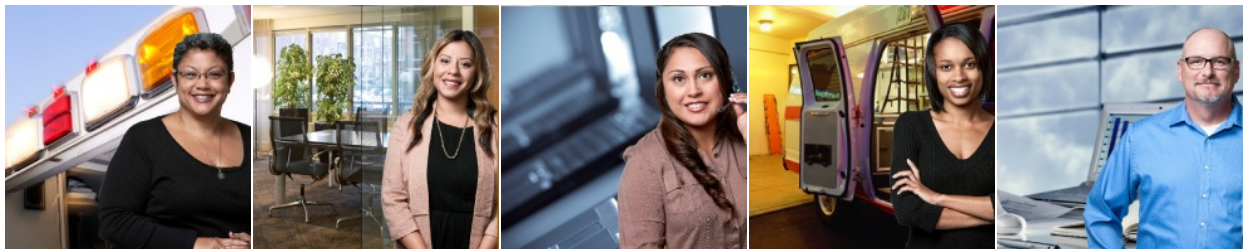


ORIGINAL

City of Beverly Hills California

PROPOSAL FOR AMBULANCE BILLING AND COLLECTION SERVICES FOR THE BEVERLY HILLS FIRE DEPARTMENT BID NO. 15-07

DATE OF PROPOSAL SUBMISSION: October 31, 2014



October 31, 2014

Dear Selection Committee:

Thank you for this opportunity to respond to the City of Beverly Hills' Request for Proposals (Bid No. 15-07): *Ambulance Billing and Collection Services*. As **your California-based EMS billing partner since 2001**, Wittman Enterprises has helped steer your EMS billing program and accomplish a solid collection record, while never forgetting that your patients deserve compassion in our efforts to obtain the reimbursements that your program requires. We are a recognized leader in California EMS billing, providing unparalleled customer service and revenue recovery to the EMS industry for 23 years. We have more than 100 EMS billing partners, processing 375,000 of their claims in 2012.

- Most of our clients are located throughout California, **26 of which are located in Los Angeles County alone**.
- Our EMS Partnership approach provides the best claims-per-employee ratio, generally resulting in 10-20% **higher net collection rates than our competitors**.
- EMS Partner Satisfaction is our continuous goal. **Please see page 29**.
- For details about our *accessibility, transparency*, and your personal *Client Liaison Team*, **please see Section 5.1.2 (and page 17)**.
- The City will have direct access to our electronic billing system via our [Client Portal](#) (p. 19).
- We take HIPAA and privacy very seriously throughout our entire processes (**pp. 24-27**).
- Our patient database has been growing since 1991 when we began our first Los Angeles-area EMS partnership, growing considerably over the last 23 years with valuable new EMS partners like Beverly Hills in 2001.
- Our reports are Accurate and Easy to Read. Robust and Individualized. Accessible. **Please see pages 48-62 for *samples of your reporting and GEMT reporting***.

Please be assured that no vendor can compete with our collection rate, attention to customer service, and integrity. Your expectations will continue to be exceeded as you discover that we deliver exactly what we say we will. We do not strive to be the largest EMS billing company but expect to be the best.

I encourage you to contact any of our references to hear firsthand about the very positive working relationship we so value with our clients. Wittman Enterprises is eager to continue providing service to the City of Beverly Hills and nurture our positive working relationship with you. Thank you for the opportunity to re-introduce ourselves and our qualifications to your team.

Sincerely,

Corinne Wittman-Wong, CEO

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RFP Bid Packet (5-1)

BID FORM (5-1.1)

BID FORM

(Must be completed by Respondent)

The undersigned proposes to furnish all services set forth herein, subject to all conditions outlined in the RFP, at the rate indicated below:

PAYMENT TERMS: Net 30 Days

EXCEPTIONS / DEVIATIONS FROM RFP: *No exceptions/deviations to note from RFP*

CONTRACTOR NAME: *Wittman Enterprises, LLC*

ADDRESS: *11093 Sun Center Drive | Rancho Cordova, CA 95670*

TELEPHONE: *(855) 611-0056* E-MAIL: *cwittmanwong@webillems.com*

SUBMITTED BY: *Corinne Wittman-Wong, CEO*

Signature



RESPONDENT DESCRIPTION (5-1.2)

About Us

Executive Summary

Thank you from each of us on your contract management team for the opportunity to provide the City of Beverly Hills (“Beverly Hills”, “City”) this proposal for *Ambulance Billing and Collection Services*. For more than 23 years Wittman Enterprises LLC has provided our clients complete ambulance billing services in compliance with current local, state, and federal laws and statutes. It has been our pleasure to be **your EMS billing partner since 2001**. We follow and exceed currently accepted standards for accurate, consistent, and best EMS billing practices while maximizing revenue, honoring your collections philosophy and ***treating each of your patients, citizens, and visitors as our own***.

Wittman Enterprises is an EMS Billing Specialist providing products and services specifically designed to ensure that EMS providers are reimbursed in a timely fashion for services they provide. We get our clients their maximum legal reimbursement available. Wittman Enterprises, LLC builds EMS partnerships that provide what you want when you need it. By focusing our exceptional customer service on *Accessibility, Accountability, Compliance Management, Comprehensive Revenue Recovery, and Reliability*, we differentiate ourselves from our competitors.

- ***Accessibility:*** The City has direct phone numbers to all management staff from the CEO to the Account Representative Supervisors. Our staff is continually trained to prioritize their workflows in order to address the most crucial needs first regardless of the size of the client.
- ***Accountability:*** We provide you with detailed reporting and regular contact with senior staff to ensure complete reconciliation of your accounts. We put quality people and resources to your tasks; technology and people are linked seamlessly so that concentrated client attention leads to positive results in the timeliest manner possible. Many of your reports are readily available online through our Client Portal program.
- ***Compliance Management:*** The combination of our processes, ongoing training, nationally certified coders and documentation training of staff (yours and ours) as needed works to ensure your compliance. In the event of a Medicare or similar audit, the City will have (and currently has) a record of clean claims and a history of proper billing with Wittman Enterprises.
- ***Comprehensive Revenue Recovery:*** We don’t just pursue the “easy money” for you. In addition to collecting from Medicare, Medi-Cal, and Private Insurance, we appeal all denials, research all private pays to find viable insurance, and work with patients to arrange alternate methods of repayment. ***We dedicate tremendous human resources to our clients and go the extra mile to ensure that every dime due is collected.***
- ***Reliability:*** There are no requirements or added costs for electronically interfacing with Wittman Enterprises. We provide extensive mapping of information with any ePCR system to ensure that it correctly corresponds to our billing system providing reliable information for billing purposes.

Corinne Wittman-Wong, CEO, is authorized to enter Wittman Enterprises, LLC into contract. This proposal is valid for 180 days from October 31, 2014. Stephanie Cooper-Noe continues to be the contact for the City’s Contract Administrator; however, all individuals listed next may make presentations or answer questions on behalf of Wittman Enterprises.



Walter Imboden, President

(916) 669-4602 direct

(916) 471-5102 fax

wimboden@webillems.com

Russ Harms, Director of Business Development

(916) 669-4628 direct

(916) 471-5128 fax

rharms@webillems.com

Shara Zook, Client Liaison

(916) 669-4614 direct

(916) 471-5126 fax

szook@webillems.com

Stephanie Cooper-Noe, Client Liaison

(916) 669-4607 direct

(916) 471-5107 fax

scooper-noe@webillems.com

We look forward to continuing and nurturing our longstanding partnership with the City: providing what you want when you need it. Wittman Enterprises embraces the philosophy that billing and collections for services rendered must be handled efficiently and effectively, with our proven experience in emergency medical services ambulance billing that you expect. Our RFP response demonstrates our understanding of your project requirements and allows us to continue to address the many positive nuances of your program and our enthusiastic future support of it.

Corinne Wittman-Wong, CEO

(916) 669-4608 direct

(916) 669-4635 fax

cwittmanwong@webillems.com

October 31, 2014

Date



Statement of Qualifications

For more than 23 years Wittman Enterprises has customized service innovations for our partners in the EMS industry. We serve over 100 public EMS clients and bill more than 375,000 claims annually. Our superior staff specializes in EMS billing and continually audits our work to ensure maintained high quality of billing service. The importance of these characteristics is that any number of claims will be handled with the same quality assurance.



Wittman Enterprises fully embraces automated and technological advances and recognizes that our quality service is also reliant upon our talented people to provide you the best level of service. ***We do not want to be the largest ambulance billing company but expect to be the best at serving our ambulance billing clients.*** Wittman looks forward to continuing our EMS partnership with Beverly Hills, providing what you want when you need

Relevant Experience

From the beginning of your project in 2001 we anticipated and managed for you issues such as Medicare compliance and revalidation, reconciliation of payments from legacy billing accounts, responses to legal and other requests, GEMT participation and reporting, and customization of a reporting program surpassing your specific needs. When we started your program we provided the resources necessary to obtain all Medicare and Medi-Cal provider numbers as part of the creation of your EMS billing and collection program. We have a long history of meeting and exceeding client expectations and service deadlines. Wittman Enterprises, LLC was founded 23 years ago with the promise of providing expert and personal attention to our EMS partners and their EMS billing programs. This will never change. Wittman is dedicated exclusively to the EMS industry and chooses to be expert in that industry rather than diversify into other medical billing fields. Our excellent reputation is gained from professional relationships with providers and third party payers, as well as from our sensitive yet collection-oriented communications with patients and their representatives. Since our only business is EMS billing, our specialized staff is dedicated and expertly trained in this field.

Together We Achieve the Extraordinary

Wittman Enterprises is dedicated to providing excellence for your EMS billing and collection program. We concentrate on all performance areas, not just one or two based on convenience. Providing the City with an exceptional level of service and fulfilling the requirements of your billing program are high priorities for Wittman Enterprises; we carefully manage all accounts to ensure that these priorities are maintained or exceeded. We are:

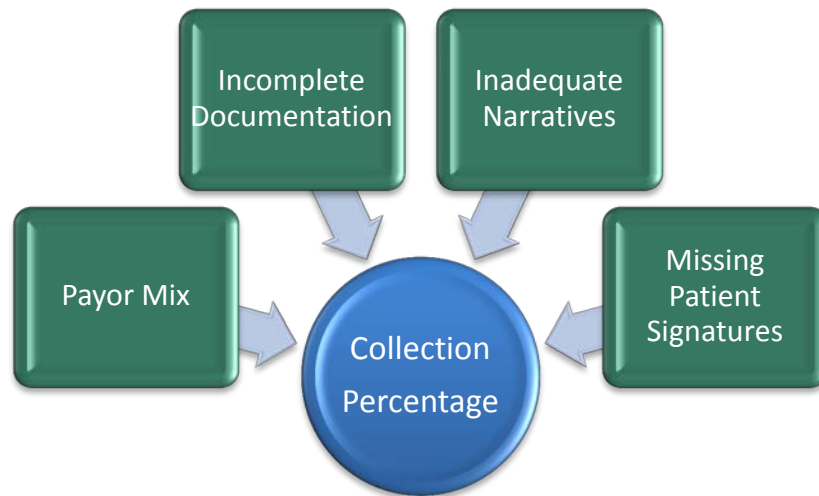
- **Dedicated:** We create partnerships. As your partner, we are committed to making your agency successful. Wittman also works with all payors to complete any and all applications that your agency may face from the billing aspect, this includes the Medicare revalidation. We bring the flexibility to assist you in obtaining an ePCR or hardware that will further your agency, and as a partner we are eager to help. Our success is judged strictly by your success and we are dedicated to making that happen!
- **Accurate:** Accuracy and professionalism remain hallmarks of our brand of customer support and are maintained through a variety of Quality Assurance processes including continued monitoring of phone transactions for quality assurance. Full-time auditors also ensure the accuracy of coding, pre-billing, and adherence to client, company, and government standards and requirements.
- **Positive:** One of our highest priorities continues to be maintaining personal attention to the City. In every step of the billing process we work with you collaboratively to continually improve aspects of the patient care documentation process. Working closely with you, we have developed customized billing and reporting programs that best suit your specialized needs. In addition, we recognize that each client is unique and may require special reports. As your partner, we have worked directly with your agency to develop any customized reports needed: free of charge.
- **Personal:** We expend great effort ensuring that every client feels taken care of and never as though they are just one of many. We intend to continue providing that same level of service to the City. Remember, each client is a partner and our goal is to work together to ensure mutual success and maximum satisfaction.
- **Leaders:** Our CEO, Corinne Wittman-Wong, is an involved member of the American Ambulance Association, regularly presenting educational workshops for members, committees, and other organizations on new developments to the Medicare Fee Schedule and associated issues.

Collection Rates

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

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





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

Many of these issues are identified during the billing process. We strive to provide ongoing feedback to your EMS Department in order to improve the quality of documentation which in turn improves revenue collections.

Optional Services

Wittman Enterprises offers a variety of other services that may be provided stand-alone or combined with your current ambulance billing services program. Our goal is to always provide you a suite of services that truly meets the needs of the City. Currently these optional services include:

- First Responder Billing
- Treat-No-Transport Billing
- Fire Inspection Billing
- False Alarm Billing
- Membership Program Support
- Survey Letters
- HIPAA Notices

Contractor Identification

Wittman Enterprises, LLC (*established 1991*)

11093 Sun Center Drive

Rancho Cordova, California 95670

(855) 611-0056 (toll free)

www.webillems.com

Wittman Enterprises is a Limited Liability Company (LLC) and conducts all work including all customer service from our single location in the Sacramento, California area.

Tax Identification Number

68-04560521

Company Governance and Organization

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

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

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

Cost Effectiveness and the Appropriate Choice

We provide industry-leading services to EMS partners like you to help you continue providing cost-effective programs and responsive services enhancing the quality of life in the City, while balancing the financial accountability needs of your citizens. Our approach provides the lowest claims-to-employee ratio, usually resulting in 10-20% higher collection rates than our competitors. Wittman Enterprises believes our leading approach continues to result in the most thorough and cost-effective choice for the City's EMS billing and collections program.

Financial Stability Statement

We have been in business since 1991 and remain a financially strong company. Our organization has consistently demonstrated a financially sound position with liquidity ratios higher than bank requirements. We have never been subject to any bankruptcy proceedings in our 23 years in business. Upon your request we can provide under separate confidential cover financial information and bank reference letters for your review.



Contract and Legal History

Wittman Enterprises, LLC has never lost a contract due to concerns of poor performance, improper billing practices, accusations, or client concerns of fraud. We are not currently the subject of any federal, state, local, or any other investigation involving fraudulent or abusive billing practices, nor have we been in our 23 years in business.

Additionally, Wittman Enterprises, LLC, nor its officers or employees, has never been found guilty of violating procurement laws or been fined for violation of debt collection laws. Specifically, we have had no claims, fines, mediations, arbitrations, litigations, or judgments with which we were involved during the five year period prior to the date of this proposal submission.

Audit History

As municipal departments, many of our EMS partners' billing and collection programs are regularly audited by independent accounting agencies. We participate fully in the collection and explanation of requested documentation and information we provide. Because of the proprietary nature of these audits, we have not listed them in this document; however, upon request we can provide you a list under separate cover. In our 23 years in business we have never received a negative audit finding or corrective action request.

