



ORIGINAL

RFP #002-18 - EMS Billing Services

City of Key West

Submitted to: City of Key West, Florida

Due date: Wednesday, January 24, 2018



AMB

Ambulance Medical Billing

Lauren Root-Elam

Ambulance Medical Billing

100 Fulton Court, Paducah, KY 42001

423.956.5277 phone | lroot@marsbilling.com email

TABLE OF CONTENTS

TAB 1: Cover Letter	3
TAB 2: Responses to the RFP.....	6
Organizational Information.....	7
Qualifications	9
Credentials and Experience of AMB Staff	9
Program Approach and Price	12
Current CY 2017 Supporting Documentation	14
Pricing Proposal	18
Familiarity with Florida and the Florida Keys.....	20
Client References	20
TAB 3: Attachments.....	21
Proposal Form	22
Anti-Kickback Affidavit	26
Sworn Statement on Public Entity Crimes	27
Indemnification Form	30
Local Vendor Form	31
Domestic Partnership Affidavit.....	32
Cone of Silence Affidavit	33
SSAE 16 / SOC 1 Type 2 Audit	34
HIPAA-HITECH Audit	38
Proof of Insurance.....	39
Addenda	40
Concluding Statement.....	41



January 19, 2018

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



Dear City Clerk and the Selection Committee:

It has been a pleasure to provide the City with EMS billing services for the past three (3) years, and we want to continue to work with you and share our success

Since AMB began servicing the City, we have achieved outstanding revenue results, and we don't plan to stop. We strongly believe that our performance speaks for itself, and there is no other billing service that can improve on these results.

The area of Self Pay is the City's biggest issue. However, AMB works the Self Pay accounts to the highest potential. This is evident by the amount of bad debt that was written off and collected by the City's bad debt agency. The agency has only been successful in recovering an average of \$21,000 or 1.1% in the past two (2) years. This figure would be significantly higher if there were monies to be recovered.

AMB has analyzed every option for the City: The only way to improve Self Pay would be to convert all self pay accounts into insurance accounts, and this is simply not possible.

Another notable risk of choosing not to stay with AMB is the loss in revenue that can take up to six (6) months or longer while transitioning to a new vendor. Remaining with AMB will provide a seamless transition with ***NO GAP OR LOSS OF REVENUE TO THE CITY.***

Our goal is the same as yours: To provide billing and data collection for the City, while maximizing revenues. We have prepared **an exclusive offering for the City. Please see the Pricing Proposal Section for additional pricing information.**

 **Comprehensive Billing Services only:**

- **3.45%** of Net Cash Collections

 **Comprehensive Billing, Health Data Exchange (HDE) and City's Choice of ePCR:**

- **4.50%** of Net Cash Collections

 **Comprehensive Billing, Health Data Exchange (HDE), City's Choice of ePCR, plus Emergency Reporting Fire:**

- **5.75%** of Net Cash Collections

 **Comprehensive Billing, Health Data Exchange (HDE), City's Choice of ePCR, plus six (6) Panasonic Toughbook CF20 laptop computers:**

- **5.45%** of Net Cash Collections

■ **Comprehensive Billing, Health Data Exchange (HDE), City's Choice of ePCR, plus Emergency Reporting Fire and six (6) CF 20 laptop computers:**

- **6.50%** of Net Cash Collections

■ **Flat Fee for Medicaid Related Collections:**

- **\$5.95** per Medicaid claim

We want the City of Key West to hear one message clearer than any other:

AMB's focus on a strong partnership is our NICHE

We ask the City to keep the partnership with AMB, and do what we do best – working hand in hand with our clients to maximize cash collections and improve processes to benefit you and ultimately, your patients.

Keep AMB as your EMS Billing partner. We will continue to show you how we've been successful increasing revenues for our clients.

The persons authorized to make representations for this proposal include me, and Bill Harrod, AMB Executive Director. Bill's contact information is email: bharrod@marsbilling.com or phone: toll-free (855) 347-1360 or (270) 744-3647. This proposal is valid for a minimum of one hundred eighty (180) days after the submission deadline. Upon contract award, AMB will work with the City to sign a renewed Service Agreement.

Please note that AMB complies with all applicable Federal, State and local laws and regulations as they apply to the services being provided, including maintaining a current business license with the City of Key West. A copy of the license is available upon request.

We are eager to stay in partnership with the City.

Best regards,

Lauren Root
Regional Sales Director

Bill Harrod
Executive Director

Ambulance Medical Billing
100 Fulton Court, Paducah, Kentucky 42001
Email: lroot@marsbilling.com | (423) 956-5277 cell
Website: ambulancerevenue.com



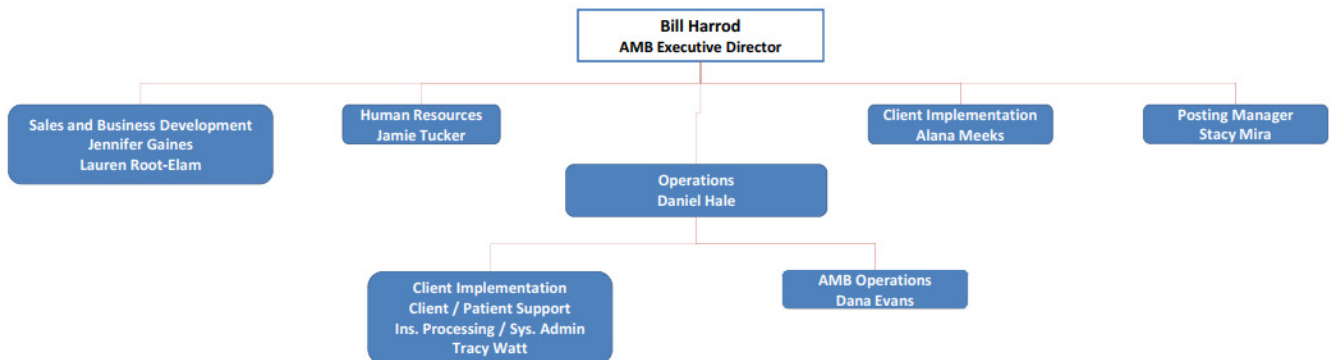
ORGANIZATIONAL INFORMATION

AMB is a subdivision of Credit Bureau Systems, Inc. (CBS). CBS was founded over sixty-five (65) years ago in 1952, and provides a host of revenue cycle services to the medical industry. Today, EMS billing is a primary focus of the company with seventy-five percent (75%) of the company's revenue coming from the success in this specific market. AMB's geographic approach is to have offices located close to its clients, and it currently has four (4) regional offices with future plans for adding more. The AMB offices that employ over three hundred (300) full-time employees are located in Kentucky: Paducah, (corporate office pictured), Lexington, and Hazard; and Clarksville, Tennessee. Out of these offices, AMB processes over *one million* (1M) claims on an annual basis for its EMS agencies.



