

13. CONSIDERATION OF AN AGREEMENT WITH AMBULANCE MEDICAL BILLING (AMB)

As discussed with the Board last month, I'm seeking your consideration in approving the attached *Service Agreement* with Ambulance Medical Billing (AMB) to administer our EMS Recovery Program. AMB is currently the vendor utilized by the City of Franklin.

The attached service agreement with AMB is virtually identical to AMB's contract with Franklin County, Virginia, which included a cooperative procurement provision in their 2017 Request for Proposals, in accordance with §2.2-4304 (B) of the Virginia Public Procurement Act. This allows us to take advantage of Franklin County's competitive procurement process without having to reinvent the wheel.

Under the terms of the Agreement, the County will pay AMB five percent (5%) of the net revenues they collect on our behalf. Based on our most recent average of 1,700 annual transports, AMB conservatively projects net annual collections of approximately \$360,000, which would entitle them to \$18,000 in annual commissions.

Our FY 2019-2020 budget included projected revenues of \$250,000 from this source.

I've also attached a *Financing Agreement* between AMB, the Southampton County Fire and Rescue Association and the County. Under this agreement, AMB will sell the necessary computer hardware and patient care software to the Fire and Rescue Association for use by the 4 rescue squads and 2 first responder fire departments. The hardware cost, \$59,500, will be financed by AMB at 0% interest over 3 years. The annual cost for software is \$8,980 and the cost for training our emergency responders on its use is \$2,500. The County would agree to make the associated payments to AMB on behalf of the Fire and Rescue Association from revenues derived from ambulance billing.

MOTION REQUIRED: If the Board is so inclined, a motion is required authorizing the County Administrator to execute the Service Agreement and the Financing Agreement with AMB.



IVOR VOLUNTEER RESCUE SQUAD

P. O. Box 228
Ivor, Virginia 23866

July 12, 2019

Mike Johnson
County Administrator
26022 Administration Ctr. Drive
Courtland, Virginia 23837

The Southampton County Fire and Rescue Association EMS Advisory Committee met on Thursday, July 11th at Ivor Volunteer Rescue Squad.

The meeting was call to order at 7:00 p.m. by Chairman, Paul Kea Sr.

The Following Rescue Squads representatives were in attendance:

Terry Bolton	Boykins Volunteer Fire and Rescue
Vernie Francis III	Capron Volunteer Fire and Rescue
Heidi Bryant	Courtland Volunteer Rescue Squad
Paul Kea Sr.	Ivor Volunteer Rescue Squad

The following agencies were not present:

Sedley Volunteer Fire Department
Newsoms Volunteer Fire Department

1st Order of Business:

The Committee discussed in detail the AMB Billing Proposal and the ESO Patient Care Reporting Software. The Committee also discussed the State OEMS supplied ImageTrend Software that we are currently using. All parties expressed their frustrations with the ImageTrend Software and a desire to find a better solution.

The Committee also discussed the AMB hardware options.

Vernie Francis III gave us a demonstration of the ESO Software that is in use by the City of Franklin.

After the demonstration and a lengthy discussion about both Software systems the Chairman called for a vote.

The Squads voted as follows:

Boykins Volunteer Fire and Rescue:	Proceed with the AMB Billing and the ESO Software Using the GETAC V110 ruggedized hardware.
Capron Volunteer Fire and Rescue:	Proceed with the AMB Billing and the ESO Software Using the GETAC V110 ruggedized hardware.
Courtland Volunteer Rescue Squad:	Proceed with the AMB Billing and the ESO Software Using the GETAC V110 ruggedized hardware.
Ivor Volunteer Rescue Squad:	Proceed with the AMB Billing and the ESO Software Using the GETAC V110 ruggedized hardware.

2nd Order of Business

The committee discussed several issues regarding a number of MTI Personnel.

It was decided that the Chairman would discuss this with the County Administrator next week.

No other business was brought forward.

The meeting was adjourned at 9:20 p.m.

If you should have any questions please feel free to contact me.