Business Continuity Plan

Our *Business Continuity Plan* is designed to allow Wittman to continue conducting our clients' business until recovery from an unforeseen disaster or emergency is accomplished. It identifies how we would stay in touch with our clients and with each other, continuing to do our work. The plan 1) documents key personnel and backups, 2) identifies those who can telecommute, 3) documents critical equipment and appropriate off-site backups, 4) identifies critical documents, and 5) identifies contingency equipment options and locations.

Utilizing [Veritas Backup Exec](#) software, our electronic computing and storage capabilities are backed up redundantly by a Dell Power Vault 124T with 24 terabytes of storage capacity. Wittman's network consists of a redundant Raid Ten Array Network Attached Storage, running on two Dell 6850 Quad processing quad core servers on Windows 2012 Advanced Server in active/passive cluster mode. Wittman uses Rescue Net Billing by ZOLL Data Systems.

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

- Security: Encrypted transfer over SSH/SFTP, SSL/FTPS, and HTTP/HTTPS protocols
- Powerful management administrative control and enforcement
- Automation: Server events can generate alerts and launch workflows
- Compliance: Exceeds stringent security and privacy requirements for secure file transfer



- Ad hoc and schedule interaction: Supports impromptu as well as predefined transfers by people, systems, and processes

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



REFERENCES (5-1.3)

References

As a single-location leader in EMS billing, Wittman Enterprises encourages you to contact any of our references, including any of our clients that may not be listed for this proposal. *We know hearing about their experiences with Wittman Enterprises will differentiate us from our competition.* Please let us know if you would like the complete list with contact information provided under separate cover. We want you to hear firsthand about the very positive working relationship we greatly value with our clients. Wittman is eager to provide service to the City and continue our strong working relationship. Thank you for this opportunity to re-introduce our qualifications and commitment to your EMS team.

Select References

Sean Stokes, EMS Coordinator

City of Beverly Hills Fire Department

(310) 281-2733

ssokes@beverlyhills.org

Jane Cameron, Fire Medical Coordinator

Huntington Beach Fire Department, CA

(714) 375-5097

jcameron@surfcity-hb.org

Scott Clough, Assistant Fire Chief

Sacramento Metropolitan Fire District, CA

(916) 859-4520

clough.scott@metrofire.ca.gov

James Frawley, Fire Chief

City of San Marino, San Gabriel, South Pasadena

(626) 300-0735

jfrawley@cityofsanmarino.org

Robert Ridley, Controller

City of Pasadena, CA

(626) 744-7497

rridley@cityofpasadena.net



RFP Vendor Quotation/Bid Report



CITY OF BEVERLY HILLS VENDOR QUOTATION/BID REPORT for Ambulance Billing and Collection Services for the Beverly Hills Fire Department

Please fill out and complete ALL information.

Contractor Name	<i>Wittman Enterprises, LLC</i>
Contractor Phone	<i>916-669-4608</i>
Contractor Fax	<i>916-471-5108</i>
Contractor Email	<i>cwittmanwong@webillems.com</i>
Quoted By (complete name)	<i>Corinne Wittman Wong</i>
Date	<i>10/31/2014</i>
Quote Expiration Date – Important!!!	<i>01/01/2015</i>
Reference 1 (Name, Phone #, and email address of client)	
<i>Jane Cameron; Huntington Beach Fire Department; 714-345-5097; jcameron@surfcity-hb.org</i>	
Reference 2 (Name, Phone #, and email address of client)	
<i>Scott Clough; Sacramento Metropolitan Fire Dist.; 916-859-4520; clough.scott@metrofire.ca.gov</i>	
Reference 3 (Name, Phone #, and email address of client)	
<i>James Frawley, City of San Marino, Dan Gabriel South Pasadena; 626-300-0935; jfrawley@cityofsanmarino.org</i>	
Amount of General Liability Insurance Carried, Per Incident	<i>\$ 2,000,000</i>
Amount of Automobile Insurance Carried, Per Incident	<i>\$ 1,000,000</i>
Does Contractor carry Workers' Compensation Insurance for all employees, sufficient to cover State of California legal requirement?	<i>Yes</i>
For how many years has Vendor been in the business of providing ambulance billing and collection services?	<i># of years: 23 year since 1991.</i>

10/15/14 1:30 PM T-Vendor quote

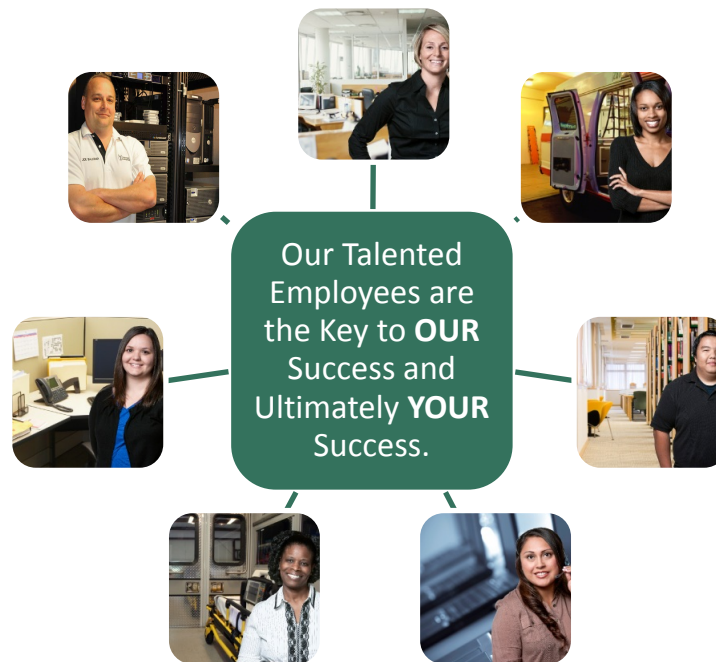


ADDITIONAL MATERIALS (5-1.4)

Our Team

What Truly Makes Us Different: Claims-per-Staff Ratio

Through streamlined efficiency, talented staff, selective automation, and continuous improvement, Wittman has a long track record of strong collection returns for our clients on billed charges. Wittman Enterprises generally outperforms our competitors by 10% to 20% in net collections for our EMS partners. Our EMS billing and collection success is tied directly to the ratio of PCRs to the number of quality people assigned to your project. **We believe that people are the key to our success.**

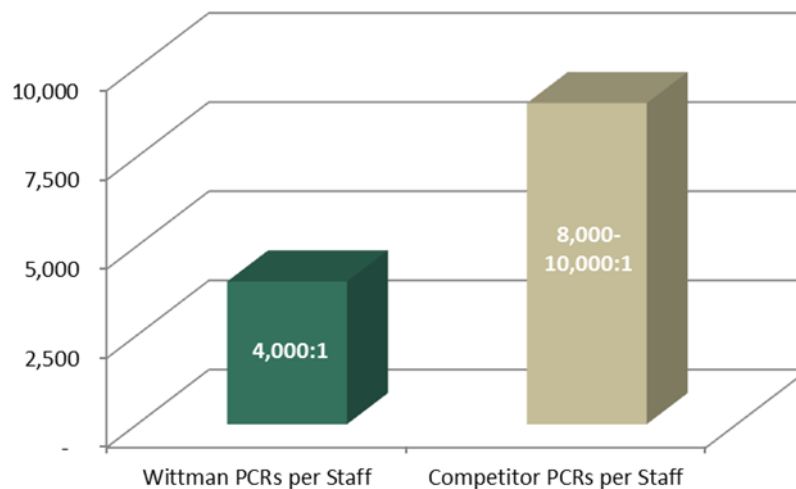


As part of our own *Comprehensive Revenue Recovery* philosophy, Wittman does not pursue just “the easy” money. Many of our competitors have elected to automate many processes as cost saving measures to stay competitive. However, without people reviewing each claim, you are only able to collect from clean, straightforward claims that do not require additional research. Complex claims prove too difficult for automated systems since they are processed by algorithmic programs. Many believe algorithms will not be advanced enough for many years, if ever, to properly understand and interpret the nuances of the English language. Yet many competitors seem willing to spend money on new (and often unproven) technology and eliminate valuable human resources that make an EMS billing and collection systems work.

At Wittman Enterprises, we have chosen a different path. ***Wittman innovates by fully embracing automated and technological advances while wholly recognizing that our quality service is reliant upon our talented people providing you the best level of service.*** We believe in our people and our results speak for themselves. In addition to collecting from Medicare, Medi-Cal, and private insurance, we aggressively appeal all denials, research all private pays to find viable insurance, and we work with

patients to arrange alternate methods of repayment. We believe our 23 years of EMS billing success is a result of the ratio of quality people to the percentage of billed dollars collected. Using an effective balance of electronic and human resources, Wittman collects more than \$155,000,000 annually for our clients. We believe that while technology is enormously helpful; it is only as good as the people managing it.

Assigned PCR's per Staff Member



Contract Management Team

Corinne Wittman-Wong, CEO
 (916) 669-4608
cwittmanwong@webillems.com

Kathryn Garcia, Vice President
 (916) 669-4606
kwolf@webillems.com

Joe Balkema, Executive IT Director
 (916) 669-4620
jbalkema@webillems.com

Stephanie Cooper-Noe, Client Liaison
 (916) 669-4607
scooper-noe@webillems.com

Walter Imboden, President and CFO
 (916) 669-4602
wimboden@webillems.com

Donna Bailey, Director of Operations
 (916) 669-4626
dbailey@webillems.com

Russ Harms, Director of Business Development
 (916) 669-4628
rharms@webillems.com

Shara Zook, Client Liaison
 (916) 669-4614
szook@webillems.com



Supervision and Processing Team

Jennifer Bump, Division Manager
Government Payors and Private Insurance
(916) 669-4612
jbump@webillems.com

Nicole Powers, Division Manager
Electronic Billing, Cash Receipts
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npowers@webillems.com

Beth Stewart, Manager
Cash Receipts
(916) 669-4610
bstewart@webillems.com

Jessica Ceccato, Division Lead
Government Payors and Private Insurance
(916) 669-4609
jceccatto@webillems.com

Sharon Haney, Billing Supervisor
Production
(916) 669-4619
shaney@webillems.com

Key Personnel

Corinne Wittman-Wong, Chief Executive Officer

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

Walter Imboden, President

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

Kathryn Garcia, Vice President

In her 20 years with Wittman, Kathryn has worked and managed all departments. This provides her the perspective and experience to help the City with any special requests or circumstances. Kathryn oversees the billing team and the cash receipts team. She provides the City with special reports to aid the balancing process for trips, refunds, and deposits. She also creates, reviews and distributes all client month-end reports.

Donna Bailey, Director of Operations

With more than 22 years of ambulance billing experience Donna's knowledge of EMS encompasses everything from non-emergency, CCT, and 911 calls. She administers company policies and procedures for billing, ensuring staff compliance. She implements improvements for faster and more efficient reimbursement of claims for our clients. For example, Donna increased our electronic billing capabilities by 30% in her first year with Wittman.



Joe Balkema, Executive Director, IT

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

Stephanie Cooper-Noe, Client Liaison

For more than 17 years Stephanie has provided ambulance billing leadership and customer service to our clients. She develops our Compliance and Documentation Webinars, trains employees and monitors their compliance with the company's HIPAA program, designs client-specific reports, oversees Medicare Revalidations, and provides the conduit between client finance departments, fire departments, and Wittman Enterprises, LLC. Certifications: Certified Medical Billing Associate.

Shara Zook, Client Liaison

Shara brings more than 16 years of experience with healthcare and ambulance billing. She spent 11 years with CIGNA Government Services, a Medicare Part B contractor where she worked with all facets of the agency to resolve issues and educate providers as a Provider Relations representative. Shara has worked directly with the ambulance industry for the past six years working with organizations to implement and support compliant, efficient billing solution. Education: Bachelor of Science from the University of Washington and a Masters Certification in Healthcare Corporate Compliance from George Washington University.

Russ Harms, Director of Business Development

Russ brings 24 years of management leadership, direction of progressive operations, and the building of strong client partnerships to Wittman Enterprises and our clients. He specializes in organizational development and management, strategic planning, performance management, continuous improvement, business development, leadership development, and change management. Education: Master of Arts, English; Bachelor of Arts, English.

Jennifer Gentry, Client Support Services (ePCR Interface)

Jennifer has been with Wittman Enterprises for over 16 years. She facilitates the integration of ePCR systems with our ZOLL billing system. Jennifer works with each client to ensure that we have the most effective information import possible through a customized mapping process. Jennifer is also the co-moderator of our Medicare Compliance Committee and works on our Medicare documentation training program for staff and clients. Certifications: Certified Ambulance Coder.

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

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



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

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

Certified Ambulance Coders

In addition to our internal training program, Wittman Enterprises is proud to offer staff members which have been certified by the National Academy of Ambulance Coding, a nationally-recognized leader in Certified Ambulance Coding Training. Wittman Enterprises employs and provides regular training for Certified Ambulance Coders (“CACs”). While all Wittman staff is continually trained under the same exacting standards emphasized in the Coding Certifications, our leading, training, and auditing CACs on staff include:

- Yuri Quiroz
- Kelly Burgess
- Jennifer Gentry
- Sharon Haney
- Peter Khang
- Nick Ceci
- Nina Rodriguez
- Amanda Stone
- Angeles Thao
- Judy Vang
- Chia Chang
- Tattiana Palaca

We budget funds annually to certify additional coders to ensure that we constantly have ample certified individuals available to assist with all accounts.

Client Liaison Team

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



- Assistance in completing application forms required for maintenance of enrollment in Medicare Part B and state Medi-Cal programs in the state where services are rendered, including the establishment of a National Provider Identifier (NPI)
- Assistance in maintaining and updating the local Medi-Cal signature authorization forms for billing paper claims
- Annual Medicare updates as required by the program
- Re-enrollment of Medicare and other third party payers required by Medicare or by the respective third party payers
- EDI registration maintenance and updated application for local Medi-Cal and Medicare carriers.
- All required registration maintenance and updates of Wittman as the City of Beverly Hills' official patient billing address
- Staff to obtain signatures, and provide mailing and follow-through on all enrollment forms and all third party payers
- Specialized reporting
- Status and projections reporting

Point of Contact



Stephanie Cooper-Noe
11093 Sun Center Drive
Rancho Cordova, CA 95670
916.669.4607 direct line
scooper-noe@webillems.com

Project Approach

Billing Software Program

ZOLL and its RescueNet software have long been recognized as one of the industry's powerful and comprehensive electronic patient care billing and reporting solutions. Wittman Enterprises has used ZOLL for our billing software since 2003. While we regularly evaluate the effectiveness of our billing software and of others on the market, there are currently no plans to make changes to our billing system.

Electronic Patient Care Records (ePCR) Interface

Should you choose to upgrade to an ePCR system, Wittman Enterprises provides extensive mapping of information with any ePCR system to ensure that it correctly corresponds to our billing system. There are no requirements or added costs for an electronic interface. We work with each client to determine the most effective way to transfer the care report from the ePCR system to our ZOLL billing system. The process generally requires little to no input from your organization. Our Electronic Billing Team reconciles the NEMSIS file with the batch listed on the ePCR system to detect any inconsistencies. Files

are then uploaded to our billing system workflows and processed. We utilize ZOLL's RescueNet billing software and our IT team has worked extensively with them to ensure that all aspects of our processes operate efficiently with any ePCR system currently in operation.