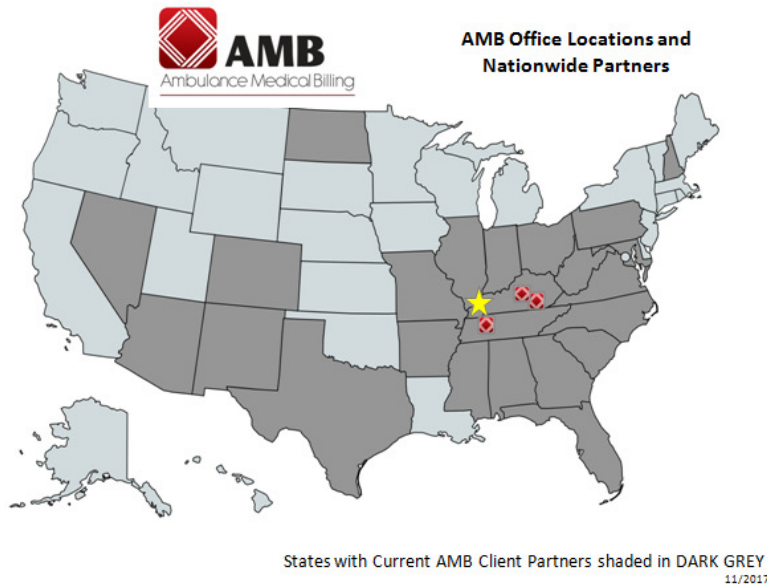
ORGANIZATIONAL CHART

These individuals are 100% dedicated to the City's account.



FOOTPRINT AND GEOGRAPHIC FOCUS

Over the past decade, AMB has focused on the Central, South, and Southeast regions of the US for its growth. AMB currently bills for agencies in all states shaded in **DARK GREY** on the map below. With the strategic location of each AMB office (denoted below), AMB is eager to keep the City as a strategic partner. ***We are proud to have Key West as a part of our AMB family!***



COMPANY OWNERSHIP

Established in 1952 as Credit Bureau of Paducah, G. Douglas Edwards began the business with Credit Reporting and Bad Debt Collections. His sons, William “Mark” Edwards and Paul Thomas Edwards, joined the company in 1977 to help grow the business and later helped to establish the company into a Sub S Corporation, named Credit Bureau Systems (CBS).

The specialized ambulance division, AMB, was started in 2005. For twelve (12) years, AMB has continuously served ambulance clients, both municipalities and private agencies.

USA WORKFORCE STATEMENT

AMB believes in local economies. Keeping jobs local and within the United States is critical to the overall national economy. For this reason, 100% of the City’s claims will be handled by our US-based workforce. (1)

The City’s account will be worked from the Paducah, Kentucky headquarters.

FINANCIAL INFORMATION

AMB has never filed for bankruptcy; nor has AMB ever been a party of any litigation, civil or criminal.

CURRENT WORKLOAD

AMB has over two hundred thirty (230) EMS partners located across the United States, totaling over one million (1M) claims per year.

QUALIFICATIONS

AMB provides a Client Services Team to service all aspects of the City contract. This concentrated approach gives the City an easy access point to Client Services team members as well as the rest of the AMB staff. While Lauren Elam is the City's Primary Contact, a full team of seasoned experts will communicate with the City on a daily basis regarding implementation, claims, questions, and data that needs to be shared between the partners.

Paula Robinson is your *exclusive* contact for access to the entire AMB operation. What does this mean for you? You have ONE primary office-based contact for all of your questions, concerns, and daily needs. Paula will ensure that you and your staff are always taken care of.

Lauren Elam - Account Manager (Primary Contact)

- Account Manager

Dana Evans - AMB Director (Secondary Contact)

- Primary operational contact including systems and reporting

Paula Robinson- AMB Client Svcs

(Daily Communication)

- Day-to-day contact for process and account questions

CREDENTIALS AND EXPERIENCE OF AMB STAFF

The personnel described below is responsible for managing and servicing the City's account. AMB includes all officers and key managers in the engagement, from pre-contract negotiations through the full life-cycle of the contract. The City will benefit from the vast experience of the entire AMB team while having ***only one direct telephone number to call*** for all questions.



Bill Harrod – Executive Director: Bill has twelve (12) years of experience in the Ambulance and Medical Revenue Cycle Management industries. Bill's background has been in management since his graduation from Murray State University with a Bachelor of Science degree in Telecommunications Systems Management. Bill left western Kentucky to pursue a career in Indianapolis where he was the Vice President of Operations for a global operations firm. In 2005, Bill returned to Kentucky and joined

CBS as the sole Sales Director for AMB. It is through Bill's hard work and dedication that helped establish AMB

as a viable competitor in the ambulance billing market. By May 2013, Bill was named Executive Director of AMB, Medical Accounts Receivable Systems (MARS) and US Coding. Bill's straight-forward business sense makes him easy-to-work with and accessible at all times. His expertise in working with Hospital, private and municipality based Ambulance Services is highly respected throughout the emergency medical service community. Bill is actively involved in several State associations where he has been a frequent contributor to several State EMS industry seminars. Bill is driven to lead all of his divisions; AMB, MARS, and US Coding to be the best in their respective industries.



Daniel Hale – Director of Operations: Daniel joined the AMB team in 2013 with over twenty-three (23) years of experience in the Healthcare Revenue Cycle Management industry. He has held corporate director positions with national hospital groups such as HCA Healthcare, LifePoint Hospitals, and Capella Healthcare. These positions placed him in close working relationships with various divisions of CBS and eventually led to his placement as Director of Operations for both the MARS and AMB divisions. Daniel

obtained his Bachelor of Science degree in Finance from Murray State University and an MBA degree from Bethel University. He is a member of the Healthcare Billing and Management Association (HBMA) and the Healthcare Financial Management Association (HFMA).



Lauren Root-Elam, NREMT-P – MARS/AMB Regional Sales Director

Lauren has been in the EMS/Fire industry for more than fifteen (15) years. As a Paramedic Firefighter, Lauren worked her way through the ranks and left Bristol Fire Department with the rank of Lieutenant. Experienced in supervision, fiscal planning, procurement, field training

and the delivery of specialized treatment, Lauren has a well-rounded background to assist in meeting her customers' needs. She maintains her certification as National Registry EMT in order to remain current in the industry. Lauren is also an avid tri-athlete and enjoys competing in endurance races when not spending time with her girls. She is still a nationally registered Paramedic, and stays current on industry trends relative to our business needs.



Dana Evans – Director of AMB Operations: Dana has more than twenty-six (26) years of experience in Ambulance, Hospital and Physician Billing. Dana started her career as a registration clerk in a local pediatric medical practice. Her dedication to the task at hand and attention to detail was quickly noticed by CBS leadership, and she has been an integral part of our team since 1997. She has served AMB in numerous capacities

including client trainer, posting department supervisor, and insurance tracking department supervisor. Her comprehensive knowledge is a true asset to our clients. Presently, Dana spends most of her time working on a daily basis with clients and internal staff to maximize revenues. She is a member of the HBMA.



Alana Meeks – New Client Implementation, Project Manager: Alana has over eight (8) years of experience in our Provider Enrollment and System Administration areas. Alana leads a team of experts in helping our clients transition in the most efficient and effective manner. Her primary role consists of managing new client implementations and the variety of software systems utilized internally and by our clients. She attended both Murray State University and the West Kentucky Community and Technical College.