Paul S. Kea

A handwritten signature in black ink, appearing to read "Paul S. Kea", with a long horizontal flourish extending to the right.

Captain

Ivor Volunteer Rescue Squad

Chairman

EMS Advisory Committee

Southampton County Fire and Rescue Association

AMB SERVICE AGREEMENT

THIS SERVICE AGREEMENT (the "Agreement") is made and entered into on this the _____ day of _____, 20____, by and between Southampton County, Virginia located at 26022 Administration Center Drive, Courtland, Virginia, 23837 ("CLIENT"), and Credit Bureau Systems, Inc. d/b/a Ambulance Medical Billing, of 100 Fulton Court, Paducah, Kentucky 42001-9004 (hereafter "AMB"), pursuant to the terms and conditions set forth herein. For the consideration stated herein, the parties do hereby agree as follows:

1. **Description of Services.** AMB is a national ambulance and EMS full service billing and revenue cycle enhancement firm, specializing in billing and obtaining payment for services provided by ambulance services, and CLIENT is in the business of providing ambulance services to patients in its geographical location. For the term of this Agreement, as defined herein, AMB shall use commercially reasonable efforts to bill for and obtain reimbursement for CLIENT for the services rendered by the CLIENT to patients, on or after the Effective Date, by billing patients and third party payers, including applicable governmental programs and entities (hereafter "The Services"). Any additional services which AMB agrees to provide are explicitly set forth in the Addenda hereto which are incorporated herein by reference and explicitly made a part of and included in the Services.

CLIENT agrees that AMB will be the sole and exclusive provider of the Services during the terms of this Agreement, and CLIENT will not utilize any other party or entity, or its own personnel, to bill for services rendered by CLIENT during the term of this Agreement.

2. **Effective Date.** This Agreement shall be effective for all Services rendered by CLIENT on and after August 1, 2019 ("Effective Date"), during the term of this Agreement, as defined herein. While AMB shall have no obligation or responsibility with respect to any services rendered by CLIENT prior to the Effective Date, or accounts receivables already existing as of the Effective Date, CLIENT hereby grants AMB an exclusive option to pursue and collect for services rendered by CLIENT between September 1, 2018 and

August 1, 2019 ("Legacy Claims,") in accordance with the same terms and provisions as for Services rendered by CLIENT after the Effective Date.

3. **Term.** The initial term of this Agreement shall be for one (1) year from the Effective Date (hereafter the "Initial Term"). The Initial Term shall automatically renew for an additional four (4) one (1) year terms (hereafter the "Additional Terms") unless the Agreement is terminated as set forth herein.
4. **Fees.** Beginning as of the Effective Date, CLIENT shall pay AMB a fee of 5% per month of net collections received during the Initial Term and any Additional Term (the "Base Fee"). Net collections shall be defined as the total sum of all monies collected by AMB, or by CLIENT, for all services rendered by CLIENT after the Effective Date, during the Initial Term or any Additional Term of this Agreement. CLIENT shall report all such Direct Payments to AMB within 48 hours of receiving said payment.
5. **Payment of Fees to AMB.** AMB shall send an invoice to CLIENT for all Base Fees, as provided for herein, on or about the 10th day of each month following the close of business for the prior month (hereafter "Invoice"). Payment is due, and CLIENT shall pay, the Invoice upon receipt. Any Invoice, or part of any Invoice, that is not paid by CLIENT within thirty (30) days, shall accrue and CLIENT shall pay interest, at the rate of 1.5% per month until paid.

CLIENT agrees to carefully review each Invoice upon receipt, and CLIENT shall notify AMB in writing with respect to any charges that are disputed within thirty (30) days of receiving each Invoice. All charges on any Invoice that are not disputed in writing by CLIENT within thirty (30) days of receipt of said Invoice, along with all accrued interest charges, shall be deemed correct, final and non-modifiable by the parties (hereafter "Undisputed Charges").

CLIENT agrees to, and hereby does, grant AMB a lien on all money received on behalf of CLIENT, as a result of the Services provided by AMB, up to the amount of any Undisputed Charges.