Requests for Changes in City of Beverly Hills-Provided Data

We do not anticipate requesting any changes in data collection by the City and EMS, provided we receive the City's ePCRs and appropriate documentation filled out completely—meeting industry, Medicare, Medi-Cal, HIPAA, and other billing standards and requirements. However, if key information required for accurate billing and payment is missing from our regular correspondence from you we will promptly request a meeting to go over specific needs to continue maximizing billing and collection results.

City Staff

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

Electronic Communications and Access to Records

Client Portal

Wittman Enterprises, LLC offers secured Internet access to our billing system via our Client Portal. No additional software is required for the City to access the information through our secured website. It is accessed through a secured login that is password protected. ***Information accessed from the Portal is in real time, allowing authorized City and EMS personnel to view each claim wherever it is in the billing and collection process.*** This real time access to the Wittman billing system allows the City to view all accounts and any transactions performed as they occur, providing Beverly Hills with the most up-to-date information on any account.

Access to the Client Portal is granted only to pre-authorized City and EMS personnel with permission to view such information and is strictly limited to the City's information. All patients may be referenced by name, date of service, incident, and run number. Your staff can print invoices for patients and run reports for their own use. Additionally, many of the City and EMS's specialized reports can be made available through this site. Our billing software system is Microsoft Windows-based which enables data export by authorized staff for easy manipulation (***Excel, PDF, Crystal***, etc.). It also allows for a clear and traceable audit trail for initial client verification, billing notification, and phone contact. Moreover, our software automatically updates each individual account detailing date, change, or billing function. All history and noted entries become a permanent record and all charges are maintained for a complete payment history.

Wittman Enterprises, LLC Client Portal

Welcome | Preferences | **Contacts** | Ticket Inquiry | Reporting

*It is our goal to continually provide you with unsurpassed quality of **service**.
As your billing company, Wittman Enterprises, LLC is pleased to provide you instant access online to patient accounts and the most commonly requested reports for your EMS financial records.*

Through this secured website you have at your fingertips the ability to:

View:
Patient Accounts
Reports

Print:
Ticket Summaries
Month End Reports
Cash Receipt Report
Invoices
Receipts

Correspond:
Contact Wittman Enterprises by using the Contacts tab.
Need Technical Assistance? Call Joe Balkema (Ext. 620) or David Wittman (Ext. 601) at (800) 906-6552.

Confidentiality Notice: The information accessed through the website is intended only for the use of the individuals or clients to which access have been granted. The information contained accessed through this website is privileged, confidential, and exempt from disclosure under applicable law. If you are not authorized to use this website you are hereby notified that any use, dissemination, or copying of information contained and access through this website is strictly prohibited.

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Wittman Enterprises, LLC Client Portal

Welcome | Preferences | **Contacts** | Ticket Inquiry | Reporting

Please use the information below to contact the appropriate Supervisor.

Customer Service Supervisor
Name: Samantha Taylor
Email: STaylor@webillems.com
Phone: (800) 906-6552 Ext: 627

Cash Receipts Supervisor
Name: Rene Wittman
Email: RWittman@webillems.com
Phone: (800) 906-6552 Ext: 617

Billing Supervisor
Name: Kelly Burgess
Email: kburgess@webillems.com
Phone: (800) 906-6552 Ext: 605

If you would like to contact the Division Manager, please contact Jennifer Bump at (916) 669-4612 or Samantha Taylor at (916) 669-4626.

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Wittman Enterprises, LLC Client Portal

Welcome | Preferences | **Contacts** | **Ticket Inquiry** | Reporting

Search Options

☒ Date of Service
☐ Patient Name
☐ Incident Number
☐ Run Number
☐ Social Security Number

Search Criteria

Date of Service
 Date From: 03/01/2013
 Through: 03/31/2013

Options

☒ Display Zero Balance Tickets
☐ Display Tickets Continuously

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Patient Portal

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

Collections Portal

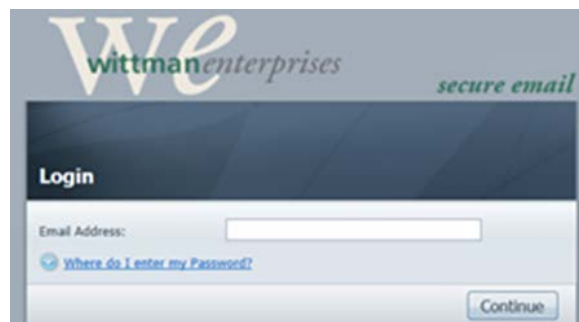
In addition to our client and patient portals, we have created a Portal for the most commonly requested items from collection agencies based on input from our clients. This portal provides the commonly requested collection agency information, but limits access to only these items for security and HIPAA purposes. From the portal, a collection agency can:

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

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

Secure Email

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



File Transfer Protocol (FTP)

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

DRAFT AGREEMENT (5-1.5)

We initially reviewed your Draft Agreement and did not note any sections requiring proposed modifications at this time. Upon our selection as your vendor of choice, we reserve the right to indicate any subsequent observations during the contract negotiation phase.



SECTION 1: Company Operational Information

Internal Auditing

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

OIG Compliance Program

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

Seven Key Elements

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

- (1) Wittman Enterprises maintains written standards of conduct that have been developed for and are continually updated to reflect clear compliance rules, expectations, training, monitoring, and address potential fraud.
- (2) Stephanie Cooper-Noe is our chief compliance officer along with Corinne Wittman-Wong. They chair the Compliance Committee that meets quarterly or more frequently as needed addressing changes in compliance policies and recommended standards of practice.
- (3) All new employees participate in a detailed HIPAA and privacy training program. Additionally, employees receive regular training updates to remain current on all policies and standards of practice.
- (4) Wittman follows the "Red Flag Rules" which require "whistleblower" protections that encourages the submissions of complaints and observations, with appropriate levels of protection from retaliation for the employee.
- (5) The Compliance Officers and Committee are tasked with responding immediately to any allegations of improper/illegal activities and the enforcement of appropriate disciplinary action against employees who have violated internal compliance policies, applicable statutes, regulations or federal, state, or private payer health care program requirements. Any such investigations also include the participation of Wittman's Director of Human Resources.



- (6) Wittman Enterprises, LLC uses a comprehensive auditing program to regularly monitor individual employee compliance as well as Wittman control policy compliance to identify any deviation from the required policies and procedures.
- (7) As stated in #5, Stephanie Cooper-Noe and Corinne Wittman-Wong lead the Compliance Committee and lead any appropriate investigations through correction of any systemic problems if they should be discovered.

Compliance

Privacy and Security Statement

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

HIPAA Compliance

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

HIPAA-Required Safeguards for Health Information

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



Exceeding HIPAA Safeguard Requirements

Wittman Enterprises, LLC has developed a fraud and abuse compliance program to be a comprehensive statement of the responsibilities and obligations of all employees regarding submissions for reimbursement to Medicare, Medi-Cal, and other government payers for services rendered by clients of Wittman Enterprises, LLC. We have established, and regularly maintain, control standards and procedures to ensure that private information remains secure.

Adherence to Privacy Laws

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

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

Wittman Enterprises Privacy Policies

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

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

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



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

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

Storage and Disposition of Paperwork:

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

Destruction of Paperwork:

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

Electronic Access and Storage Security:

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

Wittman Enterprises Standards of Conduct

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

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



- Enforcement and Discipline Policy
- Monitoring and Auditing Policy
- Policy on Reporting, Investigating, and Correcting Compliance Problems
- **Wittman Enterprises, LLC Medicare and Medi-Cal Billing Compliance Procedures**
 - Billing Compliance Audits
 - New Employee Billing Compliance Audits
- **Syllabus for Compliance Training**

Access to Records Policy Summary

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

Internal Use

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

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

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

Routine Disclosures to Third Parties

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

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

Non-Routine Disclosures to Third Parties

All disclosures that are not routine and recurring must be reviewed on an individual basis in accordance with this section. The Privacy Officer, together with the compliance committee, shall be responsible for developing criteria to be applied to analyze non-routine disclosures to determine the Minimum



Necessary PHI that can appropriately be disclosed. All non-routine disclosures must be forwarded to the Privacy Officer for review and approval prior to making the disclosure. The Privacy Officer shall be responsible for reviewing each such non-routine disclosure and determining the Minimum Necessary PHI that can be included in the disclosure. Finally, the PHI requested for disclosure by the following entities shall be deemed to be the Minimum Necessary for the stated purpose and do not require individual review by the Privacy Officer:

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

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

Training and Continuous Improvement

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

Initial Training

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

Secondary Training

The next phase of training runs for at least four weeks, emphasizing the practical portion of the employee's job and preparing them to conduct their position under direct supervision. At this point in the training the employees "shadow" senior staff as they apply what they have learned in their first four weeks of training. More specialized concepts such as "ALS" and "BLS" are introduced and mastered along with workflow management (organizing and prioritizing), ambulance coding, data entry,



translating common industry abbreviations, and working with first responder companies. There is significantly more hands-on training in this section than in the initial training period.

100% Auditing and Training

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

Specialist Development

We develop our long-term and talented staff by expending considerable resources on training and continuous improvement of our employees. Experienced staff demonstrating aptitude toward specialty areas of our work are identified and placed in multiple-function-training to prepare them to work on several teams and continuously expand their knowledge and experience base.

EMS Partner Satisfaction

The City can continue to count on Wittman Enterprises conducting diligent, regular, and uninterrupted billing and collection services in a professional businesslike manner. ***Our personal approach and higher levels of service greatly exceed industry standards.*** Your expectations and overall satisfaction are attained through ongoing and regular training, continuous improvement, and our comprehensive auditing program. Wittman maintains our claims-per-staff ratio (generally 30% lower than our competitors) based on upholding the standard of practice our clients expect. Our comprehensive and ongoing training program allows us to continuously improve the business activities that we conduct on behalf of the City to ensure that you receive the maximum legal reimbursement available. ***We do not strive to be the largest EMS billing company but expect to be the best.*** The secret to our clients' successful reimbursement is ultimately the personal attention we apply to each of their accounts. Simply put, it is dedication to our process that combines the best in technology with the *commitment of people* to perform the hard work necessary to pursue elusive insurance payers, successfully appeal Medicare denials, and work effectively through difficult reimbursement issues such as Medi-Cal cutbacks.

Dedicated Response Time Commitment

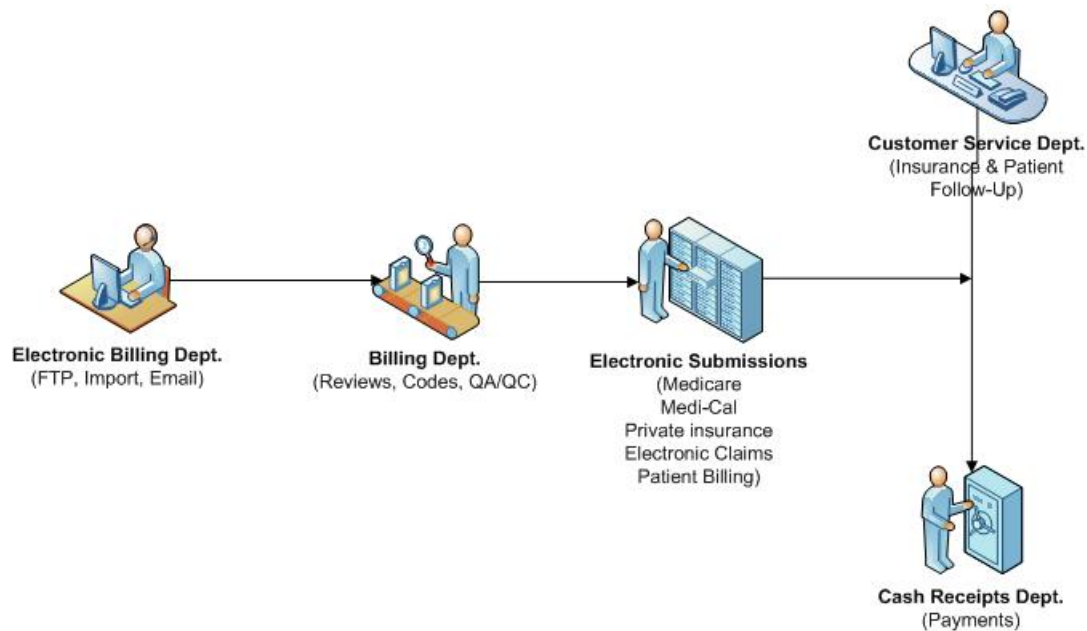
Wittman Enterprises' goal is that each client and patient reaches a live person when they call into our single business office located near Sacramento, CA. If our EMS partners or their patients do not reach a live person during regular business hours, they will be provided the option to leave a voicemail and offered instructions on submitting an email inquiry. Wittman personnel will respond the same day during normal operating hours or within 24 business hours when that is not possible.



SECTION 2: Billing Processes

Billing to Payment Cycle

By utilizing talented staff members, we are able to ensure that the process is fluid and bottlenecks to the process are limited. Below is a diagram of our claim intake process, which we monitor closely to ensure that metrics are consistently met. However, once claims are released from our billing system, the path becomes less predictable and timeframes vary tremendously. The ZOLL billing system allows us to carefully monitor claims based on the amount of time that it has resided on any particular schedule. By working from our automated workflows, we address claims that have stalled in the process by contacting the appropriate payor to discuss status.



Documents Confirmed and Screened for Completeness

All PCRs received by our Billing Team are thoroughly reviewed for treatments and treatment codes, medical condition (ICD-9/ICD-10*) codes, medical necessity, appropriateness of charges for services based on services rendered, and overall completeness. Coding with the appropriate payer, patient condition, and charges normally occur within 48 to 72 hours of receipt. PCRs with incomplete information may be referred back to the transporting agency for the missing information, if and when hospital face sheets are not available. Patient accounts with private insurance, Medicare, and Medi-Cal information are billed immediately. If insurance information is not available on the initial call report, additional research is conducted to locate any available insurance. When no insurance can be identified, the patient's account is then set up for private billing.

Locating and Verifying Insurance

All insurance and third party payer information provided is verified online or by phone. By identifying the correct payer for a patient's claim before it is ever billed, we consistently keep our percentage of incorrect billings very low. In the event that the incorrect insurance is billed, our customer service

representatives contact the patient or receiving hospitals for the correct insurance information. *Denials are simply not acceptable.*

Hospital Patient Record Systems

Creating a mutually beneficial partnership with your destination hospitals was a key part of our transition schedule when we begin our work with you in 2001. Initially, most hospitals elect to exchange data through a fax solution where Wittman submits an information request on a regular basis. Once the information is retrieved, the face sheets are faxed back to Wittman for further processing. This is an effective short-term solution; however, we then work with HIPAA compliance and IT teams at each hospital to attempt to establish a more efficient mode of information transfer. Typically, faxed requests will take a minimum of two working days before we might expect to receive the requested information from the hospital.