Tracy Watt – Director of System Administration, Client Implementation and Support:

Tracy comes from working at Jackson Purchase Medical Center for over twenty-one (21) years as the Information Technology Director. She has over twenty-one (21) years of project management and system administration experience. Tracy worked on process improvement, quality management, clinical and financial system management, and project implementation and management projects. She served as the facility security officer and meaningful use coordinator. Tracy is a member of the American Health Information Management Association, Kentucky Health Information Exchange and served on the Kentucky Hospital Association Information Exchange Committee. Tracy has a B.S. in Accounting with an Area in Information Technology from Murray State University.



Troy Walker – AMB EMS Training Consultant: Troy Walker has been involved in EMS for over twenty-five (25) years, with the last fifteen (15) years serving in management and leadership roles. He has taken a proactive approach to turn a small, rural hospital-based ambulance service into a diligent and prosperous business. The Service consistently operated in the red for over twenty (20) years but since 2010, under Troy's guidance and leadership, it has shown a positive bottom line.

After spending many years on an ambulance in a clinical setting, Troy's expertise and interests are now geared towards the financial and administrative side of the ambulance industry. Troy has been with the Muhlenberg Community Hospital Emergency Medical Services since 1990. During his tenure, he has served as EMT, Paramedic, Assistant Director, and Director. Troy has been the current Director for the past nine (9) years. He currently serves as an Honorary Fire Fighter for the Greenville Volunteer Fire Department, and has served in the past as President and Certified Fire Fighter/Medic. Troy also served as the Deputy Coroner for the Muhlenberg County Coroner's Office.

Troy often provides training for our new clients during implementation. He is a Certified ESO Trainer, and uses ESO at his own service, which makes him an excellent source for information. Troy was awarded the Kentucky State Ambulance Service Director of the Year, and serves on a number of committees and Boards in support of the EMS industry. In his spare time, Troy enjoys spending time with his wife of twenty one (21) years, and is the proud father of two (2) daughters.

PROGRAM APPROACH AND PRICE

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

- ❑ AMB has provided exceptional results to the City of Key West for the past three (3) years. We have succeeded in collecting the highest percentages of revenue available for the City, and we intend to continue.
- ❑ Switching to another billing firm would result in a loss for the City. There is no need to switch when the work that AMB has been providing is already superior.
- ❑ AMB will continue to utilize its expertise in maximizing the City's collections. We have provided an in-depth analysis of the City's financial status and believe that it shows that AMB is performing at an optimal level for the City.

Current CY 2017 Highlights

Current Financial State
145% = Net Collection Percentage
Total A/R Balance over 90 Days = \$305,000
\$204,000 = Self Pay
\$101,000 = Insurance Only
\$19,400 = pending payment within next 60 days
\$8,800 due to bankrupt Key West Health & Rehab
Cash Value of Total over 90 Days: \$34,000 Or \$3.00 in Revenue per Run
Self Pay Percentage 2015: 26% 2016: 26% 2017: 37%* *This is a significant increase in Self Pay
With \$204,000 in Self Pay, The City would need to convert these to insurance balances to collect. This is not possible.

Current Financial State	Notes
<p>Net Collection Percentage: 145%</p> <p>Gross Collection Percentage:</p> <p>2015: 24.7% (Initial ramp up)</p> <p>2016 : 37%</p> <p>2017: 33.6%</p> <p>Revenue Per Run</p> <p>2015: \$192.00 \$252 after initial ramp up</p> <p>2016: \$277.00</p> <p>2017: \$254.08*</p> <p>*Low due to 2017 Florida hurricanes</p> <p>Switching billing companies will jeopardize revenue per run for a minimum 6 month+ period.</p>	
<p>Patient Balance: 66% of Total A/R</p> <p>\$803,000 Total A/R with \$553,000 Patient Dollars</p>	
<p>Bad Debt Recovery</p> <p>2016: 0.56%</p> <p>2017: 1.8%</p> <p>Industry standard for Recovery Percentage: 3-5%</p> <p>Low recovery rates are due to the fact that AMB is already collecting the maximum from these accounts.</p>	

CURRENT CY 2017 SUPPORTING DOCUMENTATION

ATB by Payer Group

City of Key West	Group	Cur	31-60	61-90	91-120	121-150	151-180	> 180	Total
City of Key West		\$3,418.90	\$3,192.80	\$6,794.40	\$893.50	\$2,728.35	\$640.60	\$0.00	\$17,668.55
		19 %	18 %	5 %	5 %	15 %	4 %	0 %	
City of Key West	Blue Cross	\$6,520.50	\$10,062.84	\$6,004.35	\$1,413.11	\$2,437.75	\$45.00	\$5,631.89	\$32,169.44
		20 %	31 %	4 %	4 %	0 %	0 %	10 %	
City of Key West	Champus/Ticare	\$318.15	\$896.23	\$1,568.15	\$800.75	\$806.55	\$890.60	\$3,052.72	\$8,833.15
		9 %	10 %	9 %	9 %	9 %	10 %	35 %	
City of Key West	Commercial Insurance	\$12,825.00	\$9,265.25	\$8,909.00	\$2,883.25	\$2,953.90	\$2,821.03	\$17,654.11	\$57,321.54
		22 %	16 %	5 %	5 %	5 %	5 %	31 %	
City of Key West	Facilities	\$0.00	\$1,017.40	\$0.00	\$3.00	\$0.00	\$1,346.45	\$11,129.54	\$14,093.39
		0 %	11 %	0 %	0 %	0 %	10 %	79 %	
City of Key West	Medicaid	\$3,581.03	\$1,712.04	\$614.50	\$1,223.00	\$0.00	\$95.27	\$5,075.08	\$12,310.92
		29 %	14 %	10 %	10 %	0 %	1 %	41 %	
City of Key West	Medicaid MCO	\$6,485.75	\$6,238.68	\$1,138.31	\$290.24	\$95.73	\$0.00	\$7,946.86	\$22,195.37
		29 %	28 %	1 %	1 %	0 %	0 %	36 %	
City of Key West	Medicare	\$27,010.85	\$8,015.42	\$9,746.95	\$695.53	\$827.50	\$2,458.00	\$13,401.36	\$62,150.61
		43 %	13 %	1 %	1 %	1 %	4 %	22 %	
City of Key West	Medicare/Advantage	\$4,149.40	\$3,090.70	\$643.50	\$614.50	\$1,013.00	\$0.00	(\$92.88)	\$9,418.22
		44 %	33 %	7 %	7 %	11 %	0 %	-1 %	
City of Key West	Private Pay	\$123,167.75	\$117,018.78	\$111,766.15	\$50,572.15	\$26,710.80	\$8,864.45	\$108,469.39	\$556,569.47
		22 %	21 %	11 %	11 %	5 %	2 %	19 %	
City of Key West	Veterans Admin	\$0.00	\$1,611.65	\$0.00	\$3.00	\$0.00	\$800.75	\$8,530.00	\$10,942.40
		0 %	15 %	0 %	0 %	0 %	7 %	78 %	
Grand Totals		\$187,977.33	\$162,721.79	\$147,185.31	\$69,392.03	\$37,628.58	\$17,970.15	\$180,797.87	\$803,673.06
		23 %	20 %	18 %	9 %	5 %	2 %	22 %	

