Information Database search, we perform skip tracing through a connection with LexisNexis. Information received includes, but is not limited to patient Names, SSNs, DOBs, addresses, phone numbers, and date of death. Only records that meet our extremely high matching requirements are updated automatically to patient accounts. Records not meeting our stringent automatic update criteria are provided to Patient Research Specialists for review.

Medicare Signatures

Since January 1, 2008 CMS has required that a valid signature be present for all Medicare claim submissions. It is critical that solutions be in place to not only capture a valid signature, but also prevent Medicare claims from filing that do not have valid signature. Some of the

creative solutions Intermedix has in place to help the City of Key West achieve a valid Medicare signature are outlined below.

- Linking accounts without a valid signature to accounts for the same patient where we have a lifetime signature on file, or where there is an indication that the patient is deceased.
- Linking Patient Unable to Sign (PUTS), Representative Unable to Sign (RUTS), accounts to electronic medical records for the same incident received from the hospitals.
- Running accounts against the Social Security Administration's "deceased" file to identify deceased patients, in which case a signature is no longer needed.
- Sending letters and making phone calls to patients with specifically targeted language requesting signature.
- Working with transport to facilities to obtain a signature acknowledgement that the patient was seen by the facility for the date of service in question. This is endorsed per a Medicare regulation exception, allowing certain other signatures to satisfy the signature rule. **Intermedix was instrumental in getting this exception pushed through with CMS on behalf of all EMS providers.**

Mileage

Mileage parameters are configured for every client during the implementation process, so that when a trip is imported, any accounts that fall outside the parameters are flagged for review. Patient Research Specialists use a feature in our IMX Billing system to obtain the mileage from MapQuest or from odometer readings.

Deductible Monitoring

In January 2017, Intermedix launched a deductible monitoring program to help combat the rise of growing deductibles. Commercial claim filings are held until either a configurable time threshold (currently set at 90 days), or a remaining deductible dollar threshold (currently set at \$150), is met. This program **maximizes collections for the City of Key West and increases patient satisfaction** by effectively transferring the majority of the financial responsibility to the insurance company. Your residents pay less and their insurance carriers pay more.

Patient Correspondence

All patient correspondence is reviewed and accounts are updated accordingly. Returned patient mail triggers a skip trace to capture an updated patient address. All correspondence is scanned and attached to the patient account.

Claim Filing	
Objectives	Benefits
File electronic claims	Cash Flow
Process secondary claims	Maximum Collections
Billing Cycle Day 2 - Ongoing	Duration ≤ 24 Hours
As soon as the necessary medical coding, patient demographic and insurance information is on an account, a claim will be filed.	

Primary Payers

The majority of claims are electronically filed, and our IMX Billing system can include electronic attachments, which allows us to electronically file claims when the payer requires PCRs, such as for liability payers. We print and mail paper claims if electronic delivery is not available or when the payer requires hard copies of PCRs.

Prior to submission, all claims go through a rules engine to ensure accuracy, including payer specific requirements. In addition, our clearinghouse provides a second level of review for electronic claims. Claims not passing either of these gateways are placed into work queues to be processed by Patient Research Specialists.

While all Medicare claims must be submitted with fractional mileage, Intermedix allows clients to configure commercial claims to submit with (rounded up) whole number mileage, facilitating maximum compliant collections for our clients.


Secondary & Tertiary Payers

Accounts that contain secondary or tertiary payer information are submitted after the initial payment is received. When dealing with secondary claims; we:

- Capture the Medicare crossover claim filing date on the account. If the secondary claim is not adjudicated in a predefined number of days based on client and payer configurations, the IMX Billing system automatically files a claim with the primary payer explanation of benefits (EOB) to the secondary payer.

- Send paper claims with supporting primary payment information, such as an EOB, on non-Medicare crossover accounts and when the secondary payer is not Medicare.
- File Medicare secondary claims electronically with all required information.

Submitting rounded-up mileage for commercial claims and fractional for Medicare.

Posting 	
Objectives	Benefits
Post payments	Patient Satisfaction Clean Accounts Receivable
Reconcile daily	Accurate Financial Reporting Timely Financial Close
Billing Cycle Week 2 - Ongoing	Duration ≤ 2 Business Days
<p>Payer responses can vary significantly between the different pay classes. Medicare and Medicaid will typically respond within two weeks from claim filing. Commercial insurance normally responds anywhere from two to five weeks from claims filing. Self-pay accounts are typically paid between 1 month and 1 year from account creation.</p> <p>Posting of payments and denials occurs on average, within two business days after receiving the information from the City of Key West's lockbox. Bank account reconciliation occurs daily.</p>	

Posting

Intermedix is able to receive payer responses through several methods, including electronic fund transfers (EFTs), checks and credit cards. We obtain Electronic Remittance Advices (ERAs) from Medicare, Medicaid and most commercial payers. When we receive hardcopy EOB documents, a Posting Specialist manually applies the payment via our web-based system, ensuring that the proper contractual adjustments are applied. Bank account reconciliation occurs daily to ensure accuracy and facilitate the month end close process.


If payments are received without identifying information, they appear in our Check Reconciliation Queue for follow-up. Specialists research the payment with both the City of Key West and the payer to determine the correct patient account.

Month End Close

Intermedix provides detailed month-end reports that include all payments, write-offs and adjustment information.

Intermedix performs a financial close each month where we reconcile with the date of transport, monthly bank deposits, credit card payments and the month end total. Checks and balances occur at numerous levels throughout the payment posting process to ensure that all money posted balances to the bank account.

After closing, the system generates a set of reports that provide summary and detailed financial information related to payments, accounts receivable, new billings, aging, refunds, and accounts sent to collections. The end of month reporting package is provided on our secure site for approved City of Key West staff to retrieve. Please see Attachment 4 for a Sample Reporting Package, which includes month-end reports.

Account Resolution 	
Objectives	Benefits
Timely resolution of patient accounts	Maximum Collections Consistent Cash Flow Increased Patient Satisfaction
Billing Cycle Week 2 - Ongoing	Duration ≤ 3 Business Days
Accounts are typically worked within three business days of entering queues. It is important to note, that a meaningful amount of Account Resolution work requires multiple phone calls with payers, and in some cases the filing of appeals. While our team members begin working on accounts rapidly, the time to resolution takes a little longer for these reasons.	

Denial Management

While our goal is to file a clean claim the first time and avoid denials, they do unfortunately occur. Depending on the type of denial, we initiate a series of actions specific to that particular denial reason. *For example:*

If a claim is denied due to a policy number issue, we will check a number of insurance eligibility sources; if a claim was denied for medical necessity reasons, we review the PCR to verify the original medical necessity determination.

Intermedix is continuing to expand the payer and denial code combinations that can be handled by the IMX Billing system. The automated processing allows the system to conduct the more routine, rules based processing, enabling our team members to focus on resolving the more difficult denials. Denials that are not processed automatically are addressed by Accounts Resolution Specialists through our Denial Management Queue. **The queue allows sorting by payer and denial type, so our Specialists can quickly resolve multiple claim issues for a single payer at the same time.**

Intermedix engages in a number of activities including, but not limited to accessing payer websites, making payer phone calls, and appealing denials when necessary. Once the problem has been identified, we update accounts and re-file claims when appropriate. **Accurate data mining of denials is the most critical element of our denial management process.** Once the top denial reasons are targeted, we dedicate resources to diagnose consistent causes with the goal of preventing reoccurrences. Our Compliance department is involved in the analysis of payment and denial trending so we can take appropriate action on behalf of our clients, which may include having discussions with payer leadership.

Short Pays

Intermedix has noticed a significant increase in payer “short pays” over the last year, where an uncontracted commercial payer adjudicates payments at rates below what was submitted on the claim. We review each payment received from a third party to ensure accurate reimbursement. If a short pay exists, the account is noted for our exception processing that triggers an appeal to the third-party carrier for payment.

Filed Claims Monitoring

Intermedix uses a monitoring tool that allow us to follow-up on claims that have not been paid within an expected timeframe. When claims have not received a payer response within the client and payer configured time period, the IMX Billing system sends the accounts to our Claims Status Monitor queue for follow up by our Account Resolution Specialists. Claim status is obtained via online payer portals and follow up phone calls. The Specialist will take appropriate actions to resubmit claims, send additional information or generate patient statements.

Intermedix has enhanced the IMX Billing system to automatically retrieve the claim status from payers and capture the information onto accounts. The system will automatically take action on routine responses where the tasks necessary are rules based. As previously mentioned, doing so allows our Specialists to focus on resolving the more difficult accounts.

Insurance Correspondence

Insurance correspondence is reviewed and accounts are updated accordingly. All correspondence is scanned and attached to the patient account.

Third Party Collections

Our solutions are so focused on obtaining payment from any and all payers, that when an account is determined by us to be uncollectible, it is usually deemed truly uncollectible by our collection agency. That being said, accounts that have a balance remaining after final invoicing of the patient, become eligible for further collection activity by a City of Key West designated collection agency and per the City of Key West designated guidelines. Due to the political nature of sending accounts to collections, our Accounts Resolution Specialists research eligible accounts as part of our pre-collection review process. Collection files are provided in a HIPAA compliant manner via our secured website.


Automated denial management for routine denials with rule based actions allow our Specialists to focus on resolving the more difficult accounts.

Denial and payer analysis to prevent reoccurrence.

Claims filed with no response monitoring to facilitate payer follow up, including automated claim status.

Posting system enhancement underway to facilitate the rapid identification of payer short pays and appeal processing.

Delinquent collection file integration to place the City of Key West's delinquent accounts with a collections agency, if requested.


Credit Balances 	
Objectives	Benefits
Timely processing of refunds	Compliance Patient Satisfaction
Billing Cycle Week 2 - Ongoing	Duration ≤ 3 Business Days
Refund needs are typically identified within three business days of entering queues. It is important to note, that a meaningful amount of Credit Balance work requires extensive research. While our team members begin working on accounts rapidly, the time to resolution takes a little longer for these reasons.	

Intermedix is committed to proper and timely processing of credit balances and expedited refunds. As soon as the posting process creates a credit balance on an account, the account is sent to our Credit Balance Queue.

Our Credit Balance Specialists research accounts in the queue to determine the best course of action (e.g., apply adjustments to correct posting mistakes, request insurance recoupments, complete payment transfers to other patient accounts, etc.). If an account is deemed as a legitimate overpayment or duplicate payment, the Specialists proceed to gathering supporting documentation from our IMX Billing system (e.g., payer EOBs and copies of the checks, etc.). The Specialist reviews the information, identifies the payer that is due the refund, and completes the necessary refund request documentation.

In order to ensure proper and timely processing of credit balances and expedite refunds, we will send the file and all required documentation to the City of Key West on a monthly basis or on a schedule otherwise indicated by the City of Key West. The City of Key West will then process and send refund checks directly to the appropriate party.

Flexible refund schedule to accommodate the City of Key West's processing.

Patient Experience 	
Objectives	Benefits
Account resolution	Patient Satisfaction Maximum Collections
Compassionate service	Patient Satisfaction

The Intermedix Patient Experience team is responsible for all patient contact solutions including patient invoices, inbound and outbound phone calls, and our patient portal. These activities were intentionally organized together. We believe it is important for the solutions and metrics related to the patient experience to be accountable to a single team that shares a mission to bring diligence, accuracy and individual pride to each and every contact, ensuring that the patient leaves the call knowing they were our sole concern for the entire duration.

The responsibilities outlined below can occur at any time during the lifecycle of a patient account.

Patient Invoices

Intermedix provides an advanced patient invoice program that can easily be configured to meet the City of Key West's requirements. The invoicing cycle is dynamic, allowing invoices to be sent sooner or later based on the patient account status and work queue activities. Patient satisfaction is increased by purposefully avoiding contact where there is a high probability of resolving their account without their involvement. The program also shortens the time period for sending accounts to collections, by accelerating the invoice cycle. Of course, the system has maximum wait dates per the City of Key West's desired schedule to ensure accounts do not go too long without sending a patient invoice.

In addition, the patient invoice program is very flexible with the utilization of different wording based on account attributes. The goal is to provide a simple, easy to understand invoice that helps the account to get resolved. In fact, **there are 16 different attributes that can be used to tailor the wording to the specific patient account situation. That's trillions of wording options.** For example:

If there is an indication on the account that the transport was related to an auto accident, the wording can be tailored to request that the patient provide their auto insurance. If a Medicare signature is missing on the account, the wording can request that the patient sign and return the back of the invoice.

All invoices provide clear and simple instructions to the patient on what they need to do in order to resolve their account, and provide alternatives for them to do so. This includes resolving the account via mail, through a dedicated customer service toll free phone line, or on a secure patient portal. Intermedix can also include customized letter head and inserts such as surveys and notices in the patient mailings, as an optional service. Please see Attachment 5 for Sample Patient Invoices.

City of Key West authorized users can access and print statements on-demand. For example:

If a patient visits or calls your office requesting a copy of their statement, you can access the account, print and provide the information to the patient. Intermedix can also include customized letterhead and inserts such as surveys, and notices in the patient mailings as an optional service.

Inbound Phone Calls

Our goal is to handle every patient call professionally with minimum wait times. The City of Key West's patients will access our Patient Experience team through its designated toll free number, which maintains **active customer service hours from 8:00 a.m. to 8:00 p.m. EST Monday through Friday and 9:00 am to 3:30 pm on Saturday**. When calls are received afterhours, we provide a messaging system, which is answered the next business day. **Many of our Patient Experience Specialists are bi-lingual (English and Spanish) and we cover over 200 languages with a translation service via connection with interpreter.**

Intermedix perceives ourselves as an extension of the City of Key West and will only perform "soft collections". We maintain a professional and courteous demeanor and do everything possible to assist your patients, resolve any concerns, and ultimately get their account paid. We use a technologically advanced software that allows for:

- Team member scheduling based on call forecasting.
- Account balance self-service.
- The ability to hold your place in queue and request a call back.
- Routing of calls to Specialists most familiar with the City of Key West's community, payers, policies, and procedures.
- Routing of calls based on call reason selection, such as making a payment, balance inquiry, etc. Callers are directed to the City of Key West's online payment site (if applicable), should they wish to pay with a credit card.
- Screen popup of the City of Key West's guidelines immediately upon recognition of the City of Key West's 800 number.
- Call silent monitoring to support our quality assurance and training processes.

- The recording and retention of calls is maintained for 75 days.
- The documentation of call activity on the patient's account and available in reports for trend analysis.

Should a need arise that is unable to be resolved by the Patient Experience Specialist, they will escalate the patient phone call to our Escalation Desk team. If further escalation is needed, the call may be transferred to Patient Experience management, to your dedicated Client Relations team members, and ultimately may reach our Compliance Officer, EMS EVP, COO, CEO, or potentially City of Key West resources.

Outbound Phone Calls

As previously mentioned, we use advanced technology to call patients with a valid phone and where Telephone Consumer Protection Act (TCPA) consent has been received. The software allows us to focus on different types of accounts, such as self-pay, copay, deductibles, insurance paid patient, missing Medicare signature, broken payment plans, and more. Configuration of the campaigns is very flexible, allowing us to define the days and times to call, number of call attempts, and number of rings per attempt. The software recognizes as soon as the call is answered, connects the call to one of our Specialist, opens the account on the Specialist's monitor, and opens the City of Key West's guidelines on the Specialist's second monitor. This is a seamless transition and no delay is noticed by the caller when the transfer to a Specialist occurs.

Specialists first attempt to obtain insurance information. If the patient is uninsured, the Specialist requests payment in full and if needed, initiates a payment plan per the City of Key West's guidelines. Intermedix' mindset is always one of trying to help the patient resolve their account.

Payment Plans

The IMX Billing system is configured based on the City of Key West's requirements to allow, monthly, bi-weekly, weekly and fixed period payment plans; reminders are mailed to patients to help them stay on schedule with their payments. Guidelines are available to our Specialists on their monitors to ensure we are following the City of Key West's guidelines for payment plan amounts and durations.

The system also manages a defined "grace period" in the event a patient fails to make a payment on their due date. After the grace period ends, a letter would go out to the patient reminding them of the missed payment. Should the patient fail to make a payment within the pre-defined timeframe, the account is systematically removed from the payment plan schedule and the account will resume the standard collection cycle.

Patient Portal

Intermedix provides a patient portal for the receipt of patient insurance and demographic information. Information received is reviewed by Specialists and updated to patient accounts.

If the City of Key West offers online payment capabilities or would like to use the Intermedix solution, a link to the payment website is available through the portal.

Specialty Cases

All “special” cases, as such hardship or write-off policies will be addressed per the City of Key West’s guidelines, with the City of Key West’s policies and made available for all City of Key West calls through the technologies previously discussed. Patient Experience Specialists are trained on City of Key West guidelines that include these special cases.

Dynamic patient invoice cycle, with the majority of the first invoices being sent to patients within 6 days.

Trillions of patient invoice wording options driven by account attributes.

On demand invoice printing by City personnel.

Robust call center software with offering numerous advantages to the City of Key West’s patients.

Saturday call center hours 9:00 am to 3:30 pm EST.

Teams that Support the EMS RCM Functional Processes

There are several teams that serve as the “wrapper” for the Intermedix EMS RCM Billing Processes described above. These “wrappers” include:

- Compliance and Quality Assurance
- Client Relations
- Professional Services
- Analytics

Compliance and Quality

Compliance

Intermedix has a **formal Compliance Program and internal auditing function that has been verified through a recent SAS 70 Type II and SSAE 18 audit.** We have an in-house compliance department that includes a Chief Compliance Officer, a dedicated EMS Compliance Officer, an Information Security Officer, compliance auditors, and security engineers who work together to ensure that our organization is focused on maintaining a culture of compliance with HIPAA and the many regulations that govern the treatment of healthcare information. This department continuously monitors changes as regulations evolve and is proactively engaged in helping to shape the future of the EMS healthcare industry. **We cannot stress enough, the importance of having a strong and dedicated EMS RCM compliance team, and believe this is a true Intermedix differentiator.** We encourage

the City of Key West to understand the compliance team commitment of the other proposers being considered. Of note:

- Intermedix and its systems are certified compliant with CMS rules and regulations, including HIPAA requirements. Our compliance program is dedicated to following HIPAA privacy and security rules, HITECH and the Omnibus Rule. Our program also addresses PCI (Payment Card Industry) Data Security Standards and applicable state information security and privacy controls.
- Our Compliance Program includes a formal plan that is continuously reviewed and improved, as well as a code of conduct and conflict of interest policy to help ensure adherence to current Federal HIPAA and HIPAA and HITECH guidelines.
- Intermedix has a comprehensive library of HIPAA and HITECH documented policies and procedures that are available to every Intermedix team member via the corporate intranet. These policies include (but are not limited to): Standards of Business Ethics and Conduct, Safeguarding Confidential Information, Compliance Training & Certification, HIPAA Affiliated Covered Entity, HIPAA Business Associates Agreements, PHI Breach Determination, Notification and Disclosure. We have established compliance committees that meet monthly to discuss industry activities, recommendations for policy and procedure changes, and more.
- During the hiring process we perform federal and criminal background checks on all candidates before they are offered employment. In addition, we also perform Social Security Number and previous job verifications.
- All employees receive compliance education, standards of conduct training and HIPAA privacy requirements overview upon hire and receive ongoing training throughout their employment.
- We undergo a rigorous SSAE 18 (Statements on Standards for Attestation Engagements No. 18) and SAS 70 Type II audit every year.
- Intermedix' goes above and beyond standard industry audits to hire a third party auditor each year to evaluate the security posture of the organization, and the level of compliance specific to HIPAA/HITECH.
- All Intermedix systems employ segregation of duties to help ensure that only those employees that need access to PHI receive it.

Quality Assurance

Our commitment to quality assurance allows us to offer clients resources that know and understand the tasks assigned and are highly trained in their field.

Commitment to and investment in continuous quality improvement.

Proprietary quality application facilitates trend analysis, feedback and training.

- **People** – Intermedix assigns Quality Improvement Specialists (QIS) to each operations team. These team members work very closely with our Specialists to evaluate quality and provide feedback every month. They are also responsible for new hire training, individual coaching and ongoing team training. This structure ensures that key themes found in practice are emphasized in training. Furthermore, Intermedix has invested in a Quality Director who is responsible for the continued implementation and maintenance of lean six sigma concepts within our quality initiatives.
- **Process** – A random sample of accounts is selected for each Specialist every month. The QIS' evaluate the accounts and enters their findings in our proprietary Qualitas system. Once the findings are entered, the results are immediately available to the Specialists. Specialists with high scores are recommended, while Specialists with low scores are coached on where and how they can improve. In some cases this results in management creating a personal development plan. Management and the QIS also look at team level trends. Using that information, they tweak new hire training and/or determine that a refresher training is needed for existing team members. In addition to the real-time feedback on quality, the QIS will also capture the quality score into the Specialist's scorecard. Scorecard results are made visible to the entire team every month and include quality, productivity and company value components. Each Specialist receives an overall score. The score determines which team members received additional performance-based compensation for the month.
- **Technology** – Our Qualitas application is designed to capture and instantly share results. While that is very important, the real power of the application comes from the trend information it provides. As described above, management and QIS can easily identify not only the team members that need coaching, but also areas where the entire team and new hires can benefit from additional training.

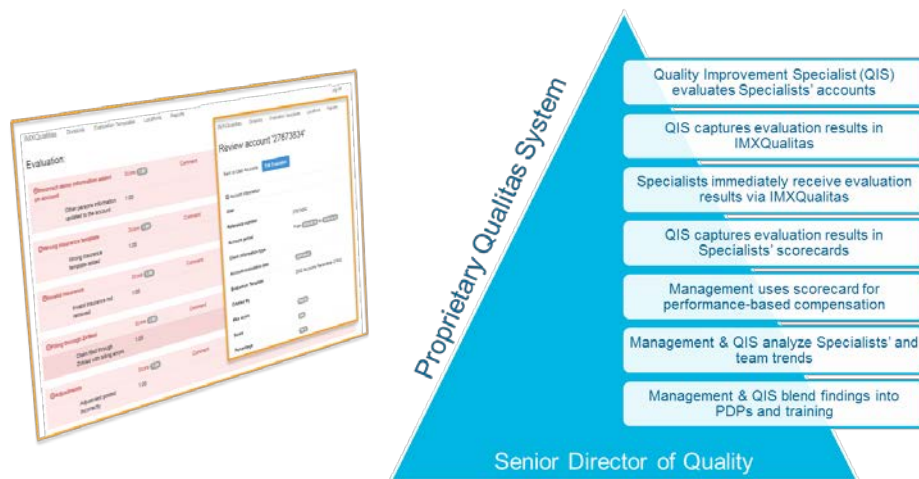


Figure 2: This illustrates the flow of the quality improvement program. Our Qualitas system allows us to identify gaps and suggest process improvements across the EMS RCM continuum.

Client Relations

Our Client Relations team's primary responsibility is to ensure that the City of Key West's expectations are being exceeded. Intermedix provides a dedicated team the City of Key West can contact for all needs, and is committed to responding to your inquiries within one business day. **While the ratio varies based on client size and complexity, on average our Client Relations Managers support 7 clients.** We believe that this level of Client Relations investment is unmatched in the industry.

Performance Review Meetings

Intermedix conducts periodic meetings to discuss RCM performance, collection opportunities, strategic initiatives, documentation training results, industry news, regulation changes, and more.

Industry Representation and Support

Intermedix' breadth of services and experience across the nation allows us to influence legislation and develop payer relationships for the benefit of our clients. Every state is different with respect to EMS guidelines, legislation regarding third-party Medicaid EMS billing service invoicing, etc.