Should CLIENT fail to pay AMB for any Undisputed Charges within sixty (60) days of receipt of any Invoice, CLIENT hereby authorizes and directs AMB to take all lawful action necessary to access, withhold, and retain sufficient sums for payment to AMB of all Undisputed Charges from money paid on behalf of CLIENT from payment transactions on patient accounts, whether from insurance companies, governmental payers, or patients.

AMB shall have the right, but not the obligation, to take such steps as allowed herein, and AMB does not waive the right to take any steps it is allowed to take hereby by refraining from immediately taking such steps. Without limiting the foregoing, CLIENT specifically authorizes and directs AMB to change all "remit to" addresses in connection with all billing to direct all patient and/or third party payments to AMB, rather than CLIENT. Upon receipt, AMB is authorized and directed to retain such sums as are necessary to pay itself for all Undisputed Charges. AMB shall provide a full and complete accounting to CLIENT of all payments remitted to AMB on behalf of CLIENT, and AMB shall promptly remit to CLIENT all money remitted to AMB, net of any money retained and applied towards Undisputed Charges owed to AMB.

6. **Bank Account and Treasury Process.** CLIENT will ensure AMB gets daily deposit uploads for paper checks received by CLIENT and give proper user level access to CLIENTS clearinghouse for AMB to remit daily for batching and posting.
7. **Operating Procedures.** AMB will bill and attempt to collect CLIENT charges in a timely manner and in a manner consistent with all applicable Federal, State and Local laws and regulations and in a manner consistent with the policies and procedures of third party payers that are made known by such payers to medical practices and billing companies or otherwise known by AMB.

The parties may, from time to time, mutually agree to specific lawful and appropriate operating policies and procedures related to the performance of Services under this Agreement. Any such operating policies and procedures, or amendments thereto, will, upon

mutual written and signed agreement, become an integral part of this Agreement and shall be binding upon both parties.

8. **Confidentiality.** AMB agrees not to disclose to anyone other than CLIENT any information about CLIENT's business, fee structure, internal compensation, operating practices and procedures, methods, managed care or facility contracting strategies, or similar business information that would commonly be understood to be confidential or any confidential medical information regarding CLIENT's patients received in the course of performing the Services (CLIENT's "Confidential Information"), except as required to bill charges, as legally required, or as otherwise provided herein.

To the extent permitted by law, CLIENT agrees that it will not disclose to third parties information about AMB's business, fee structure, strategies, internal compensation, operating practices, procedures, protocols, methods, vendors, computer hardware and proprietary software utilized, and resulting or related processes employed by AMB to provide the Services (AMB's "Confidential Information"). AMB acknowledges and agrees that this Agreement is a public record subject to the Virginia Freedom of Information Act.

Each party's Confidential Information shall remain the property of that party, during and after this Agreement. Both parties shall, at all times, have in force a signed Confidentiality Agreement executed by each full time and part time employee, independent contractor, consultant and vendor that requires CLIENT's Confidential Information and AMB's Confidential Information to be maintained and protected as set forth herein, which said Confidentiality Agreement(s) shall survive the expiration or termination of this Agreement. Both parties shall comply with, and assist the other with compliance with applicable state or federal confidentiality requirements as to individual patient information. Notwithstanding the foregoing, CLIENT agrees that AMB may use CLIENT information for research and statistical compilation purposes so long as CLIENT and patient identifying information is kept confidential in accordance with applicable law.

9. **Software and Proprietary Information.** It is hereby acknowledged that all services will be conducted in CLIENTS billing software by AMB. CLIENT acknowledges it will ensure there are enough licenses for AMB to perform the services put forth within this agreement.

It is specifically acknowledged that all CLIENT data is the property of CLIENT but that AMB may maintain a copy for documentation of Services and for other purposes relating to this Agreement during and after the term of this Agreement.