As part of this proposal, we commit to re-introducing ourselves to your top receiving hospitals to discuss how we can work together to implement a more effective, streamlined process. Expediting the initial set-up is important, we will however continue to work with hospital Health Information Management (HIM) personnel to set up a more efficient option: a scheduled VPN or FTP “data dump.” In combination, the two methods ensure regular exchange of information and the retrieval of hospital face sheets in the most expedient way allowed.

Follow-Up Protocols

As mentioned above, our comprehensive collection services include working with your receiving hospitals to obtain patient demographics to ensure the highest level of collection possible. We also gather additional information via secured email, VPN, fax, and phone calls to the financial offices of the hospitals or skilled nursing facilities. Wittman Enterprises engages a variety of other processes and resources in the course of following up on accounts with inadequate billing information including:

- Use of Zip Code/Street Directories for obtaining missing/incomplete addresses in addition to our own proprietary address.checker program and MelissaData.com
- Use of Accurint.com for tracing mail returns
- Contacting the EMS Division to locate missing information from Run Reports
- Contacting the patient or family members for billing or insurance information
- Personal contact with the patient or patient’s family via phone or email
- Mailing inquiry forms to the patient

Assignment Authorization

Based on our extensive EMS billing experience, we have found that the most efficient billing and collection programs are a direct result of a strong partnership between Wittman Enterprises and our client. That concept is particularly important when discussing patient signature authorizations. Agencies are not permitted to file claims to Medicare without the signature of the patient, designated guardian, or witnessed declaration that the patient is not able to sign. Recognizing that there are times when obtaining these signatures is simply not feasible; Wittman has developed a solid process in partnership with you, to address missing and invalid signatures. This process includes both education



and direct patient contact to obtain required forms. Patient signature authorizations can significantly impact revenue if not diligently pursued in a timely manner.

Patient Database

As your EMS billing partner since 2001, we have accumulated an extensive Patient Database containing thousands of patient records with demographic and historical data. Our greater Los Angeles-area database has been growing since 1991. It allows us to cross-reference accounts and streamline the billing process in a more efficient and thorough manner. We do this under the strictest HIPAA compliance regulations to ensure proper patient confidentiality.

Identification of Payment Sources

When insurance information is incorrect or incomplete, our Customer Service Representatives work with hospitals and the patient to obtain current and accurate information. When initial patient contact is made, insurance eligibility is verified with the patient still on the phone. This prevents billing delays and allows customer service representatives to inform patients if there are any problems with the insurance information provided.

Wittman electronically bills all Medicare, Medi-Cal, qualified primary and secondary insurance sources, workers compensation, health maintenance organizations, third party liability, benefit programs, and self-insurance programs. Those who do not accept electronic claims are billed via generated paper statements mailed directly to them.

For auto accident-related accounts, we determine from the patient whether they have med-pay through their automobile insurance, we are billing a third party insurer, or if they have retained the services of an attorney. Depending on the patient's response, we will either bill the patient's med-pay or private health insurance, bill the responsible party or we will work with the patient's attorney to set up a lien against their personal injury case. All appropriate follow-up on accounts occurs regularly by specialized personnel in our Customer Service Department.

Wittman Enterprises, LLC has also worked on several large insurance bankruptcies. These bankruptcies have affected the revenue of our clients. Through our efforts, we have been able to obtain for our clients up to 80% of unsecured debt owed by several of these insurance companies. *Most of our competitors opt to forego this process as it can take years to settle these cases.* It takes many hours of correspondence and re-billing to the bankruptcy courts to net our clients payments that otherwise would have been written off.



SECTION 3: Collection & Customer Service Processes

Collection Processes

Patient Payment Options

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

Installment Payments

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

Hardships, Discounts, and Reductions

In the course of providing our services, Wittman follows the City's policies. For example, you may waive the ambulance fee if it is found that a patient does not have the financial resources to pay. We notify your department in the case of any situation requiring modification of account balances, pay schedule, referral to collections, or account write off. No adjustment is ever made without prior authorization from you. All adjustments are clearly documented and identified in our regular reporting and documentation. We customized policies at your direction regarding discounts and reductions to meet the City's requirements. Some of these may include hardships, attorney requests, City employees, or small balance write-offs. ***In all cases, no discounting decisions or write offs are made without your advanced approval.***

Denied or Disallowed Claims

Wittman Enterprises pursues every claim and follows through with every denial so that all legitimate revenue is collected on behalf of our clients. Denials are not accepted; in fact as a policy we appeal all claims where the denial has appeal rights and we determine that an appeal is warranted. Additionally, Wittman demands payment with the appropriate interest from non-compliant insurance companies.

Medicare Denials

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



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

Medi-Cal Denials

Not all Medi-Cal denials are provided to us in the same way. Most are received in traditional Explanation of Benefit (EOB) format where codes are given and definitions for the codes are provided on the EOB. Others are returned in letter format only without codes or any clear reason for the denial. Our procedures for processing Medi-Cal denials include:

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

Insurance Denials

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

- Verify whether the denial is based on "Not a Covered Benefit", "Not Eligible", "Unable to identify as a Member" or, "Primary Insurance Paid more than Allowed", for example.
- If there is another billable insurance on file, send a claim to that insurance, attaching the denial received.
- If there is no other billable insurance on file, contact the patient to inform them of the denial and request any other insurance information.
- When corrected information is received from the patient, update the payer information and send a claim and a copy of the PCR to that insurance with the denial received attached.



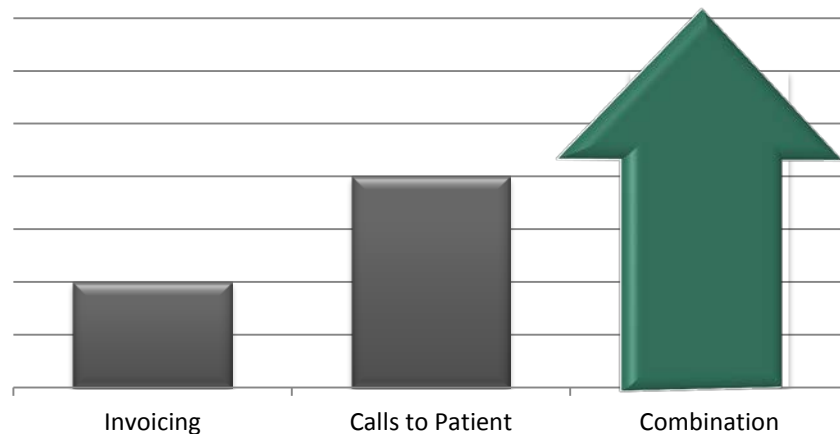
- When there is no viable insurance policy to bill, no Member or Resident program, the claim is converted to private pay and billed directly to the patient.

We have a significant number of Standard Operating Procedures (SOPs) covering numerous scenarios for processing denials for Medicare, Medi-Cal, and Private Insurance. Our SOPs are also available to you for review if you would like a more exhaustive explanation of our various methods.

Private Pay Accounts

Surveys from the *American Collectors Association* indicate that patients are more motivated to make payment from a telephone call than repeated collection notices. However, by combining telephone calls and collection notices, an agency can further increase the effectiveness. We have found this to be true through the personal attention given to our clients and their patients.

Collection Effectiveness



Our first call to a private account occurs immediately after data entry of the incident into the system and automated and/or manual searches for previous accounts for the same patient have been completed. This verification call allow us to determine if the patient has insurance or any special circumstances that will make it difficult to pay the bill in a reasonable amount of time. The early establishment of contact with the patient is beneficial in establishing a working relationship with the patient on an individual level. We believe our system of invoices, statements, delinquency notices, and individual letters, in conjunction with telephone follow up, is an industry best practice producing results for your organization.

Bill Schedule

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

Private Payer – Example Schedule

Action	Time Line
Information letter with invoice	Immediately
Phone call to patient	Within 3- 5 Business Days
Hospital Request for Information	Within 5-10 Business Days**
Send Second Notice	At 30 Days
Phone call to patient	At 30 Days
Hospital Request for Information Sent	At 40 Days
Send Past Due Notice	At 45 Days
Phone call to the Patient	At 55 Days
Send Final Demand	At 70 Days

**This timeframe varies greatly depending on the information provided by the patient and the type of connection available with the drop-off hospital.

Patient Signature Required – Example Schedule

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



Sample Correspondence
Information Request Letter

CITY OF BEVERLY HILLS FIRE DEPARTMENT
PO BOX 269110
SACRAMENTO CA 95826-9110



TELEPHONE NUMBER: (800) 906-6552
PST - 8:00am to 4:30pm
INCIDENT NUMBER: 12345678
RUN NUMBER: 14-12345



January 12, 2014

CITY OF BEVERLY HILLS FIRE DEPARTMENT
PO BOX 269110
SACRAMENTO CA 95826-9110

RE: Run Number: 12345678
Incident Number: 14-12345
Date of Service: 01/07/2014
Balance Due: \$1,309.00

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

Dear John Smith:

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

Health Insurance:

Insurance Name: _____ Insurance Phone#: (____) _____
ID# or Member #: _____ Group #: _____
Subscriber: _____ Subscriber Date of Birth: ____/____/____

Auto Insurance (if applicable):

Auto Insurance Name: _____
Policy #: _____ Claim #: _____
Address: _____ City: _____ State: ____ Zip: _____ Phone #: (____) _____

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

Attorney Name/Insurance Name: _____ ID# or Claim #: _____
Address: _____ City: _____ State: ____ Zip: _____ Phone #: (____) _____
Contact: _____ Employers Name (Work Comp): _____

Authorization for release of Medical Information:

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

Signature of Patient, Parent or Guardian

Date

Print Name

(____) _____
Contact Phone Number

FOR BILLING INQUIRIES CALL 1(800) 906-6552 PST - 8:00am to 4:30pm.
You may also submit insurance information at www.webillems.com/secure



Invoice

MAKE CHECKS PAYABLE TO:		CREDIT CARD CHOICES															
CITY OF BEVERLY HILLS FIRE DEPARTMENT PO BOX 269110 SACRAMENTO, CA 95826-9110  FOR BILLING INQUIRIES CALL: 1(800) 906-6552 Pacific Standard Time - 8:00am to 4:30pm		☐ VISA  ☐ MASTERCARD  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">CARD NUMBER</td> <td style="width: 20%;">SECURITY CODE</td> <td style="width: 20%;">AMOUNT</td> </tr> <tr> <td colspan="2">SIGNATURE</td> <td>EXP. DATE</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">RUN NUMBER</td> <td style="width: 25%;">STATEMENT DATE</td> <td style="width: 25%;">DUE DATE</td> <td style="width: 25%;">AMOUNT DUE</td> </tr> <tr> <td>12-12345</td> <td>07/05/2011</td> <td>08/01/2011</td> <td></td> </tr> </table> AMOUNT PAID \$ 1400.40		CARD NUMBER	SECURITY CODE	AMOUNT	SIGNATURE		EXP. DATE	RUN NUMBER	STATEMENT DATE	DUE DATE	AMOUNT DUE	12-12345	07/05/2011	08/01/2011	
CARD NUMBER	SECURITY CODE	AMOUNT															
SIGNATURE		EXP. DATE															
RUN NUMBER	STATEMENT DATE	DUE DATE	AMOUNT DUE														
12-12345	07/05/2011	08/01/2011															
ADDRESSEE:		PLEASE REMIT TO:															
WMN0705A AUTO MIXED AADC 926 7000001234 01.0005.0284 1234/1   JANE DOE 123 STREET ANY WHERE, USA 12345-1234		 CITY OF BEVERLY HILLS FIRE DEPARTMENT PO BOX 269110 SACRAMENTO, CA 95826-9110															

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT

SEE REVERSE SIDE FOR ADDITIONAL INFORMATION

INVOICE

INCIDENT NO. 12345678
 RUN NO. 12-12345

Page 1 of 1
 DATE OF SERVICE: 03/10/2011

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

PICKUP LOCATION:
 123 ANY STREET ANY WHERE, CA 12345

DROPOFF LOCATION:
 HOSPITAL

This bill is separate from your hospital bill. Please inform us of any Insurance, Medicare, Medicaid/Medi-Cal. Please contact our billing office at 800-906-6552.

CITY OF BEVERLY HILLS FIRE DEPARTMENT
 PO BOX 269110
 SACRAMENTO, CA 95826-9110

PATIENT: JANE DOE

FOR BILLING INQUIRIES CALL 1(800) 906-6552 Pacific Standard Time - 8:00am to 4:30pm.
You may also submit insurance information at <http://WWW.WEBILLEMS.COM/SECURE>



PATIENT'S CHANGE OF MAILING ADDRESS

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

PATIENT'S CHANGED INSURANCE INFORMATION

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

Authorization for release of Medical Information:

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

 Signature of Patient or Guardian

MD-01 Rev. 5/11



Balance Due

MAKE CHECKS PAYABLE TO:											
CITY OF BEVERLY HILLS FIRE DEPARTMENT PO BOX 269110 SACRAMENTO, CA 95628-9110											
											
FOR BILLING INQUIRIES CALL: 1(800) 906-6552 PST - 8:00am to 4:30pm											
RUN NUMBER: 13-123456 INCIDENT NO: 123456 DATE OF SERVICE: 11/01/2013	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">RUN NUMBER</th> <th style="text-align: left;">STATEMENT DATE</th> <th style="text-align: left;">DUE DATE</th> <th style="text-align: left;">AMOUNT DUE</th> </tr> <tr> <td>13-123456</td> <td>01/12/2014</td> <td>02/10/2014</td> <td>\$ 200.00</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">AMOUNT PAID</th> </tr> <tr> <td>\$</td> </tr> </table>	RUN NUMBER	STATEMENT DATE	DUE DATE	AMOUNT DUE	13-123456	01/12/2014	02/10/2014	\$ 200.00	AMOUNT PAID	\$
RUN NUMBER	STATEMENT DATE	DUE DATE	AMOUNT DUE								
13-123456	01/12/2014	02/10/2014	\$ 200.00								
AMOUNT PAID											
\$											
ADDRESSEE:	PLEASE REMIT TO:										
WMN0112A AUTO SCH 3-DIGIT 926 7000000138 00.0001.0138 138/1   JAMES DOE 123 ANY STREET ANY WHERE, CA 12345	 CITY OF BEVERLY HILLS FIRE DEPARTMENT PO BOX 269110 SACRAMENTO, CA 95628-9110										
PLEASE RETURN THIS PORTION WITH YOUR PAYMENT	SEE REVERSE SIDE FOR ADDITIONAL INFORMATION										

INVOICE

INCIDENT NO: 123456
RUN NUMBER: 13-123456

Page 1 of 1
DATE OF SERVICE: 11/01/2013

DESCRIPTION	CHECK #	QUANTITY	COST PER UNIT	DATE	TOTAL CHARGE
Payment-Check				12/09/2013	-230.32
Basic Emergency Ambulance Srv		1	1,099.09		1,099.09
Mileage		4	16.54		66.16
Gloves (Pair)		6	2.00		12.00
Bedding Pack-Disposable		1	2.00		2.00
Blanket-Fabric		1	10.00		10.00
Emesis Basin		1	4.00		4.00
Blanket-Disposable		1	8.00		8.00
3 Lead ECG Electrodes/Set		1	2.00		2.00
Pulse Oxymeter Sensor		1	4.00		4.00
Contractual Allowance					-776.93
					TOTAL AMOUNT DUE
					200.00