Our team members are actively involved in industry agencies and politics on behalf of our clients. For instance, members of our team frequently spend time in Washington DC working with our lobbyist to understand and influence legislation. In fact, we met with CMS Medicare Officials at their Baltimore Headquarters to seek relief on the Medicare signature regulations. CMS' modification to the regulations to allow receipt of an "after the fact receiving facility signature" when the patient was unable to sign (PUTS) and a patient representative was

unable to sign (RUTS), was a direct result of this meeting and benefited the entire EMS industry.

Intermedix participates in numerous industry organizations and conferences to ensure we keep abreast of the latest industry happenings. The information learned is shared with our clients through webinars, newsletters, blogs, and client meetings. We also sponsor several EMS initiatives including, but not limited to the Pinnacle conference, and an annual NAEMT Harvard scholarship to advance EMS leadership. For a list of organizations with which Intermedix is involved, please refer to Attachment 6 Industry Associations and Memberships.

Lastly, your Client Services Manager will enroll the City of Key West to receive our monthly Intermedix EMS Newsletter, which offers informative industry articles and company-specific updates. We have and will continue to provide industry news and support via webinars with access to third-party experts.

Collection Forecasting

Through a sophisticated financial model, Intermedix provides collection forecasting and budget assistance. *For example:*

We are able to forecast impacts of a charge increase, change in EMS service protocols, volume, and industry regulations such as the Affordable Care Act and more. Our clients have found our modeling expertise invaluable to facilitate operational decision making and budgeting.

Report Creation

While the City of Key West has full access to Intermedix' robust reporting solution for ad hoc reporting needs, we appreciate that it is often preferred for the reports to be created on your behalf. Your Client Relations team is trained on our reporting tool and is available to fulfil your report requests when needed.

Professional Services

Intermedix' Professional Services team is responsible for initiatives that require project management expertise to manage milestones, deliverables and due dates. The team is comprised of several sub teams with unique skills specializing in client onboarding, ePCR integrations, hospital integrations, payer enrollment, and educational outreach.

Client Onboarding

Clients are assigned a dedicated Implementation Project Manager; we use an extensive 200+ task project plan and weekly checkpoint meetings to ensure new client startups are delivered on time and with the highest quality. During

Dedicated teams to rapidly address ePCR integration, hospital integration and payer enrollment needs.

Crew member documentation reviews and online training included as standard Intermedix services.

the project kickoff meeting the plan is modified to address the City of Key West’s specific needs and timeline for your agency. The team is dedicated to a continuous improvement philosophy and we build “lessons learned” into our standard methodology with each client interaction.

ePCR Integrations

Our ePCR Integrations team is responsible for all aspects related to the integration of the City of Key West’s ePCR solution into our IMX Billing system. This includes the scheduling of file transmission to our secure site, mapping data values, resolution of import errors that may arise over time, and more.

As depicted in the Figure below, the team has established excellent relationships and partnerships with all of the major ePCR vendors in the industry, allowing us to quickly address needs that arise.

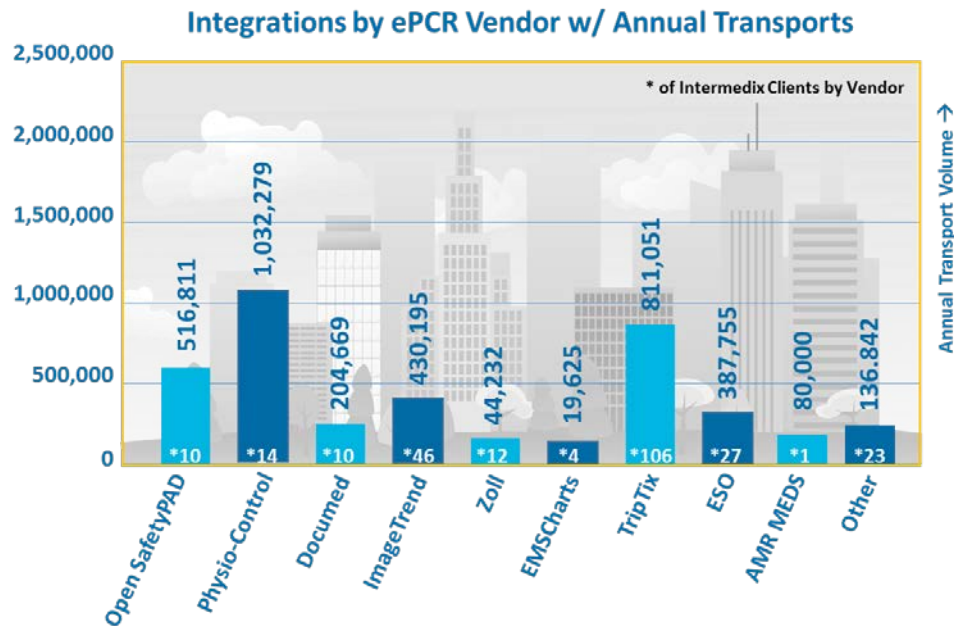


Figure 3: Our large client base allows us to work with virtually every ePCR system on the market. If the City of Key West chooses to switch ePCR vendors, it is highly likely we have an interface to that system. The chart above illustrates some of the interfaces in place today.

Hospital Integrations

The Hospital Integrations team is responsible for the creation and ongoing maintenance of all facility connections that we have established for purposes of capturing patient insurance and demographic information. As previously discussed, these connections are critical to maximizing collections and providing a high level of patient satisfaction.

Despite numerous industry initiatives to standardize and share data, establishing hospital connections has become increasingly difficult with the increased focus by hospitals on compliance and competing hospital technology priorities. Our team provides flexible offerings and approaches that cuts through much of the hospital red tape and shortens the time necessary to complete a connection.

Payer Enrollment

Our Payer Enrollment team is responsible for all initial and ongoing needs related to payer enrollment and revalidation. We monitor payer requirements, Medicare and Medicaid contract expirations, establish ERA and EFTs where possible, and proactively working with the City of Key West to ensure that all paperwork is submitted timely and accurately. Our goal is to avoid interruptions in your cash flow and facilitate cash flow with electronic claim filing and electronic remittances.

Educational Outreach

Our Intermedix Educational Outreach team offers a comprehensive training program that includes live onsite documentation training, online learning and annual crew documentation reviews to track your agency's improvement. The real value of this offering comes when our team and City of Key West partner to determine the best training approach based on the findings of the crew documentation review. The team is composed of seasoned EMS veterans who offer an educational experience that reaches paramedics, EMTs, officers and support staff. They are always ready to assist you with your education needs, including targeted documentation audits.

The online crew documentation training is available via a 24/7 web-based portal. We are continually expanding the training content and current courses include Understanding Compliance & Medical Necessity, Signature & Credentialing Requirements, Level of Service, Introduction to EMS Documentation, Documenting Medical Complaints, More Documenting Tips & Scenarios, Writing the Narrative, Top 5 EMS PCR Data Points to Improve Upon, and another 6 modules related to non-emergency transports. Online system features include:

- Instant training course tests results
- Printable certificate of completion for training files, for selected courses
- Contact hours and college level CEUs awarded, for selected courses
- Reporting to track your agency progress

We are committed providing IMX Billing system training as the people involved change and we enhance our technologies. The training includes how to access patient accounts, conduct patient searches, print itemized statements, and how to view your client profile and key performance metrics. Training will also cover running standard and creating ad hoc reports through the business objects portal and our enhanced dashboards.

Analytics

Reporting

Intermedix offers an extensive library of reports that are designed specifically for EMS agencies to gain meaningful insight into the effectiveness of their billing operations. The library includes a wide range of financial data reports and key performance indicators, and a standard reporting package is provided as part of the month end close or as requested.

Our reporting solution allows the City of Key West's authorized users to access reports via any internet-enabled computer to run reports on demand or establish a desired frequency schedule. Per the schedule, reports can automatically be distributed to email recipients or to a designated network folder. Accounts collected, patient account information, call statistics, and financial statistics are available in a dynamic, real-time format as soon as accounts are entered via import from the City of Key West's ePCR system.

The reporting interface contains easy-to-use templates that are highly configurable by using basic drag-and-drop skills. Users can add filter logic, configure the output layout and export information to Excel, csv, or Adobe formats. The City of Key West will receive training from your dedicated Client Relations team on the reporting tools. Of course, you can always contact your Client Relations team to have reports created, distributed, scheduled on your behalf.

Please refer Attachment 4 for Sample Reporting Package.

Dashboards

We are very excited about our recent rollout of a new dashboard reporting solution that will provide the City of Key West with even greater visibility. Sample screen shots below provide images of each of the dashboards available. Each report provides meaningful metrics that enable the City of Key West to make well-informed business decisions backed by actionable intelligence.



City of Key West
EMS Billing Services RFP #002-18

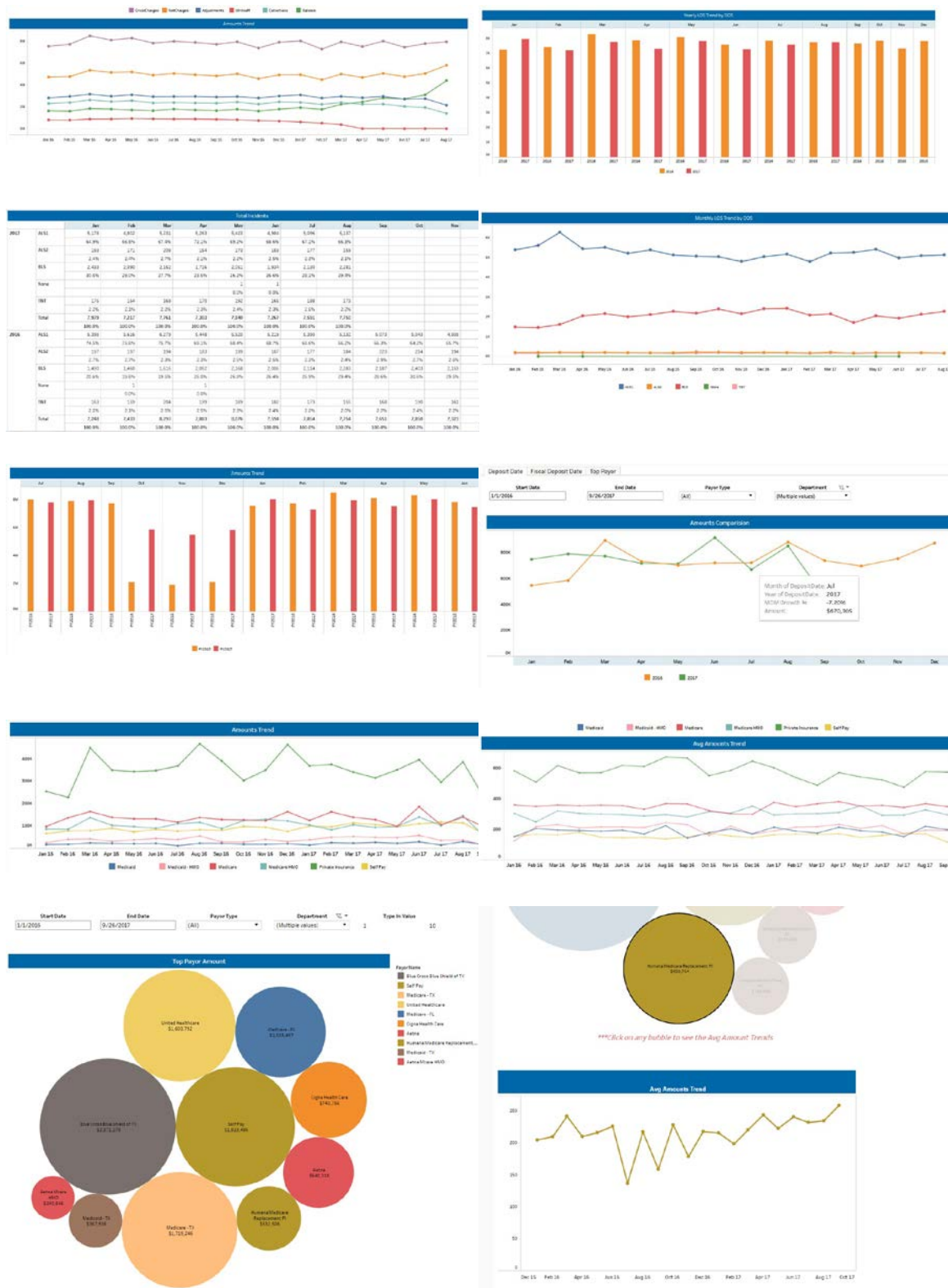


Figure 4: Analytics Dashboard Reporting. Each image represents a different analytical view of your data.

Data Science Platform

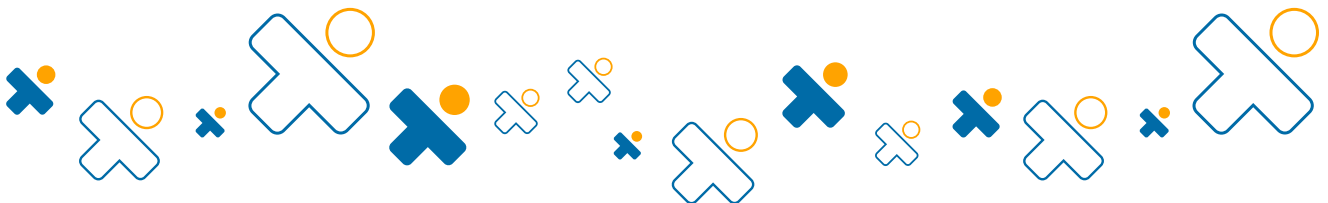
Intermedix has recently made significant investments into a robust data science platform. As your strategic RCM partner, the solutions we are developing will ensure that the City of Key West is well-positioned for the industry changes that are coming.

- **Condition Awareness** – Predictive analytics to improve financial and clinical outcomes for providers. Modules include the early identification of Sepsis, COPD, Clostridium Difficile, Colorectal Cancer, MRSA, Pneumonia, and 30 Harm Events. For example:

Every hour of early Sepsis identification and treatment increases the chance of survival by 7.6%.

- **Revenue Integrity** – Data science and visualization tools necessary to receive adequate and fair reimbursement under any reimbursement model. Capabilities include our reimbursement and insight dashboard, and bundled and value based payment modeling.
- **Provider Alignment** – Align provider behavior with new reimbursement models by leveraging KPIs and descriptive analytics. Capabilities include extracting meaningful information from large data sets, streamlining dissemination and provider access, and presentation of intuitive visuals.
- **Operations Management** – Actionable analytics that identify opportunities in performance and client satisfaction. Capabilities include resource optimization and operations data mining.

Attachment 2 - Organization Charts



Attachment 2 – Organization Charts

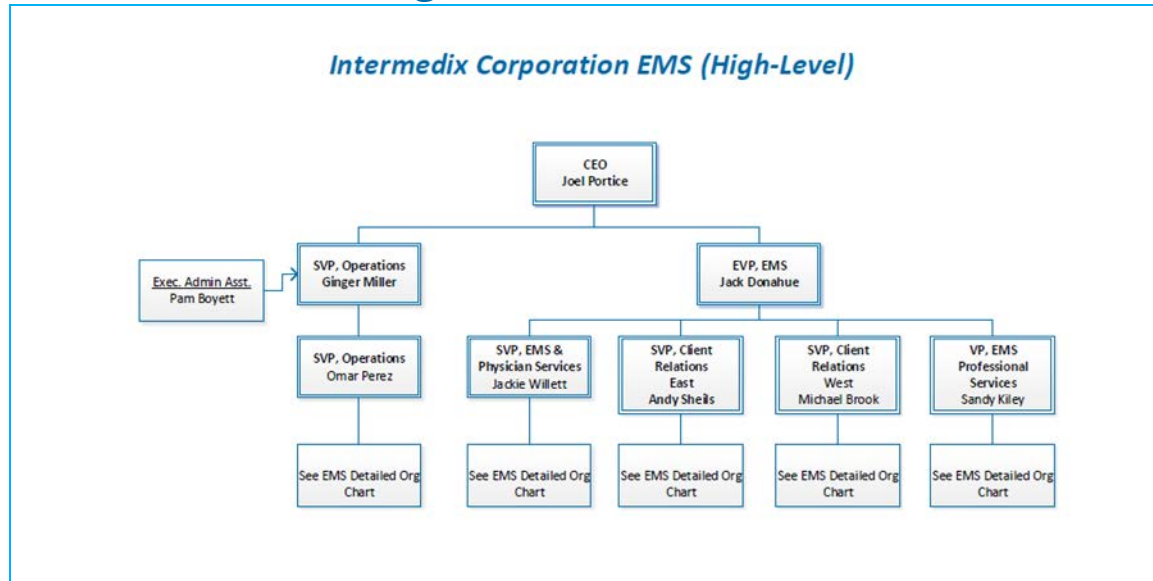


Figure 1: EMS High-level Leadership Organization Chart

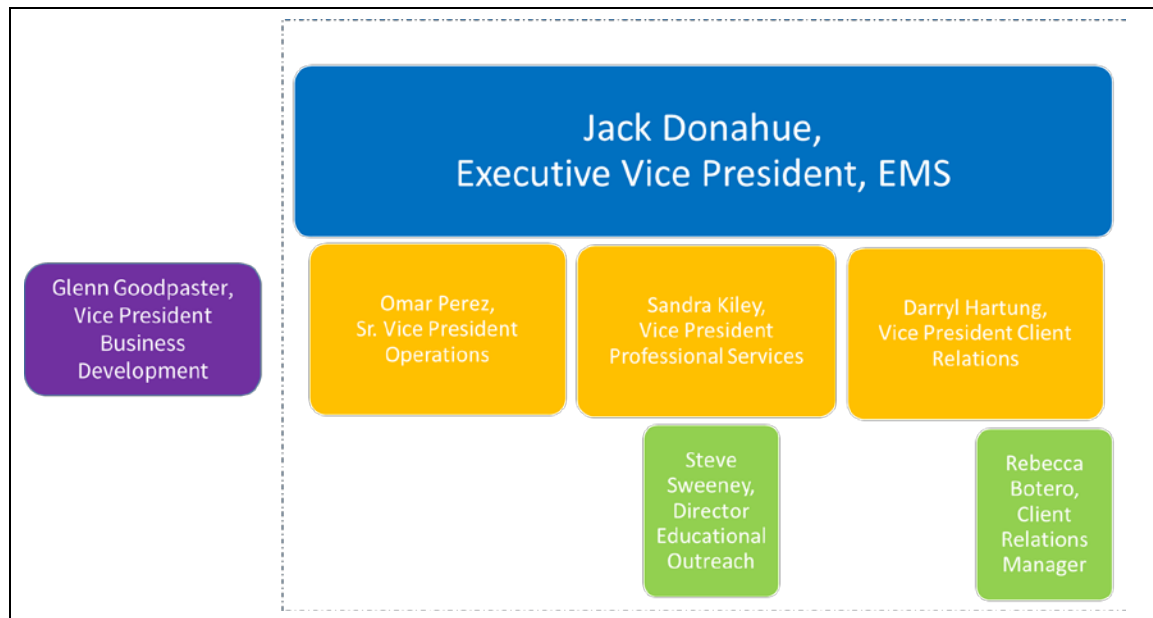
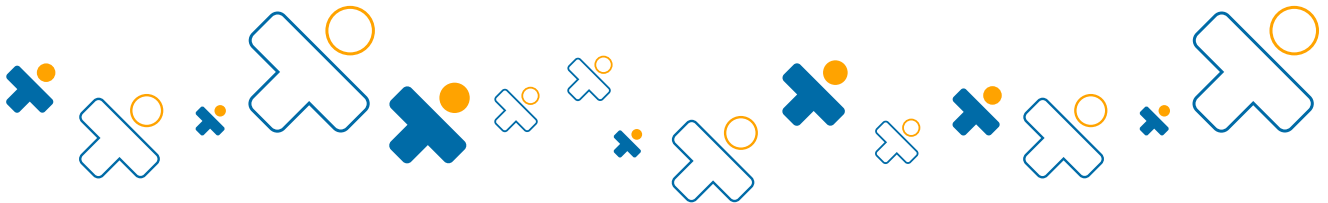


Figure 2: Key Personnel for the City of Key West

Attachment 3 - Key Personnel Bios



Attachment 3 – Key Personnel Bios

In lieu of resumes, we have provided bios, which offer a greater level of detail regarding the assigned roles for this project.

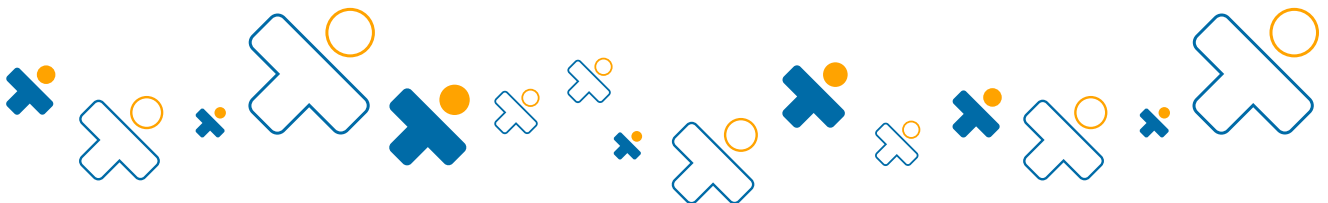
The professionals assigned to this project have an average of 20+years of experience in healthcare technologies, including former emergency fire department first responders. For our coding professionals, Intermedix has developed a rigorous internal and proprietary coder training program focused specifically on the specialty of ambulance billing. Every member of our coding management team is a Certified Ambulance Coder (CAC). This helps ensure professional coding practices are adhered to throughout the department. All trainees must meet the required standards of accuracy before they are certified as having completed our program. Ongoing training occurs through monthly department meetings that include refresher courses. Additionally, monthly QA audits are performed to incorporate educational opportunities to cover specific topics requiring review or immediate attention. In addition to receiving Intermedix Certification, our coders may also maintain certification with the NAAC (National Academy of Ambulance Coders) and the AAPC (American Academy of Professional Coders).

Name	Relevant Experience	Role
Jack Donahue, Executive Vice President	Jack has 13 years of experience with Intermedix, managing strategic technology, operations and client service solutions. Prior to joining Intermedix, Jack spent 10 years as a consultant, working with clients to implement complex technology and process changes. Jack earned his bachelor's degree in business administration-finance from the University of Notre Dame. He holds a master's degree in business administration with a concentration in global management and decision information sciences, and an executive master's degree in healthcare administration from the University of Florida.	Jack leads the EMS RCM division at Intermedix. His primary responsibility for the County is making sure that your expectations are being exceeded.
Leigh Anne Bedrich, EMS Compliance Officer	Leigh Anne has more than 30 years of experience in pre-hospital care, acute care, and compliance. She has been with Intermedix for two years. Prior to joining Intermedix, Leigh Anne was the compliance officer for Emergicon and manager of emergency healthcare systems at NCTTRAC (North Central Texas Trauma Advisory Council). Leigh Anne obtained her bachelor	Leigh Anne oversees all aspects related to EMS compliance. This includes compliance training, policies and procedures, payer audits, and client support.