10. **Termination.** This Agreement can be terminated by CLIENT at any time with 90 days written notice for any reason. In the event this Agreement is terminated, for whatever reason, or expires, the parties agree as follows:
- a. AMB shall continue to perform Services, and be entitled to the Base Fees set forth herein, for a period of one hundred twenty (120) days after the effective date of termination (hereafter "Wind Down Period") for all of CLIENT's charges for services rendered prior to the termination date (hereafter "Wind Down Fees").
 - b. CLIENT expressly agrees to cooperate and assist AMB with its performance during the Wind Down Period and will timely report, or cause to be reported, all payments received during the Wind Down Period.
 - c. AMB shall discontinue performing Services for CLIENT at the end of the Wind Down Period. CLIENT shall have no right to require the discontinuation of Services before the completion of the Wind Down Period.
 - d. AMB shall deliver to CLIENT, conditioned upon full payment to AMB of all Undisputed Charges, a complete list of the existing accounts receivable (all debit and credit balances) in an industry standard electronic format, including data layout and/or translation tables.

e. Except for the foregoing, AMB shall have no further obligation to provide any Services after the effective date of termination, except for any additional services specifically agreed to be provided by AMB.

11. **Non-Employment.** During the term of this Agreement and for a one year period commencing with the termination of this Agreement, both parties agree not to employ, directly or indirectly, or through any third party rendering services on behalf of such party, any employees of the other or its parent, affiliates or subsidiaries, without written consent of the other party. Both parties agree that the other party does not have an adequate remedy at law to protect its rights under this section and agree that the non-defaulting party will have the right to injunctive relief from any violation or threatened violation of this section.

12. **Notice.** Any notices, payment, demand or communication required or permitted to be given herein shall be sent to the following:

If to AMB:

Ambulance Medical Billing
Attn: Bill Harrod
100 Fulton Court
Paducah KY 42001-9004

If to CLIENT:

Southampton County
Attn: County Administrator
P.O. Box 400
Courtland, VA 23837

13. **Governing Law and Jurisdiction.** This Agreement shall be interpreted and governed by the laws of the Commonwealth of Virginia. In the event of any dispute or disagreement between CLIENT and AMB, the sole and exclusive venue and jurisdiction shall be in the Southampton County Circuit Court, Southampton County, Virginia.

14. **Independent Contractors.** The parties to this Agreement are independent contractors and nothing herein shall be construed to create an employment relationship between either party or its members.

15. **Insurance.** AMB affirms that at all times during the term(s) of this Agreement, it shall have in force valid Worker's Compensation insurance covering all of its employees, as well as General Liability Insurance with a policy limit of no less than \$500,000, and Errors and

Omissions insurance coverage with a policy limit of no less than \$3,000,000. AMB shall give CLIENT timely notice of the cancellation or lapse of any of the above policies.

CLIENT may elect to be a named insured on the above policies, subject to CLIENT's payment of any additional premiums that may apply.

16. **Inspection.** CLIENT, its agents and representatives, shall at all times during the term of this Agreement have reasonable access, during regular business hours, to review and inspect the location(s) where the services are performed upon seven (7) days advance written notice to AMB. Any inspection performed shall be subject to the confidentiality provisions of this Agreement and shall be conducted so as not to disrupt AMB's staff or business. AMB shall not unreasonably deny, restrict or delay access for any requested inspection. In the event that CLIENT engages the services of an outside party to conduct or assist in any inspection, CLIENT shall ensure that all other parties are bound by a Confidentiality Agreement identical to the one applicable to the parties to this Agreement.
17. **Force Majeure.** Time is of the essence in the performance of the duties required by each party hereunder. However, performance of duties hereunder may be impeded by occurrences beyond the control of one or both parties. Events such as flood, earthquake, hurricane, tornado, blizzard, fire, riot, war, insurrection, or civil disturbance, strikes by common carriers, extended loss (more than 48 hours) of utilities (except for non-payment), and similar events shall excuse the affected party from performance of services impeded by such event(s). Nevertheless, each party has a duty to use reasonable efforts to prevent or mitigate such impediments. In the event that any catastrophe shall prevent the timely billing of CLIENT's services by AMB for more than fifteen (15) working days, CLIENT shall have the right to secure, without penalty, substitute services until AMB can restore services, at which time AMB's responsibilities and rights under this Agreement shall be reinstated. For its protection, CLIENT may, at its own expense, purchase and maintain business interruption and/or accounts receivable insurance coverage to cover any such catastrophic event, as stated above.