PICKUP LOCATION
 123 ANY STREET ANY WHERE, CA 12345

DROPOFF LOCATION:
 HOSPITAL

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

PATIENT: JAMES DOE

CITY OF BEVERLY HILLS FIRE DEPARTMENT
PO BOX 269110
SACRAMENTO, CA 95628-9110

FOR BILLING INQUIRIES CALL 1(800) 906-6552 PST - 8:00am to 4:30pm.
You may also submit insurance information at www.webillems.com/secure



Past Due

MAKE CHECKS PAYABLE TO:		CREDIT CARD CHOICES															
CITY OF BEVERLY HILLS FIRE DEPARTMENT PO BOX 269110 SACRAMENTO, CA 95628-9110  FOR BILLING INQUIRIES CALL: 1(800) 906-6552 Pacific Standard Time - 8:00am to 4:30pm RUN NO: 12-33333 INCIDENT NO: 15544554 DATE OF SERVICE: 03/10/2011		  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CARD NUMBER</td> <td style="width: 50%;">SECURITY CODE</td> </tr> <tr> <td colspan="2">SIGNATURE</td> </tr> <tr> <td colspan="2">EXP. DATE</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 25%;">RUN NUMBER</th> <th style="width: 25%;">STATEMENT DATE</th> <th style="width: 25%;">DUE DATE</th> <th style="width: 25%;">AMOUNT DUE</th> </tr> <tr> <td>12-33333</td> <td>07/05/2011</td> <td>08/01/2011</td> <td>20.00</td> </tr> </table> AMOUNT PAID \$		CARD NUMBER	SECURITY CODE	SIGNATURE		EXP. DATE		RUN NUMBER	STATEMENT DATE	DUE DATE	AMOUNT DUE	12-33333	07/05/2011	08/01/2011	20.00
CARD NUMBER	SECURITY CODE																
SIGNATURE																	
EXP. DATE																	
RUN NUMBER	STATEMENT DATE	DUE DATE	AMOUNT DUE														
12-33333	07/05/2011	08/01/2011	20.00														
ADDRESSEE:		PLEASE REMIT TO:															
WMN0705A AUTO SCH 3-DIGIT 956 7000000020 01.0001.0027 27/1   JOHN DOE 123 STREET ANY WHERE, USA 12345-1234		 CITY OF BEVERLY HILLS FIRE DEPARTMENT PO BOX 269110 SACRAMENTO, CA 95628-9110															

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT

SEE REVERSE SIDE FOR ADDITIONAL INFORMATION

PAST DUE

INCIDENT NO. 15544554
RUN NO. 12-33333

DATE OF SERVICE: 03/10/2011

Page 1 of 1

DESCRIPTION	CHECK #	QUANTITY	COST PER UNIT	DATE	TOTAL CHARGE
Payment-Check				06/13/2011	-787.85
Advanced Ambulance Service		1	1,140.00		1,140.00
Mileage		16	22.00		352.00
Oxygen		1	60.00		60.00
EKG Monitoring		1	30.00		30.00
King Tube		1	54.00		54.00
Supply Charge ALS2		1	92.00		92.00
Contractual Allowance					-920.15

PICKUP LOCATION:
 123 ANY STREET ANY WHERE, CA 12345

DROPOFF LOCATION:
 HOSPITAL

TOTAL AMOUNT DUE
20.00

This balance is now past due and requires your attention. If you have questions about this balance or need to set up a payment plan, contact our billing office immediately. Para preguntas de facturación en español llame al 1(800)906-6552 y oprima 1.

CITY OF BEVERLY HILLS FIRE DEPARTMENT
 PO BOX 269110
 SACRAMENTO, CA 95628-9110

PATIENT: JOHN DOE

FOR BILLING INQUIRIES CALL 1(800) 906-6552 Pacific Standard Time - 8:00am to 4:30pm.
 You may also submit insurance information at <http://WWW.WEBILLEMS.COM/SECURE>



Final Demand

MAKE CHECKS PAYABLE TO:									
CITY OF BEVERLY HILLS FIRE DEPARTMENT PO BOX 269110 SACRAMENTO CA 95826-9110									
									
FOR BILLING INQUIRIES CALL: 1(800) 906-6552 PST - 8:00am to 4:30pm									
RUN NUMBER: 13-123456 INCIDENT NO: 1234567 DATE OF SERVICE: 09/03/2013	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">RUN NUMBER</th> <th style="text-align: left;">STATEMENT DATE</th> <th style="text-align: left;">DUE DATE</th> <th style="text-align: left;">AMOUNT DUE</th> </tr> <tr> <td>13-123456</td> <td>01/12/2014</td> <td>02/10/2014</td> <td>1,797.26</td> </tr> </table> AMOUNT PAID \$	RUN NUMBER	STATEMENT DATE	DUE DATE	AMOUNT DUE	13-123456	01/12/2014	02/10/2014	1,797.26
RUN NUMBER	STATEMENT DATE	DUE DATE	AMOUNT DUE						
13-123456	01/12/2014	02/10/2014	1,797.26						
NAME:	PLEASE REMIT TO:								
WMN0112A 3000000021 00.0000.0018 21/1   JANNIE DOE 123 ANY STREET ANY WHERE, CA 12345	 CITY OF BEVERLY HILLS FIRE DEPARTMENT PO BOX 269110 SACRAMENTO CA 95826-9110								
PLEASE RETURN THIS PORTION WITH YOUR PAYMENT SEE REVERSE SIDE FOR ADDITIONAL INFORMATION									



FINAL NOTICE

INCIDENT NO: 1234567
 RUN NUMBER: 13-123456

Page 1 of 1
 DATE OF SERVICE: 09/03/2013

DESCRIPTION	CHECK #	QUANTITY	COST PER UNIT	DATE	TOTAL CHARGE
Advanced Ambulance Transport		1	1,148.90		1,148.90
Mileage		23	22.62		520.26
Oxygen		1	128.10		128.10
					TOTAL AMOUNT DUE
					1,797.26

PICKUP LOCATION
 123 ANY STREET ANY WHERE, CA 12345

DROPOFF LOCATION:
 HOSPITAL

This balance is seriously past due. Payment in full or acceptable payment arrangements must be made immediately. Contact our billing company within 14 days or further action may be taken. Para preguntas de facturación en español llame a nuestra oficina.

CITY OF BEVERLY HILLS FIRE DEPARTMENT
 PO BOX 269110
 SACRAMENTO, CA 95826-9110

PATIENT: JANNIE DOE

FOR BILLING INQUIRIES CALL 1(800) 906-6552 PST - 8:00am to 4:30pm.
 You may also submit insurance information at www.webillems.com/secure



IF ANY OF THE FOLLOWING HAS CHANGED, PLEASE INDICATE...

Your Name _____ Home Phone _____

Mailing Address _____

City _____ State _____ Zip _____

RED 01 Rev. 1-08



Payment Processing

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

In the course of billing, patients without insurance are identified. If they are unable to make the payment in full, they are offered payment arrangements that can be made on a monthly, bi-monthly, or weekly schedule. Our customer service representative will set up the **Time Pay** within the system and an initial letter is sent to the patient outlining the payment arrangements. There is no minimum monthly payment amount; however, we recommend to our clients that such accounts should be paid in full within 12 months of the agreement.

Processing Funds

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

Payments made by check are scanned and deposited remotely to your bank account (or directly at the bank by designated personnel if remote banking is not a service your bank provides). Cash payments are handled directly by the president of the company. For Electronic Funds Transfers ("EFT") required by federal insurance providers such as Medicare, we post Electronic Remittance Advices ("ERA") to patient accounts immediately upon receipt. Since requirements vary greatly from agency to agency, Wittman Enterprises works closely with you to customize this function to ensure that the process meets the needs of the City.

Credit Card Payments

Based on your preferences, we provide credit card payment options for your patients who wish to have bill payments processed this way. Patients are informed through our correspondence and our customer service staff how they can make credit card payments to their accounts. Limited Wittman staff is authorized to accept credit card information over the phone and our automated Credit Card Portal allows patients to securely pay their bills using our online reporting module.



Credit Card Payments Portal

Our credit card payment [Portal](#) provides a link for patients who prefer to pay their invoices online.

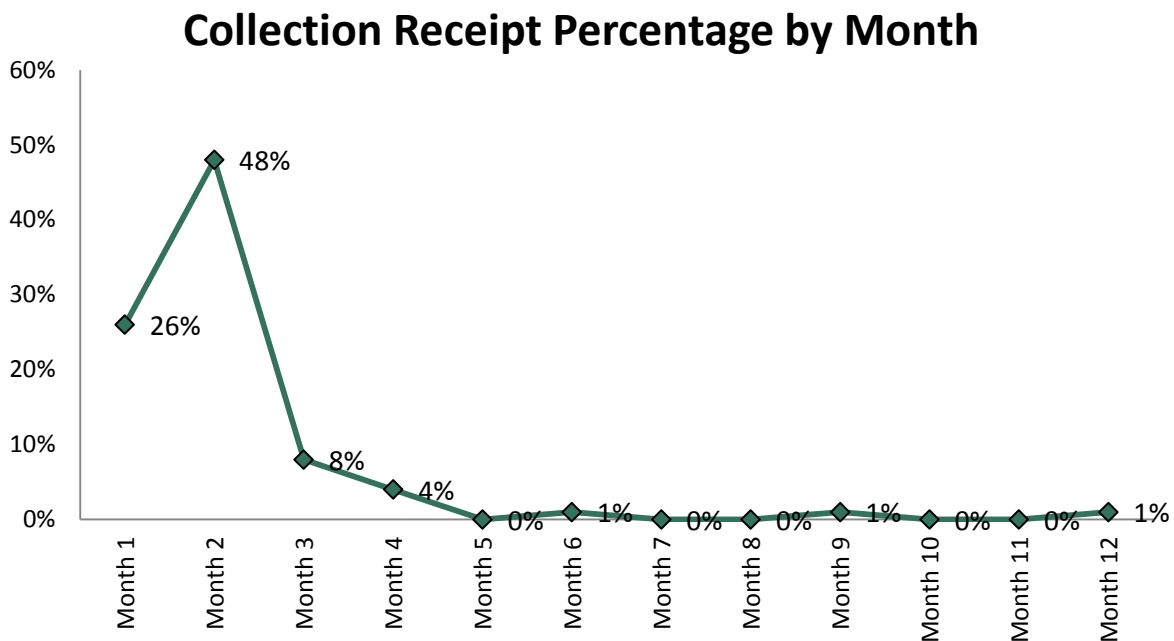
Billing Department

Submission of Credit Card Information.
 If you have your invoice, complete the three fields below and click Continue.

Run Number:
 Incident Number:
 Date of Service:

Collection Timeline

Taking into account that Medicare payments are received after 14 days (at the earliest) and based upon typical collection rates, the graph below represents how accounts are collected on average by month for our clients; on average 74% of revenue will be collected within 60 days of service. The remaining approximately 11% is reserved for possible referral to collection agencies, for appeals, payment arrangements, litigation holds, and other usual and customary adjustments to dollars billed. For illustration purposes, a graphical representation of a typical collection cycle follows.



Accounting of Payments Received

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

Reporting Uncollected/Delinquent Accounts

Monthly we provide the City with reports of uncollectable/delinquent patient accounts. They are usually identified in the reports as “bad debt write off.” Wittman Enterprises is not a collection agency therefore we are not allowed to follow practices associated with collection agencies. Based upon your policies, we will design a collection protocol that follows your philosophies and policies regarding the collection of bad debt. With your authorization, we work directly with your identified staff on bad debt write offs and/or directly with your chosen collection agency. ***No account will ever be written off as bad debt nor turned over to a collection agency without your prior approval.***

Collection Practices

On average, we send less than 12% of our clients’ accounts billed for additional collection efforts. Wittman provides you current reports identifying any non-collectable accounts to be released to your collection agency. As part of our process, we work with *your* agency and provide them necessary documentation regarding each account.

However, before an account is even considered for referral to collections, the following exhaustive procedures will have been performed:

- Patients will have been cross-referenced by name, social security number, incident pickup or residence address, and date(s) of service through a variety of resources including our extensive patient database.
- The entire regular invoicing cycle will have been completed.
- We will have conducted all appropriate follow-up calls and letters.
- We have identified all available alternate patient contacts.
- We will have completed our skip-tracing processes to locate correct address and telephone information with tools such as Accurant.com, The Haines Directory, MelissaData.com, etc.
- Receiving hospitals will have been contacted for most accurate and current patient demographic information.
- A second verification of Medicare, Medi-Cal, and Private Insurance eligibility is performed.

Customer Service Processes

We Value Customer Service

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

Dedicated Response Time Commitment

Wittman Enterprises’ goal is that each client and patient reaches a live person when they call into our business office located near Sacramento, CA. If our EMS partners or their patients do not reach a live person during regular business hours, they will be provided the option to leave a voicemail and offered



instructions on submitting an email inquiry. Wittman personnel will respond the same day during normal operating hours or within 24 business hours when that is not possible.

Customer Service Department

Customer Service Representatives are responsible for the follow-up on private insurance, private pay, and balance-billed accounts. They are responsible for over 10,000 calls weekly to and from patients while processing insurance payments and denials, patient insurance information, and patient disputes. Our Customer Service Representatives are available Monday through Friday from 8:00 AM to 4:30 PM PST to serve your patient needs. Our toll-free number has multiple lines available for patients, clients, insurance companies, attorneys, and third parties to call for information or to discuss account status. Our system accepts voice mail messages and routes calls to appropriate person and/or voicemail box 24 hours per day. Our phone system was recently upgraded in June 2014, ensuring the most effective solution and intuitive routing of calls for both the City and your patients.

Multilingual Staff

Wittman Enterprises employs several Spanish, Chinese, and Vietnamese-speaking Customer Service Representatives in management and non-management positions. Such valuable resources provide your patients with the highest quality of service possible. On rare occasions, if a patient speaks a language we are not staffed to service, we utilize *Language Line Services* to assist those customers effectively. Currently, Wittman employs 16 bilingual staff members that are available to assist with calls.



SECTION 4: Reporting Processes

Clear and Concise Reporting

Our month-end correspondence with you includes Cash Receipt Reports that reconcile all deposits, receivables, billings, patient accounts, adjustments, dishonest checks, and refunds. All other processes and functions at Wittman Enterprises, LLC are ongoing. Financial and performance reports are detailed and easy to read. On-Demand reports are our specialty and are provided at a moment's notice at no additional charge. Please see the following *Sample Reporting* for examples of reports we can provide the City at a moment's notice. These reports provide detailed accounting for Medicare, Medi-Cal, and Bad Debt write offs of any type and track revenue by period. Our reports are **Accurate and Easy to Read. Robust and Individualized. Accessible.**

A/R Aging

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

Ticket Survey

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

Year-to-Date Revenue

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

Management Summary

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

Ad Hoc Reports

On-demand reports are our specialty and are provided at no additional charge. Our billing software collects and tracks numerous data elements whether input manually or electronically downloaded. From the large data field our ad hoc reports are available and on-line for Beverly Hills review and can contain month-end and real time information as required by you.