Name	Relevant Experience	Role
	of fine arts degree from Baylor University in Communication Design, her master of arts in organizational management from the University of Phoenix and her law degree from Texas A&M University. Leigh Anne holds several industry certifications including, Certified in Healthcare Compliance (CHC) by the Compliance Certification Board (CCB); Certified Ambulance Privacy Officer (CAPO) through the National Association of Ambulance Compliance (NAAC); Executive Fire Officer (EFO) by the National Fire Academy. She is also a Licensed Paramedic, Advanced Coordinator in the State of Texas, and a member of the Texas Bar.	
Darryl Hartung, Vice President Client Relations	Darryl has been with Intermedix for 17 years, serving in many roles. Darryl's focus is on Client Relations in the Southeast, particularly in Georgia, South/North Carolina and Florida. He has nearly 6 years of experience working with the County. Darryl graduated from Florida Atlantic University with a Bachelor's degree in Business Administration.	Darryl will serve as one of the County's primary contact, ensuring that your interaction with our firm will be handled professionally and as contractually agreed.
Rebeca Botero, Manager Client Relations	Rebeca is a seasoned Client Relations Manager and has more than 15 years' experience with billing and collections.	Rebeca will serve as the City's primary point of contact, ensuring that your interaction with our firm will be handled professionally and as contractually agreed.
Omar Perez, Sr. Vice President Operations	Omar has been with Intermedix for 15 years. Prior to joining Intermedix, Omar held the position as Manager, Hospital Liaison at Per-Se Technologies (McKesson, now Change Healthcare). He earned his associate's degree in business administration from Miami Dade College.	Omar leads EMS RCM Operations at Intermedix. He oversees the day-to-day workflow activities and management of the resources that will process the County's accounts.
Sandra Kiley, Vice President Professional Services	Sandy has been with Intermedix for 7 years. Prior to her current role, she was the primary point of contact for the City of Los Angeles EMS RCM services. Prior to joining Intermedix she was a consultant with Price Waterhouse Coopers. Sandy graduated from Boston College with a Bachelor's degree in Geology and Geophysics and a minor in Math and Computer Science. She also has a certificate	Sandy leads the Professional Services team that delivers all aspects related to client startup, ePCR integrations, hospital integrations, payer enrollment and crew documentation training.

Name	Relevant Experience	Role
	from the UCLA School of Public Health for Healthcare management and Leadership.	
Steve Sweeny, Director Educational Outreach	<p>Steve has been with Intermedix for 9 years and has 25 years of experience in the Fire/EMS industry as a firefighter and paramedic.</p> <p>Prior to joining Intermedix in 2008, Steve had six years of EMS billing experience including four years of managing the day-to-day billing operations for a large volume 911 EMS agency.</p>	Steve's team focuses on teaching Fire & EMS agencies the essentials of proper EMS Patient Care Report documentation ensure maximum compliant revenue recovery.
Glenn Goodpaster, Vice President Business Development	Glenn oversees new EMS business opportunities for Intermedix. He has more than 20 years of successful business development experience in the emergency medical services arena. His focus is to connect medical transport providers with technology and services that increase operational effectiveness, reduce costs and increase revenues.	Glenn will serve as your point of contact for coordinating efforts associated with this contract.

Attachment 4 - Sample Standard Reports



Attachment 4 – Sample Reports

 **intermedix**

EMS Reporting Samples

Following are a few of the most commonly requested reports by our EMS clients to gain meaningful insight into the effectiveness of their billing program.



Report also includes

- Collection by Financial Class Detail
- Billing Activity Summary Detail
- Management Summary Detail
- AR Aged Trial Balance Detail
 - Unidentified Payments

Monthly Summary

by Date of Service

Monthly Summary by Date of Service

Start Date: 1/1/2015 – End Date: 3/31/2015

	Billable Incidents	Gross Charges	Adjustments	Net Charges	Collections	Write Off Amt	Balance Due	Avg Charge	Avg Miles
2015-01	16453	\$16,827,520.00	\$9,855,722.61	\$6,971,797.39	\$2,993,225.06	\$32,504.64	\$3,946,067.69	\$1,022.76	2.32
2015-02	14399	\$14,729,390.00	\$8,832,320.93	\$5,897,069.07	\$2,611,534.59	\$31,988.66	\$3,253,545.82	\$1,022.95	2.31
2015-03	16051	\$16,500,990.00	\$9,808,690.66	\$6,692,299.34	\$2,904,414.69	\$25,904.39	\$3,761,980.26	\$1,028.04	2.31
Totals:	46903	\$48,057,900.00	\$28,496,734.20	\$19,561,165.80	\$8,509,174.34	\$90,397.69	\$10,961,593.77	\$1,024.62	2.31

Fiscal Year Summary

Start Date: 1/1/2015 – End Date: 3/31/2015

	Billable Incidents	Gross Charges	Adjustments	Net Charges	Collections	Write Off Amt	Balance Due	Avg Charge	Avg Miles
2015	46903	\$48,057,900.00	\$28,496,734.20	\$19,561,165.80	\$8,509,174.34	\$90,397.69	\$10,961,593.77	\$1,024.62	2.31
Totals:	46903	\$48,057,900.00	\$28,496,734.20	\$19,561,165.80	\$8,509,174.34	\$90,397.69	\$10,961,593.77	\$1,024.62	2.31

Calendar Year Summary

Start Date: 1/1/2015 – End Date: 3/31/2015

	Billable Incidents	Gross Charges	Adjustments	Net Charges	Collections	Write Off Amt	Balance Due	Avg Charge	Avg Miles
2015	46903	\$48,057,900.00	\$28,496,734.20	\$19,561,165.80	\$8,509,174.34	\$90,397.69	\$10,961,593.77	\$1,024.62	2.31
Totals:	46903	\$48,057,900.00	\$28,496,734.20	\$19,561,165.80	\$8,509,174.34	\$90,397.69	\$10,961,593.77	\$1,024.62	2.31

Report also includes

Additional Summary Data

- Agency Name
- Vehicle ID
- Facility Name
- Pick up Zip Code
- Average Adjustments
- Average Net Charge
- Average Collection
- Gross Collection %
- Net Collection %
 - Paid %

Incidents by Level of Service

- BLS-NE - # and %
- BLS-E - # and %
- ALS-NE - # and %
- ALS-E - # and %
- ALS2 - # and %
- SCT - # and %
- Rotary - # and %
- Fixed Wing - # and %
 - TNT - # and %
 - Other - # and %

Incidents by Financial Class

- Medicare - # and %
- Medicaid - # and %
- Commercial - # and %
 - Self-Pay - # and %
 - Auto - # and %
- Workers Comp - # and %
 - Contract - # and %

Monthly Summary

by Pickup Zip Code

Monthly Summary by Pickup Zip Code

Start Date: 1/1/2015 – End Date: 3/31/2015

Zip Code	Billable Incidents	Gross Charges	Adjustments	Net Charges	Collections	Write Off Amt	Balance Due	Avg Charge	Avg Miles
19101	58	\$57,790.00	\$26,273.14	\$31,516.86	\$9,480.58	\$0.00	\$22,036.28	\$996.38	1.84
19102	317	\$325,680.00	\$171,763.71	\$153,916.29	\$70,990.97	\$100.20	\$82,825.12	\$1,027.38	1.50
19103	635	\$652,460.00	\$300,478.09	\$351,981.91	\$191,056.23	\$631.48	\$160,294.20	\$1,027.50	1.40
19104	1976	\$2,025,790.00	\$1,153,599.30	\$872,190.70	\$401,863.19	\$150.00	\$470,177.51	\$1,025.20	1.67
19105	4	\$3,870.00	\$1,684.00	\$2,186.00	\$246.00	\$0.00	\$1,940.00	\$967.50	1.75
19106	403	\$412,290.00	\$185,728.60	\$226,561.40	\$101,012.26	\$3,070.09	\$122,479.05	\$1,023.05	1.34
19107	1206	\$1,231,750.00	\$584,271.73	\$647,478.27	\$211,837.67	\$2,331.45	\$433,309.15	\$1,021.35	1.15
19108	3	\$2,950.00	\$784.46	\$2,165.54	\$1,205.54	\$0.00	\$960.00	\$983.33	2.00
19109	17	\$17,130.00	\$6,765.22	\$10,364.78	\$2,512.75	\$0.00	\$7,852.03	\$1,007.65	2.35
19110	6	\$5,990.00	\$2,235.60	\$3,754.40	\$764.40	\$0.00	\$2,990.00	\$998.33	1.50
19111	1097	\$1,121,000.00	\$624,764.30	\$496,235.70	\$217,615.88	\$3,171.45	\$275,448.37	\$1,021.88	2.79
19112	21	\$21,480.00	\$6,685.11	\$14,794.89	\$3,747.38	\$0.00	\$11,047.51	\$1,022.86	2.71
19113	2	\$2,030.00	\$1,436.10	\$593.90	\$593.90	\$0.00	\$0.00	\$1,015.00	1.50

Report also includes

Additional Summary Data

- Average Adjustments
- Average Net Charge
- Average Collection
- Gross Collection %
- Net Collection %
 - Paid %

Incidents by Level of Service

- BLS-NE - # and %
- BLS-E - # and %
- ALS-NE - # and %
- ALS-E - # and %
- ALS2 - # and %
- SCT - # and %
- Rotary - # and %
- Fixed Wing - # and %
 - TNT - # and %
 - Other - # and %

Incidents by Financial Class

- Medicare - # and %
- Medicaid - # and %
- Commercial - # and %
 - Self-Pay - # and %
 - Auto - # and %
- Workers Comp - # and %
 - Contract - # and %

Daily Financial Summary

Daily Financial Summary: New Charges

Date: 3/9/16

Charge ID	Date	Charge Hcpcs	Charge Description	Insurance Type	Insurance Name	Trip Number	Account Number	Charge Amount
93984553	3/9/2016	A0427	ALS1 Emergency Base Rate	Medicare	Medicare - NC			\$660.00
93984554	3/9/2016	A0425	ALS Emergency Mileage	Medicare	Medicare - NC			\$90.00
93988852	3/9/2016	A0429	BLS Emergency Base Rate	Medicare	Medicare - NC			\$575.00
93988853	3/9/2016	A0425	BLS Emergency Mileage	Medicare	Medicare - NC			\$10.00
93989906	3/9/2016	A0427	ALS1 Emergency Base Rate	Unknown				\$660.00
93989907	3/9/2016	A0425	ALS Emergency Mileage	Unknown				\$40.00
93991722	3/9/2016	A0427	ALS1 Emergency Base Rate	Private Insurance	United Healthcare			\$660.00
93991723	3/9/2016	A0425	ALS Emergency Mileage	Private Insurance	United Healthcare			\$90.00
93991724	3/9/2016	A0427	ALS1 Emergency Base Rate	Unknown				\$660.00
93991725	3/9/2016	A0425	ALS Emergency Mileage	Unknown				\$40.00
93991726	3/9/2016	A0429	BLS Emergency Base Rate	Unknown				\$575.00

Daily Financial Summary: Voided Charges

Date: 3/9/16

Charge ID	Date	Charge Hcpcs	Charge Description	Insurance Type	Insurance Name	Trip Number	Account Number	Charge Amount
92407773	3/9/2016	A0998	Treatment / No-Transport	Unknown				\$250.00
93800794	3/9/2016	A0429	BLS Emergency Base Rate	Medicare	Medicare - NC			\$575.00
93800795	3/9/2016	A0425	BLS Emergency Mileage	Medicare	Medicare - NC			\$90.00
93800798	3/9/2016	A0427	ALS1 Emergency Base Rate	Medicare	Medicare - NC			\$660.00
93800799	3/9/2016	A0425	ALS Emergency Mileage	Medicare	Medicare - NC			\$10.00

Daily Financial Summary: Payments

Date: 3/9/16

Trip Number	Date of Receipt	Posting Batch ID	Incident TX ID	Transaction Type	Insurance Type	Insurance Name	Account Number	Deposit Date	Check Number	Amount
	3/10/2016	2312757		Payment to EMS - Primary Insurance	Medicare	Medicare - NC		3/9/2016	890118549	\$362.66
	3/9/2016	2311026		Payment to EMS - Primary Insurance	Medicaid	Medicaid - NC		3/9/2016	053000191697597	\$124.68
	3/9/2016	2311026		Payment to EMS - Primary Insurance	Medicaid	Medicaid - NC		3/9/2016	053000191697597	\$124.68
	3/5/2016	2306045		Payment to EMS - Primary Insurance	Private Insurance	Aetna		3/9/2016	816063480004936	\$184.00
	3/9/2016	2311026		Payment to EMS - Primary Insurance	Medicaid	Medicaid - NC		3/9/2016	053000191697597	\$124.68
	3/9/2016	2311026		Payment to EMS - Primary Insurance	Medicaid	Medicaid - NC		3/9/2016	053000191697597	\$70.75
	3/9/2016	2311026		Payment to EMS - Primary Insurance	Medicaid	Medicaid - NC		3/9/2016	053000191697597	\$124.68
	3/9/2016	2311026		Payment to EMS - Primary Insurance	Medicaid	Medicaid - NC		3/9/2016	053000191697597	\$124.68
	3/9/2016	2311026		Payment to EMS - Primary Insurance	Medicaid	Medicaid - NC		3/9/2016	053000191697597	\$129.36
	3/9/2016	2311026		Payment to EMS - Primary Insurance	Medicaid	Medicaid - NC		3/9/2016	053000191697597	\$70.75
	3/10/2016	2311026		Payment to EMS - Primary Insurance	Medicare	Medicare - NC		3/9/2016	053000191697597	\$129.36
	3/9/2016	2311026		Payment to EMS - Primary Insurance	Medicaid	Medicaid - NC		3/9/2016	053000191697597	\$124.68
	3/9/2016	2311026		Payment to EMS - Primary Insurance	Medicaid	Medicaid - NC		3/9/2016	053000191697597	\$124.68

Payment Posting

Payment Posting Summary

Start Deposit Date: 1/1/2015 – End Deposit Date: 3/31/2015

Deposit Month	IMX Amount	Collections Amount	CC Amount	Total
2015-01	\$2,576,592.41		\$78,790.87	\$2,655,383.28
2015-02	\$2,830,366.33		\$77,490.17	\$2,907,856.50
2015-03	\$3,050,882.27		\$73,246.34	\$3,124,128.61
Grand Total:	\$8,457,841.01		\$229,527.38	\$8,687,368.39

Payment Posting, by Payor

Start Deposit Date: 1/1/2015 – End Deposit Date: 3/31/2015

Payor	Amount	%
Auto Insurance	\$410,163.84	4.72%
Contract	\$14,201.15	0.16%
Medicaid	\$1,989,458.29	22.90%
Medicare	\$3,632,222.28	41.81%
NA	\$26,664.04	0.31%
Private Insurance	\$1,659,998.64	19.11%
Self Pay	\$865,124.38	9.96%
Workers Comp	\$89,535.77	1.03%
Grand Total:	\$8,687,368.39	100.00%

Report also includes

- Payment Posting, by Date of Service
 - Batch Detail
 - Transaction Detail



PAYMENT POSTING REPORT: By DOS

SAMPLE REPORT

Start Deposit Date: 5/1/17 - End Deposit Date: 6/30/17

Month of Service	Amount	%
2009-09	\$153.03	0.03%
2013-07	\$50.00	0.01%
2014-01	\$100.00	0.02%
2014-05	\$734.83	0.12%
2014-06	\$614.54	0.10%
2014-08	-\$174.78	-0.03%
2014-10	\$50.00	0.01%
2014-11	\$600.27	0.10%
2015-05	\$1,296.04	0.22%
2015-06	\$0.00	0.00%
2015-07	\$635.52	0.11%
2015-08	\$50.00	0.01%
2015-09	\$670.76	0.11%
2015-10	\$635.52	0.11%
2015-11	\$1,084.39	0.18%
2015-12	-\$758.56	-0.13%
2016-01	-\$337.65	-0.06%
2016-02	\$1,009.04	0.17%
2016-03	\$1,255.73	0.21%
2016-04	\$1,290.30	0.22%
2016-05	\$4,912.19	0.82%
2016-06	\$3,721.61	0.62%
2016-07	\$1,725.87	0.29%
2016-08	\$3,490.75	0.59%
2016-09	\$4,057.69	0.68%
2016-10	\$15,182.94	2.55%
2016-11	\$19,859.63	3.33%
2016-12	\$20,079.21	3.37%
2017-01	\$29,889.26	5.02%
2017-02	\$31,126.52	5.22%

SAMPLE REPORT

Start Deposit Date: 5/1/17 - End Deposit Date: 6/30/17

Month of Service	Amount	%
2017-03	\$81,979.92	13.76%
2017-04	\$167,647.11	28.14%
2017-05	\$168,564.17	28.29%
2017-06	\$34,581.38	5.80%
Grand Total:	\$595,777.23	100.00%

Insurance Aged Receivables

Insurance Aged Receivables

Start Date: 1/1/2015 – End Date: 3/31/2015

Primary Insurance Name	Insurance Type	# of Accounts	Current Charges	Adjustments	WriteOffs	Payments	Balance
21st Century	Private Insurance	1	\$960	\$0	\$0	\$960	\$0
21st Century Auto	Auto Insurance	4	\$3,190	\$1,643	\$0	\$1,497	\$50
21st Century Auto Insurance	Auto Insurance	1	\$960	\$0	\$0	\$0	\$960
AAA	Auto Insurance	1	\$970	\$522	\$0	\$448	\$0
AAA Mid-Atlantic Ins Group	Auto Insurance	3	\$3,070	\$1,633	\$0	\$1,437	\$0
AARP	Private Insurance	1	\$970	\$571	\$0	\$399	\$0
Access General	Auto Insurance	7	\$7,290	\$2,811	\$0	\$1,777	\$2,702
Access Health Solution	Medicaid	1	\$960	\$960	\$0	\$0	\$0
Access Insurance	Auto Insurance	2	\$2,200	\$702	\$0	\$388	\$1,110
Access Insurance Company	Auto Insurance	1	\$1,010	\$812	\$0	\$198	\$0
ACE North American Claims	Work Comp	1	\$1,150	\$0	\$0	\$0	\$1,150
ADAC-Schutzbrief	Private Insurance	1	\$960	\$0	\$0	\$0	\$960
Advantra Freedom	Medicare	118	\$122,710	\$66,007	\$0	\$30,418	\$26,285
Aetna	Medicare	58	\$59,340	\$33,904	\$0	\$26,204	\$-768
Aetna	Private Insurance	733	\$757,020	\$44,697	\$1,594	\$413,733	\$296,995
Aetna Better Health	Medicaid	1	\$990	\$990	\$0	\$0	\$0
Aetna Better Health - PA	Medicaid	1,168	\$1,180,910	\$987,579	\$562	\$110,418	\$82,351
Aetna Mcare HMO	Medicare	454	\$475,030	\$259,606	\$3,410	\$132,994	\$79,020
Aetna PPO Mcare	Medicare	1	\$1,020	\$632	\$0	\$388	\$0
Aflac	Private Insurance	1	\$980	\$0	\$0	\$0	\$980
AIC	Auto Insurance	1	\$970	\$532	\$0	\$438	\$0
AIG Travel	Private Insurance	1	\$970	\$0	\$0	\$0	\$970
Albert Einstein Medical Center	Private Insurance	1	\$1,150	\$0	\$0	\$0	\$1,150
All American Hospice LLC	Medicare	1	\$950	\$0	\$0	\$0	\$950
Allied Property and Casualty	Auto Insurance	1	\$960	\$0	\$0	\$0	\$960
Allstate	Auto Insurance	1	\$1,010	\$572	\$0	\$438	\$0
AllState	Auto Insurance	2	\$2,080	\$1,203	\$0	\$927	\$-50
Allstate Auto Insurance	Auto Insurance	8	\$8,000	\$3,308	\$0	\$4,202	\$490
Allstate Ins	Auto Insurance	2	\$1,960	\$1,068	\$0	\$892	\$0

Report also includes

- Insurance Aged Receivables Detail by Account
- Accounts reported to collection agency (if appropriate)

Call Statistics

Response Times

Start Date: 1/1/2015 – End Date: 3/31/2015

Unit Status	Jan	Feb	Mar	Totals:
Dispatch - Location	541.77s	544.59s	539.33s	541.9s
	9.03m	9.08m	8.99m	9.03m
Location - To Hospital	823.31s	836.52s	851.64s	837.16s
	13.72m	13.94m	14.19m	13.95m
To Hospital - At Hospital	609.42s	623.42s	616.4s	616.42s
	10.16m	10.39m	10.27m	10.27m
At Hospital - In Service	1,298.67s	1,271.41s	1,296.01s	1,288.7s
	21.64m	21.19m	21.6m	21.48m
Location - At Hospital	1,365.34s	1,389.75s	1,398.94s	1,384.68s
	22.76m	23.16m	23.32m	23.08m
Dispatch - At Hospital	1,903.6s	1,945.25s	1,943.68s	1,930.85s
	31.73m	32.42m	32.39m	32.18m
Dispatch - In Service	2,826.34s	2,831.05s	2,851.09s	2,836.16s
	47.11m	47.18m	47.52m	47.27m

Patient Disposition

Start Date: 1/1/2015 – End Date: 3/31/2015

Disposition	Jan	Feb	Mar	Totals:
Total Encounters	20850	18346	20483	59679
Transport and treatment	16332	14338	15983	46653
	78.33%	78.15%	78.03%	78.17%
Treatment, no transport	186	143	166	495
	0.89%	0.78%	0.81%	0.83%
No treatment, no transport	662	572	640	1874
	3.18%	3.12%	3.12%	3.14%
Call cancelled	1848	1650	1823	5321
	8.86%	8.99%	8.90%	8.92%
Dead on scene	275	242	260	777
	1.32%	1.32%	1.27%	1.30%
False Alarm/ Unfounded/ No Pt	1547	1401	1611	4559
	7.42%	7.64%	7.87%	7.64%

Transports by Facility

Start Date: 1/1/2015 – End Date: 3/31/2015

Facility Name	Jan	Feb	Mar	Totals:
AA Hospital	3	8	3	14
	0.01%	0.04%	0.01%	0.02%
BB Medical Center	1954	1757	2101	5812
	9.37%	9.58%	10.26%	9.74%
CC Health	1040	932	1099	3071
	4.99%	5.08%	5.37%	5.15%
DD Health	760	653	735	2148
	3.65%	3.56%	3.59%	3.60%
EE Hospital	323	234	260	817
	1.55%	1.28%	1.27%	1.37%
FF Children's Hospital	543	463	492	1498
	2.60%	2.52%	2.40%	2.51%

Calls by Time of Day

Start Date: 1/1/2015 – End Date: 3/31/2015

Time	Jan	Feb	Mar	Totals
0000-0559	3321	2876	3177	9374
	15.93%	15.68%	15.51%	15.71%
0600-1159	5440	4809	5208	15457
	26.09%	26.21%	25.43%	25.90%
1200-1759	6622	5754	6581	18957
	31.76%	31.36%	32.13%	31.76%
1800-2359	5467	4907	5517	15891
	26.22%	26.75%	26.93%	26.63%

Report also includes

- Patient Age
- Dispatched Call Types
- Call Locations
- Unit Transports

ePCR Demographic Capture

ePCR Demographic Capture by Medic

Start Date: 1/1/2015 – End Date: 3/31/2015

PrimaryMedic Full Name	No. of Accounts	ePCR % with SSN	ePCR % with DoB	ePCR % with Home Phone	ePCR % with ZIP Code	ePCR % with Address
AAAA, AAAA	4	100. %	100. %	100. %	100. %	100. %
BBBB, BBBB	14	79. %	100. %	50. %	100. %	100. %
CCCC, CCCC	10	80. %	100. %	60. %	100. %	100. %
DDDD, DDDD	49	73. %	100. %	10. %	100. %	100. %
EEEE, EEEE	4	25. %	100. %	0. %	100. %	100. %
FFFF, FFFF	27	70. %	100. %	44. %	100. %	100. %
GGGG, GGGG	11	73. %	100. %	36. %	100. %	100. %
HHHH, HHHH	140	71. %	100. %	44. %	99. %	100. %
IIII, IIII	12	67. %	100. %	17. %	100. %	100. %
JJJJ, JJJJ	5	60. %	100. %	60. %	100. %	100. %
KKKK, KKKK	38	39. %	100. %	26. %	100. %	100. %
LLLL, LLLL	52	85. %	100. %	46. %	100. %	100. %
MMMM, MMMM	22	82. %	100. %	50. %	100. %	100. %
NNNN, NNNN	16	75. %	100. %	81. %	100. %	100. %
OOOO, OOOO	75	77. %	100. %	40. %	100. %	100. %
PPPP, PPPP	30	83. %	100. %	57. %	100. %	100. %

ePCR Demographic Capture by Month of Service

Start Date: 1/1/2015 – End Date: 3/31/2015

Month of Service	Number of Accounts	ePCR % with SSN	ePCR % with DoB	ePCR % with Home Phone	ePCR % with ZIP Code	ePCR % with Address
2015-01	16029	75. %	100. %	51. %	100. %	100. %
2015-02	14058	76. %	100. %	52. %	100. %	100. %
2015-03	15642	77. %	100. %	51. %	100. %	100. %