18. Miscellaneous.

- a. Pursuant to Virginia Code § 2.2-4311.1, AMB does not, and shall not during the performance of this Agreement for goods and services in the Commonwealth, knowingly employ an unauthorized alien as defined in the Federal Immigration Reform and Control Act of 1986.
- b. Pursuant to Virginia Code § 2.2-4311.2, AMB shall be authorized to transact business in the Commonwealth as a domestic or foreign business entity if so required by Title 13.1 or Title 50 of the Code of Virginia (1950), as amended, or as otherwise provided by law. AMB shall not allow its existence to lapse or its certificate of authority to be revoked or cancelled at any time during the term of this Agreement. The CLIENT may void this Agreement if AMB fails to remain in compliance with the provisions of this section.
- c. Pursuant to Virginia Code § 2.2-4311:
 - i. AMB will not discriminate against any subcontractor, employee, or applicant for employment because of race, religion, color, sex, national origin, age, disability, or any other basis prohibited by state law relating to discrimination in employment, except where there is a bona fide occupational qualification reasonably necessary to the normal operation of AMB's business. AMB agrees to post in conspicuous places, available to employees and applicants for employment, notices setting forth the provisions of this nondiscrimination clause.
 - ii. AMB, in all solicitations or advertisements for employees placed by or on behalf of AMB, will state that AMB is an equal employment opportunity employer.

iii. Notices, advertisements, and solicitations placed in accordance with federal law, rule, or regulation shall be deemed sufficient for the purpose of meeting the requirements of this section.

iv. AMB will include the provisions of the foregoing paragraphs 1, 2, and 3 in every subcontract or purchase order of over \$10,000, so that the provisions will be binding upon each subcontractor.

d. Pursuant to Virginia Code § 2.2-4312:

During the performance of this Agreement, AMB agrees to (i) provide a drug-free workplace for AMB's employees; (ii) post in conspicuous places, available to employees and applicants for employment, a statement notifying employees that the unlawful manufacture, sale, distribution, dispensation, possession, or use of a controlled substance or marijuana is prohibited in AMB's workplace and specifying the actions that will be taken against employees for violations of such prohibition; (iii) state in all solicitations or advertisements for employees placed by or on behalf of AMB that AMB maintains a drug-free workplace; and (iv) include the provisions of the foregoing clauses in every subcontract or purchase order of over \$10,000, so that the provisions will be binding upon each subcontractor or vendor.

For the purposes of this section, "drug-free workplace" means a site for the performance of work done in connection with this Agreement awarded to AMB, the employees of whom are prohibited from engaging in the unlawful manufacture, sale, distribution, dispensation, possession or use of any controlled substance or marijuana during the performance of this Agreement.

e. Pursuant to Virginia Code § 2.2-4354:

Within seven (7) days after receipt of amounts paid to AMB by CLIENT:

- i. AMB will pay subcontractor, if any, for the proportionate share of the total payment received from CLIENT attributable to the work performed by subcontractor under this Agreement; or
 - ii. Notify the CLIENT and subcontractor, if any, of AMB's intention to withhold all or a part of subcontractor's payment with the reason for nonpayment.
 - iii. AMB shall provide its federal employer identification number to CLIENT.
 - iv. AMB shall pay interest to the subcontractor, if any, on all amounts owed to subcontractor that remain unpaid after seven (7) days following receipt by AMB of payment from CLIENT for work performed by subcontractor under this Agreement, except for amounts withheld as allowed in section I(b) above.
 - v. Unless otherwise provided under the terms of this Agreement, interest shall accrue at the rate of one (1) percent per month.
 - vi. AMB shall include in each of its subcontracts a provision requiring each subcontractor to include the same payment and interest requirements as set forth herein with respect to each lower-tier subcontractor, if any.
 - vii. AMB's obligation to pay an interest charge to a subcontractor pursuant to this section shall not be construed to be an obligation of the CLIENT.
- f. This Agreement contains the entire agreement between the parties relative to the Services to be provided to CLIENT and no representations, inducements, promises or agreements, oral or otherwise, between the parties not embodied in the Agreement will be of any force or effect.