Ground Emergency Transport (GEMT) Reporting

With the recent implementation of the GEMT program in California Wittman has provided leadership throughout the process including providing training opportunities and designing reports specifically relating to the information you need when applying for GEMT monies.



GEMT Report – Medi-Cal Fee for Service GEMT Transports

Medi-Cal Fee For Service GEMT Transports

Company IS City of Beverly Hills

<u>Payer</u>	<u>DOS</u>	<u># of Trips</u>	<u>Payments</u>
City of Beverly Hills			
Fiscal Year:	(2013-2014)	115	12,624.25
Quarter: 1	(07/01/2013-09/30/2013)	32	3,550.55
MediCal California		32	3,550.55
Quarter: 2	(10/01/2013-12/31/2013)	20	2,199.08
MediCal California		20	2,199.08
Quarter: 3	(01/01/2014-03/31/2014)	27	2,951.55
MediCal California		27	2,951.55
Quarter: 4	(04/01/2014-06/30/2014)	36	3,923.07
MediCal California		36	3,923.07

RescueNet™ Reporting

1



Medi-Cal Fee For Service GEMT Transports Detail

<u>Payer</u>	<u>DOS</u>	<u># of Trips</u>	<u>Gross Charges</u>	<u>Contr Allow</u>	<u>Net Charges</u>	<u>Rev Adj</u>	<u>Payments</u>
City of Beverly Hills							
Fiscal Year:	(2013-2014)	115	126,965.17	114,080.02	12,885.15	0.00	12,624.25
Quarter:	1 (07/01/2013-09/30/2013)	32	31,990.29	28,439.74	3,550.55	0.00	3,550.55
<u>Customer Name</u>	<u>MediCal ID#</u>	<u>Date of Service</u>	<u>Gross Charges</u>	<u>Contr Allow</u>	<u>Payments</u>		
		7/3/2013	\$1,424.79	\$1,300.74	\$124.05		
		7/2/2013	\$1,403.89	\$1,283.36	\$120.53		
		7/13/2013	\$741.05	\$634.67	\$106.38		
		7/7/2013	\$536.98	\$430.60	\$106.38		
		7/9/2013	\$536.98	\$426.03	\$110.95		
		7/12/2013	\$531.90	\$425.52	\$106.38		
		7/17/2013	\$630.13	\$519.18	\$110.95		
		7/21/2013	\$718.88	\$607.93	\$110.95		
		7/31/2013	\$1,281.33	\$1,167.19	\$114.14		
		7/29/2013	\$1,445.69	\$1,318.13	\$127.56		
		8/12/2013	\$536.98	\$426.03	\$110.95		
		8/13/2013	\$1,813.05	\$1,695.25	\$117.80		
		8/14/2013	\$1,785.12	\$1,667.32	\$117.80		
		8/13/2013	\$718.88	\$607.93	\$110.95		
		8/13/2013	\$1,295.25	\$1,182.48	\$112.77		
		8/18/2013	\$443.15	\$336.77	\$106.38		
		8/22/2013	\$443.15	\$336.77	\$106.38		
		8/29/2013	\$1,314.25	\$1,198.29	\$115.96		
		8/29/2013	\$1,861.85	\$1,747.25	\$114.60		
		8/30/2013	\$785.19	\$678.81	\$106.38		
		8/29/2013	\$536.98	\$426.03	\$110.95		
		9/3/2013	\$1,730.58	\$1,610.05	\$120.53		
		9/2/2013	\$718.88	\$607.93	\$110.95		
		9/7/2013	\$718.88	\$665.69	\$53.19		
		9/4/2013	\$1,755.97	\$1,635.44	\$120.53		
		9/6/2013	\$531.90	\$425.52	\$106.38		
		9/7/2013	\$1,622.83	\$1,505.49	\$117.34		
		9/5/2013	\$1,314.25	\$1,198.29	\$115.96		
		9/12/2013	\$531.90	\$425.52	\$106.38		
		9/18/2013	\$443.15	\$336.77	\$106.38		
		9/27/2013	\$536.98	\$426.03	\$110.95		
		9/22/2013	\$1,299.50	\$1,186.73	\$112.77		
Quarter:	2 (10/01/2013-12/31/2013)	20	18,879.28	16,680.20	2,199.08	0.00	2,199.08
<u>Customer Name</u>	<u>MediCal ID#</u>	<u>Date of Service</u>	<u>Gross Charges</u>	<u>Contr Allow</u>	<u>Payments</u>		
		10/3/2013	\$718.88	\$607.93	\$110.95		
		10/6/2013	\$718.88	\$607.93	\$110.95		
		10/10/2013	\$1,926.99	\$1,840.02	\$86.97		
		10/13/2013	\$586.40	\$480.02	\$106.38		
		10/26/2013	\$806.08	\$695.13	\$110.95		
		10/29/2013	\$806.08	\$695.13	\$110.95		
		11/3/2013	\$629.00	\$522.62	\$106.38		

RescueNet™ Reporting



GEMT Report – GEMT Total Number of MTS Transports

GEMT Total Number of MTS Transports

Trip date IS BETWEEN 07/01/2013 AND 06/30/2014; AND Company IS City of Beverly Hills

# of Trips	
City of Beverly Hills	
Fiscal Year: (2013-2014)	3,207
Quarter: 1 (07/01/2013-09/30/2013)	732
Managed Care	23
Fee For Service	32
Medi-Medi	54
Other	623
Quarter: 2 (10/01/2013-12/31/2013)	816
Managed Care	37
Fee For Service	20
Medi-Medi	52
Other	707
Quarter: 3 (01/01/2014-03/31/2014)	840
Managed Care	39
Fee For Service	27
Medi-Medi	52
Other	722
Quarter: 4 (04/01/2014-06/30/2014)	819
Managed Care	56
Fee For Service	36
Medi-Medi	48
Other	679



Sample Reporting
Year to Date Revenue Report

Fire Department
Year to Date
Revenue Report
Fiscal Year 2009-2010

	CHARGES BILLED	MCARE WRITE DOWNS	MCAL WRITE DOWNS	CMISP WRITE DOWNS	OTHER WRITE DOWNS	NET CHARGES BILLED	RECEIPTS	REFUNDS	COLL ADJ	NET RECEIPTS	BAD DEBT WRITE OFFS	BALANCE WRITE OFFS	ADJ	TOTAL A/R BALANCE
JULY '09	\$ 3,632,062.40	\$ 968,149.52	\$ 785,760.85	\$ 147,492.70	\$ 39,304.19	\$ 1,691,355.14	\$ 1,493,355.50	\$ 22,045.46	\$ -	\$ 1,471,310.04	\$ 466,948.73	\$ 52.22	\$ 0.22	\$ 6,458,888.78
AUGUST '09	\$ 3,593,509.90	\$ 818,008.27	\$ 727,103.67	\$ 135,860.10	\$ 46,179.85	\$ 1,866,358.01	\$ 1,343,265.29	\$ 20,688.22	\$ -	\$ 1,322,577.07	\$ 639,862.79	\$ 4,597.14	\$ 213.53	\$ 6,358,423.32
SEPTEMBER '09	\$ 3,487,292.10	\$ 894,055.85	\$ 723,837.10	\$ 23,405.00	\$ 43,846.27	\$ 1,802,147.88	\$ 1,300,583.09	\$ 17,412.26	\$ -	\$ 1,283,170.83	\$ 285,430.97	\$ 61.45	\$ (1,824.31)	\$ 6,590,083.64
OCTOBER '09	\$ 3,603,723.50	\$ 886,507.92	\$ 631,994.34	\$ 19,161.30	\$ 37,617.30	\$ 2,028,442.64	\$ 1,263,544.03	\$ 27,172.16	\$ -	\$ 1,236,371.87	\$ 378,820.74	\$ 20,428.66	\$ 3,015.88	\$ 6,985,920.89
NOVEMBER '09	\$ 3,345,506.10	\$ 941,003.98	\$ 745,051.98	\$ 105,664.00	\$ 37,646.63	\$ 1,516,139.51	\$ 1,312,086.65	\$ 1,216.65	\$ 6,668.58	\$ 1,304,201.42	\$ 526,125.92	\$ 4,129.11	\$ 653.87	\$ 6,668,257.82
DECEMBER '09	\$ 3,539,064.70	\$ 930,280.60	\$ 690,022.07	\$ 65,125.50	\$ 41,319.10	\$ 1,812,317.43	\$ 1,317,660.90	\$ 5,769.15	\$ 5,163.44	\$ 1,306,728.31	\$ 550,109.51	\$ 7,345.25	\$ 491.66	\$ 6,616,883.84
JANUARY '10	\$ 3,465,986.80	\$ 1,044,611.19	\$ 671,044.06	\$ 20,031.80	\$ 30,749.22	\$ 1,699,550.53	\$ 1,050,978.42	\$ 15,443.40	\$ 7,432.67	\$ 1,028,102.35	\$ 317,573.90	\$ 4,845.22	\$ 207.90	\$ 6,966,120.80
FEBRUARY '10	\$ 3,287,082.50	\$ 983,068.36	\$ 719,592.36	\$ 36,598.50	\$ 36,505.57	\$ 1,511,317.51	\$ 1,419,104.32	\$ 13,438.97	\$ 5,959.11	\$ 1,399,706.24	\$ 589,089.61	\$ 5,287.47	\$ 213.47	\$ 6,483,568.46
MARCH '10	\$ 3,878,196.00	\$ 1,174,953.48	\$ 719,089.94	\$ 86,809.60	\$ 45,916.91	\$ 1,851,426.07	\$ 1,555,195.00	\$ 13,683.86	\$ 12,496.67	\$ 1,529,014.47	\$ 305,508.83	\$ 5,751.84	\$ (2,141.77)	\$ 6,492,577.62
APRIL '10	\$ 3,459,214.50	\$ 1,009,055.38	\$ 674,661.97	\$ 49,671.70	\$ 43,188.17	\$ 1,682,637.08	\$ 1,355,829.64	\$ 30,957.64	\$ 5,931.79	\$ 1,318,940.21	\$ -	\$ 1,173.67	\$ 244.88	\$ 6,855,345.70
MAY '10	\$ 3,612,608.30	\$ 1,071,283.08	\$ 747,791.15	\$ 11,792.50	\$ 34,754.57	\$ 1,746,987.00	\$ 1,277,622.56	\$ 10,449.87	\$ 10,434.57	\$ 1,256,738.12	\$ 886,781.26	\$ 14,955.61	\$ 1,090.89	\$ 6,444,948.60
JUNE '10	\$ 3,636,296.10	\$ 1,023,580.96	\$ 742,728.11	\$ 48,422.60	\$ 41,295.81	\$ 1,780,268.62	\$ 1,518,280.58	\$ 18,977.35	\$ 11,080.39	\$ 1,488,222.84	\$ 460,887.59	\$ 5,661.56	\$ 7,198.23	\$ 6,277,643.46
YEAR TO DATE TOTALS	\$ 42,540,542.90	\$ 11,744,558.99	\$ 8,578,677.60	\$ 750,035.30	\$ 478,323.59	\$ 20,988,947.42	\$ 16,207,505.98	\$ 197,254.99	\$ 65,167.22	\$ 15,945,083.77	\$ 5,407,139.85	\$ 74,289.20	\$ 9,364.45	
YTD PERCENTAGE OF REVENUE		27.61%	20.17%	1.76%	1.12%	49.34%	38.10%	0.46%	0.15%	37.48%	12.71%	0.17%	0.02%	
YTD PERCENTAGE OF NET REVENUE										75.97%				



Management Summary Report

Management Summary Report
Monthly and Fiscal Year to Date
Fire Department
June 2010

Financial Class	Number of Accounts	Percent of Total	Year to Date Total Accts.	Percent of Total YTD	Charges	Percent of Total	Year to Date Total Charges	Percent of Total YTD	Payments	Percent of Total	Year to Date Payments	Percent of Total YTD
Medicare	585	21.64%	6706	23.97%	\$786,180.90	21.62%	\$9,036,536.80	23.56%	\$260,765.32	17.18%	\$2,879,033.70	17.76%
Medicare HMO	147	5.44%	1735	6.20%	\$198,775.10	5.47%	\$2,343,729.10	6.11%	\$78,769.01	5.19%	\$892,506.88	5.51%
Medi-Cal	237	8.77%	2869	10.25%	\$315,282.60	8.67%	\$3,845,909.00	10.03%	\$56,019.48	3.69%	\$585,070.18	3.61%
Medi-Cal HMO	190	7.03%	2206	7.88%	\$248,325.50	6.83%	\$2,916,622.10	7.60%	\$48,686.87	3.21%	\$504,575.18	3.11%
Insurance	195	7.21%	2516	8.99%	\$264,644.40	7.28%	\$3,419,304.80	8.92%	\$454,722.06	29.95%	\$4,677,901.55	28.86%
Private Pay	780	28.86%	8547	30.55%	\$1,045,500.50	28.75%	\$11,423,732.90	29.79%	\$99,584.87	6.56%	\$989,374.27	6.10%
Kaiser	233	8.62%	3052	10.91%	\$315,846.80	8.69%	\$4,119,135.20	10.74%	\$398,672.87	26.26%	\$4,281,330.22	26.42%
Kaiser MCAL	51	1.89%	57	0.20%	\$67,987.00	1.87%	\$74,143.50	0.19%	\$10,277.15	0.68%	\$99,045.72	0.61%
Kaiser MCARE	284	10.51%	284	1.02%	\$382,803.30	10.53%	\$769,081.80	2.01%	\$110,782.95	7.30%	\$1,294,068.76	7.98%
Other	1	0.04%	7	0.03%	\$1,256.50	0.03%	\$7,413.00	0.02%	\$0.00	0.00%	\$4,649.52	0.03%
Prior Sales					\$9,693.50	0.27%	\$395,972.00	1.03%				
Sub Total	2703	100.00%	27979	100.00%	\$3,636,296.10	100.00%	\$38,351,580.20	100.00%	\$1,518,280.58	100.00%	\$16,207,555.98	100.00%
	0	0.00%	0	0.00%	\$0.00	0.00%	\$0.00	0.00%	\$0.00	0.00%	\$0.00	0.00%
Total	2703	100.00%	27979	100.00%	\$3,636,296.10	100.00%	\$38,351,580.20	100.00%	\$1,518,280.58	100.00%	\$16,207,555.98	100.00%