Invalid Signatures and 'NMN' Summary

Medicare Summary – Invalid Signatures and 'Not Medically Necessary'

Start Date: 1/1/2015 – End Date: 3/31/2015

		Total Medicare (Count/%)		Medicare Invalid Signature Accounts			Medicare Not Medically Necessary		
Month of Service	Total Billable Incidents	Medicare Billable Incidents	% of Total AR	Count of Invalid Signatures	% Invalid of Medicare	% Invalid of Total AR	Count of NMN	% NMN of Medicare	% NMN of Total AR
2015-01	16,453	5,260	31.97%	163	3.10%	0.99%	263	5.00%	1.60%
2015-02	14,399	4,580	31.81%	128	2.79%	0.89%	198	4.32%	1.38%
2015-03	16,051	5,012	31.23%	147	2.93%	0.92%	200	3.99%	1.25%
Totals:	46,903	14,852	31.67%	438	2.95%	0.93%	661	4.45%	1.41%

Medicaid Summary – Invalid Signatures and 'Not Medically Necessary'

Start Date: 1/1/2015 – End Date: 3/31/2015

		Total Medicaid (Count/%)		Medicaid Not Medically Necessary		
Month of Service	Total Billable Incidents	Medicaid Billable Incidents	% of Total AR	Count of NMN	% NMN of Medicaid	% NMN of Total AR
2015-01	16,453	6,775	41.18%			
2015-02	14,399	6,036	41.92%			
2015-03	16,051	6,978	43.47%			
Totals:	46,903	19789	42.19%			

Commercial Summary – Invalid Signatures and 'Not Medically Necessary'

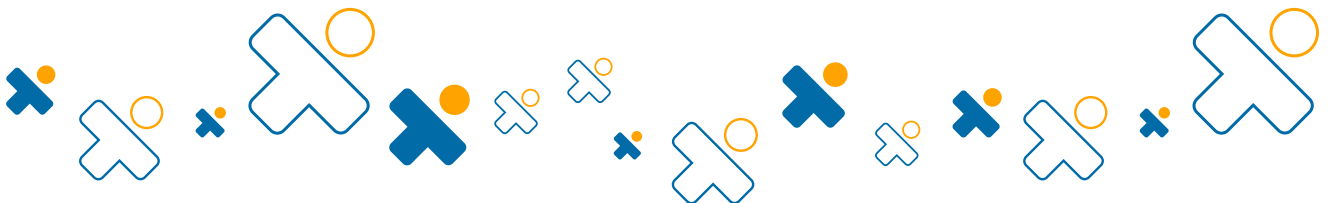
Start Date: 1/1/2015 – End Date: 3/31/2015

		Total Commercial (Count/%)		Commercial Invalid Signature Accounts		
Month of Service	Total Billable Incidents	Commercial Billable Incidents	% of Total AR	Count of Invalid Signatures	% Invalid of Commercial	% Invalid of Total AR
2015-01	16,453	1,919	11.66%	3	0.16%	0.02%
2015-02	14,399	1,701	11.81%	0	0.00%	0.00%
2015-03	16,051	1,845	11.49%	1	0.05%	0.01%
Totals:	46,903	5465	11.65%	4	0.07%	0.01%

Report also includes

- Medicare Invalid Signature Detail
 - Medicare NMN Detail
 - Medicaid NMN Detail
- Commercial Invalid Signature Detail

Patient Portal



Patient Portal Screenshot

Patient Portal




Please provide your account number and ZIP code to continue. The account number required to make online payments or update insurance information on file appears on your invoice.

Account Number:

ZIP Code:

Fire Department

Account Overview

 Patient Peter	 Service Date 10-01-2015	 Account # 317
--	--	--

Insurance

Primary:	MEDICARE - FL
Secondary:	UNITED HEALTHCARE
Tertiary:	Not on file

Charges

Description	Amount
Total Charges	\$648.00
Credits/Adjustments	-\$648.00
Balance	\$0.00


Questions about your invoice? Call 888-987-0709


Additional Capabilities


* If the Department chooses to accept online payment capabilities in the future.

Make PaymentUpdate InsuranceLog Out

Account Overview


Patient


Service Date
01-03-2016


Account #
.....07

Insurance

Primary: AETNA

Secondary: Not on file

Tertiary: Not on file

Charges

Description	Amount
Total Charges	\$1,563.49
Credits/Adjustments	-\$1,563.49
Balance	\$0.00

Test Mode Activated. Any transaction attempted will not be processed.

1 Patient Information

* Patient Name
Testme Testme

Email Address

A receipt will be sent to this email address.

Patient Account Number
21341693





Dates of Service
10/02/2014 To 10/02/2014

2 Payment Information

DEBIT / CREDITBANK

* Amount
\$

* Name on Card

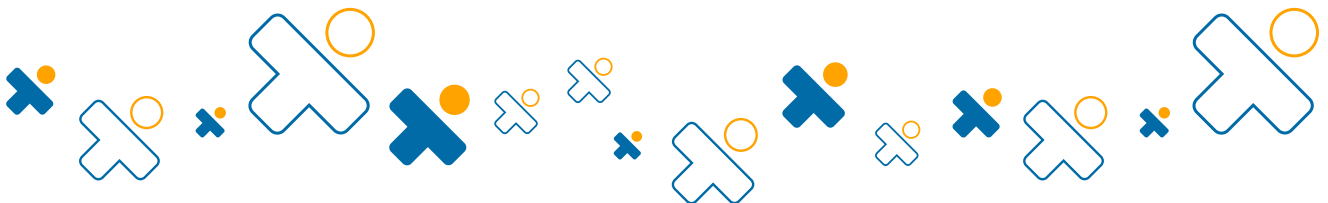
* Card Number
    

* Expiration Date
MM YY Security Code

* Cardholder's Zip Code

CONTINUECancel

Automated Process Account Samples





Automated Process Account Examples

Story 1

AutoCoder

Charges

Total Charges \$981.20

Date	Description	Base	Quantity	Amount	Modifier	ER	Created	Voided	Void Date	HCFA Name	Primary	Secondary
04-08-2013	BLS Emergency Base Rate	935.00	1.00	935.00	SH	Y				BLS EMERGENCY BASE	A0429	A0429
04-08-2013	BLS Emergency Mileage	11.55	4.00	46.20	SH	Y				Mileage	A0425	A0425

Comments

[2013-04-08 by safetypad]
MapQuest check of pickup address:
Changed Zipcode from [02118] to [86404]

[Sat Apr 13 10:58:23 CDT 2013 by ablake]
Changed Diagnosis-1 from [Altered Mental Status] to [Semi-Conscious]
Removed Diagnosis-2 [Semi-Conscious]
Changed Contradiction-2 from [2-15-CONFUSION/DISORIENTED] to [2-4-ALOC/DLOC/LLOC]
Changed Patient Signature from [N-Needs Signature Review] to [R-Patient Representative]

Xena

Date	Deposit	Description	Debit	Credit	Balance	Process Date	Created By	Updated By	Deleted By	Tx ID#	Web Date	Scan File
11-23-2013		Starting Balance - Patient Charges	545.00		545.00	N/A				0		
11-25-2013		aRunRecord			545.00	N/A	safetypad			387737940		r13859305
11-25-2013		Mapquest - Mileage Updated			545.00	N/A	bertha			387754453		
11-25-2013		Sent to Claims Processing Department			545.00	11-25-2013	bertha			387754454		
11-26-2013		Manually Reviewed and Cleared			545.00	N/A	tprentice			387974210		
11-28-2013		Pend for Insurance Info			545.00	N/A	bertha			388051426		
11-28-2013		Automated Eligibility Sweep			545.00	12-02-2013	bertha			388051427		
11-29-2013		Nightly Linkage Beginning			545.00	N/A	linkage			388410340		
12-02-2013		Payor Eligibility Test (Medicare)			545.00	12-03-2013	sweep	sweep		388995821		
12-02-2013		Payor Eligibility Test (Aetna)			545.00		sweep			388995822		
12-02-2013		Payor Eligibility Test (Cigna)			545.00		sweep			388995824		
12-02-2013		Payor Eligibility Test (Humana)			545.00		sweep			388995825		
12-02-2013		Payor Eligibility Test (United)			545.00		sweep			388995826		
12-02-2013		Payor Eligibility Test (Medicaid)			545.00		sweep			388995828		
12-02-2013		Payor Eligibility Test (BCBS)			545.00		sweep			388995829		
12-03-2013		Primary Insurance Invoice			545.00		sweep			389350835		
12-04-2013		Moose Freeze			545.00		moose			389611917		
12-04-2013		Forwarded to Queue (Claim Filing Edits Queue)			545.00	02-03-2014	moose	nightlycleanup		389611918		
12-04-2013		Moose Terminated			545.00	N/A	moose			389611919		
12-26-2013		Patient Invoice (Initial)			545.00	12-26-2013	pmSvc	postOffice		396892717	2013-12-26	j1388089177806
01-08-2014		Generated Itemized Statement			545.00	N/A	ehahn			400651964		
01-08-2014		Generated Itemized Statement			545.00	N/A	ehahn			400651967		
01-25-2014		Patient Invoice (Normal)			545.00	01-25-2014	pmSvc	postOffice		405990412	2014-01-25	j1390676064911
02-04-2014		Moose Freeze			545.00		moose			409004645		
02-04-2014		Forwarded to Queue (Claim Filing Edits Queue)			545.00	02-20-2014	moose	nightlycleanup		409004646		
02-04-2014		Moose Terminated			545.00	N/A	moose			409004647		
02-21-2014		Moose Freeze			545.00		moose			414764800		
02-21-2014		Forwarded to Queue (Claim Filing Edits Queue)			545.00	02-21-2014	moose	nightlycleanup		414764801		
02-21-2014		Moose Terminated			545.00	N/A	moose			414764802		



Automated Process Account Examples

AutoPoster

12-02-2013		Primary Insurance Invoice (837P)		981.20	12-02-2013	amiranda	xena		388831171		t9251312
12-02-2013		Front End Follow Up		981.20	N/A	amiranda			388831172		
12-02-2013		Automated Eligibility Sweep (Patient Demos Changed)		981.20	12-02-2013	amiranda			388831173		
12-02-2013		Payor Eligibility Test (Medicare)		981.20	12-03-2013	sweep	sweep		389050873		
12-04-2013		Zirmed Status		981.20	N/A	gabrielle			389649854		
12-04-2013		Zirmed Status		981.20	N/A	gabrielle			389696538		
12-04-2013		Zirmed Status		981.20	N/A	gabrielle			389705723		
12-04-2013		Zirmed Status		981.20	N/A	gabrielle			389733417		
12-16-2013	12-16-2013	Payment to EMS - Primary Insurance	324.93	656.27	N/A	autopost	jmeisner		393637991		a911382
12-16-2013	12-16-2013	Adjustment/Assignment - Primary Insurance	573.39	82.88	N/A	autopost	jmeisner		393637992		a911382
12-16-2013		Secondary Insurance Invoice (837P)		82.88	12-16-2013	autopost	xena		393637993		t9385931
12-17-2013		Zirmed Status		82.88	N/A	gabrielle			394095623		
12-17-2013		Zirmed Status		82.88	N/A	gabrielle			394102116		
12-17-2013		Zirmed Status		82.88	N/A	gabrielle			394110686		
12-18-2013		Zirmed Status		82.88	N/A	gabrielle			394431070		
01-01-2014		Sent to Post Processing		82.88	N/A	autopost		cfarquhar	398573668		a924569
01-01-2014		Forwarded to Queue (Manual Denial Management)		82.88	01-08-2014	moose	twhitt		398587243		a924569
01-01-2014		Patient Invoice (Initial)		82.88	01-01-2014	pmSvc	postOffice		398596123	2014-01-01	j1388605074984
01-08-2014		Secondary Insurance Deductible		82.88	N/A	twhitt			400648887		
01-27-2014	01-22-2014	Payment to EMS - Check / Money Order	82.88	0.00	N/A	jredman			406354810	2014-01-27	p81008158198
01-27-2014		Account Closed		0.00	N/A	bertha			406487298		

CMS 1500 Filer

11-22-2013		Starting Balance - Patient Charges	946.55	946.55	N/A				0		
11-27-2013		eRunRecord		946.55	N/A	safetypad			388002283		r13868821
11-28-2013		Sent to Claims Processing Department		946.55	11-28-2013	bertha			388026632		
11-28-2013		Notice of Privacy Practices		946.55	11-29-2013	bertha			388162428		
11-30-2013		Forwarded to Queue (Linkage Queue)		946.55	12-02-2013	linkage	ajankauskaite		388387616		
11-29-2013		Nightly Linkage Beginning		946.55	N/A	linkage			388393523		
12-02-2013		Insurance update by Linkage Manual		946.55	N/A	ajankauskaite			388774436		
12-02-2013		Primary Insurance Invoice (Cms1500) [Preview] [Form]		946.55	12-05-2013	ajankauskaite	hcfa		388774437		388774437
12-03-2013		Forwarded to Queue (Claim Filing Edits Queue)		946.55	12-05-2013	hcfa			389280858		
12-04-2013		Manually Reviewed and Cleared		946.55	N/A	tsamuelson			389799257		
12-04-2013		Insurance Comments Provided		946.55	12-05-2013	tsamuelson	amorkuniene		389799258		
12-04-2013		Forwarded to Queue (Insurance Update Queue)		946.55	12-05-2013	bertha	amorkuniene		389898082		
12-28-2013		Patient Satisfaction Survey		946.55	N/A	pmSvc	postOffice		397482119	2013-12-28	j1388267091003
02-11-2014		Moose - Begin Claim File Monitoring		946.55	N/A	moose			411394810		
02-11-2014		Forwarded to Queue (Claim File Monitoring Queue)		946.55		moose			411394811		



Automated Process Account Examples

AutoCloser/Bertha

12-03-2013		eRunRecord		0.00	N/A	erun			389455815		r13935777
12-03-2013		Signature Card		0.00	N/A	erun			389455816		p61005986841
12-03-2013		Account Closed - Non-Billable		0.00	N/A	bertha			389467127		
12-04-2013		State Reporting Transmit		0.00	12-13-2013	bertha			389771030		

Comments

[2013-12-03] by bertha
Automatically Closed - No Treatment, No Transport

04-29-2013		Automated Eligibility Sweep		496.80	04-30-2013	bertha			321663129		
04-30-2013		Payor Eligibility Test (Aetna)		496.80		sweep			321698346		
04-30-2013		Payor Eligibility Test (Cigna)		496.80		sweep			321698347		
04-30-2013		Payor Eligibility Test (Humana)		496.80		sweep			321698348		
04-30-2013		Payor Eligibility Test (United)		496.80		sweep			321698349		
04-30-2013		Payor Eligibility Test (Medicaid)		496.80	04-30-2013	sweep	Zirmed		321698350		
04-30-2013		Payor Eligibility Test (BCBS)		496.80	04-30-2013	sweep	Zirmed		321698351		
04-30-2013		Front End Follow Up		496.80	N/A	spifer			321958474		
04-30-2013		Researched - No Additional Info Found		496.80	N/A	spifer			321958475		
05-01-2013		Nightly Linkage Beginning		496.80	N/A	linkage			322319137		
05-03-2013		Patient Invoice (Initial)		496.80	05-04-2013	pmSvc	postOffice		323084494	2013-05-04	j1367591547280
05-03-2013		Notice of Privacy Practices		496.80	05-03-2013	pmDataSvc	pmDataSvc		323084495	2013-05-03	
06-03-2013		Advanced Accurant Data Search		496.80	06-04-2013	bertha	ADLFiler		332259995		
06-04-2013		Updated by Advanced Accurant Data Search		496.80	N/A	ADLFiler			332358073		
06-04-2013		Automated Eligibility Sweep (Patient Demos Changed)		496.80	06-04-2013	ADLFiler			332358074		
06-04-2013		Payor Eligibility Test (Medicaid)		496.80	06-04-2013	sweep	Zirmed		332360673		
06-04-2013		Payor Eligibility Test (BCBS)		496.80	06-04-2013	sweep	Zirmed		332360674		
06-17-2013		Patient Invoice (Normal)		496.80	06-17-2013	pmSvc	postOffice		336365109	2013-06-17	j1371474061673
07-11-2013		Primary Insurance Invoice (Cms1500) [Preview] [Form]		496.80	07-15-2013	kalewis	hcfa		343261802		343261802
07-11-2013		Called to request insurance be billed		496.80	N/A	kalewis			343261803		
07-11-2013		Called to update insurance		496.80	N/A	kalewis			343261804		
07-12-2013		Sent to Claims Processing Department		496.80	07-12-2013	hcfa			343515773		
07-12-2013		Manually Reviewed and Cleared		496.80	N/A	tsamuelson			343542858		
08-30-2013		Patient Invoice (Final)		496.80	08-30-2013	pmSvc	postOffice		360759596	2013-08-30	j1377876726171
09-11-2013		Moose - Begin Claim File Monitoring		496.80	N/A	moose			363962184		
09-11-2013		Forwarded to Queue (Claim File Monitoring Queue)		496.80	11-12-2013	moose	shpowell		363962185		
09-11-2013		Called to discuss account balance		496.80	N/A	jwise3			363987347		
10-14-2013		Consider for Collections		496.80	N/A	pmDataSvc			374263388		
11-13-2013		Moose Terminated (End Claim File Monitoring)		496.80	N/A	moose			383365078		
12-03-2013	11-23-2013	Payment to EMS - Primary Insurance		496.80	0.00	N/A	ebraun		389300255	2013-12-06	p11007633065
12-03-2013		Account Closed		0.00	N/A	bertha			389488089		



Automated Process Account Examples

Story 2

Eligibility Sweeps

04-14-2013		Moose Freeze		981.20		moose			316454041		
04-14-2013		Forwarded to Queue (Insurance Update Queue)		981.20	04-15-2013	moose			316454042		
04-14-2013		Moose Terminated		981.20	N/A	moose			316454043		
04-14-2013		Pend for Insurance Info		981.20	N/A	bertha			316491964		
04-14-2013		Automated Eligibility Sweep		981.20	04-15-2013	bertha			316491965		
04-14-2013		Primary Insurance Invoice		981.20		bertha	amiranda	amiranda	316491966		
04-15-2013		Payor Eligibility Test (Medicare)		981.20	12-02-2013	sweep	sweep		316584495		
04-15-2013		Payor Eligibility Test (Aetna)		981.20		sweep			316584496		
04-15-2013		Payor Eligibility Test (Cigna)		981.20		sweep			316584497		
04-15-2013		Payor Eligibility Test (Humana)		981.20		sweep			316584498		
04-15-2013		Payor Eligibility Test (United)		981.20		sweep			316584499		
04-15-2013		Payor Eligibility Test (Medicaid)		981.20		sweep			316584500		
04-15-2013		Payor Eligibility Test (BCBS)		981.20		sweep			316584501		
04-15-2013		Moose Freeze		981.20		moose			316676331		
04-15-2013		Forwarded to Queue (Claim Filing Edits Queue)		981.20	04-16-2013	moose			316676332		
04-15-2013		Moose Terminated		981.20	N/A	moose			316676333		
04-15-2013		Insurance update by Linkage Manual		981.20	N/A	amiranda			316717167		
04-15-2013		Primary Insurance Invoice (837P)		981.20	04-16-2013	amiranda	xena		316717168		t7671047
04-17-2013		Zirmed Status		981.20	N/A	gabriele			317512072		
04-17-2013		Zirmed Status		981.20	N/A	gabriele			317522792		
04-17-2013		Zirmed Status		981.20	N/A	gabriele			317531480		
04-19-2013		Zirmed Status		981.20	N/A	gabriele			318341807		
04-19-2013		Zirmed Status		981.20	N/A	gabriele			318342419		
04-26-2013		Forwarded to Queue (Manual Denial Management)		981.20	12-03-2013	moose			320781973		a739509

Comments

[2013-04-08 by safetypad]

MapQuest check of pickup address:

Changed Zipcode from [02118] to [86404]

[Sat Apr 13 10:58:23 CDT 2013 by ablake]

Changed Diagnosis-1 from [Altered Mental Status] to [Semi-Conscious]

Removed Diagnosis-2 [Semi-Conscious]

Changed Contraindication-2 from [2-15:-CONFUSION/DISORIENTED] to [2-4:-ALOC/DLOC/LLOC]

Changed Patient Signature from [N-Needs Signature Review] to [R-Patient Representative]

[Mon Apr 15 08:08:05 CDT 2013 by amiranda through Linkage]

Changed primary insurance from [United Healthcare] to [United Healthcare] (via IMX Hospital files Massachusetts General Hospitalh45629951).