Total Insurance Over 90 Days
 \$69,392.03+\$37,628.59+\$17,970.15+\$180,797.87
 = \$305,788.63

Total Self Pay Over 90 Days
 \$60,572.15+\$26,710.80+\$8,864.45+\$108,469.39
 = \$204,616.79

City of Key West - CKW
Financial Summary - 01/01/17 to 12/31/17



	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Totals
Beginning A/R	\$1,070,526.20	\$1,061,327.16	\$1,220,066.37	\$1,115,823.05	\$995,322.56	\$1,009,505.59	\$1,144,076.58	\$1,073,118.25	\$1,042,087.06	\$909,937.48	\$920,580.81	\$841,309.75	\$1,070,526.20
Charges	\$224,683.80	\$286,511.25	\$303,870.45	\$166,222.55	\$218,479.85	\$363,372.15	\$222,867.25	\$230,496.05	\$51,835.75	\$269,689.25	\$228,285.90	\$234,675.75	\$2,802,990.00
Contractual Adjustments	(\$61,174.23)	(\$60,334.66)	(\$104,372.56)	(\$69,753.94)	(\$54,033.76)	(\$70,735.44)	(\$46,682.97)	(\$48,205.63)	(\$20,450.81)	(\$33,438.78)	(\$56,074.32)	(\$35,617.90)	(\$663,875.20)
Gross Net Charges	\$163,509.57	\$226,176.59	\$199,497.89	\$96,468.61	\$164,446.09	\$292,636.71	\$176,184.28	\$182,290.42	\$31,384.94	\$236,250.47	\$172,211.58	\$199,057.85	\$2,139,114.80
Courtesy Discounts	(\$2,132.80)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	(\$2,132.80)
Bad Debt Write Off	(\$76,079.49)	(\$75,266.66)	(\$92,143.31)	(\$126,719.92)	(\$65,415.37)	(\$85,145.00)	(\$155,017.04)	(\$128,643.68)	(\$220,917.24)	(\$75,985.73)	(\$187,733.59)	(\$60,710.43)	(\$1,423,985.55)
Denial/Reply	(\$44,460)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	(\$44,460)
Misc Adjustments	(\$5,527.42)	(\$648.08)	(\$1,800.12)	\$2.34	\$3.98	(\$994.91)	(\$1,423.76)	(\$4,837.11)	(\$711.79)	(\$596.73)	(\$15,910.25)	(\$6,749.22)	(\$38,983.62)
Adjusted Charges	\$79,725.46	\$151,261.65	\$105,594.03	(\$30,153.97)	\$99,034.70	\$206,526.80	\$16,743.48	\$46,809.43	(\$190,244.09)	\$19,757.99	(\$31,452.26)	\$31,598.20	\$547,179.42
Insurance Refunds	\$0.00	\$50.37	\$0.00	\$628.48	\$0.00	\$1,271.87	\$0.00	\$0.00	\$710.30	\$0.00	\$4,353.38	\$0.00	\$7,924.40
Patient Refunds	\$0.00	\$460.21	\$0.00	\$1,468.92	\$0.00	\$626.13	\$0.00	\$0.00	\$766.84	\$0.00	\$911.50	\$0.00	\$4,233.60
Returned Checks	\$0.00	\$0.00	\$0.00	\$0.00	\$25.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$25.00
Total Refunds	\$0.00	\$510.58	\$0.00	\$2,397.40	\$25.00	\$1,898.00	\$0.00	\$0.00	\$1,477.14	\$0.00	\$5,874.88	\$0.00	\$12,183.00
Insurance Payments	(\$80,698.53)	(\$77,025.50)	(\$108,166.16)	(\$96,672.46)	(\$76,712.38)	(\$70,231.59)	(\$78,166.53)	(\$88,268.03)	(\$33,187.15)	(\$34,395.66)	(\$44,899.15)	(\$53,497.36)	(\$811,920.53)
Patient Payments	(\$9,225.97)	(\$7,007.52)	(\$10,631.16)	(\$6,061.46)	(\$8,164.29)	(\$3,622.22)	(\$9,535.28)	(\$11,572.59)	(\$10,195.49)	(\$14,719.00)	(\$8,814.53)	(\$5,265.41)	(\$103,822.91)
Bad Debt Recovery	(\$2,739.57)	(\$949.70)	(\$1,874.73)	(\$3,302.20)	\$3,650.41	(\$1,434.65)	(\$1,401.60)	(\$2,807.14)	(\$1,431.54)	(\$3,747.92)	(\$714.44)	(\$3,600.31)	(\$56,132.21)
Total Payments	(\$93,664.07)	(\$84,982.72)	(\$120,672.36)	(\$96,044.12)	(\$88,527.06)	(\$75,288.46)	(\$87,842.41)	(\$92,647.16)	(\$44,814.17)	(\$52,492.58)	(\$54,428.12)	(\$62,363.08)	(\$941,876.65)
Net Payments	(\$86,924.50)	(\$84,033.02)	(\$118,797.35)	(\$92,741.92)	(\$84,576.67)	(\$72,853.81)	(\$87,701.81)	(\$79,840.62)	(\$43,382.63)	(\$49,114.66)	(\$53,713.68)	(\$58,762.77)	(\$915,745.44)
Ending A/R	\$1,061,327.16	\$1,125,066.37	\$1,115,823.05	\$995,322.56	\$1,009,505.59	\$1,144,076.58	\$1,073,118.25	\$1,042,087.06	\$909,937.48	\$920,580.81	\$841,309.75	\$814,145.18	\$814,145.18
COLLECTIONS ACTIVITY													
Beginning Collections	\$1,522,780.77	\$1,596,450.89	\$1,670,767.85	\$1,761,036.93	\$1,884,451.65	\$1,946,216.61	\$2,029,926.96	\$2,184,803.40	\$2,305,018.74	\$2,510,955.86	\$2,583,453.67	\$2,765,303.38	\$1,522,780.77
Accounts Sent to Collections	\$76,992.48	\$76,266.66	\$92,825.01	\$129,072.28	\$65,881.03	\$95,944.01	\$156,818.57	\$124,597.82	\$207,368.66	\$77,190.97	\$184,382.68	\$157,825.08	\$1,435,175.24
Adjustments	(\$1,582.79)	\$0.00	(\$691.20)	(\$2,355.36)	(\$465.66)	(\$799.00)	(\$1,801.53)	(\$1,575.44)	\$0.00	(\$1,205.24)	(\$1,288.53)	(\$2,072.80)	(\$14,967.45)
Bad Debt Recovery	(\$2,739.57)	(\$949.70)	(\$1,874.73)	(\$3,302.20)	\$3,650.41	(\$1,434.65)	(\$1,401.60)	(\$2,807.14)	(\$1,431.54)	(\$3,747.92)	(\$714.44)	(\$3,600.31)	(\$56,132.21)
Ending Collections	\$1,595,450.89	\$1,670,767.85	\$1,761,036.93	\$1,884,451.65	\$1,946,216.61	\$2,029,926.96	\$2,184,803.40	\$2,305,018.74	\$2,510,955.86	\$2,583,453.67	\$2,765,303.38	\$2,917,455.35	\$2,917,455.35
OPERATING RATIOS													
Total # of Claims Filed	497	471	575	311	404	438	322	355	112	231	259	203	4,178
Total 1 line Filed re Claims	1,104	1,066	1,791	702	904	988	714	777	245	509	571	454	9,310
Runs	302	387	404	219	290	474	296	307	68	353	298	309	3,707
Denials (# of Runs)	270	166	145	204	159	132	71	144	74	133	53	85	1,637
Gross Days in AR	120.00	124.40	122.91	110.00	101.95	107.64	120.02	114.03	144.29	150.09	137.72	100.01	
Avg Charge / Transport	\$743.99	\$745.51	\$752.15	\$759.01	\$753.38	\$766.61	\$752.93	\$750.80	\$762.29	\$763.99	\$766.06	\$759.47	\$755.13
Avg Revenue / Transport	\$303.52	\$219.59	\$298.69	\$308.56	\$305.27	\$318.84	\$296.76	\$269.21	\$559.03	\$149.02	\$201.82	\$201.82	\$254.08
A0425 - Ground Mileage (ALS)	552.90	666.90	790.93	419.70	549.60	640.30	587.90	640.30	140.40	790.60	696.90	695.90	7,513.90
A0425 - Ground Mileage (BLS)	411.50	540.60	562.23	292.20	369.70	542.80	378.80	414.60	93.10	425.90	387.30	357.60	4,778.30
A0427 - Advanced Life Support	154	188	213	117	162	286	165	172	40	212	177	187	2,070
A0428 - Basic Life Support	25	20	25	13	15	20	12	12	2	6	7	6	163
A0429 - Basic Life Support Emergent	121	113	162	86	110	164	115	111	25	130	109	111	1,423
A0433 - ALS LVL2	2	6	7	3	4	4	4	6	1	5	5	5	51