Accounts Receivable Analysis

Accounts Receivable Analysis

Payment Credits from 2013-06 to 2014-06

City of Beverly Hills

MONTH -- GROSS CHARGES	2013-07	2013-08	2013-09	2013-10	2013-11	2013-12	2014-01	2014-02	2014-03	2014-04	2014-05	2014-06	TOTALS
2013-06 \$5318,815	7,370.00 2.3%	50,856.00 16.0%	15,232.00 4.8%	15,205.00 4.8%	5,011.00 1.6%	1,942.00 0.6%	6,033.00 1.9%	1,329.00 0.4%	1,994.00 0.6%	1,586.00 0.5%	521.00 0.2%	79.00 0.0%	107,158.00 33.61%
2013-07 \$5279,132		13,571.00 4.9%	25,610.00 9.2%	20,702.00 7.4%	13,362.00 4.8%	9,974.00 3.6%	2,030.00 0.7%	1,792.00 0.6%	1,312.00 0.5%	1,866.00 0.7%	305.00 0.1%	967.00 0.3%	91,491.00 32.78%
2013-08 \$5354,026		463.00 0.1%	17,921.00 5.1%	51,344.00 14.5%	30,936.00 8.7%	10,427.00 2.9%	4,693.00 1.3%	9,619.00 2.7%	2,199.00 0.6%	2,499.00 0.7%	1,559.00 0.4%	-1,044.00 -0.3%	130,616.00 36.89%
2013-09 \$5334,249			661.00 0.2%	25,923.00 7.8%	33,061.00 9.9%	21,743.00 6.5%	13,233.00 4.0%	5,478.00 1.6%	4,163.00 1.2%	1,280.00 0.4%	-161.00 0.0%	999.00 0.3%	106,380.00 31.83%
2013-10 \$5377,125					17,594.00 4.7%	48,595.00 12.9%	28,083.00 7.4%	14,100.00 3.7%	9,786.00 2.6%	2,529.00 0.7%	1,638.00 0.4%	2,844.00 0.8%	125,169.00 33.19%
2013-11 \$5365,120					540.00 0.1%	37,712.00 10.3%	50,324.00 13.8%	26,096.00 7.1%	15,599.00 4.3%	4,445.00 1.2%	3,499.00 1.0%	2,019.00 0.6%	140,234.00 38.41%
2013-12 \$5371,788							44,419.00 11.9%	34,764.00 9.4%	15,754.00 4.2%	14,979.00 4.0%	4,174.00 1.1%	5,597.00 1.5%	119,687.00 32.19%
2014-01 \$5389,595							915.00 0.2%	33,285.00 8.5%	36,238.00 9.3%	14,623.00 3.8%	8,592.00 2.2%	9,663.00 2.5%	103,316.00 26.52%
2014-02 \$5365,902								1,214.00 0.3%	14,277.00 3.9%	42,890.00 11.7%	16,726.00 4.6%	9,197.00 2.5%	84,304.00 23.04%
2014-03 \$5401,563									30.00 0.0%	31,444.00 7.8%	52,335.00 13.0%	28,733.00 7.2%	112,542.00 28.03%
2014-04 \$5385,093											36,458.00 9.5%	44,636.00 11.6%	81,094.00 21.06%
2014-05 \$5410,367												19,771.00 4.8%	19,771.00 4.82%

Printed on 10/28/2014 at 3:17:27PM



Activity Summary

Activity Summary

Trp date IS BETWEEN 07/01/2013 AND 06/30/2014; AND Company IS City of Beverly Hills; AND Status IS Assigned OR Billed OR Closed OR Complete OR NetTransit New Call OR NetTransit New Will Call OR NetTransit Review OR NetTransit Will Call OR No...

Payer	# of Trips	Gross Charges	Contr Allow	Net Charges	Rev Adj	Payments	Write-Offs	Refunds	Balance	Average
City of Beverly Hills										
<None>	8	13,433.98	7,580.06	5,853.92	0.00	0.00	5,853.92	0.00	0.00	731.74
<None>	8	13,433.98	7,580.06	5,853.92	0.00	0.00	5,853.92	0.00	0.00	731.74
Medicare	1,104	1,795,167.03	1,306,606.91	488,560.12	1,584.07	464,104.34	7,808.75	7,818.29	22,881.25	442.54
Mcare HMO AARP Medicare Complete Choice PPO/31362	1	1,848.97	1,363.56	485.41	0.00	485.41	0.00	0.00	0.00	485.41
Mcare HMO Aetna/14079	6	10,777.36	6,527.94	4,249.42	200.00	2,131.65	0.00	0.00	1,917.77	708.24
Mcare HMO BC of CA/60007	19	29,459.80	20,955.45	8,504.35	0.00	6,709.68	200.00	0.00	1,594.67	447.60
Mcare HMO BCBS 65+ Out of State/272570	1	1,833.95	1,348.54	485.41	0.00	485.41	0.00	0.00	0.00	485.41
Mcare HMO BS of CA 65+/272640	3	5,127.52	3,708.36	1,419.16	0.00	1,419.16	0.00	0.00	0.00	473.05
Mcare HMO Cap Management Systems/261040	9	14,055.90	10,140.52	3,915.38	0.00	3,465.38	200.00	0.00	250.00	435.04
Mcare HMO Care More/366	2	1,424.86	28.50	1,396.36	0.00	1,396.36	0.00	0.00	0.00	698.18
Mcare HMO Central Health/1540 Bridgegate DR	1	1,933.35	1,505.51	427.84	0.00	427.84	0.00	0.00	0.00	427.84
Mcare HMO Citizens Choice/127	2	3,422.98	2,673.52	749.46	0.00	624.46	125.00	0.00	0.00	374.73
Mcare HMO GHC Group Health Cooperative WVA/34585	1	2,033.90	0.00	2,033.90	0.00	1,673.90	360.00	0.00	0.00	2,033.90
Mcare HMO Health Net Ins/14703	4	6,080.45	4,535.53	1,544.92	0.00	1,063.38	0.00	0.00	481.54	386.23
Mcare HMO Healthcare Partners Med Grp/6099	4	4,697.94	2,325.67	2,372.27	0.00	2,372.27	0.00	0.00	0.00	593.07
Mcare HMO Humana Ins/14601	1	1,496.29	1,136.40	359.89	0.00	359.89	0.00	0.00	0.00	359.89
Mcare HMO Kaiser EMI/853915	63	96,492.21	65,443.22	31,048.99	0.00	30,648.99	400.00	200.00	200.00	492.84
Mcare HMO Memorial Capitation Services/20890	1	1,906.29	1,475.96	430.33	0.00	430.33	0.00	0.00	0.00	430.33
Mcare HMO Positive Health Care Partners/7490	6	8,662.36	5,972.41	2,689.95	0.00	2,117.35	0.00	0.00	572.60	448.33
Mcare HMO Prospect Medical Group/1920 E 17th	4	6,908.34	5,057.05	1,851.29	0.00	1,651.29	200.00	0.00	0.00	462.82
Mcare HMO San Miguel Health Plan/5417 Pacific Blvd	1	1,861.85	1,394.27	467.58	0.00	467.58	0.00	0.00	0.00	467.58
Mcare HMO Scan Ins/22698	2	3,247.66	2,356.17	891.49	0.00	891.49	0.00	0.00	0.00	445.75
Mcare HMO Secure Horizons/30968	5	7,844.90	5,156.49	2,688.41	-0.34	2,488.75	200.00	0.00	0.00	537.68
Mcare HMO UCLA Med Group/5767 W Century Blvd	6	8,246.21	5,727.16	2,519.05	0.00	2,269.05	0.00	0.00	250.00	419.84
Medicare Railroad	2	3,196.57	2,305.30	891.27	0.00	0.00	0.00	0.00	891.27	445.64
Medicare Southern CA	960	1,572,607.37	1,155,469.38	417,137.99	1,384.41	400,524.72	6,123.75	7,618.29	16,723.40	434.52
Medicaid	270	339,288.41	308,237.71	31,050.70	-18.55	29,021.27	0.00	131.13	2,179.11	115.00
Healthy Way LA/1000 S Fremont St	18	24,863.30	23,898.26	965.04	0.00	612.26	0.00	0.00	352.78	53.61
Mcal HMO Accountable HP/2525 Cherry Ave Ste 225	9	14,012.75	12,837.77	1,174.98	0.00	1,053.47	0.00	131.13	252.64	130.55
Mcal HMO Adventist Health Behav/16237	1	577.28	459.08	118.20	0.00	118.20	0.00	0.00	0.00	118.20

RescueNet™ Reporting

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Activity Summary

Trip date IS BETWEEN 07/01/2013 AND 06/30/2014; AND Company IS City of Beverly Hills; AND Status IS Assigned OR Billed OR Closed OR Complete OR NetTransit New Call OR NetTransit New Will Call OR NetTransit Review OR NetTransit Will Call OR No....

Payer	# of Trips	Gross Charges	Contr Allow	Net Charges	Rev Adj	Payments	Write-Offs	Refunds	Balance	Average
City of Beverly Hills (cont.)										
Insurance	699	929,515.71	21,626.03	907,889.68	6,939.96	764,586.90	62,270.05	22,259.87	96,352.64	1,298.84
Torrance Memorial Medical Center/23326	1	1,493.08	0.00	1,493.08	0.00	0.00	0.00	0.00	1,493.08	1,493.08
Hawthorne Blvd										
Travelers Auto/13089	1	1,893.49	0.00	1,893.49	0.00	577.52	1,893.49	577.52	0.00	1,893.49
UHS United Health Integrated Services/30783	1	1,711.58	1,233.26	478.32	0.00	478.32	0.00	0.00	0.00	478.32
UMR/30541	2	2,096.25	0.00	2,096.25	0.00	0.00	2,096.25	0.00	0.00	1,048.13
United Health Care Student Resources/809025	1	487.47	0.00	487.47	337.49	149.98	0.00	0.00	0.00	487.47
United Health Care West/30968	11	14,170.68	0.00	14,170.68	0.00	14,089.92	308.89	228.13	0.00	1,288.24
United Health Care/30555	34	50,548.94	0.00	50,548.94	0.00	45,968.10	4,736.63	423.14	267.35	1,486.73
United Health Care/740800	7	9,387.44	0.00	9,387.44	0.00	9,387.44	0.00	0.00	0.00	1,341.06
USAA Auto Ins/5000	3	3,271.44	0.00	3,271.44	0.00	3,271.44	0.00	0.00	0.00	1,090.48
Veterans Admin S. California/16111 Plummer St	2	3,178.03	1,055.99	2,122.04	0.00	292.07	0.00	0.00	1,829.97	1,061.02
Zurich Work Comp Ins/968005	2	1,993.12	951.14	1,041.98	0.00	1,041.98	0.00	0.00	0.00	520.99
Bill Patient	1,126	1,292,173.83	6,837.25	1,285,336.58	51,634.50	221,487.16	544,108.19	9,139.35	477,246.08	1,141.51
Bill Patient	1,126	1,292,173.83	6,837.25	1,285,336.58	51,634.50	221,487.16	544,108.19	9,139.35	477,246.08	1,141.51
Grand Totals	3,207	4,369,578.96	1,650,887.96	2,718,691.00	60,139.98	1,479,199.67	620,040.91	39,348.64	598,659.08	847.74



Aging by Current Schedule with %

Aging by Current Schedule with % (Aging Date)

Aging as of 10/28/2014; and

Company IS City of Beverly Hills; AND Trip Date IS BETWEEN 07/01/2013 AND 06/30/2014; AND Status IS Assigned OR Billed OR Closed OR Complete OR NetTransit New Call OR NetT

City of Beverly Hills

Billing Schedule	0 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	121 - 180 Days	Over 180 Days	Total Balance	% of Total
Collections Electronic	\$2,517.11	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,517.11	0.42%
MediCal CA on Paper	\$252.64	\$273.43	\$248.58	\$241.99	\$123.79	\$134.44	\$1,274.87	0.21%
Insurance 1500 (Paper)	\$10,909.50	\$6,659.82	\$3,106.22	\$7,089.53	\$2,557.66	\$2,473.10	\$32,795.83	5.48%
Mcare Southern CA Electronic	\$4,971.94	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4,971.94	0.83%
MediCal CA Electronic	\$112.76	\$29.49	\$0.00	\$0.00	\$0.00	\$0.00	\$142.25	0.02%
Final Contact Before Coll	\$211,044.15	\$11,323.11	\$15,824.20	\$39,937.95	\$9,312.79	\$11,156.75	\$298,598.95	49.88%
Attorney Hold	\$6,697.45	\$4,890.41	\$3,939.61	\$15,140.10	\$4,993.61	\$1,781.09	\$37,442.27	6.25%
Write Down	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%
Refund Hold	-\$1,265.27	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-\$1,265.27	-0.21%
Denial Review - Medicare	\$891.27	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$891.27	0.15%
Denial Review - Medicaid	\$125.30	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$125.30	0.02%
A/R Supervisor Review	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%
Cash Receipts Hold	\$1,910.68	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,910.68	0.32%
MCal/Caid CIF	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%
HospitalTrans Multi (PAPER)	\$29,934.55	\$59,920.41	\$8,228.82	\$0.00	\$466.78	\$864.37	\$99,414.93	16.61%
MediCal CA Secondary	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%
Insurance Appeal	\$1,817.77	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,817.77	0.30%
Insurance 1500 Mem/Res/Comp	\$4,803.83	\$0.00	\$3,450.34	\$0.00	\$1,810.97	\$1,982.18	\$12,047.32	2.01%
Client Hold	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%
Collections Review, Batch 1	\$2,844.33	\$4,989.99	\$0.00	\$0.00	\$0.00	\$0.00	\$7,834.32	1.31%
C/R Medical A/R Tran	-\$212.76	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-\$212.76	-0.04%
Medicare - Secondary Southern	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%
Medi-Cal HMO on Hold	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%
Automatic Crossover	\$0.00	\$0.00	\$0.00	\$98.57	\$0.00	\$0.00	\$98.57	0.02%
Insurance 1500 - Secondary	\$38.57	\$93.96	\$222.94	\$80.58	\$0.00	\$0.00	\$436.05	0.07%
Mcal HMO	\$127.34	\$0.00	\$0.00	\$372.88	\$227.48	\$0.00	\$727.70	0.12%
Sent Refund Ltr to Ins	-\$1,221.35	\$0.00	-\$389.06	\$0.00	\$0.00	\$0.00	-\$1,610.41	-0.27%
Mcare HMO	\$1,260.34	\$415.87	\$572.60	\$0.00	\$0.00	\$0.00	\$2,248.81	0.38%
Process CC	\$150.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$150.00	0.03%
Report to Collections	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%
Pending Mcare Payment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%

RescueNet™

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Aging by Current Schedule with % (Aging Date)

Aging as of 10/28/2014; and

Company IS City of Beverly Hills; AND Trip Date IS BETWEEN 07/01/2013 AND 06/30/2014; AND Status IS Assigned OR Billed OR Closed OR Complete OR NetTransit New Call OR NetT

City of Beverly Hills

Billing Schedule	0 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	121 - 180 Days	Over 180 Days	Total Balance	% of Total
Billing Patient w/CC	\$4,532.80	\$7,321.53	\$3,353.19	\$0.00	\$2,238.25	\$0.00	\$17,445.77	2.91%
Ins Paid Balance Rem w/CC	\$10,394.71	\$5,916.99	\$2,820.64	\$267.35	\$0.00	\$0.00	\$19,399.69	3.24%
Ins Denied w/CC	\$4,625.19	\$9,217.29	\$1,692.78	\$806.08	\$0.00	\$0.00	\$16,341.34	2.73%
Pt Signature Required w/CC	\$720.37	\$0.00	\$0.00	\$871.40	\$2,151.64	\$4,761.79	\$8,505.20	1.42%
Ins Paid to Pt w/CC	\$1,985.07	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,985.07	0.33%
Lien Pending w/CC	\$937.32	\$577.28	\$0.00	\$0.00	\$0.00	\$0.00	\$1,514.60	0.25%
Time Pay Installments w/CC	\$4,474.11	\$1,239.50	\$1,655.97	\$200.00	\$0.00	\$0.00	\$7,569.58	1.26%
Hship/Disp Denied Bill Pt CC	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%
Bill Patient for Auto Info CC	\$1,475.39	\$0.00	\$680.50	\$0.00	\$0.00	\$0.00	\$2,155.89	0.36%
Bill Patient w/Ins need Auto	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%
Bill Patient w/Mcare S nd Auto	\$0.00	\$0.00	\$0.00	\$403.22	\$0.00	\$0.00	\$403.22	0.07%
Insurance Electronic	\$1,952.48	\$0.00	\$579.00	\$0.00	\$0.00	\$0.00	\$2,531.48	0.42%
Promise Pay Standard Letter	\$897.25	\$0.00	\$1,430.38	\$0.00	\$0.00	\$0.00	\$2,327.63	0.39%
Auto Pay Letter Standard	\$5,427.75	\$0.00	\$407.00	\$0.00	\$0.00	\$0.00	\$5,834.75	0.97%
Credit Card Auto Pay	\$0.00	\$1,329.77	\$1,661.03	\$1,596.69	\$0.00	\$0.00	\$4,587.49	0.77%
Insurance Recoup Hold	\$0.00	\$0.00	\$822.63	\$0.00	\$0.00	\$0.00	\$822.63	0.14%
Hship/Disp Pending Bill Pt	\$3,701.50	\$0.00	\$410.32	\$441.19	\$0.00	\$0.00	\$4,553.01	0.76%
RFR1-Medicare/RRMcare	\$0.00	\$0.00	\$202.48	\$0.00	\$0.00	\$0.00	\$202.48	0.03%
Automatic Crossover No Ins	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%
Mcal HMO Blue Cross	\$121.75	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$121.75	0.02%

\$318,955.84 \$114,198.85 \$50,920.17 \$67,547.53 \$23,882.97 \$23,153.72 \$598,659.08

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Charge Type by Billing Zone

Charge Type by Billing Zone

Trip Date IS BETWEEN 07/01/2013 AND 06/30/2014; AND Company IS City of Beverly Hills; AND Status IS Assigned OR Billed OR Closed OR Complete OR NetTransit New Call OR NetTransit New Will Call OR NetTransit Review OR NetTransit Will Call OR No...