Changed primary policy num from [null] to [86404]

Changed primary group num from [null] to [316454041]

[Mon Apr 15 08:08:33 CDT 2013 by Amber Miranda(ADPI-OH)@app04]

Changed the Transaction Item (Primary Insurance Invoice) [deleted the transaction]

[2013-04-25 by autopost]

Alternate First Name [F86404]

[Mon Dec 02 06:55:05 CST 2013 by Amber Miranda(ADPI-OH)@app01-v101]

Added SSN [586404]

Removed Primary Insurance Name [United Healthcare]

Changed Primary Policy from [86404]

Removed Primary Group [316454041]

Added Secondary Insurance Template Name [United Healthcare]

Added Secondary Policy [86404]

Added Secondary Group [316454041]

Added a New Transaction Item [Primary Insurance Invoice, Scan File=, Amount=0.0, Deposit Date=]

Added a New Transaction Item [Front End Follow Up, Scan File=, Amount=0.0, Deposit Date=]

working mcare report-pt ss per accurint/moved uhc to sins

[Mon Dec 02 06:55:36 CST 2013 by Amber Miranda(ADPI-OH)@app01-v101]

Added Primary Insurance Template Name [Medicare - MA]

[2014-01-01 by autopost]

Alternate First Name [F86404]

[Wed Jan 08 13:22:40 CST 2014 by Taylor Whitt (ADPI-OH)@app01-v101]

Added a New Transaction Item [Secondary Insurance Deductible, Scan File=, Amount=0.0, Deposit Date=]

UHC EOB DEDUCTIBLE 82.88



11-23-2013		Starting Balance - Patient Charges	568.00	568.00	N/A		0	
12-02-2013		eRunRecord		568.00	N/A	erun	389143298	r13924880
12-02-2013		Manually Reviewed and Cleared		568.00	N/A	ilRogers	389143299	
12-02-2013		Medical Record		568.00	N/A	qlclaim	389143300	2013-12-02 i1385405416837
12-03-2013		Pend for Insurance Info		568.00	N/A	bertha	389292499	
12-03-2013		Automated Eligibility Sweep		568.00	12-03-2013	bertha	389292500	
12-03-2013		Face Sheet Request (Not Sent)		568.00	12-09-2013	bertha	389292501	
12-03-2013		Payor Eligibty Test (Aetna)		568.00		sweep	389296630	
12-03-2013		Payor Eligibility Test (Cigna)		568.00		sweep	389296631	
12-03-2013		Payor Eligibility Test (Humana)		568.00		sweep	389296632	
12-03-2013		Payor Eligibility Test (United)		568.00		sweep	389296633	
12-03-2013		Payor Eligibility Test (Medicaid)		568.00	12-03-2013	sweep Zirmed	389296634	
12-03-2013		Payor Eligibility Test (BCBS)		568.00	12-03-2013	sweep Zirmed	389296635	
12-03-2013		Payor Eligibility Test (Tricare)		568.00	12-03-2013	sweep	389296636	
12-03-2013		Payor Eligibility Test (Pacificare)		568.00		sweep	389296637	
12-03-2013		Primary Insurance Invoice (837P)		568.00	12-04-2013	autolinkage xena	389503688	t9284948
12-03-2013		Insurance update by Linkage Auto		568.00	N/A	autolinkage	389503689	
12-03-2013		Insurance Added from Insurance Mapping		568.00	N/A	autolinkage	389503690	
12-03-2013		Demographic update by Linkage Auto		568.00	N/A	autolinkage	389503691	
12-03-2013		Nightly Linkage Beginning		568.00	N/A	linkage	389515080	
12-05-2013		Zirmed Status		568.00	N/A	gabriele	390054297	
12-05-2013		Zirmed Status		568.00	N/A	gabriele	390067251	
12-05-2013		Zirmed Status		568.00	N/A	gabriele	390070637	
12-05-2013		Zirmed Status		568.00	N/A	gabriele	390084619	
12-08-2013		Zirmed Status		568.00	N/A	gabriele	391275829	
12-19-2013		Zirmed Status		568.00	N/A	gabriele	394800942	
12-26-2013	12-26-2013	Payment to EMS - Primary Insurance	264.06	303.94	N/A	riemley	396866000	2013-12-27 p81008863847
12-26-2013	12-26-2013	Adjustment/Assignment - Primary Insurance	303.94	0.00	N/A	riemley	396866001	2013-12-27 p81008863847
12-26-2013		Account Closed		0.00	N/A	bertha	396971214	

[Mon Dec 02 22:19:47 CST 2013 QClaimRawImportManager Signature Description]
L-Lifetime Authorization

[Mon Dec 02 22:19:47 CST 2013 QClaimRawImportManager Patient Signature Type]
L

[Mon Dec 02 22:19:47 CST 2013 QClaimRawImportManager Insurance Ordering]

QClaimRawImportManager recieved insurance item Name: Null Policy Nubmer: Null Group Number: Null as the primary insurance.

QClaimRawImportManager recieved insurance item Name: Null Policy Nubmer: Null Group Number: Null as the secondary insurance.

QClaimRawImportManager recieved insurance item Name: Null Policy Nubmer: Null Group Number: Null as the tertiary insurance.

[Mon Dec 02 22:19:47 CST 2013 QClaimRawImportManager Insurance Ordering]

[2013-12-02 by CodeZone]
Coded by iLRogers on 12/02/13 15:01.

[2013-12-02 by qclaim]
MapQuest check of patient address:
Changed Address from [1 [REDACTED]]

[2013-12-03 by linkage auto]
Updated Primary Insurance (via IMX Account 16371661):
Added InsuranceTemplateID [3903]
Added Insurance Name [Amerigroup - TX]
Added Policy Number [5 [REDACTED]]

Updated demographics (via IMX Account 16371661):
Added Home Phone [[REDACTED]]
Added Cell Phone [83 [REDACTED]]



Automated Process Account Examples

AutoFax Program

04-29-2013		Starting Balance - Patient Charges	496.80	496.80	N/A			0	
04-29-2013		eRunRecord		496.80	N/A	erun		321505048	r11628904
04-29-2013		eRunRecord Autofax		496.80	04-29-2013	erun		321505049	
04-29-2013		Insurance Comments Provided		496.80	05-02-2013	erun	spifer	321505050	
04-29-2013		State Reporting Transmit		496.80	05-02-2013	bertha		321604867	
04-29-2013		Forwarded to Queue (Insurance Update Queue)		496.80	05-02-2013	bertha	spifer	321630107	
04-29-2013		Pend for Insurance Info		496.80	N/A	bertha		321663128	
04-29-2013		Automated Eligibility Sweep		496.80	04-30-2013	bertha		321663129	

11-19-2013		Starting Balance - Patient Charges	592.00	592.00	N/A			0	
12-02-2013		eRunRecord		592.00	N/A	erun		389143301	r13924881
12-02-2013		Manually Reviewed and Cleared		592.00	N/A	ilRogers		389143302	
12-02-2013		Medical Record		592.00	N/A	qclaim		389143303	2013-12-02 i1385405442978
12-03-2013		Pend for Insurance Info		592.00	N/A	bertha		389292495	
12-03-2013		Automated Eligibility Sweep		592.00	12-03-2013	bertha		389292496	
12-03-2013		Face Sheet Request		592.00	12-09-2013	bertha		389292497	
12-03-2013		Payor Eligibility Test (Aetna)		592.00		sweep		389297012	
12-03-2013		Payor Eligibility Test (Cigna)		592.00		sweep		389297013	
12-03-2013		Payor Eligibility Test (Humana)		592.00		sweep		389297014	
12-03-2013		Payor Eligibility Test (United)		592.00		sweep		389297015	
12-03-2013		Payor Eligibility Test (Medicaid)		592.00		sweep		389297016	
12-03-2013		Payor Eligibility Test (BCBS)		592.00		sweep		389297017	
12-03-2013		Payor Eligibility Test (Tricare)		592.00		sweep		389297018	
12-03-2013		Payor Eligibility Test (PacifiCare)		592.00		sweep		389297019	
12-03-2013		Nightly Linkage Beginning		592.00	N/A	linkage		389515083	
12-24-2013		Patient Invoice (Initial)		592.00	12-24-2013	pmSvc	postOffice	396346343	2013-12-24 j1387918511644
02-07-2014		Patient Invoice (Normal)		592.00	02-07-2014	pmSvc	postOffice	410458182	2014-02-07 j1391802868402

Automated Signature Linkage

09-20-2013		Primary Insurance Invoice (837P)		587.00	12-04-2013	dasmith1	xena	367068318	t9280957
09-30-2013		Patient Invoice (Normal)		587.00	09-30-2013	pmSvc	postOffice	369933409	2013-09-30 j1380559380792
10-19-2013		Manually Reviewed and Cleared		587.00	N/A	tprentice		375787221	
10-19-2013		Primary Insurance Invoice		587.00		tprentice	xena	375787222	
11-17-2013		Moose Freeze		587.00		moose		384800592	
11-17-2013		Forwarded to Queue (Claim Filing Edits Queue)		587.00	11-18-2013	moose		384800593	
11-17-2013		Moose Terminated		587.00	N/A	moose		384800594	
11-19-2013		Moose Freeze		587.00		moose		385740808	
11-19-2013		Forwarded to Queue (Claim Filing Edits Queue)		587.00	12-04-2013	moose		385740809	
11-19-2013		Moose Terminated		587.00	N/A	moose		385740810	
12-03-2013		Automatic Signature Update		587.00	N/A	ASLAuto		389433760	
12-05-2013		Zirmed Status		587.00	N/A	gabrielle		390060212	
12-05-2013		Zirmed Status		587.00	N/A	gabrielle		390074655	
12-05-2013		Zirmed Status		587.00	N/A	gabrielle		390085768	
12-18-2013	12-18-2013	Payment to FMS - Primary Insurance	329.60	257.40	N/A	autopost	jmeisner	394513365	a913364
12-18-2013	12-18-2013	Adjustment/Assignment - Primary Insurance	173.32	84.08	N/A	autopost	jmeisner	394513366	a913364
12-18-2013		Secondary Insurance Invoice (837P)		84.08	12-18-2013	autopost	xena	394513367	t9405144
12-19-2013		Zirmed Status		84.08	N/A	gabrielle		394805732	

[Fri Sep 20 15:35:09 CDT 2013 by dasmith1]
Added a New Transaction Item [Primary Insurance Invoice]

[Sat Oct 19 08:09:45 CDT 2013 by Tabitha Prentice (ADPI-OH)@app04-v101]
Changed From Location Street Name from [R]

[Sat Oct 19 08:10:07 CDT 2013 by tprentice]
Added Loaded Mileage [7.73]
Added a New Charge Item [BLS Emergency Mileage, Units=8.00, Cost=14.00, Modifier=, ER=check]
Changed the Charge Item [BLS Emergency Base Rate \$475.00] updated ER from [true] to [false] and [voided the charge]
Added a New Charge Item [BLS Emergency Base Rate, Units=1.00, Cost=475.00, Modifier=, ER=check]

[2013-12-03 by linkage auto]
Updated signature indicator (via Lifetime Account 16191750):
Signature Indicator changes from N to U

[Wed Jan 15 08:59:03 CST 2014 by Amanda Alstork (ADPI-CO)@app01-v101]
Added Phone Pager/Other [3]
Changed Signature Info from [U - Updated via Linkage to other account] to [R-Patient Representative]
Changed Diagnosis Description from [911 with immediate response for Breathing Problem. Patient with Difficulty Breathing.] to [911 with immediate response for Breathing Problem. Patient with Difficulty Breat]
Added a New Transaction Item [Patient Mailed Insurance Information, Scan File=i1389796453520, Amount=0.0, Deposit Date=]
Added a New Transaction Item [Front End Follow Up, Scan File=, Amount=0.0, Deposit Date=]

SIG PER PT MAIL--- statement also advising that pt passed away on [REDACTED] NO DC attached, unable to update DOD @ this time

[Thu Feb 20 15:13:57 CST 2014 by Linda Newsom (ADPI-OH)@app01-v101]
Added a New Transaction Item [Called to discuss account balance, Scan File=, Amount=0.0, Deposit Date=]

pt wife [REDACTED] will send payment for balance owed



Automated Process Account Examples

SSDMF Process

Date	Deposit	Description	Debit	Credit	Balance	Process Date	Created By	Updated By	Deleted By	Tx ID#	Web Date	Scan File
11-25-2013		Starting Balance - Patient Charges	1020.00		1020.00	N/A				0		
11-25-2013		eRunRecord			1020.00	N/A	erun			387647077		r13853240
11-25-2013		eRunRecord Autofax			1020.00	11-25-2013	erun			387647078		
11-25-2013		Insurance Comments Provided			1020.00	11-28-2013	erun			387647079		
11-25-2013		State Reporting Transmit			1020.00	12-03-2013	bertha			387742646		
11-25-2013		Forwarded to Queue (Insurance Update Queue)			1020.00	11-28-2013	bertha			387749566		
11-25-2013		Pend for Insurance Info			1020.00	N/A	bertha			387766128		
11-25-2013		Automated Eligibility Sweep			1020.00	11-25-2013	bertha			387766129		
11-25-2013		Payor Eligibility Test (Medicare)			1020.00	11-26-2013	sweep	sweep		387794632		
11-25-2013		Payor Eligibility Test (Aetna)			1020.00		sweep			387794633		
11-25-2013		Payor Eligibility Test (Cigna)			1020.00		sweep			387794634		
11-25-2013		Payor Eligibility Test (Humana)			1020.00		sweep			387794635		
11-25-2013		Payor Eligibility Test (United)			1020.00		sweep			387794636		
11-25-2013		Payor Eligibility Test (Medicaid)			1020.00		sweep			387794637		
11-25-2013		Payor Eligibility Test (BCBS)			1020.00		sweep			387794638		
11-25-2013		Payor Eligibility Test (Tricare)			1020.00		sweep			387794639		
11-26-2013		Primary Insurance Invoice (837P)			1020.00	01-02-2014	sweep	xena		387976486		t9484085
11-28-2013		Sent to Claims Processing Department			1020.00	11-28-2013	xena			388085623		
11-28-2013		Moose Freeze			1020.00		moose			388121709		
11-28-2013		Forwarded to Queue (Claim Filing Edits Queue)			1020.00	01-02-2014	moose			388121710		
11-28-2013		Moose Terminated			1020.00	N/A	moose			388121711		
12-02-2013		Manually Reviewed and Cleared			1020.00	N/A	wewell			389094191		
12-03-2013		Patient Invoice (Initial)			1020.00	12-04-2013	pmSvc	postOffice		389437813	2013-12-04	j138611686669
01-01-2014		Patient deceased			1020.00	N/A	bertha			398616349		
01-03-2014		Zirmed Status			1020.00	N/A	gabriele			399096912		
01-03-2014		Zirmed Status			1020.00	N/A	gabriele			399108043		
01-03-2014		Zirmed Status			1020.00	N/A	gabriele			399119820		

[2013-11-26 by sweep]
Found Primary Insurance:
Pt First Name= [REDACTED]
Pt Last Name= [REDACTED]
Insurance=Medicare - PA
Policy#= [REDACTED]

[Mon Dec 02 15:13:54 CST 2013 by wewell]
Changed Diagnosis-1 from [Cellulitis nos] to [Swelling of limb]
Changed Patient Signature from [N-Needs Signature Review] to [X-No Valid Signature]

[Tue Feb 18 11:46:04 CST 2014 by gbrown6]
Returned IncidentTx: 403244045: Patient Invoice on tx date 2014-01-16
Set bad address indication to true.

Pre-claim Insurance Verification

Date	Deposit	Description	Debit	Credit	Balance	Process Date	Created By	Updated By	Deleted By	Tx ID#	Web Date	Scan File
09-30-2013		Starting Balance - Patient Charges	882.00		882.00	N/A				0		
10-04-2013		eRunRecord			882.00	N/A	erun			371680152		r13369709
10-04-2013		Manually Reviewed and Cleared			882.00	N/A	ilRogers			371680153		
10-04-2013		Insurance Comments Provided			882.00	10-06-2013	qclaim			371680154		
10-04-2013		Medical Record			882.00	N/A	qclaim			371680155	2013-10-04	l1380676678348
10-05-2013		Forwarded to Queue (Insurance Update Queue)			882.00	10-06-2013	bertha			371927967		
10-05-2013		Pend for Insurance Info			882.00	N/A	bertha			371941186		
10-05-2013		Primary Insurance Invoice (837P)			882.00	10-06-2013	bertha	xena		371941187		t8884372
10-05-2013		Nightly Linkage Beginning			882.00	N/A	linkage			371988799		
11-03-2013		Forwarded to Queue (Manual Denial Management)			882.00	12-04-2013	moose	ctodd		380007118		a880523
11-04-2013		Zirmed Status			882.00	N/A	gabriele			380140396		
11-04-2013		Zirmed Status			882.00	N/A	gabriele			380159289		
11-04-2013		Zirmed Status			882.00	N/A	gabriele			380166523		
11-04-2013		Zirmed Status			882.00	N/A	gabriele			380166925		
11-04-2013		Patient Invoice (Initial Returned)			882.00	11-04-2013	pmSvc	postOffice		380490991	2013-11-04	j1383591691902
12-04-2013		Primary Insurance Payment Rejected			882.00	N/A	ctodd			389866944		a880523
12-04-2013		Primary Insurance Invoice (837P)			882.00	12-05-2013	ctodd	xena		389866945		t9295281
12-05-2013		Insurance Pre-Claim Verification (Complete)			882.00	12-05-2013	xena			390053734		
12-06-2013		Zirmed Status			882.00	N/A	gabriele			390461853		
12-06-2013		Zirmed Status			882.00	N/A	gabriele			390482310		
12-06-2013		Zirmed Status			882.00	N/A	gabriele			390500849		
12-08-2013		Zirmed Status			882.00	N/A	gabriele			391263052		
01-15-2014	01-15-2014	Payment to EMS - Primary Insurance		396.91	485.09	N/A	ctodd			402896774	2014-01-16	p51009324545
01-15-2014	01-15-2014	Adjustment/Assignment - Primary Insurance		435.09	50.00	N/A	ctodd			402896775	2014-01-16	p51009324545

Incident	Account	Patient	Primary Insurance	Codes & Charges	Zirmed	Refund	TDH	Activity History
Patient Mail Eligibility								
Response Type: Medicare on 2013-12-05 02:42:38.0 processed by Pre Claim								
Patient Information			Primary Insurance			Secondary Insurance		Queue Information
Sent:			Received:			• Existing Primary Ins: Healthspring Mcare • Existing Primary Policy#: [REDACTED]		• Existing Secondary Ins: None • Existing Secondary Policy#: None
• Name: [REDACTED] • SSN: 43 [REDACTED] • DOB: 11 [REDACTED] • Gender: F			• Name: [REDACTED] • SSN: [REDACTED] • DOB: [REDACTED] • Gender: Unknown			• No Primary Insurance Found From Eligibility Response • Insurance replaced?: No • Reasons: Pre-Claim failed because no insurance candidate was received		• No Secondary Insurance Found From Eligibility Response • Insurance replaced?: No • Reasons:
								• Sent to Ins Update Queue? No • Sent to Elig Conflicts Queue? No • Account on hold? (Frozen): No • Hold reason: None



Automated Process Account Examples

Story 3

Gabrielle

07-23-2013		Face Sheet Request		484.00	07-29-2013	bertha			346882317		
07-23-2013		Payor Eligibility Test (Aetna)		484.00		sweep			346916943		
07-23-2013		Payor Eligibility Test (Cigna)		484.00		sweep			346916944		
07-23-2013		Payor Eligibility Test (Humana)		484.00		sweep			346916945		
07-23-2013		Payor Eligibility Test (United)		484.00		sweep			346916946		
07-23-2013		Payor Eligibility Test (Medicaid)		484.00	07-24-2013	sweep	Zirmed		346916947		
07-23-2013		Payor Eligibility Test (BCBS)		484.00	07-24-2013	sweep	Zirmed		346916948		
07-23-2013		Payor Eligibility Test (Kaiser)		484.00		sweep			346916949		
07-23-2013		Nightly Linkage Beginning		484.00	N/A	linkage			347010796		
08-01-2013		Primary Insurance Invoice (837P)		484.00	08-02-2013	autolinkage	xena		349629872		t8421335
08-01-2013		Insurance update by Linkage Auto		484.00	N/A	autolinkage			349629873		
08-01-2013		Demographic update by Linkage Auto		484.00	N/A	autolinkage			349629874		
08-04-2013		Zirmed Status		484.00	N/A	gabrielle			350508749		
08-04-2013		Zirmed Status		484.00	N/A	gabrielle			350520910		
08-04-2013		Zirmed Status		484.00	N/A	gabrielle			350525366		
08-04-2013		Zirmed Status		484.00	N/A	gabrielle			350525400		
08-04-2013		Zirmed Status (Rejection)		484.00		gabrielle			350547586		
08-04-2013		Forwarded to Queue (Zirmed Reject Queue)		484.00		bertha			350624946		
09-17-2013		Patient Invoice (In-District Initial Mailing)		484.00	09-17-2013	pmSvc	postOffice		365751788	2013-09-17	j1379443294225
10-17-2013		Patient Invoice (In-District Final Mailing)		484.00	10-17-2013	pmSvc	postOffice		375272382	2013-10-17	j1382033466357

Moose – Claim File Monitoring

01-10-2013		Verified patient demographics		1436.00	N/A	cbanuelos			287796041		
01-13-2013		Primary Insurance Invoice (Cms1500)[Preview] [Form]		1436.00	01-17-2013	autolinkage	hcfa		288592549		288592549
01-13-2013		Insurance update by Linkage Auto		1436.00	N/A	autolinkage			288592550		
01-13-2013		Nightly Linkage Beginning		1436.00	N/A	linkage			288605688		
01-14-2013		Sent to Claims Processing Department		1436.00	01-14-2013	hcfa			288647890		
01-14-2013		Moose Freeze		1436.00	09-04-2013	moose	moose		288764392		
01-14-2013		Forwarded to Queue (Claim Filing Edits Queue)		1436.00	01-17-2013	moose			288764393		
01-14-2013		Moose Terminated		1436.00	N/A	moose			288764394		
01-16-2013		Manually Reviewed and Cleared		1436.00	N/A	aastengo			289717331		
02-23-2013		Moose - Begin Claim File Monitoring		1436.00	N/A	moose			301418724		
03-03-2013		Forwarded to Queue (Claim File Monitoring Queue)		1436.00	05-24-2013	moose	chhayes		303686277		
03-04-2013		Patient Invoice (Initial Returned)		1436.00	03-04-2013	pmSvc	postOffice		303906167	2013-03-04	j1362417169359
03-26-2013		Advanced Accrunt Data Search		1436.00	03-26-2013	bertha	ADLFiler		310070592		
03-26-2013		ADL Inquiry Not Sent (Previous Inquiry)		1436.00	N/A	ADLFiler			310195881		
03-26-2013		Updated by Advanced Accrunt Data Search		1436.00	N/A	ADLFiler			310195882		
03-26-2013		Address Corrected - Resume Process		1436.00	N/A	ADLFiler			310195883		
03-26-2013		Patient Invoice (Initial Returned)		1436.00	03-26-2013	pmSvc	postOffice		310278621	2013-03-26	j1364309940406
05-24-2013		Outbound call placed		1436.00	N/A	chhayes			329465900		
05-24-2013		Acct Skiptraced unable to locate patient demo		1436.00	N/A	chhayes			329465901		
05-24-2013		Return to Queue After 30 Days (Claim File Monitoring Queue)		1436.00	06-24-2013	chhayes	moose		329465905		
06-24-2013		Forwarded to Queue (Claim File Monitoring Queue)		1436.00	06-29-2013	moose	moose		338181795		
06-28-2013		Primary Insurance Invoice (Cms1500)[Preview] [Form]		1436.00	07-01-2013	chhayes	hcfa		339661298		339661298
06-28-2013		Address Corrected - Resume Process		1436.00	N/A	chhayes			339661299		
06-29-2013		Moose Terminated (End Claim File Monitoring)		1436.00	N/A	moose			339952814		

Moose – Denial Management

Date	Deposit	Description	Debit	Credit	Balance	Process Date	Created By	Updated By	Deleted By	Tx ID#	Web Date	Scan File
11-19-2013		Starting Balance - Patient Charges	1080.00		1080.00	N/A				0		
11-20-2013		eRunRecord			1080.00	N/A	safetypad			386418571		r13812233
11-20-2013		Mapquest - Mileage Updated			1080.00	N/A	bertha			386433536		
11-20-2013		Sent to Claims Processing Department			1080.00	11-20-2013	bertha			386433537		
11-22-2013		Primary Insurance Invoice (837P)			1080.00	11-23-2013	autolinkage	xena		386870554		t9228251
11-22-2013		Insurance update by Linkage Auto			1080.00	N/A	autolinkage			386870555		
11-22-2013		Insurance Added from Insurance Mapping			1080.00	N/A	autolinkage			386870556		
11-22-2013		Demographic update by Linkage Auto			1080.00	N/A	autolinkage			386870557		
11-21-2013		Nightly Linkage Beginning			1080.00	N/A	linkage			386880170		
11-22-2013		Manually Reviewed and Cleared			1080.00	N/A	jcentes			387023588		
11-22-2013		Primary Insurance Invoice			1080.00		jcentes		xena	387023589		
12-03-2013		Forwarded to Queue (Manual Denial Management)			1080.00	12-06-2013	moose			389283107		a902446
12-05-2013		Primary Insurance Invoice (Cms1500)[Preview] [Form]			1080.00	12-06-2013	swreath	hcfa		390192327		390192327
12-05-2013		Front End Follow Up			1080.00	N/A	swreath			390192328		
12-06-2013		Notice of Privacy Practices			1080.00	12-06-2013	pmSvc	postOffice		390658629	2013-12-06	j1386360757478
12-08-2013		Zirmed Status			1080.00	N/A	gabrielle			391227114		
12-08-2013		Zirmed Status			1080.00	N/A	gabrielle			391239768		
12-08-2013		Zirmed Status			1080.00	N/A	gabrielle			391245933		
12-24-2013	12-23-2013	Payment to FMS - Primary Insurance		179.64	900.36	N/A	nbrnham			396328568	2013-12-31	p61008897912
12-24-2013	12-23-2013	Adjustment/Assignment - Primary Insurance		900.36	0.00	N/A	nbrnham			396328569	2013-12-31	p61008897912
12-24-2013		Account Closed			0.00	N/A	bertha			396407666		