- g. This Agreement specifically supersedes any prior written or oral agreements between the parties relating to the provisions of the Services, and any amendments or changes to this Agreement must be in writing, and signed by both CLIENT and AMB to be effective.
- h. This Agreement is binding upon, and inures to the benefit of and is enforceable by AMB, CLIENT and their respective legal representatives, assigns and successors in interest.
- i. Neither party may assign this Agreement without the prior written consent of the other party, provided that this Agreement will be deemed assigned to, and will be binding upon, the survivor in any merger or business combination involving a party or the purchaser of all or substantially all of the assets of a party.
- j. In the event CLIENT fails to comply with the terms of this Agreement, including but not limited to CLIENT'S failure to pay AMB'S fees when due, CLIENT shall pay all costs for collection including court costs, attorney fees, and collection agency contingency percentages to be added to the principle balance as a collection charge immediately upon default and referral of the account to the collection agency of AMB's choice.
- k. AMB and CLIENT acknowledge that they are duly authorized by appropriate corporate action to enter into this Agreement and that this Agreement is being signed by duly authorized agents authorized to act on their respective behalf

IN WITNESS HEREOF, the parties have caused this Agreement to be executed, with full acknowledgment of Addendum(s) 1 and 2, copies of which are attached herewith:

CLIENT

AMB

By: _____

By: _____

Name: _____

Name: _____

Title: _____

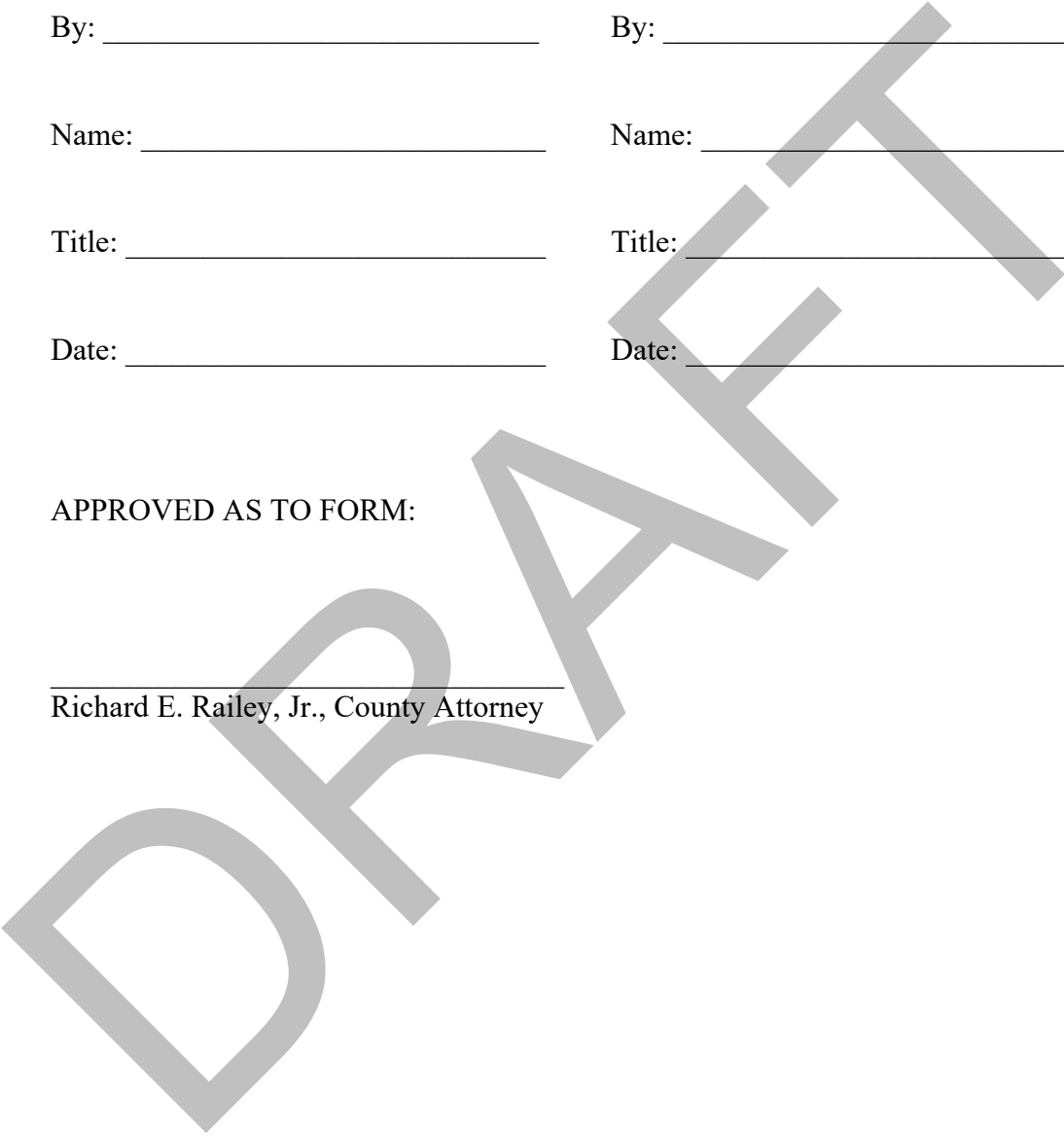
Title: _____

Date: _____

Date: _____

APPROVED AS TO FORM:

Richard E. Railey, Jr., County Attorney



ADDENDUM 1: RESPONSIBILITIES OF EACH PARTY

In order to comply with the Agreement, and to perform the Services contemplated thereunder, AMB shall do the following:

1. Provide coding of all encounters generated by CLIENT, as required by third party payers, inclusive of, but not limited to HCPCS, ICD-9 CM, and ICD-10 coding schemes.
2. Provide all data entry, data analyst functions for all accounts assigned to AMB by CLIENT.
3. Provide all insurance follow up, denial management, appeal writing/submission for all accounts assigned to AMB by CLIENT.
4. Provide all posting and refund processing for all accounts assigned to AMB by CLIENT.