City of Beverly Hills

Non Resident

<u>Charge Type</u>	<u>Count</u>	<u>Dollars</u>
Base Rate		
ALS1 Non Resident Beverly Hill	632	\$1,095,287.60
ALS1 Resident Beverly Hills	0	\$0.00
ALS2 Non Resident Beverly Hill	3	\$5,199.15
ALSM Non Resident Beverly Hill	143	\$108,778.56
BLSE1 Non Resident Beverly Hil	384	\$491,781.12
BLSM Non Resident Beverly Hil	311	\$170,803.99
BLSM Resident Beverly Hills	0	\$0.00
Misc. Services		
AED Non Resident Beverly	1	\$97.63
O2 sat pulse oximetry Non Resi	1,154	\$112,665.02
O2 sat pulse oximetry Resident	3	\$266.25
Mileage		
MILE1 Non Resident Beverly Hil	2,470	\$51,627.18
MILE1 Resident Beverly Hills	0	\$0.00
Misc. Supplies		
BSI univ precautions kit Non R	1,482	\$6,935.76
BSI univ precautions kit Res	1	\$4.25
CCOL cervical coll Non Res BH	118	\$5,970.80
CCOL cervical collar Resident	0	\$0.00
DRG trauma dressing Non Res BH	54	\$1,618.92
ICE ice packs Non Resident BH	69	\$2,068.62
IV iv set up Non Resident BH	358	\$9,998.94
O2M oxygen cannula/mask Res BH	1	\$27.25
O2M oxygen cannula/maskNon Res	122	\$3,657.56
Oxygen		
Oxygen Non Resident BH	132	\$9,548.88
EKG Monitoring Supplies		
DFIB defibrillation Non Res BH	2	\$92.96
EKG ekg monitoring Non Res BH	786	\$4,393.74
EKG monitoring Resident	1	\$5.08

Medication



Charge Type by Billing Zone

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Medication

ADE adenosine Non Resident BH	3	\$198.00
ALB albuteral Non Resident BH	31	\$42.78
BEN diphenhydramine Non Res BH	4	\$14.96
D50 dextrose 50% Non Resident	9	\$82.71
EPI epinephrine 1:1000 Non Res	4	\$34.68
GLU glucagon Non Resident BH	3	\$574.20
GLUT glucose Non Resident BH	3	\$21.45
MS morphine sulfate Non Reside	39	\$139.62
MS morphine sulfate Resident	0	\$0.00
NAR naloxone/narcan Non Reside	5	\$286.70
NTG nitroglycerin Non Resident	133	\$66.50
NTG nitroglycerin Resident BH	0	\$0.00

Airway Supplies

CPAP Non Resident Beverly	4	\$390.52
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IV Supplies

IV iv set up Resident BH	2	\$50.78
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Total for Non Resident	8,467	\$ 2,082,732.16
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Resident

<u>Charge Type</u>	<u>Count</u>	<u>Dollars</u>
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Base Rate

ALS1 Non Resident Beverly Hill	0	\$0.00
ALS1 Resident Beverly Hills	771	\$1,214,710.50
ALS2 Resident Beverly Hills	11	\$17,330.50
ALSM Non Resident Beverly Hill	0	\$0.00
ALSM Resident Beverly Hills	206	\$140,441.60
BLSE1 Non Resident Beverly Hil	0	\$0.00
BLSE1 Resident Beverly Hills	455	\$529,733.75
BLSM Resident Beverly Hills	290	\$146,506.80

Misc. Services

AED Resident Beverly	5	\$443.75
O2 sat pulse oximetry Non Resi	5	\$488.15
O2 sat pulse oximetry Resident	1,464	\$129,930.00

Mileage

MILE1 Non Resident Beverly Hil	0	\$0.00
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Charge Type by Billing Zone

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Mileage		
MILE1 Resident Beverly Hills	2,965	\$56,336.90
Misc. Supplies		
BSI univ precautions kit Non R	0	\$0.00
BSI univ precautions kit Res	1,751	\$7,441.75
CCOL cervical collar Resident	58	\$2,668.00
DFIB defibrillation Resident	5	\$211.25
DRG trauma dressing Non Res BH	0	\$0.00
DRG trauma dressing Resident	64	\$1,744.00
ICE ice packs Resident BH	63	\$1,716.75
IV iv set up Non Resident BH	3	\$83.79
O2M oxygen cannula/mask Res BH	183	\$4,986.75
O2M oxygen cannula/maskNon Res	1	\$29.98
Oxygen		
Oxygen Non Resident BH	1	\$72.34
Oxygen Resident Beverly Hills	206	\$13,544.50
IV Supplies		
IV iv set up Resident BH	390	\$9,902.10
EKG Monitoring Supplies		
DFIB defibrillation Non Res BH	0	\$0.00
EKG ekg monitoring Non Res BH	4	\$22.36
EKG monitoring Resident	1,090	\$5,537.20
Medication		
ADE adenosine Resident BH	6	\$360.00
ALB albuterol Resident BH	65	\$81.25
ATR atropine Resident BH	4	\$26.00
BEN diphenhydramine Resident	2	\$6.80
D50 dextrose 50% Resident	9	\$75.15
EPI epinephrine 1:1000 Res	23	\$181.24
GLU glucagon Resident BH	4	\$696.00
GLUT glucose Resident BH	10	\$65.00
MS morphine sulfate Non Reside	2	\$7.16
MS morphine sulfate Resident	32	\$104.00
NAR naloxone/narcan Resident	6	\$312.78
NAR naloxone/narcan Non Reside	0	\$0.00
NTG nitroglycerin Non Resident	0	\$0.00
NTG nitroglycerin Resident BH	161	\$72.45



Charge Type by Billing Zone

Trip Date IS BETWEEN 07/01/2013 AND 06/30/2014; AND Company IS City of Beverly Hills; AND Status IS Assigned OR Billed OR Closed OR Complete OR NetTransit New Call OR NetTransit New Will Call OR NetTransit Review OR NetTransit Will Call OR No...

Airway Supplies		
CPAP Non Resident Beverly	0	\$0.00
CPAP Resident Beverly	11	\$976.25
Total for Resident	10,326	\$ 2,286,846.80
Grand Total for City of Beverly Hills		
	18,793	\$ 4,369,578.96



Ticket Survey

Ticket Survey Summary Report by Payor

Trip Date IS BETWEEN 07/01/2013 AND 06/30/2014; AND Company IS City of Beverly Hills; AND Status IS Assigned OR Billed OR Closed OR Complete OR NetTransit New Call OR NetTransit New Will Call OR NetTransit Review OR NetTransit Will Call OR No...

Payor	Number of Trips	% of Trips	Total Charges	% of Charges
<none>	8	0.25%	\$ 13,433.98	0.31%
Auto Insurance	34	1.06%	\$ 36,516.22	0.84%
Insurance	425	13.28%	\$ 559,685.15	12.81%
Insurance Electronic	148	4.63%	\$ 212,434.94	4.86%
Kaiser	56	1.75%	\$ 70,007.44	1.60%
Kaiser-MediCal	5	0.16%	\$ 7,499.03	0.17%
Kaiser-Medicare	63	1.97%	\$ 96,492.21	2.21%
MCal/MCaid	115	3.59%	\$ 126,965.17	2.91%
Mcal/Mcaid HMO	150	4.69%	\$ 204,824.21	4.69%
Medicare	962	30.03%	\$ 1,575,803.94	36.06%
Medicare HMO	81	2.53%	\$ 125,076.91	2.86%
Private Pay	1,126	35.09%	\$ 1,292,173.83	29.57%
Workers Compensation	34	1.06%	\$ 48,665.93	1.11%

Grand Total Ticket Count 3,207

Grand Total Charges \$ 4,369,578.96



SECTION 5: Fee Proposal

Superior Performance

Wittman Enterprises is committed to competitive fees for our clients; however, we are not typically the “cheapest”. We have chosen, as part of our business model, to charge our clients a fair market rate that still allows us to maintain a superior level of service with a staffing level that provides both exceptional collection results and unmatched customer service. Reducing fees to “beat” the competition would mean that we cannot provide the level of customer service and performance on which our company is built. ***We are not the largest billing company but we expect to be the best.***

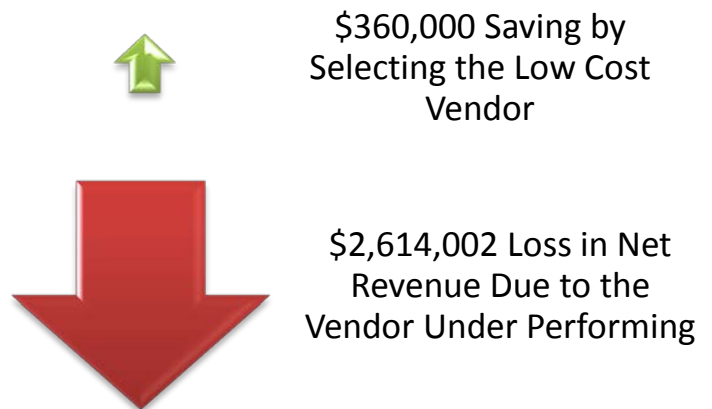
Maximizing Collections

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

Other agencies *may* offer at a lower fee; however, we ask that you evaluate the net revenue received and consider how our personal attention to your account considerably increases revenues to your bottom line. For example, two of our long-term clients contracted with a national competitor to Wittman Enterprises (for “a lower fee”) and experienced not only a significant drop in the level of response and service but a substantial decrease in net revenue collected. The following tables detail the annual overall drop in revenue for those clients referenced above who left Wittman Enterprises for a *perceived* drop in program cost.

CLIENT #1	WITTMAN	COMPETITOR	DIFFERENCE
RATE CHARGED TO CLIENT	\$17.25 PER TICKET	\$12.75 PER TICKET	\$4.50 per Ticket
REVENUE COLLECTED	\$37,030,484	\$34,056,482	(\$2,974,002)
COST IN FEES TO CLIENT	\$1,242,000	\$882,000	\$360,000
NET REVENUE TO CLIENT	\$35,788,484	\$33,174,482	(\$2,614,002)

This demonstrates a **7.8% drop in revenue** to the agency that thought they were selecting a vendor that would “save” the agency money by selecting a lower cost vendor. Over the course of **one year**, this agency lost almost \$3,000,000 to save \$360,000. Superior Performance should be heavily weighted when selecting a billing agency versus simply choosing a lower cost vendor to save money for the City. As demonstrated above, lower cost does not always translate to actual savings to the agency.



CLIENT #2	WITTMAN	COMPETITOR	DIFFERENCE
RATE TO CLIENT	5.90%	5.00%	0.90%
REVENUE COLLECTED	\$1,963,296	\$1,794,717	(\$168,579)
TOTAL COST IN FEES TO CLIENT	\$115,834	\$89,735	\$26,099
NET REVENUE COLLECTED	\$1,847,462	\$1,704,982	(\$142,480)

This second client experienced similar results by selecting a vendor that bid a slightly lower rate. Rate is an important factor; however, it must be coupled with performance to realize the net savings or in this case a net loss to the agency.

This represented an 8.3% decrease in revenue and an annual net loss of \$142,480. They realized no savings and ultimately lost money by selecting the "low- cost" vendor.

Wittman bases its fees on a number of factors including information on the types of transports you have (ALS versus BLS), your average transport distance and the demographics of your area (Medicare, Medical, Insurance eligible individuals versus self-funded patients with no insurance). The City can continue to count on Wittman Enterprises to conduct diligent, regular, and uninterrupted billing and collection services in a professional businesslike manner with superior performance. We believe our personal approach and higher levels of service greatly exceed industry standards. Your expectations and overall satisfaction are attained through ongoing and regular training, continuous improvement, and our comprehensive auditing program.

Cost Proposal

Wittman Enterprises, LLC is pleased to provide the City all regular billing and collection functions and reporting requirements described in this response based on the following fee schedule. Please note: *Optional services not listed in the tables below were not included in this estimate but can be easily added during contract negotiation.* We propose a modest increase to our existing contract which has seen no fee increase since 2002. It remains a very reasonable and competitive rate based on the size of your account, demographics, and efficiencies generated from our 12 years as EMS billing partners.

Fee Options	Fee
<u>Years 1-3:</u> EMS Billing and Collection Services (per ticket fee based)	\$20.25 per ticket fee
<u>Year 4:</u> EMS Billing and Collection Services (per ticket fee based)	\$20.25 plus CPI Adjustment
<u>Year 5:</u> EMS Billing and Collection Services (per ticket fee based)	Year 4 rate plus CPI Adjustment

We are a full service billing agency from the point of data entry to the last cent collected. Our fees contain the full range of EMS billing services including:

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



RFP ADDENDA



City of Beverly Hills

**Ambulance Billing and Collection Services
Request for Proposal (Bid No. 15-07)**

Addendum No. 1

Page 12, "Part 6:Acceptance of Proposal," 6-3 is added as follows:

6-3. The City will also be utilizing a Scoring Sheet to evaluate submitted proposals.