Automated Process Account Examples

Returned Mail and Accurint – Basic Person Search (not ADL)

No address correction:

Comments
<p>[2013-10-07 by nemsis] MapQuest check of patient address: Changed Address from [REDACTED] Changed City from [REDACTED] Changed State from [REDACTED]</p> <p>[Tue Oct 08 07:26:42 CDT 2013 by tprenice] Changed Diagnosis-1 from [Overdose, Unspec Drug] to [Alcohol Abuse, Unspecif] Changed Contraindication-1 from [0-9- DRUG OVERDOSE] to [3-4- TREATMENT REQUIRED] Changed From Loc Cms Id from [E-Residential/Custodial Facil] to [S-Scene of Accident / Acute Ev]</p> <p>[Fri Oct 25 12:06:21 CDT 2013 by Amanda Alstork (ADPR-CO)@app00-v101] Added a New Transaction Item [Front End Follow Up, Scan File=, Amount=0.0, Deposit Date=] Added a New Transaction Item [Researched - No Additional Info Found, Scan File=, Amount=0.0, Deposit Date=]</p> <p>no mcaid per zirmed</p> <p>[Mon Nov 25 08:03:34 CST 2013 by tburskey] Returned IncidentTx: 382700063: Patient Invoice on tx date 2013-11-11 Set bad address indication to true.</p>

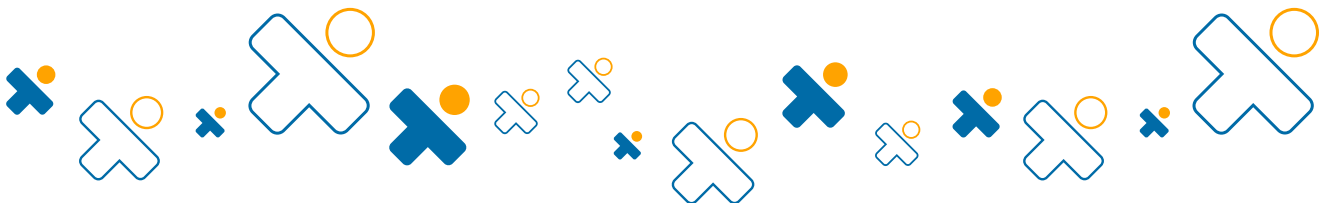
Address correction:

Date	Deposit	Description	Debit	Credit	Balance	Process Date	Created By	Updated By	Deleted By	Tx ID#	Web Date	Scan File
10-01-2013		Starting Balance - Patient Charges	707.00		707.00	N/A				0		
11-06-2013		Nightly Linkage Beginning			707.00	N/A	linkage			381612010		
11-20-2013		Patient Invoice (Initial Returned)			707.00	11-20-2013	pmSvc	postOffice		386337283	2013-11-20	j1384986459302
11-20-2013		Notice of Privacy Practices (NOPP Returned)			707.00	11-20-2013	pmDataSvc	pmDataSvc		386337284	2013-11-20	
11-22-2013		Primary Insurance Invoice			707.00		wzamora			387090695		
11-23-2013		Moose Freeze			707.00		moose			387309294		
11-23-2013		Forwarded to Queue (Claim Filing Edits Queue)			707.00	02-03-2014	moose	nightlycleanup		387309295		
11-23-2013		Moose Terminated			707.00	N/A	moose			387309296		
12-17-2013		Address Corrected - Resume Process			707.00	N/A	ejfrancois			394261766		
02-04-2014		Moose Freeze			707.00		moose			409075661		
02-04-2014		Forwarded to Queue (Claim Filing Edits Queue)			707.00	02-20-2014	moose	nightlycleanup		409075662		
02-04-2014		Moose Terminated			707.00	N/A	moose			409075663		

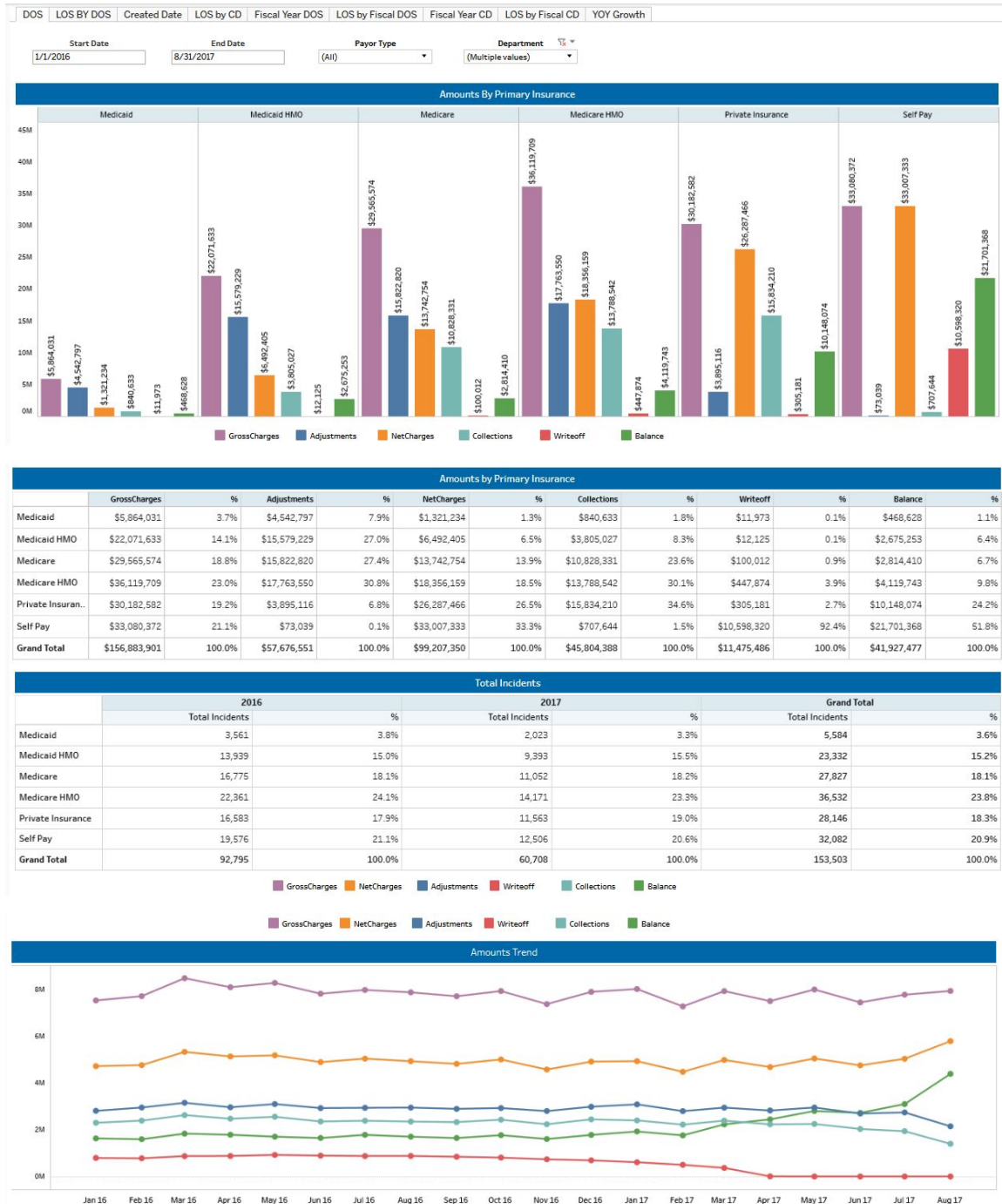
[Tue Dec 17 15:21:54 CST 2013 by ejfrancois]
Returned IncidentTx: 386337283: Patient Invoice on tx date 2013-11-20
Change Address to 4 [REDACTED]

Insurance Comments

Dashboards - Real-time Reporting

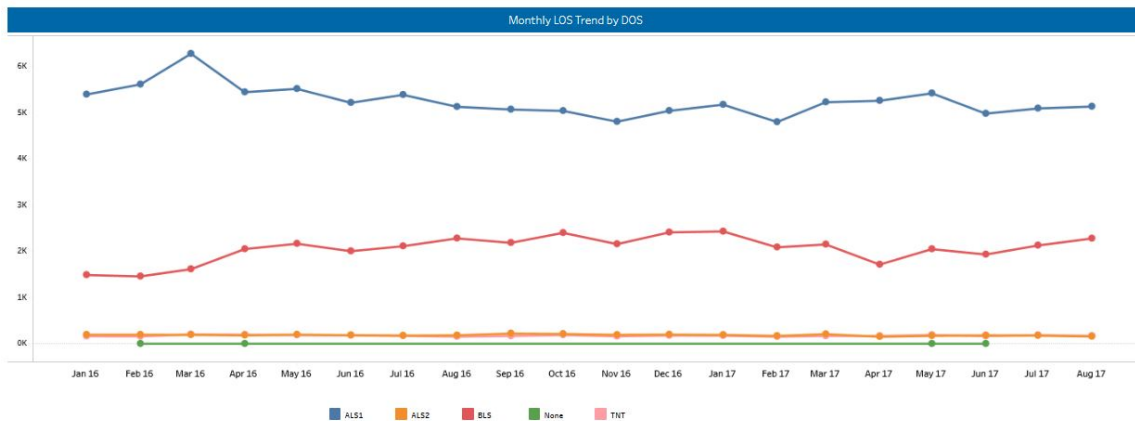


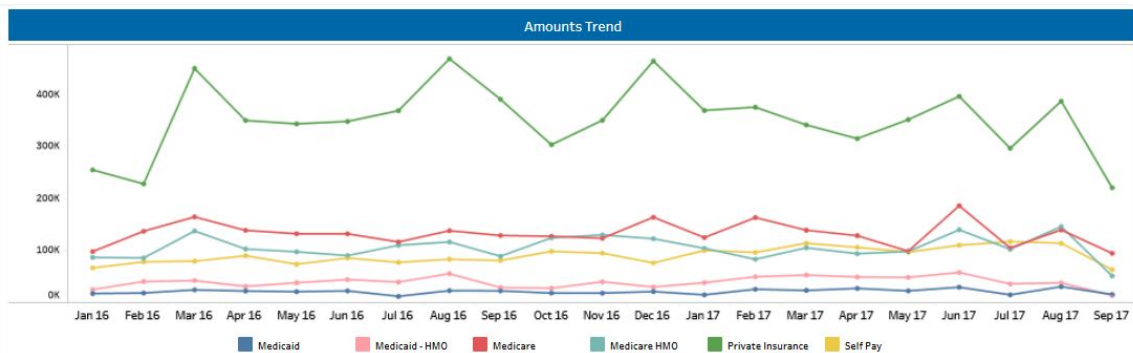
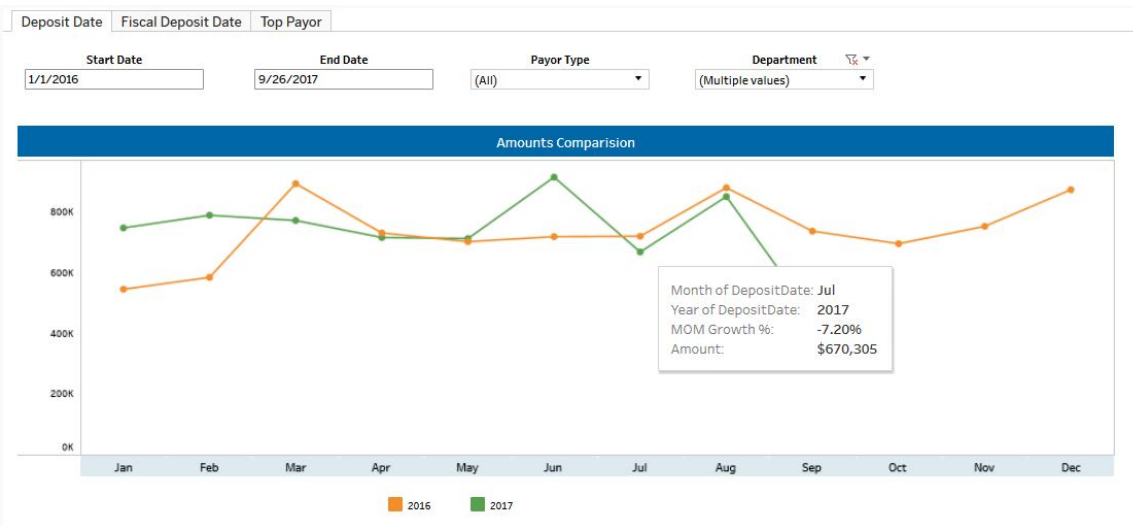
Intermedix EMS RCM Dashboard Reports

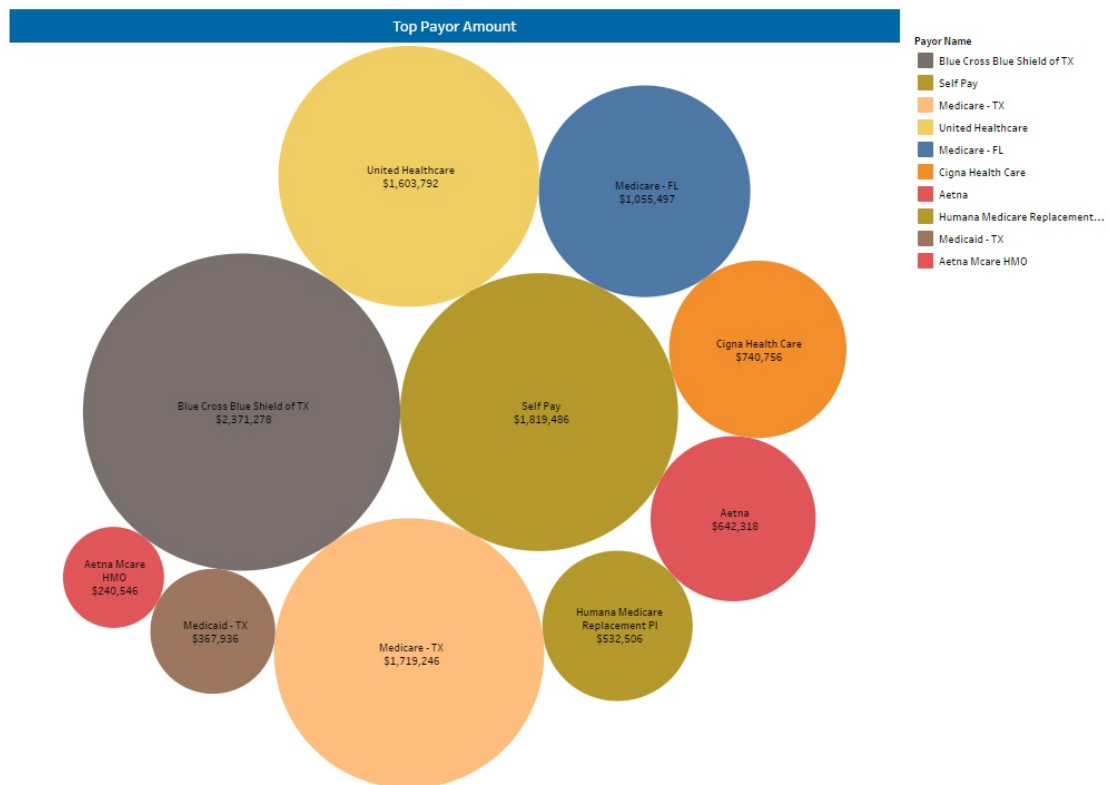
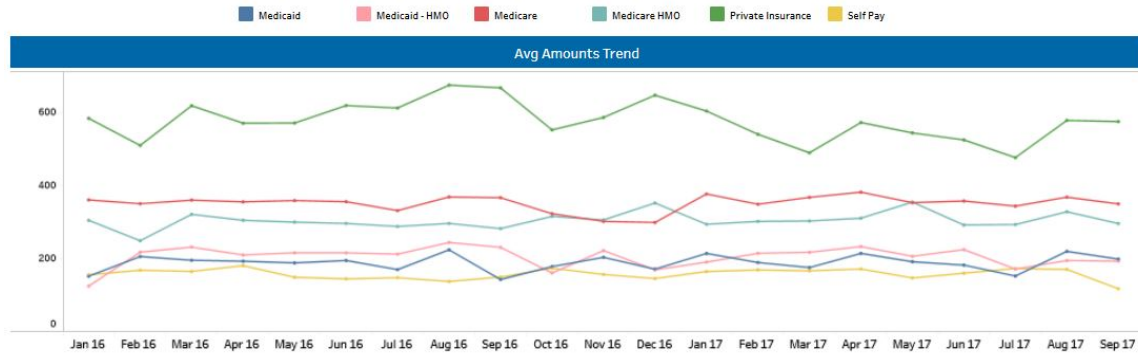


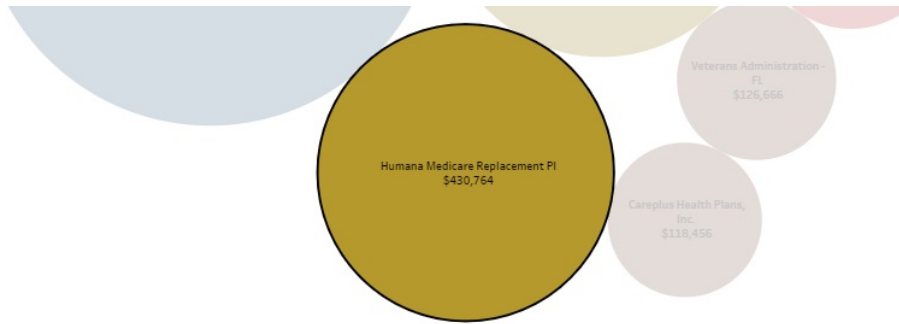


Total Incidents													
		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2017	ALS1	5,178	4,802	5,231	5,263	5,423	4,984	5,096	5,137				
		64.9%	66.5%	67.4%	72.1%	69.2%	68.6%	67.1%	66.3%				
	ALS2	193	171	209	154	173	183	177	159				
		2.4%	2.4%	2.7%	2.1%	2.2%	2.5%	2.3%	2.1%				
	BLS	2,433	2,090	2,152	1,716	2,051	1,934	2,130	2,281				
		30.5%	29.0%	27.7%	23.5%	26.2%	26.6%	28.1%	29.4%				
	None					1	1						
2016	TNT	175	154	169	170	192	165	188	173				
		2.2%	2.1%	2.2%	2.3%	2.4%	2.3%	2.5%	2.2%				
	Total	7,979	7,217	7,761	7,303	7,840	7,267	7,591	7,750				
		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%				
	ALS1	5,398	5,616	6,279	5,448	5,520	5,219	5,390	5,132	5,073	5,043	4,809	5,044
		74.5%	75.6%	75.7%	69.1%	68.4%	68.7%	68.6%	66.2%	66.3%	64.2%	65.7%	64.4%
	ALS2	197	197	194	183	199	187	177	184	223	214	194	200
		2.7%	2.7%	2.3%	2.3%	2.5%	2.5%	2.3%	2.4%	2.9%	2.7%	2.6%	2.6%
	BLS	1,490	1,460	1,616	2,052	2,168	2,006	2,114	2,283	2,187	2,403	2,159	2,413
		20.6%	19.6%	19.5%	26.0%	26.8%	26.4%	26.9%	29.4%	28.6%	30.6%	29.5%	30.8%
	None		1		1								
			0.0%		0.0%								
	TNT	163	159	204	199	189	182	173	155	168	190	161	179
		2.2%	2.1%	2.5%	2.5%	2.3%	2.4%	2.2%	2.0%	2.2%	2.4%	2.2%	2.3%
	Total	7,248	7,433	8,293	7,883	8,076	7,594	7,854	7,754	7,651	7,850	7,323	7,836
		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

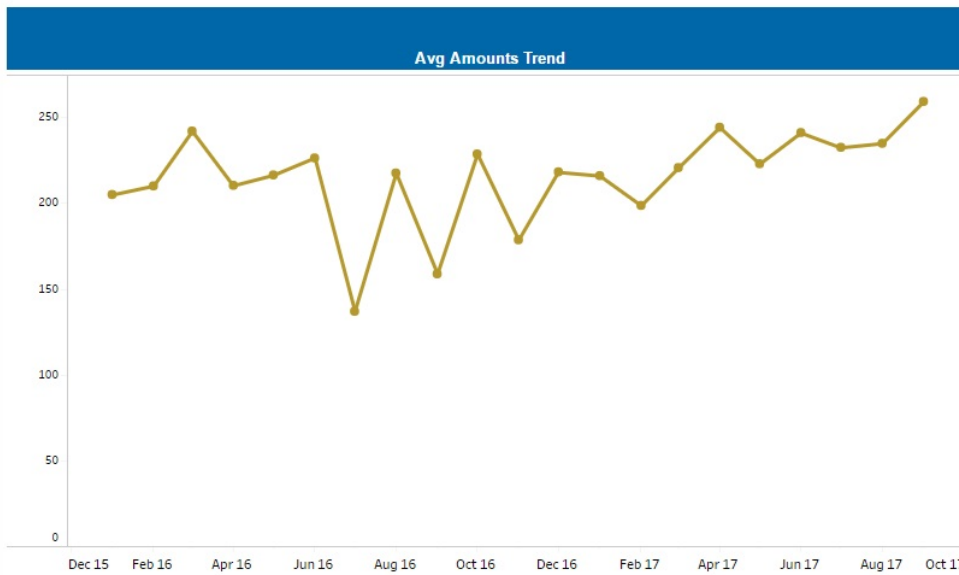




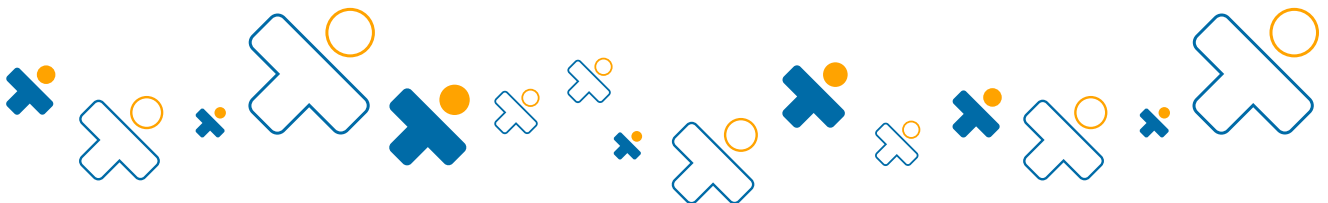




***Click on any bubble to see the Avg Amount Trends



Attachment 5 - Sample Invoices, Notices and Letters



Attachment 5 - Sample Invoices, Notes, Letters

Tom Smith
197 Patient Ln
Martinsville VA 24112

Department of Public Safety
Phone: 888-980-

Emergency Medical Services Bill

Statement Date: 03/20/2017

Date of Service: 03/20/2017
Account Number: 66666666
Incident No. abd-111

This notice is in regards to the ambulance service provided to you on 03/20/2014. Our records show that this claim was related to an auto accident and we currently have Cigna Health Care as your auto insurance coverage on file. Please complete and sign the back of this form, paying particular attention to the accident sections. Please make sure your name is exactly as it appears on your insurance card. You may also provide insurance information at www.intermedix.org/billpay. If you do not have insurance, this payment is your responsibility. Please see options below to submit payment. For information or assistance on this account, please call 888-980- .