Ambulance Medical Billing - Printed on 1/4/2018 6:49:17 AM - Page 1

Revenue per Run \$254.08



City of Key West - CKW
Financial Summary - 1/01/2016-12/31/2016

	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Totals
Beginning AR	\$1,451,222.57	\$1,653,757.83	\$1,614,664.38	\$1,760,506.35	\$1,862,472.60	\$1,940,743.27	\$2,069,903.86	\$1,013,298.11	\$1,021,934.77	\$1,069,429.40	\$1,004,700.50	\$978,188.74	\$1,451,222.57
Charges	\$319,622.80	\$177,536.50	\$360,920.80	\$253,487.00	\$230,990.80	\$270,990.60	\$230,784.40	\$183,326.40	\$252,670.75	\$198,229.65	\$218,088.65	\$303,160.20	\$3,000,362.55
Contractual Adjustments	(\$40,090.27)	(\$93,179.01)	(\$50,156.04)	(\$55,510.01)	(\$55,815.09)	(\$40,189.24)	(\$51,490.70)	(\$51,490.80)	(\$46,707.31)	(\$70,539.07)	(\$55,539.20)	(\$42,190.35)	(\$750,005.92)
Gross Net Charges	\$279,532.55	\$84,356.89	\$257,763.96	\$197,970.39	\$175,977.80	\$222,791.36	\$178,786.64	\$122,430.32	\$205,883.44	\$125,163.98	\$162,899.45	\$240,969.85	\$2,254,326.63
Courtesy Discounts	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Bad Debt Write Off	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Bankruptcy	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Misc Adjustments	(\$31.37)	(\$720.45)	\$5.69	\$5.41	(\$37.56)	(\$32.36)	(\$1,317.07)	(\$294.25)	(\$10,312.76)	(\$1,595.38)	(\$1,905.58)	(\$22.78)	(\$16,259.46)
Adjusted Charges	\$279,501.18	\$83,636.44	\$257,769.65	\$197,975.80	\$175,940.24	\$222,759.00	\$179,115.08	\$104,371.98	\$115,828.35	\$23,884.16	\$48,991.39	\$175,268.86	\$716,121.97
Insurance Refunds	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$708.21	\$0.00	\$4,527.39	\$0.00	\$0.00	\$0.00	\$5,235.60
Patient Refunds	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$410.93	\$0.00	\$2,299.33	\$0.00	\$0.00	\$0.00	\$2,710.26
Returned Checks	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total Refunds	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,119.14	\$0.00	\$6,826.72	\$0.00	\$0.00	\$0.00	\$7,945.86
Insurance Payments	(\$57,738.63)	(\$107,352.43)	(\$106,698.90)	(\$87,832.50)	(\$85,471.26)	(\$77,544.54)	(\$69,505.51)	(\$84,429.74)	(\$65,522.46)	(\$31,450.50)	(\$68,673.59)	(\$76,180.41)	(\$881,240.50)
Patient Payments	(\$9,227.25)	(\$15,377.46)	(\$15,228.28)	(\$8,377.55)	(\$12,963.31)	(\$16,913.87)	(\$9,104.30)	(\$11,505.58)	(\$6,637.95)	(\$5,382.56)	(\$6,739.56)	(\$6,750.99)	(\$123,523.70)
Bad Debt Recovery	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	(\$1,643.23)	(\$1,258.44)	(\$307.76)	(\$384.67)	(\$974.64)	(\$2,215.67)	(\$8,664.43)
Total Payments	(\$76,965.92)	(\$122,729.89)	(\$121,927.18)	(\$96,010.05)	(\$97,669.57)	(\$93,558.41)	(\$80,253.04)	(\$99,193.76)	(\$75,468.22)	(\$38,177.73)	(\$76,287.79)	(\$85,147.07)	(\$1,113,428.63)
Net Payments	(\$76,965.92)	(\$122,729.89)	(\$121,927.18)	(\$96,010.05)	(\$97,669.57)	(\$93,558.41)	(\$78,609.81)	(\$95,535.32)	(\$75,160.44)	(\$37,813.06)	(\$75,413.15)	(\$82,831.40)	(\$1,104,764.20)
Ending AR	\$1,653,757.83	\$1,614,664.38	\$1,750,506.85	\$1,862,472.80	\$1,940,743.27	\$2,069,903.86	\$1,013,298.11	\$1,021,934.77	\$1,069,429.40	\$1,004,700.50	\$978,188.74	\$1,070,526.20	\$1,070,526.20
COLLECTIONS ACTIVITY													
Beginning Collections	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,154,941.42	\$1,163,747.07	\$1,248,181.62	\$1,348,301.39	\$1,459,318.23	\$0.00
Accounts Sent to Collections	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,156,584.65	\$13,022.79	\$73,732.83	\$100,490.60	\$111,890.36	\$57,466.41	\$1,594,192.26
Adjustments	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	(\$558.10)	(\$55.16)	\$9.50	(\$6.16)	(\$9.50)	(\$1,788.20)	(\$2,753.06)
Bad Debt Recovery	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	(\$1,643.23)	(\$3,258.44)	(\$307.76)	(\$384.67)	(\$974.64)	(\$2,215.67)	(\$8,664.43)
Ending Collections	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,154,941.42	\$1,168,747.07	\$1,248,181.62	\$1,348,301.39	\$1,459,318.23	\$1,522,786.77	\$1,522,786.77
OPERATING RATIOS													
Total # of Claims Filed	685	636	648	416	434	347	448	388	361	607	373	606	6,766
Total Lines Filed on Claims	1,363	1,461	1,424	1,012	977	766	999	872	783	1,139	849	1,373	13,018
Runs	430	247	461	305	305	364	310	240	338	261	266	413	4,016
Denials (# of Runs)	228	258	268	138	67	60	56	80	214	197	180	188	1,366
Gross Days in AR	172.55	190.08	184.65	211.86	206.51	246.59	124.46	134.13	144.22	142.44	131.60	133.92	
Avg Charge / Transport	\$743.31	\$733.62	\$735.07	\$754.43	\$757.35	\$744.48	\$744.41	\$666.36	\$747.55	\$759.50	\$762.44	\$734.04	\$747.10
Avg Revenue / Transport	\$178.99	\$597.15	\$248.32	\$285.74	\$320.23	\$257.14	\$258.88	\$413.31	\$223.28	\$337.85	\$266.74	\$206.17	\$277.25
A0100-NON MEDICAL WAIVER	-	-	-	-	-	-	-	-	-	-	-	-	-
A0425 - Ground Mileage (ALS)	819.20	489.50	985.80	798.10	675.50	721.00	643.90	584.20	647.80	549.80	577.00	646.40	8,136.20
A0425 - Ground Mileage (BLS)	615.40	340.00	701.40	422.40	341.70	536.90	446.70	228.40	426.20	341.90	371.70	750.30	5,495.00
A0425-Ambulatory Mileage	-	-	-	-	-	-	-	-	-	-	-	-	-
A0425 - Advanced Life Support	-	-	-	-	-	-	-	-	-	-	-	-	-
A0427 - Advanced Life Support	215	118	250	194	186	197	168	154	189	151	152	171	2,145
A0428 - Basic Life Support	29	15	32	18	20	20	20	13	17	9	10	17	212
A0429 - Basic Life Support	184	107	201	120	106	144	120	70	131	98	116	220	1,577
A0433 - ALS LVL2	2	2	8	4	1	3	1	2	1	3	3	5	40