5. Regularly monitor services and volume(s) with detailed, encounter/run audits, reconciled to applicable service, encounter and activity records/logs, for at least twelve (12) individual months in Year 1 of this agreement and three (3) month per year thereafter. The goal of monitoring is to assure that greater than 98% of all billable services are processed for billing. In the event that an audit reveals that less than 98% of all billable services are billed, corrective steps will be taken and monthly audits will be performed until 98% reconciliation is achieved. CLIENT, at its' own expense, may conduct additional audits at any time.
6. Submit claims electronically to all third party payers capable of accepting claims in electronic format.

7. Use reasonable efforts to advise CLIENT of any material change in third party rules and regulations which are made known to providers and third party billing agents or otherwise known to AMB.

CLIENT, to support the billing process and to facilitate optimal performance by AMB, shall do the following:

1. Identify one administrative point of contact to whom AMB may, respectively, address all matters related to Services under this Agreement. All CLIENT representatives will have the power to agree, on behalf of CLIENT, to mutually agreed resolutions to any issues arising in their respective areas, and upon AMB's request, receive confirmatory memoranda or letters, which will thereupon be incorporated into this Agreement by reference. These individuals appointed by CLIENT will provide timely response to all reasonable requests by AMB.
2. CLIENT warrants that AMB may rely on the existence of patient signatures on assignment of benefits, medical information releases and Advance Beneficiary Notices, and physician signatures on charts and other medical documents, as required for submission of claims on behalf of CLIENT.
3. CLIENT will assist AMB in working with and/or resolving problems related to work performed by personnel employed by hospitals, labs and other institutions in order to achieve the goals of this Agreement and the provision of Services by AMB in an efficient and cost-effective manner.
4. CLIENT will provide AMB with timely notice at least sixty [60] days prior to the expected addition or reduction of services so that AMB has adequate time to perform its duties under the Agreement. AMB will not be responsible for losses or delays in payment resulting from untimely notice.