Primary Insurance: Cigna Health Care Policy Number: 123435663

Secondary Insurance: Aetna

Statement of Account

Emergency Medical Services	\$500.00
----------------------------	----------

Amount Due: \$500.00

DETACH LOWER PORTIONS AND RETURN STUB WITH YOUR PAYMENT, THANK YOU

Department of Public Safety
1105 Schrock Rd Ste 610
COLUMBUS OH 43229

INCIDENT NO.	STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NO.
abd-111	03/20/2017	\$500.00	66666666



Make checks payable to:

To pay online, go to www.intermedix.com/billpay

Tom Smith
197 Patient Ln
Martinsville VA 24112

1105 Schrock Rd Ste 610
COLUMBUS OH 43229

In order to process your claim, please provide your insurance information below and mail the form to
DEPARTMENT OF PUBLIC SAFETY, 1105 Schrock Rd Ste 610, COLUMBUS OH 43229 or fax it to
614-987- . To pay online, go to www.intermedix.com/billpay

Do you have insurance? Yes ☐ No ☐ (If you **do not** have insurance, complete only the **Patient Information** section.)

Patient Information (Required Information)

Patient's First Name	MI	Patient's Last Name	Patient's Sex
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/>
Patient's Date of Birth (MM-DD-YYYY)	Patient's Social Security Number	Telephone Number (Include Area Code)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
E-mail Address			
<input type="text"/>			

I authorize any holder of medical or other information about me to release to Medicare, Medicaid or any other payer responsible for payment and any information needed for this related Medicare or other claim, now, in the future or in the past. I permit a copy of this authorization to be used in place of the original and request payment of medical insurance benefits to the service provider.

Signature _____ Date _____

Patient Representative's relationship to patient: Self ☐ Parent ☐ Other ☐ If other, please explain: _____

Patient Representative's Address: _____ City: _____ State: _____ Zip Code: _____

Medicare Information

Medicare ID (Include letters and numbers)	Railroad	Medicaid ID (Include letters and numbers)	State
<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

Medicaid Information

Patient Insurance Information

Policy Holder's First Name	MI	Policy Holder's Last Name	Patient's Relationship to Insured
<input type="text"/>	<input type="text"/>	<input type="text"/>	Self <input type="checkbox"/> Spouse <input type="checkbox"/> Other <input type="checkbox"/>
Insurance Company Name	Primary <input type="checkbox"/>		Secondary <input type="checkbox"/>
<input type="text"/>	<input type="text"/>		<input type="text"/>
Insurance Policy Number	Insurance Group Number		
<input type="text"/>	<input type="text"/>		
Insurance Company Address			
<input type="text"/>			
City	State	ZIP Code	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

Patient Accident/Injury Insurance Information

If services were related to an accident or injury, please provide any additional insurance information, such as homeowners, automobile, workers' compensation, or liability.

Policy Holder's First Name	MI	Policy Holder's Last Name	Patient's Relationship to Insured
<input type="text"/>	<input type="text"/>	<input type="text"/>	Self <input type="checkbox"/> Spouse <input type="checkbox"/> Other <input type="checkbox"/>
Insurance Company Name	Insurance Contact Phone Number		
<input type="text"/>	<input type="text"/>		
Insurance Policy Number	Claim Number		
<input type="text"/>	<input type="text"/>		
Insurance Company Address			
<input type="text"/>			
City	State	ZIP Code	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

At-fault Party's Accident/Injury Insurance Information

If services were related to an accident or injury, please provide any additional insurance information for the **responsible party**, such as homeowners, automobile, workers' compensation, or liability.

Policy Holder's First Name	MI	Policy Holder's Last Name	Patient's Relationship to Insured
<input type="text"/>	<input type="text"/>	<input type="text"/>	Self <input type="checkbox"/> Spouse <input type="checkbox"/> Other <input type="checkbox"/>
Insurance Company Name	Insurance Contact Phone Number		
<input type="text"/>	<input type="text"/>		
Insurance Policy Number	Claim Number		
<input type="text"/>	<input type="text"/>		
Insurance Company Address			
<input type="text"/>			
City	State	ZIP Code	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

For office use only - Patient Account Number _____



Tom Smith
197 Patient Ln
Martinsville VA 24112

Department of Public Safety
Phone: 888-980-

Emergency Medical Services Bill

Statement Date: 03/20/2017

Date of Service: 03/20/2014
Account Number: 66666666
Incident No. abd-111

This notice is in regards to the ambulance service provided to you on 03/20/2014. We have received a response from Cigna Health Care, your primary insurance and filed with your secondary insurance, Aetna, but have received no response. Please contact them for resolution or you may become responsible for the remaining balance in full. Please see below to make a payment. For information or assistance on this account, please call 888-980- .

Primary Insurance: Cigna Health Care Policy Number: 123435663

Secondary Insurance: Aetna

Statement of Account

Emergency Medical Services \$500.00

Amount Due: \$500.00

DETACH LOWER PORTIONS AND RETURN STUB WITH YOUR PAYMENT, THANK YOU

Department of Public Safety
1105 Schrock Rd Ste 610
COLUMBUS OH 43229

INCIDENT NO.	STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NO.
abd-111	03/20/2017	\$500.00	66666666



Make checks payable to:

To pay online, go to www.intermedix.com/billpay

Tom Smith
197 Patient Ln
Martinsville VA 24112

1105 Schrock Rd Ste 610
COLUMBUS OH 43229

Tom Smith
197 Patient Ln
Martinsville VA 24112

Department of Public Safety
Phone: 888-980-

Statement Date: 03/20/2017

Emergency Medical Services Bill

Date of Service: 03/20/2017
Account Number: 66666666
Incident No. abd-111

This notice is in regards to the ambulance service provided to you on 03/20/2014. We have filed a claim to Cigna Health Care, but more than 45 days have passed and we have not received a response. Our records also show that this claim was related to an auto accident and the above insurance is not a type of auto insurance. Please complete and sign the back of this form, paying particular attention to the accident sections. Please make sure your name is exactly as it appears on your insurance card. You may also provide insurance information at www.intermedix.org/billpay. If you do not have insurance, this payment is your responsibility. Please see options below to submit payment. For information or assistance on this account, please call 888-980- .

Primary Insurance: Cigna Health Care Policy Number: 123435663

Secondary Insurance: Aetna

Statement of Account

Emergency Medical Services	\$500.00
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Amount Due: \$500.00

DETACH LOWER PORTIONS AND RETURN STUB WITH YOUR PAYMENT, THANK YOU

Department of Public Safety
1105 Schrock Rd Ste 610
COLUMBUS OH 43229

INCIDENT NO.	STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NO.
abd-111	03/20/2017	\$500.00	66666666



Make checks payable to:

To pay online, go to www.intermedix.com/billpay

Tom Smith
197 Patient Ln
Martinsville VA 24112

1105 Schrock Rd Ste 610
COLUMBUS OH 43229

Tom Smith
197 Patient Ln
Martinsville VA 24112

Department of Public Safety
Phone: 888-980-

Emergency Medical Services Bill

Statement Date: 03/20/2017

Date of Service: 03/20/2017
Account Number: 66666666
Incident No. abd-111

We have been informed by Cigna Health Care that you have been paid directly for your automobile insurance claim. Please remit payment in full to our offices within 10 days. Have a nice day.

Primary Insurance: Cigna Health Care Policy Number: 123435663

Secondary Insurance: Aetna

Statement of Account

Emergency Medical Services	\$500.00
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Amount Due: \$500.00

DETACH LOWER PORTIONS AND RETURN STUB WITH YOUR PAYMENT, THANK YOU

Department of Public Safety
1105 Schrock Rd Ste 610
COLUMBUS OH 43229

INCIDENT NO.	STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NO.
abd-111	03/20/2017	\$500.00	66666666



Make checks payable to:

To pay online, go to www.intermedix.com/billpay

Tom Smith
197 Patient Ln
Martinsville VA 24112

1105 Schrock Rd Ste 610
COLUMBUS OH 43229

Volunteer Fire Department
PO BOX 940249
HOUSTON TX 77094



RETURN SERVICE REQUESTED

Volunteer Fire
Department
Phone #: 888-623-

THIS IS NOT A BILL

Tom Smith
197 Patient Ln
Houston TX 77084

Remit To:
FD
PO BOX 940249
HOUSTON TX 77094

Origin:

1254 Insurance Ln
Houston TX 77084

Destination:

Memorial Hospital
Houston TX 77084

Re:	Run Number:	Incident Number:	Date of Service:	Bill to Insurance:
	abd-111	66666666	02/07/2017	\$500.00

Dear Tom Smith,

You have recently received emergency transport services. As a courtesy to our residents, we will only bill your insurance company for the services performed. Our records show that you have insurance coverage with Cigna Health Care and Aetna. If this is not your insurance, please complete and sign the back of this form with your correct insurance and return to us. Please make sure your name is exactly as it appears on your insurance card. You may also provide insurance information at www.intermedix.org/billpay. If this is your correct insurance, please contact them immediately to resolve the account balance. For information or assistance on this account, please call 888-623-

If you have any questions feel free to call 888-623-

Tom Smith
197 Patient Ln
Houston TX 77084

Volunteer Fire Department
Phone: 888-623-

Emergency Medical Services Bill

Statement Date: 02/07/2017

Date of Service: 02/07/2017
Account Number: 66666666
Incident No. abd-111

This notice is in regards to the ambulance service provided to you on 02/07/2013. We have filed a claim to Cigna Health Care, but more than 45 days have passed and we have not received a response. Our records also show that this claim was related to an auto accident and the above insurance is not a type of auto insurance. Please complete and sign the back of this form, paying particular attention to the accident sections. Please make sure your name is exactly as it appears on your insurance card. You may also provide insurance information at www.intermedix.org/billpay. If you do not have insurance, this payment is your responsibility. Please see options below to submit payment. For information or assistance on this account, please call 888-623-

Primary Insurance: Cigna Health Care Policy Number: 123435663

Secondary Insurance: Aetna

Statement of Account





Emergency Medical Services \$500.00

Amount Due: \$500.00

DETACH LOWER PORTIONS AND RETURN STUB WITH YOUR PAYMENT, THANK YOU

Volunteer Fire Department
PO BOX 940249
HOUSTON TX 77094



IF PAYING BY CREDIT CARD, FILL OUT BELOW			
<input type="checkbox"/> VISA 	<input type="checkbox"/> MASTERCARD 	<input type="checkbox"/> DISCOVER 	<input type="checkbox"/> AMEX 
CARD NUMBER		EXP. DATE	AMOUNT
SIGNATURE		MUST INCLUDE 3 DIGIT SECURITY CODE FROM BACK OF CARD	
INCIDENT NO.	STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NO.
abd-111	02/07/2017	\$500.00	66666666

Make checks payable to: FD

To pay online, go to www.intermedix.com/billpay

Tom Smith
197 Patient Ln
Houston TX 77084

FD
PO BOX 940249
HOUSTON TX 77094



HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

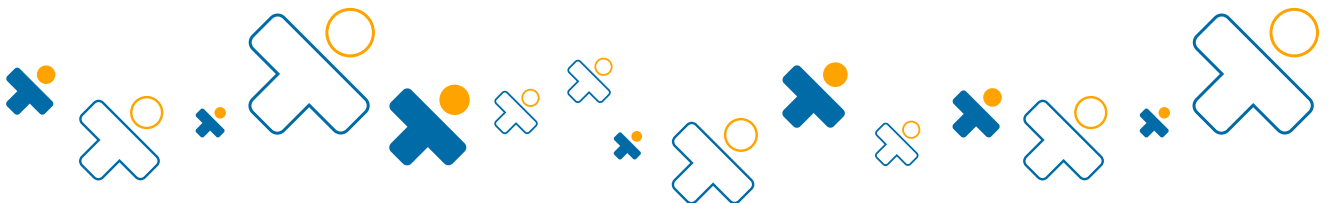
<div style="display: flex; justify-content: space-between;"> <div> <div style="display: flex; align-items: center;"> <div style="width: 20px; height: 20px; border: 1px solid black; margin-right: 5px;"></div> <div>PICA</div> </div> <div style="width: 100px; height: 20px; background-color: black; margin-top: 5px;"></div> </div> <div style="text-align: right;"> <div style="width: 20px; height: 20px; border: 1px solid black; margin-right: 5px;"></div> <div>PICA</div> </div> </div>																																																																																																																																																																			
1. MEDICARE <input type="checkbox"/> (Medicare#) MEDICAID <input type="checkbox"/> (Medicaid#) TRICARE <input type="checkbox"/> (ID#/DoD#) CHAMPVA <input type="checkbox"/> (Member ID#) GROUP HEALTH PLAN <input type="checkbox"/> (ID#) FECA BLKLUNG <input type="checkbox"/> (ID#) OTHER <input checked="" type="checkbox"/> (ID#)					1a. INSURED'S I.D. NUMBER (For Program in Item 1) <div style="background-color: black; width: 100%; height: 20px;"></div>																																																																																																																																																														
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) <div style="background-color: black; width: 100%; height: 20px;"></div>			3. PATIENT'S BIRTH DATE MM DD YY <div style="background-color: black; width: 100%; height: 20px;"></div>		SEX M <input checked="" type="checkbox"/> F <input type="checkbox"/>		4. INSURED'S NAME (Last Name, First Name, Middle Initial) <div style="background-color: black; width: 100%; height: 20px;"></div>																																																																																																																																																												
5. PATIENT'S ADDRESS (No., Street) <div style="background-color: black; width: 100%; height: 20px;"></div>			6. PATIENT RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>		7. INSURED'S ADDRESS (No., Street) <div style="background-color: black; width: 100%; height: 20px;"></div>																																																																																																																																																														
CITY <div style="background-color: black; width: 100%; height: 20px;"></div>			STATE <div style="background-color: black; width: 100%; height: 20px;"></div>		CITY <div style="background-color: black; width: 100%; height: 20px;"></div>			STATE <div style="background-color: black; width: 100%; height: 20px;"></div>																																																																																																																																																											
ZIP CODE <div style="background-color: black; width: 100%; height: 20px;"></div>			TELEPHONE (Include Area Code) () <div style="background-color: black; width: 100%; height: 20px;"></div>		ZIP CODE <div style="background-color: black; width: 100%; height: 20px;"></div>			TELEPHONE (Include Area Code) () <div style="background-color: black; width: 100%; height: 20px;"></div>																																																																																																																																																											
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial) <div style="background-color: black; width: 100%; height: 20px;"></div>					10. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (Current or Previous) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO b. AUTO ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO c. OTHER ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO PLACE (State) _____																																																																																																																																																														
a. OTHER INSURED'S POLICY OR GROUP NUMBER <div style="background-color: black; width: 100%; height: 20px;"></div>					a. INSURED'S DATE OF BIRTH MM DD YY <div style="background-color: black; width: 100%; height: 20px;"></div>																																																																																																																																																														
b. RESERVED FOR NUCC USE <div style="background-color: black; width: 100%; height: 20px;"></div>					b. OTHER CLAIM ID (Designated by NUCC) <div style="background-color: black; width: 100%; height: 20px;"></div>																																																																																																																																																														
c. RESERVED FOR NUCC USE <div style="background-color: black; width: 100%; height: 20px;"></div>					c. INSURANCE PLAN NAME OR PROGRAM NAME <div style="background-color: black; width: 100%; height: 20px;"></div>																																																																																																																																																														
d. INSURANCE PLAN NAME OR PROGRAM NAME <div style="background-color: black; width: 100%; height: 20px;"></div>					10d. CLAIM CODES (Designated by NUCC) <div style="background-color: black; width: 100%; height: 20px;"></div>																																																																																																																																																														
11. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, complete items 9, 9a, and 9d.																																																																																																																																																																			
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below. SIGNED <div style="background-color: black; width: 150px; height: 20px;"></div> DATE <div style="background-color: black; width: 100px; height: 20px;"></div>																																																																																																																																																																			
13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below. SIGNED <div style="background-color: black; width: 150px; height: 20px;"></div>																																																																																																																																																																			
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY <div style="background-color: black; width: 100%; height: 20px;"></div>					15. OTHER DATE MM DD YY <div style="background-color: black; width: 100%; height: 20px;"></div>																																																																																																																																																														
16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY <div style="background-color: black; width: 100%; height: 20px;"></div>					17. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY <div style="background-color: black; width: 100%; height: 20px;"></div>																																																																																																																																																														
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE <div style="background-color: black; width: 100%; height: 20px;"></div>					18. OUTSIDE LAB? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO \$ CHARGES <div style="background-color: black; width: 100%; height: 20px;"></div>																																																																																																																																																														
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC) <div style="background-color: black; width: 100%; height: 20px;"></div>					20. RESUBMISSION CODE ORIGINAL REF. NO. <div style="background-color: black; width: 100%; height: 20px;"></div>																																																																																																																																																														
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) A. 780.39 B. C. D. E. F. G. H. I. J. K. L. ICD Ind. 9																																																																																																																																																																			
22. PRIOR AUTHORIZATION NUMBER <div style="background-color: black; width: 100%; height: 20px;"></div>																																																																																																																																																																			
23. BLS EMERGENCY BASE <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>11</td><td>16</td><td>14</td><td></td><td></td><td>41</td><td>Y</td><td>A0429</td><td>SH</td><td></td><td>A</td><td>900 00</td><td>1</td><td>NPI</td></tr> <tr> <td colspan="14">MILEAGE - Whole number rounding used with a 1 mile minimum</td> </tr> <tr> <td>11</td><td>16</td><td>14</td><td></td><td></td><td>41</td><td>Y</td><td>A0425</td><td>SH</td><td></td><td>A</td><td>34 00</td><td>2</td><td>NPI</td></tr> <tr><td colspan="14"> </td></tr> <tr><td colspan="14"> </td></tr> <tr><td colspan="14"> </td></tr> <tr><td colspan="14"> </td></tr> <tr><td colspan="14"> </td></tr> <tr><td colspan="14"> </td></tr> <tr><td colspan="14"> </td></tr> <tr><td colspan="14"> </td></tr> </table>										11	16	14			41	Y	A0429	SH		A	900 00	1	NPI	MILEAGE - Whole number rounding used with a 1 mile minimum														11	16	14			41	Y	A0425	SH		A	34 00	2	NPI																																																																																																																
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11	16	14			41	Y	A0425	SH		A	34 00	2	NPI																																																																																																																																																						
24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY B. PLACE OF SERVICE C. EMG D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) E. DIAGNOSIS F. \$ CHARGES G. DAYS OR UNITS H. EP601 Family Plan I. ID. QUAL J. RENDERING PROVIDER ID #																																																																																																																																																																			
25. FEDERAL TAX I.D. NUMBER SSN EIN <div style="background-color: black; width: 100%; height: 20px;"></div>																																																																																																																																																																			
26. PATIENT'S ACCOUNT NO. 27. ACCEPT ASSIGNMENT? (For govt. claims, see back) <div style="background-color: black; width: 100%; height: 20px;"></div>																																																																																																																																																																			
28. TOTAL CHARGE 29. AMOUNT PAID 30. Revd for NUCC Use \$ 934 00 \$ 0 00																																																																																																																																																																			
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) <div style="background-color: black; width: 100%; height: 20px;"></div> 02/11/15																																																																																																																																																																			
32. SERVICE FACILITY LOCATION INFORMATION <div style="background-color: black; width: 100%; height: 20px;"></div>																																																																																																																																																																			
33. BILLING PROVIDER INFO & PH # <div style="background-color: black; width: 100%; height: 20px;"></div>																																																																																																																																																																			
SIGNED <div style="background-color: black; width: 150px; height: 20px;"></div> DATE <div style="background-color: black; width: 100px; height: 20px;"></div>																																																																																																																																																																			

Electronic Billing Batch Transaction File

PROVIDER #:
DATE: 01/02/2008
CHECK/BFT #: 113792325

REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
<div> <div>NAME</div> <div>A ACNT 01462285</div> <div>ICN</div> <div>ASG Y MOA MA01 MA07</div> </div>														
288391		1208	120807	41	1	A0429	RH	300.00	300.00	0.00	60.00		0.00	240.00
288391		1208					RH	22.50	18.75	0.00	3.75	CO-45	3.75	15.00
PT RESP		63.75				CLAIM TOTALS		322.50	318.75	0.00	63.75		3.75	255.00
ADJ TO TOTALS:		PREV PD		0.00		INTEREST		0.00	LATE FILING CHARGE		0.00		255.00 NET	
CLAIM INFORMATION FORWARDED TO: VIRGINIA DEPT OF MED ASSISTANCE														
Alternate First Name detected (old Name was Robert)														
Transaction added: Payment to EMS - Primary Insurance \$255.00														
Transaction added: Adjustment/Assignment - Primary Insurance \$3.75														
Transaction added: Medicare Forwarded to Secondary														
<div> <div>NAME</div> <div>A ACNT</div> <div>ICN</div> <div>Y MOA MA01 MA18</div> </div>														
288391		1014	101407	41	1	A0433	RH	550.00	550.00	0.00	110.00		0.00	440.00
288391		1014	101407	41	2	A0425	RH	15.00	12.50	0.00	2.50	CO-45	2.50	10.00
PT RESP		112.50				CLAIM TOTALS		565.00	562.50	0.00	112.50		2.50	450.00
ADJ TO TOTALS:		PREV PD		0.00		INTEREST		0.00	LATE FILING CHARGE		0.00		450.00 NET	
CLAIM INFORMATION FORWARDED TO: WPS - TRICARE FOR LIFE														
Transaction added: Payment to EMS - Primary Insurance \$450.00														
Transaction added: Adjustment/Assignment - Primary Insurance \$2.50														
Transaction added: Medicare Forwarded to Secondary														

Attachment 6 - Affiliations and Industry Organizations



Attachment 6 – Industry Associations and Memberships

The table below depicts just a few of the industry organizations with which Intermedix works closely. In addition, we participate in numerous industry conferences to ensure we keep apprised of the latest industry happenings. The information learned is shared with our clients through webinars, newsletters, blogs, and client meetings. We also sponsor several EMS initiatives including, but not limited to the Pinnacle conference, the Florida Fire Chiefs', and an annual NAEMT Harvard scholarship to advance EMS leadership.

Organization	Description	Level of Participation	Member
American Ambulance Association	Organization comprised of ambulance suppliers and associated industry personnel that promote health care policies, provide research, education, and communications programs to members	Active member. Participant on federal reimbursement task force.	10+ years
Florida Ambulance Association	Municipal ambulance providers and proprietary ambulance suppliers in the State of Florida. This group is focused on EMS reimbursement.	Active member	10+ years
Florida Fire Chiefs	Florida's leading management education organization for fire and emergency services professionals that specialize in promoting and supporting excellence in the fire/EMS industry.	Active member. Sponsor of annual conference/ banquet.	10+ years
Healthcare Billing and Management Association	The only trade association representing third-party medical billers. Consists of 800+ medical billing companies across the US. Works with and educates Congress and Administration on issues affecting third-party billers.	Charter member. Actively involved in the ethics compliance committee.	20 years.

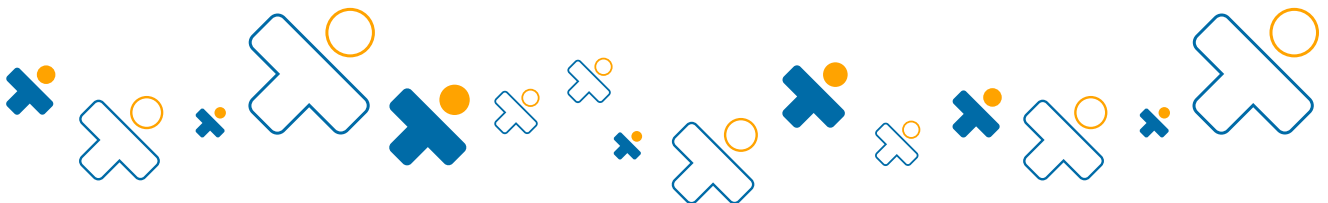
Intermedix' affiliations and memberships with industry-related associations is an integral part of the fabric of our organization. This active connection allows us to participate at various levels and help affect positive change.