Revenue per Run \$277.25

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.

- ❑ AMB believes in a true partnership that involves frequent communication, including in-person meetings when possible.
- ❑ AMB will conduct monthly touch-base calls with the appropriate City staff members.
- ❑ In addition, AMB will commit to quarterly in-person meetings, or as requested.

Specify the address of the Firm's designated office where the majority of the work on this project will be performed. Specify address of Firm's other offices where any part of the work for these Services will be performed, if applicable.

- ❑ 100% of the City's work is currently performed, and will continue, at the AMB headquarters located at 100 Fulton Court, Paducah, Kentucky 42001.

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

- ❑ There are no limitations that would impact AMB's ability to positively perform the services.

PRICING PROPOSAL

AMB offers the proposed services to the City for a percentage of net cash collected. Pricing is valid for the *entire term of the contract, including contract extensions*.



Pricing is Based on Percent of Net Cash Collected	Fee
<u>OPTION 1: Comprehensive Billing Only</u>	
Comprehensive AMB Billing Services – All Inclusive Pricing Integration of City’s ePCR and ESO Billing System	3.45%
<u>OPTION 2: Billing, ePCR, plus Health Data Exchange (HDE)</u>	
Comprehensive AMB Billing Services – All Inclusive Pricing Electronic Patient Care Reporting system (ePCR) of the City’s choice (including ESO, EMS Charts, ImageTrend) plus HDE EMS connection fee.....	4.50%
<u>OPTION 3: Billing, ePCR, plus HDE and Emergency Reporting Fire</u>	
Comprehensive AMB Billing Services – All Inclusive Pricing ePCR of the City’s choice (including ESO, EMS Charts, ImageTrend) plus HDE EMS connection fee and City’s portion of Emergency Reporting Fire	5.75%
<u>OPTION 4: Billing, ePCR, plus HDE and Hardware</u>	
Comprehensive AMB Billing Services – All Inclusive Pricing ePCR of the City’s choice (including ESO, EMS Charts, ImageTrend) plus HDE EMS connection fee and six (6) Panasonic Toughbook CF20 laptop computers.....	5.45%
<u>OPTION 5: All Inclusive Premium</u>	
Comprehensive AMB Billing Services – All Inclusive Pricing ePCR of the City’s choice (including ESO, EMS Charts, ImageTrend) plus HDE EMS connection fee, six (6) Panasonic Toughbook CF20 laptop computers and Emergency Reporting Fire.....	6.50%

PLUS FLAT FEE FOR MEDICAID CLAIMS

Flat rate for Medicaid related collections. Price per Medicaid claim..... **\$5.95**

All-inclusive Pricing = The City will never see any additional charges for AMB's services

All of the features below are included in the pricing for services:

- ❖ ***Commissions for participation in Public Emergency Medical Transportation Program***
- ❖ ***All credit card fees***
- ❖ ***All postage, mailing forms, insurance forms, envelopes and supplies***
- ❖ ***All costs associated with maintaining a lockbox for the City***
- ❖ ***All costs related to processing electronic submission of claims***
- ❖ ***All costs for the preparation of and responding to requests for medical records***
- ❖ ***UNLIMITED Onsite Training and Support***
- ❖ ***UNLIMITED Dynamic, interactive dashboards accessible via smartphone/devices***
- ❖ ***UNLIMITED Custom Reports designed by AMB Reporting and Analytics Specialists***
- ❖ ***GUARANTEED Insurance Verification Services***
- ❖ ***GUARANTEED 100% HIPAA Compliance***
- ❖ ***GUARANTEED Coding Accuracy***
- ❖ ***GUARANTEED Excellent Customer Service, including frequent on-site visits***

FAMILIARITY WITH FLORIDA AND THE FLORIDA KEYS

AMB is extremely familiar with insurance processing in Florida and the Florida Keys. We have processed insurance claims in the Florida environment since 2006, and this is evident through the high collection rates that we achieve for our clients.

CLIENT REFERENCES

AMB encourages the City to contact ANY AMB client regarding the results and service that we provide. AMB has over two hundred thirty (230) clients nationwide. We have provided three (3) references located in the State of Florida for the City. This strong network of clients allows AMB the opportunity to identify state or region-wide issues/trends that may also be affecting your service. Please contact us if you would like additional references.

References

Service Name	Contact	Phone	Email Address
Miramar Fire, Florida	Marigel Bilbao	954.602.3044	mbilbao@miramarfl.gov
Hallandale Beach, Florida	Mark Ellis	561.324.4400	mellis@hallandalebeachfl.gov
Manatee County, Florida	Mark Jones	941.749.3500 ext 1657	marc.jones@mymanatee.org

We are proud of the partnerships with our clients. **AMB is currently under contract with over one hundred twenty-five (125) municipal EMS services.** We are proud to have a strong presence with governmental agencies.

AMB has provided EMS transport billing services since 2005. That amounts to hundreds of satisfied clients receiving increased revenues for twelve (12) years.



**125 Gov't
Agencies
Nationwide**



**Celebrating 12 years
And counting...**



PROPOSAL FORM

Page | 15

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: Ambulance Medical Billing
Contact Name & Telephone #: Bill Harrod (855) 347-1360
Email Address: bharrod@marsbilling.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.

EMS BILLING SERVICES
CITY OF KEY WEST

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.

EMS BILLING SERVICES
CITY OF KEY WEST

SURETY

Ambulance Medical Billing whose address is
100 Fulton Court, Paducah, Kentucky, 42001
 Street City State Zip

BIDDER

The name of the Bidder submitting this Proposal is Ambulance Medical Billing

doing business at

100 Fulton Court, Paducah, Kentucky, 42001
 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:

<u>Bill Harrod</u>	<u>Lloyd Ledet</u>
<u>Mark Edwards</u>	<u>Mary Katz</u>
<u>Paul Edwards</u>	<u>Elizabeth Edwards</u>
<u>George Edwards</u>	<u>Walter Edwards</u>
<u></u>	<u></u>

EMS BILLING SERVICES
CITY OF KEY WEST

If Sole Proprietor or Partnership

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 17th day of January 2017.

(SEAL)

Ambulance Medical Billing
Name of Corporation

By Bill Harrod

Title Executive Director

Attest _____

Sworn and subscribed before this 17th day of January, 2018

NOTARY PUBLIC, State of Kentucky, at Large

My Commission Expires: _____

EMS BILLING SERVICES
CITY OF KEY WEST

ANTI-KICKBACK AFFIDAVIT

Page | 19

ANTI-KICKBACK AFFIDAVIT

STATE OF Kentucky)
 : SS
COUNTY OF McCracken)

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: Bill Harrod

Sworn and subscribed before me this 17th day of January 2018.

NOTARY PUBLIC, State of Kentucky at Large

My Commission Expires:

* * * * *

EMS BILLING SERVICES
CITY OF KEY WEST

Sworn Statement on Public Entity Crimes

Page | 20

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 EMS Billing Services

2. This sworn statement is submitted by Ambulance Medical Billing
(Name of entity submitting sworn statement)

whose business address is 100 Fulton Court, Paducah, KY 42001

and (if applicable) its Federal Employer Identification Number (FEIN) is 61-092-5848

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

signing this sworn statement _____

3. My name is Bill Harrod
(Please print name of individual signing)

and my relationship to the entity named above is Executive Director

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

EMS BILLING SERVICES
CITY OF KEY WEST

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 of 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

EMS BILLING SERVICES
CITY OF KEY WEST

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.)

X 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)

1/17/18

(Date)

STATE OF Kentucky

COUNTY OF McCracken

PERSONALLY, APPEARED BEFORE ME, the undersigned authority,

Bill Harrod

who, after first being sworn by me, affixed his/her

(Name of individual signing)

signature in the space provided above on this 17th day of January, 20 18.

My commission expires:

NOTARY PUBLIC

EMS BILLING SERVICES
CITY OF KEY WEST

Indemnification Form

Page | 23

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: Ambulance Medical Billing

SEAL:

100 Fulton Court, Paducah, KY 42001

Address

Signature

Bill Harrod

Print Name

Executive Director

DATE: Title 1/17/18

EMS BILLING SERVICES
CITY OF KEY WEST

Local Vendor Form

Page | 24

N/A

**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

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

Print, Type or Stamp Name of Notary

Title or Rank

EMS BILLING SERVICES
CITY OF KEY WEST

Domestic Partnership Affidavit

Page | 25

EQUAL BENEFITS FOR DOMESTIC PARTNERS AFFIDAVIT

STATE OF Kentucky)
 : SS
COUNTY OF McCracken)

I, the undersigned hereby duly sworn, depose and say that the firm of Ambulance Medical Billing

provides benefits to domestic partners of its employees on the same basis as it provides benefits to employees' spouses, per City of Key West Code of Ordinances Sec. 2-799.

By:_____

Sworn and subscribed before me this 17th day of January, 2018

NOTARY PUBLIC, State of Kentucky at Large

My Commission Expires:

* * * * *

EMS BILLING SERVICES
CITY OF KEY WEST

Cone of Silence Affidavit

CONE OF SILENCE AFFIDAVIT

STATE OF Kentucky)
 : SS
 COUNTY OF McCracken)

I, the undersigned hereby duly sworn, depose and say that all owner(s), partners, officers, directors, employees and agents representing the firm of Ambulance Medical Billing 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: Bill Harrod

Sworn and subscribed before me this _____

17th day of January 2018.

NOTARY PUBLIC, State of Kentucky at Large

My Commission Expires: 8/19/18

* * * * *

EMS BILLING SERVICES
CITY OF KEY WEST

SSAE 16 / SOC 1 Type 2 Audit

AMB has engaged in a SSAE 16 / SOC 1 Type II Audit for the past several years. These audits provide the added assurance to our clients that we are using the most efficient, effective and compliant processes.



AMB has chosen to pursue SSAE 16/SOC 1 Type II audits versus the SAS 70 because it goes beyond the SAS 70. The SOC 1 Type II verifies controls and processes and requires a written assertion regarding the design and operating effectiveness of the controls being reviewed.

We have included a copy of the latest auditor's completion report for your review, which includes a summary of the report findings. In the interest of conserving space, a copy of the entire fifty-eight (58) page SOC 1 Type 2 report is available upon request.



April 20, 2017

Mr. Mark Edwards
Credit Bureau Systems, Inc.
100 Fulton Court
Paducah, Kentucky 42001

Dear Mark:

We were engaged to examine Credit Bureau Systems, Inc.'s ("CBS" or the "Company") description of its billing, collections, and credit-related services (the "System") and related controls for processing user entities' transactions (the "Description") throughout the period March 1, 2016 to February 28, 2017 (the "Specified Period") and the suitability of the design and operating effectiveness of controls to achieve the related control objectives stated in the Description. This letter documents the completion of services and related reports and other deliverables as defined in the engagement letter dated November 14, 2016 that Elliott Davis Decosimo, PLLC ("Elliott Davis Decosimo", "we" or "us") has provided to you.

Engagement Objectives and Scope of Work Performed

Our examination was made in accordance with attestation standards established by the American Institute of Certified Public Accountants (AICPA). The objective of our examination was to render our report, which expressed our opinion on (a) the Company's description of the controls that may be relevant to user entities' internal controls, (b) whether those controls were suitably designed to achieve the related control objectives stated in the Description, and (c) whether the controls that we tested were operating effectively to provide reasonable, but not absolute, assurance that the related control objectives stated in the Description were achieved during the Specified Period.

The scope of our examination included the controls related to services provided by the Company throughout the Specified Period surrounding the Company's Description.

Our work included procedures as we considered necessary in the circumstances to obtain a reasonable basis for rendering our opinion. Based on our consideration of the risks, which were a part of the procedures we performed, we have concluded (and documented in the opinion of the SOC 1, Type II report) that:

- a) The Description fairly presents the System that was designed and implemented throughout the Specified Period.
- b) The controls related to the control objectives stated in the Description were suitably designed to provide reasonable assurance that the control objectives would be achieved if the controls operated effectively throughout the Specified Period and user entities applied the complementary user entity controls contemplated in the design of the Company's controls throughout the Specified Period.