Association	Division	Comment
American Academy of Professional Coders	EMS/ED	Corporate Member Since 2000
American Ambulance Association	EMS	Since 2003 Participant on Federal Reimbursement Task Force
Healthcare Billing and Management Association	EMS/ED	Since 1995 Charter Member, Ethics Compliance Committee, Positions held: President, Treasurer and Board Members
Healthcare Compliance Association	EMS/ED	Since 2003
HCCA Certified Healthcare Compliance	EMS	Member
SCCE Certified Compliance and Ethics Professional (CCEP)	EMS	Member
International Association of EMS Chiefs	EMS	Since 2005 Joint development with IAEMSC of the National EMS Health and Safety Surveillance System
Government Finance Officers Association	EMS	Member
NEMSIS (State Compliant Software)	EMS/Public Health	Since 2014
HFMA	EMS	Member – Current Yeager Award Committee Chair Former Board Member, Systems Committee Chair, Compliance Chair
HIMSS	EMS	Board Advisor
The American Health Information Management Association	EMS	Member
Anesthesia Administrators Assembly (MGMA)	ARM	Member
Emergency Department Practice Management Association (EDPMA)	ED	Board Member, Executive Committee, Treasurer, Member of Provide

Association	Division	Comment
		Enrollment, State Regulatory and Insurance, Documentation
Medical Group Management Association	ED	Member
<p>We are also members of various state-related EMS associations, including but not limited to:</p> <ul style="list-style-type: none">▪ United New York Ambulance Network▪ Ohio Chapter Health Information Management Association▪ Texas Medical Group Management Association, Emergency Medicine Practice Alliance, Association of Air Medical Services, Ambulance Association, EMS Alliance		

City of Key West

Attachment 7 - EMS Scope of Services for RFP Proposals



Attachment 7 – EMS Scope of Services

ADVANCED DATA PROCESSING, INC., A SUBSIDIARY OF INTERMEDIX CORPORATION AMBULANCE BILLING AND RELATED PROFESSIONAL SERVICES

Exhibit A Scope of Services

Base Services and Obligations:

- A.** Intermedix shall provide revenue cycle management services for Client as described below. Intermedix shall, during the Term:
1. Prepare and submit initial claims and bills for Client promptly upon receipt thereof, and prepare and submit secondary claims and bills promptly after identification of the need to submit a secondary claim.
 2. Assist Client in identifying necessary documentation in order to process and bill the accounts.
 3. Direct payments to a lockbox or bank account designated by Client, to which Client alone will have signature authority.
 4. Pursue appeals of denials, partial denials and rejections when deemed appropriate by Intermedix.
 5. Respond to and follow up with Payors and respond to messages or inquiries from a Payor.
 6. Provide appropriate storage and data back-up for records pertaining to Client's bills and collections hereunder, accessible to Client at reasonable times.
 7. Maintain records of services performed and financial transactions.
 8. Meet, as needed, with representatives of Client to discuss results, problems and recommendations.
 9. Provide any Client-designated collection agency with the data necessary for collection services to be performed when an account is referred to such agency.
 10. Intermedix will support Client in filing and maintaining required documentation and agreements with commonly-used Payors (e.g. Medicare, Medicaid, Champus, etc.). The Provider will maintain responsibility for enrollment, required documentation, and agreements with Out of State Payors, such as Out of State Medicaid programs, and other payors not commonly billed

11. Provide reasonably necessary training periodically, as requested by Client, to Client's emergency medical personnel regarding the gathering of the necessary information and proper completion of run reports.
12. Utilize up-to-date knowledge and information with regard to coding requirements and standards, to comply with applicable federal, state and local regulations.
13. Provide a designated liaison for Client, patient and other Payor concerns.
14. Provide a toll free telephone number for patients and other Payors to be answered as designated by Client.
15. Facilitate proper security of confidential information and proper shredding of disposed materials containing such information.
16. Establish arrangements with hospitals to obtain/verify patient insurance and contact information.
17. Respond to any Client, Payor or patient inquiry or questions promptly.
18. Maintain appropriate accounting procedures for reconciling deposits, receivables, billings, patient accounts, adjustments and refunds.
19. Provide reasonable access to Client for requested information in order for Client to perform appropriate and periodic audits. Reasonable notice will be given to Intermedix for any planned audit and will be conducted during normal business hours of Intermedix, all at the Client's expense.
20. Provide timely reports facilitating required aspects of monitoring, evaluating, auditing and managing the Services provided.
21. Process refund requests and provide Client with documentation substantiating each refund requested.
22. Assign billing to patient account numbers providing cross-reference to Client's assigned transport numbers.
23. Maintain responsibility for obtaining missing or incomplete insurance information.
24. Provide accurate coding of medical claims based on information provided by Client.
25. Negotiate and arrange modified payment schedules for individuals unable to pay full amount when billed.

26. Retain accounts for a minimum of twelve (12) months (unless otherwise specified by mutual agreement) and after twelve (12) months turn over accounts for which no collection has been made (unless insurance payment is pending) to an agency designated by Client.
27. Permit real-time read only electronic look-up access by Client to Intermedix's Billing Service to obtain patient data and billing information.
28. Maintain records in an electronic format that is readily accessible by Client personnel and that meets federal and state requirements for maintaining patient medical records.
29. Create, implement and comply with a Compliance Plan consistent with the Compliance Program Guidance for Third Party Medical Billing Companies 63 FR 70138; (December 18, 1998) promulgated by the Office of Inspector General of the Department of Health and Human

B. *Client's Responsibilities and Obligations:*

1. From each person who receives EMS from Client ("Patient"), Client shall use its best efforts to obtain and forward the following information ("Patient Information") to Intermedix:
 - (i) the Patient's full name and date of birth;
 - (ii) the mailing address (including zip code) and telephone number of the Patient or other party responsible for payment ("Guarantor");
 - (iii) the Patient's social security number;
 - (iv) the name and address of the Patient's health insurance carrier, name of policyholder or primary covered party, and any applicable group and identification numbers;
 - (v) the auto insurance carrier address and/or agent's name and phone number if an automobile is involved;
 - (vi) the employer's name, address and Workers Compensation Insurance information if the incident is work related;
 - (vii) the Patient's Medicare or Medicaid HIC numbers if applicable;
 - (viii) the Patient's or other responsible party's signed payment authorization and release of medical authorization form or other documentation sufficient to comply with applicable signature requirements;
 - (ix) the call times, transporting unit, and crew members with their license level, i.e. EMT-B, EMT-I, or EMT-P;
 - (x) odometer readings or actual loaded miles flown such that loaded miles may be calculated;

(xi) physician certification statements (PCS) for non-emergency transports that are to be billed to Medicare pursuant to CMS regulations; and

(xii) any other information that Intermedix may reasonably require to bill the Patient or other Payor.

2. Client represents and warrants that all information provided to Intermedix shall be accurate and complete. Intermedix shall have no obligation to verify the accuracy of such information, and Client shall be solely responsible for such accuracy. Client agrees to indemnify and hold Intermedix, its agents, and employees harmless from any and all liabilities and costs, including reasonable attorneys' fees, resulting from (a) any inaccurate or misleading information provided to Intermedix that results in the actual or alleged submission of a false or fraudulent claim or (b) any other actual or alleged violation of local, state or federal laws., including but not limited laws applicable to Medicare, Medicaid or any other public or private Payor or enforcement agency.

3. Client will provide Intermedix with necessary documents required by third parties to allow for the electronic filing of claims by Intermedix on Client's behalf.

4. Client will provide Intermedix with its approved billing policies and procedures, including dispatch protocols, fee schedules and collection protocols. Client will be responsible for engaging any third party collection service for uncollectible accounts after Intermedix has exhausted its collection efforts.

5. Client will timely process refunds identified by Intermedix for account overpayments and provide to Intermedix confirmation, including copies of checks and other materials sent.

6. Client will provide a lock box or bank account address to Intermedix and will instruct the lock box or bank custodian agency to forward all documents to Intermedix for processing.

7. Client will provide Intermedix with daily bank balance reporting capabilities via the bank's designated web site.

8. Client will cooperate with Intermedix in all matters to ensure proper compliance with laws and regulations.

9. Excluded Persons. Client represents and warrants that all of its employees, personnel and independent contractors involved in the delivery of EMS or otherwise performing services for Client: (i) hold the licensure or certification required to perform such services, (ii) have not been convicted of a criminal offense related to health care or been listed as debarred, excluded or otherwise ineligible for participation in a Federal health care program and (iii) are not excluded persons listed on any of the following: (a) the Office of the Inspector General List of Excluded Individuals and Entities; (b) the General Services Administration's Excluded Parties List; and (c) the Office of Foreign Asset Control's Specially Designated Nationals List. If any refunds of patient accounts of Client are required to be refunded to or offset by any government and commercial payor as a result of Client's violation of its obligations set forth herein (an "Excluded Person

Refund”), Intermedix shall not be required to refund to Client any commissions or fees earned or previously paid to Intermedix as a result of its collection of such Excluded Person Refund or otherwise include such Excluded Person Refunds in its calculation of Net Collections as set forth herein.

10. Client agrees that it will forward to Intermedix copies of checks, or other payment documentation requested by Intermedix relating to the subject matter of this Agreement, within 10 days of the date of receipt of those payments.

11. Client agrees to notify Intermedix in the event that their Electronic Patient Care Reporting (ePCR) vendor performs any system upgrades. Notification may be made in writing in accordance to the Notices section of the Agreement.

City of Key West

Required Forms



BID PROPOSAL FORM

To: The City of Key West
Address: 1300 White Street, Key West, Florida 33040
Project Title: EMS Billing Services

Bidder's contact person for additional information on this Proposal:

Company Name: Advanced Data Processing, Inc., a subsidiary of Intermedix Corporation
Contact Name & Telephone #: Glenn Goodpaster, Vice President Business Development - 513-225-6613
Email Address: Glenn.Goodpaster@intermedix.com

BIDDER'S DECLARATION AND UNDERSTANDING

The undersigned, hereinafter called the Bidder, declares that the only persons or parties interested in this Proposal are those named herein, that this Proposal is, in all respects, fair and without fraud, that it is made without collusion with any official of the Owner, and that the Proposal is made without any connection or collusion with any person submitting another Proposal on this Contract.

The Bidder further declares that he has carefully examined the Contract Documents for the construction of the project, that he has personally inspected the site, that he has satisfied himself as to the quantities involved, including materials and equipment, and conditions of work involved, including the fact that the description of the quantities of work and materials, as included herein, is brief and is intended only to indicate the general nature of the work and to identify the said quantities with the detailed requirements of the Contract Documents, and that this Proposal is made according to the provisions and under the terms of the Contract Documents, which Documents are hereby made a part of this Proposal.

CONTRACT EXECUTION AND BONDS

The Bidder agrees that if this Proposal is accepted, he will, within 10 days, not including Saturdays and legal holidays, after Notice of Award, sign the Contract in the form annexed hereto and will provide evidence of holding required licenses and certificates as indicated in the Contract Documents.

CERTIFICATES OF INSURANCE

Bidder agrees to furnish the Owner, before commencing the work under this Contract, the certificates of insurance as specified in these Documents.

ADDENDA

The Bidder hereby acknowledges that he has received Addenda No's. 1, _____,

_____, _____, _____, _____, _____, _____, _____, _____, _____, _____,
(Bidder shall insert No. of each Addendum received) and agrees that all addenda issued are hereby made part of the Contract Documents, and the Bidder further agrees that his Proposal(s) includes all impacts resulting from said addenda.

SALES AND USE TAXES

The Bidder agrees that all federal, state, and local sales and use taxes are included in the stated bid prices for the work.

SURETY

Not applicable as no Bond has been requested. whose address is

_____, _____, _____
 Street City State Zip

BIDDER

The name of the Bidder submitting this Proposal is Advanced Data Processing, Inc., a subsidiary of
Intermedix Corporation doing business at

6451 N. Federal Highway, Suite 1000, Fort Lauderdale, FL 33308

_____, _____, _____
 Street City State Zip

which is the address to which all communications concerned with this Proposal and with the Contract shall be sent.

The names of the principal officers of the corporation submitting this Proposal, or of the partnership, or of all persons interested in this Proposal as principals are as follows:

Joel Portice, Chief Executive Officer

Ken Cooke, President

Ian Kyle Wailes, Chief Financial Officer

Melissa Leigh, Sr. Vice President, General Counsel and Corporate Secretary

Brad Williams, Treasurer

If Sole Proprietor or Partnership **Not Applicable**

IN WITNESS hereto the undersigned has set his (its) hand this _____ day of _____ 2017.

Signature of Bidder

Title

If Corporation

IN WITNESS WHEREOF the undersigned corporation has caused this instrument to be executed and its seal affixed by its duly authorized officers this 4 day of January 2018.

(SEAL)

Advanced Data Processing, Inc., a subsidiary of Intermedix Corporation

Name of Corporation

By _____

[Signature]

Title _____

Melissa Leigh, Sr. VP, General Counsel & Corporate Secretary

Attest _____

[Signature]

Sworn and subscribed before this 4th day of January, 2018

NOTARY PUBLIC, State of TENNESSEE, at Large

My Commission Expires: December 10, 2019



ANTI-KICKBACK AFFIDAVIT

STATE OF TENNESSEE)

: SS

COUNTY OF DAVIDSON)

I, the undersigned hereby duly sworn, depose and say that no portion of the sum herein bid will be paid to any employees 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: Melissa Leigh, Sr. Vice President, General Counsel and Corporate Secretary

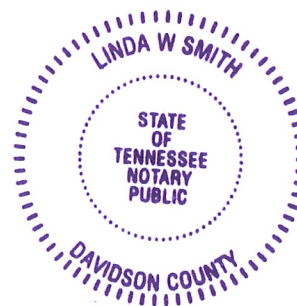


Sworn and subscribed before me this 4th day of January 2018.



NOTARY PUBLIC, State of TENNESSEE at Large

My Commission Expires: December 10, 2019



* * * * *

SWORN STATEMENT UNDER SECTION 287.133(3)(A)
FLORIDA STATUTES ON PUBLIC ENTITY CRIMES

THIS FORM MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC OR OTHER OFFICER AUTHORIZED TO ADMINISTER OATHS.

1. This sworn statement is submitted with Bid or Proposal for RFP # 002-18 EMS Billing Services

2. This sworn statement is submitted by Advanced Data Processing, Inc., a subsidiary of Intermedix Corporation
(Name of entity submitting sworn statement)

whose business address is 6451 N. Federal Highway, Ste. 1000, Fort Lauderdale, FL 33308

and (if applicable) its Federal Employer Identification Number (FEIN) is 22-3875190

(If the entity has no FEIN, include the Social Security Number of the individual

signing this sworn statement N/A

3. My name is Melissa Leigh, Sr. Vice President, Genral Counsel and Corporate Secretary
(Please print name of individual signing)

and my relationship to the entity named above is Corporate Officer

4. 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 with the United States, including but not limited

to, any bid or contract for goods or services to be provided to any public or an agency or political subdivision of any other state or of the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, material misrepresentation.

5. I understand that “convicted” or “conviction” as defined in Paragraph 287.133(1)(b), Florida Statutes, means a finding of guilt or a conviction of a public entity crime, with or without an adjudication guilt, in any federal or state trial court of record relating to charges brought by indictment information after July 1, 1989, as a result of a jury verdict, nonjury trial, or entry of a plea of guilty or nolo contendere.
6. I understand that an “affiliate” as defined in Paragraph 287.133(1)(a), Florida Statutes, means
 - a. A predecessor or successor of a person convicted of a public entity crime; or
 - b. 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 controlling interest in another person, or a pooling of equipment or 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.
7. I understand that a “person” as defined in Paragraph 287.133(1)(8), Florida Statutes, means any natural person or entity organized under the laws of any state or 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 public entity. The term “person” includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.
8. Based on information and belief, the statement which I have marked below is true in relation to the entity submitting this sworn statement. (Please indicate which statement applies).

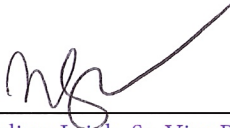
X Neither the entity submitting this sworn statement, nor any officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, nor any affiliate of the entity have been charged with and

convicted of a public entity crime subsequent to July 1, 1989, AND (Please indicate which additional statement applies.)

_____ There has been a proceeding concerning the conviction before a hearing of the State of Florida, Division of Administrative Hearings. The final order entered by the hearing officer did not place the person or affiliate on the convicted vendor list. (Please attach a copy of the final order.)

_____ The person or affiliate was placed on the convicted vendor list. There has been a subsequent proceeding before a hearing officer of the State of Florida, Division of Administrative Hearings. The final order entered by the hearing officer determined that it was in the public interest to remove the person or affiliate from the convicted vendor list. (Please attach a copy of the final order.)

_____ The person or affiliate has not been put on the convicted vendor list. (Please describe any action taken by or pending with the Department of General Services.)

(Signature)  Melissa Leigh, Sr. Vice President, General Counsel & Corporate Secretary

January 4, 2018

(Date)

STATE OF TENNESSEE

COUNTY OF DAVIDSON

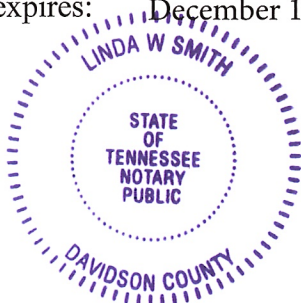
PERSONALLY, APPEARED BEFORE ME, the undersigned authority,

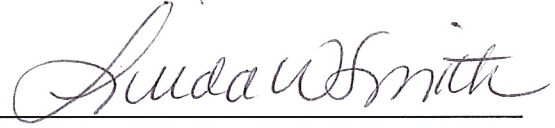
MELISSA LEIGH

_____ who, after first being sworn by me, affixed his/her
(Name of individual signing)

signature in the space provided above on this 4th day of January, 2018.

My commission expires: December 10, 2019




NOTARY PUBLIC

EMS BILLING SERVICES
CITY OF KEY WEST

CITY OF KEY WEST INDEMNIFICATION FORM

To the fullest extent permitted by law, the CONSULTANT expressly agrees to indemnify and hold harmless the City of Key West, their officers, directors, agents and employees (herein called the "indemnitees") from any and all liability for damages, including, if allowed by law, reasonable attorney's fees and court costs, such legal expenses to include costs incurred in establishing the indemnification and other rights agreed to in this Paragraph, to persons or property, caused in whole or in part by any act, omission, or default by CONSULTANT or its subcontractors, material men, or agents of any tier or their employees, arising out of this agreement or its performance, including such damages caused in whole or in part by any act, omission or default of any indemnitee, but specifically excluding any claims of, or damages against an indemnitee resulting from such indemnitee's gross negligence, or the willful, wanton or intentional misconduct of such indemnitee or for statutory violation or punitive damages except and to the extent the statutory violation or punitive damages are caused by or result from the acts or omissions of the CONSULTANT or its subcontractors, material men or agents of any tier or their respective employees.

Indemnification by CONSULTANT for Professional Acts. CONSULTANT hereby agrees to indemnify the City of Key West and each of its parent and subsidiary companies and the directors, officers and employees of each of them (collectively, the "indemnitees"), and hold each of the indemnitees harmless, against all losses, liabilities, penalties (civil or criminal), fines and expenses (including reasonable attorneys' fees and expenses) (collectively, "Claims") to the extent resulting from the performance of CONSULTANT'S negligent acts, errors or omissions, or intentional acts in the performance of CONSULTANT'S services, or any of their respective affiliates, under this Agreement. If claims, losses, damages, and judgments are found to be caused by the joint or concurrent negligence of the City of Key West and CONSULTANT, they shall be borne by each party in proportion to its negligence.

The indemnification obligations under the Contract shall not be restricted in any way by any limitation on the amount or type of damages, compensation, or benefits payable by or for the CONSULTANT under Workers' Compensation acts, disability benefits acts, or other employee benefits acts, and shall extend to and include any actions brought by or in the name of any employee of the CONSULTANT or of any third party to whom CONSULTANT may subcontract a part or all of the Work. This indemnification shall continue beyond the date of completion of the work.

CONSULTANT: Advanced Data Processing, Inc., a subsidiary of Intermedix Corporation SEAL:

6451 N. Federal Highway, Suite 1000, Fort Lauderdale, FL 33308

Address

Signature

Melissa Leigh

Print Name

Sr. Vice President, General Counsel & Corporate Secretary

DATE: Title January 24, 2018

EMS BILLING SERVICES
CITY OF KEY WEST

**LOCAL VENDOR CERTIFICATION PURSUANT TO
CITY OF KEY WEST ORDINANCE 09-22 SECTION 2-798**

The undersigned, as a duly authorized representative of the vendor listed herein, certifies to the best of his/her knowledge and belief, that the vendor meets the definition of a "Local Business." For purposes of this section, "local business" shall mean a business which:

- a. Principle address as registered with the FL Department of State located within 30 miles of the boundaries of the city, listed with the chief licensing official as having a business tax receipt with its principle address within 30 miles of the boundaries of the city for at least one year immediately prior to the issuance of the solicitation
- b. Maintains a workforce of at least 50 percent of its employees from the city or within 30 miles of its boundaries.
- c. Having paid all current license taxes and any other fees due the city at least 24 hours prior to the publication of the call for bids or request for proposals.
 - Not a local vendor pursuant to Ordinance 09-22 Section 2-798
 - Qualifies as a local vendor pursuant to Ordinance 09-22 Section 2-798

If you qualify, please complete the following in support of the self-certification & submit copies of your County and City business licenses. Failure to provide the information requested will result in denial of certification as a local business.

Business Name _____ Phone: _____

Current Local Address: _____ Fax: _____

(P.O Box numbers may not be used to establish status)

Length of time at this address: _____

Date: _____

Signature of Authorized Representative

STATE OF _____ COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____ 2015.

By _____, of _____

(Name of officer or agent, title of officer or agent)

(Name of corporation acknowledging)

or has produced identification _____ as identification
(Type of identification)

Signature of Notary

Print, Type or Stamp Name of Notary

Title or Rank

Return completed form with
Supporting documents to:
City of Key West Purchasing

EMS BILLING SERVICES
CITY OF KEY WEST

CONE OF SILENCE AFFIDAVIT

STATE OF TENNESSEE)
 : SS
 COUNTY OF DAVIDSON)

I, the undersigned hereby duly sworn, depose and say that all owner(s), partners, officers, directors, employees and agents representing the firm of Advanced Data Processing, Inc., a subsidiary of Intermedix Corporation 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.

By: Melissa Leigh, Sr. Vice President, General Counsel and Corporate Secretary

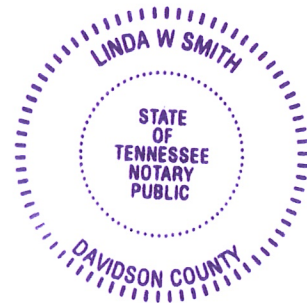


Sworn and subscribed before me this

4th day of January 2018.

Linda W Smith

NOTARY PUBLIC, State of TENNESSEE at Large



My Commission Expires: December 10, 2019

* * * * *



Serving Those Who Save Lives

Intermedix is a global leader pioneering innovations in data analytics and cloud-based technology to deliver advanced revenue cycle management, practice management and emergency management solutions.

www.intermedix.com