700 East Morehead Street, Suite 400, Charlotte, NC 28202-2790
Phone: 704.333.8881 Fax: 704.333.2905 www.elliottdavis.com

- c) The controls tested, which together with the complementary user controls referred to in the scope paragraph in this section, if operating effectively, were those necessary to provide reasonable assurance that the control objectives stated in the Description were achieved, operated effectively throughout the Specified Period.

The Company's responsibilities and assumptions are detailed in the engagement letter as referenced above.

Management Recommendations

During the course of this engagement, our team noted one opportunity for CBS to improve its internal control structure and/or its operational efficiencies. We have documented these opportunities in the matrix attached to this letter (see Attachment A).

Restrictions on Use

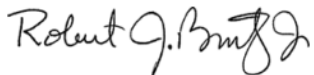
The report states that it is intended solely for the use of CBS, user entities of the Company's System during some or all of the Specified Period, and the independent auditors of such user entities, who have a sufficient understanding to consider it, along with other information including information about controls implemented by user entities themselves, when assessing the risks of material misstatements of user entities' financial statements. If the Company wishes to make reference to Elliott Davis Decosimo or to disclose or disseminate in any manner any portion of any deliverable to a third party other than identified above, you agree to first, (i) provide us with a draft of the proposed disclosure, (ii) obtain our advance written approval and (iii) if requested by us, obtain from any specified party and provide to us, a non-disclosure agreement and/or release in a form satisfactory to us in our sole discretion.

Engagement Completion

We have completed the tasks outlined in our arrangement letter dated November 14, 2016 and accordingly, have delivered our final reports.

It was a pleasure working with you during this engagement and we look forward to working with you again. Please feel free to contact Jay Brietz in the office at 704-808-5247 with any questions you may have.

Very truly yours,



Robert J. Brietz, Jr., CPA, CIA
Shareholder

See Attachment A – Management Recommendations

<i>Control Objective</i>	<i>Control Activity #</i>	<i>Control Activity</i>	<i>Test/Observation</i>	<i>Potential Improvement</i>	<i>Notes</i>
3 – Personnel Administration – CBS & AMB	3.04	A termination checklist is completed by the department manager within 48 hours after an employee's termination.	For a sample of terminations, inspected completed termination checklists and verified that a termination checklist was completed by the department manager within 48 hours after an employee's termination.	We understand that a new human resources tool was implemented to better track the completion of termination checklists. We recommend setting up a software-based trigger to remind users that termination checklists must be completed within 48 hours after an employee's termination.	Did this observation result in a reportable exception? <input checked="" type="checkbox"/> - Yes <input type="checkbox"/> - No

HIPAA-HITECH Audit

AMB completes a HIPAA-HITECH Self Assessment Audit on a yearly basis. This report provides a risk assessment of the safeguards that should be in place when handling patient health information (PHI).

A copy of the introductory letter for this year's audit is included below. In the interest of conserving space for this proposal, a copy of the entire fifty-nine (59) page report is available upon request.



March 2017

Attached is our HIPAA HITECH Audit, Security Risk Self-Assessment for Ambulance Medical Billing. This Self-Assessment was performed in accordance with the recommendations and requirements as detailed in the Health Insurance Portability and Accountability Act (HIPAA), 45 C. F. R. §§ 164.302 – 318.

This document is a work-in-progress. We will continually update our policies and procedures to reflect changes and updates in our processes.

If there are any questions regarding this assessment, please feel free to contact me.

Regards,

A handwritten signature in black ink, appearing to read "Bill Harrod".

Bill Harrod

Executive Director

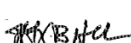
Ambulance Medical Billing

270.744.3647 extension 337

bharrod@marsbilling.com

Proof of Insurance

AMB agrees to hold the City of Key West harmless from liability incurred in the performance of the contract, if any, resulting from failure of AMB. Additionally, AMB agrees to comply with all laws as applicable for work with the City. Upon execution of a contract, AMB will comply with all the necessary insurance requirements, and will add the City as an additional insured party to our policy. Below is a sample of our insurance coverage.

Client#: 1799251		64CREDIBUR	
ACORDTM		CERTIFICATE OF LIABILITY INSURANCE	
		DATE (MM/DD/YYYY) 10/06/2017	
<p>THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.</p> <p>IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).</p>			
PRODUCER BB&T Insurance Services, Inc. 2600 Eastpoint Parkway Louisville, KY 40223 502 489-5900		CONTACT NAME: Peggy Arthur PHONE (A/C, No, Ext): 502 489-5920 FAX (A/C, No): 866-881-2184 E-MAIL ADDRESS: PArthur@bbandt.com	
INSURED Credit Bureau Systems Inc 100 Fulton Court Paducah, KY 42001		INSURER(S) AFFORDING COVERAGE	
		NAIC #	
		INSURER A : Great Northern Insurance Compan	
		INSURER B : Federal Insurance Company	
		INSURER C : Eastern Alliance Insurance Comp	
		INSURER D : INSURER E : INSURER F :	
COVERAGES		CERTIFICATE NUMBER:	
REVISION NUMBER:			
<p>THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.</p>			
INSR LTR	TYPE OF INSURANCE	ADDITIONAL INSR WVD	POLICY NUMBER
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		35903870
			10/10/2017 10/10/2018
			EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMPIOP AGG \$2,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		73595560
			10/10/2017 10/10/2018
			COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$0		79892870
			10/10/2017 10/10/2018
			EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000 \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N Y N/A	01000008886003
			10/10/2017 10/10/2018
			PER STATUTE <input checked="" type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$500,000 E.L. DISEASE - EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) ** Workers Comp Information ** Proprietors/Partners/Executive Officers/Members Excluded: William Mark Edwards, Chief Executive Credit Bureau Systems is recognized as Loss Payee as respect to Business Personal Property and Electronic (See Attached Descriptions)			
CERTIFICATE HOLDER		CANCELLATION	
Credit Bureau Systems 100 Fulton Court Paducah, KY 42001		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 	

ACORD 25 (2014/01) 1 of 2
 #S18875026/M18875005

The ACORD name and logo are registered marks of ACORD

© 1988-2014 ACORD CORPORATION. All rights reserved.

PAAR

ADDENDA

AMB agrees that its Proposal includes all impacts resulting from said addenda.

The Proposer hereby acknowledges that he has received Addenda No's. 1, _____, _____. Proposer shall insert No. of each Addendum received and agrees that all addenda issued are hereby made part of the Contract Documents, and the Proposer further agrees that his Proposal(s) includes all impacts resulting from said addenda.

CONCLUDING STATEMENT

AMB is 100% ready and able to continue support to the City as detailed in the Request for Proposal. We are confident that we are the best option for the City, and we welcome any additional discussion in making sure that the City's needs are met.

AMB is pleased to provide the City of Key West with industry-leading billing and collection systems, service, and results.



END OF PROPOSAL