5. It is the mutual goal of CLIENT and AMB to conduct all billing in a compliant manner. CLIENT will establish and enforce and AMB will follow written billing policies and procedures for the practice that will serve as the foundation of a practice Compliance Program for CLIENT and AMB. These billing policies and procedures will be developed and amended, as needed, in concert with AMB's Compliance Staff and AMB's Compliance Plan, as described in the Agreement, and shall be consistent with AMB's Compliance Plan.

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ADDENDUM 2: COMPLIANCE

Both parties to this Agreement agree to, and have represented to each other that they do, perform their respective business activities in a manner consistent with all federal, state, and local laws and regulations. As part of the inducement, each to the other, to enter into this Agreement, both parties have represented that they do, and will continue to operate consistent with and fully comply with their respective Corporate Compliance Plans, to the extent that such plans have been adopted. To the extent that no such Plan has been adopted, both parties agree to the following:

1. Each party will conduct its own periodic risk assessment and advise the other party to this Agreement of any findings that may affect that other party's compliance or performance under this Agreement.
2. Both parties agree that the other party hereto may review its Compliance Program upon request.
3. Both parties agree to conduct appropriate background checks on all employees, prospective employees, contractors, agents and vendors to assure that all services are provided by individuals who have not been excluded by any governmental authority, or should be excluded by any governmental authority.
4. Both parties agrees to maintain appropriate compliance records and assure the completeness and security of said records.
5. Both parties agree to scrupulously and diligently comply with the rules and regulations related to the following areas of widely known compliance risk:
 - a. Improper waiver of charges, deductibles and copayments;
 - b. Upcoding, unbundling, serial reporting and other coding violations;

- c. Misuse of a provider number or misrepresentation of the identity of a provider of services;
 - d. Failure to repay overpayments or failure to timely refund overpayments;
 - e. Seeking duplicate payment for the same service and/or from the same source;
 - f. Failure to maintain proper records of current and prior billing;
 - g. Failure to protect the confidentiality of patient information.
6. Both parties agree that, in the event that they become aware of a compliance concern that appears to be related to the other party's conduct, they will promptly communicate that concern to the other party in writing. The party receiving notice will take prompt action to investigate the concern and will timely (within 30 days) report back to the other party, in writing, their response to the reported concern.
7. Both parties specifically agree that they will defer reporting any such concern to any payer, governmental agency or agent, or law enforcement organization until they have complied with the above paragraph and remain concerned that the other party's response is inappropriate or more than thirty (30) days has elapsed without any response. Both parties agree that only in cases where a party has firm, credible evidence of deliberate, willful or criminal misconduct will they immediately report concerns to anyone other than the other party.
8. Nothing herein shall be construed to infer or imply a duty or expectation that any party will knowingly conceal or participate in any misconduct, or allow any misconduct to continue.
9. It is expressly agreed that AMB has the right and duty to suspend and refuse submission of any and all claims that AMB reasonably believes are, or may be, improper and would subject CLIENT or AMB to compliance violations. AMB has the duty to provide reasonable and timely notice to CLIENT of such suspension and to make reasonable and timely efforts to resolve the issue or concern leading

to the suspension of claim submission. In the event that investigation is required to resolve the suspension, each party agrees to cooperate in such investigation.

10. Each party agrees to be separately responsible for their respective compliance related legal and consulting expenses.

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**Southampton County, Virginia
Business Associate Agreement Between
Southampton County, Virginia and Ambulance Medical Billing**

This Business Associate Agreement ("Agreement") between SOUTHAMPTON COUNTY, VIRGINIA and Ambulance Medical Billing is executed to ensure that Ambulance Medical Billing will appropriately safeguard protected health information ("PHI") that is created, received, maintained, or transmitted on behalf of SOUTHAMPTON COUNTY, VIRGINIA in compliance with the applicable provisions of Public Law 104-191 of August 21, 1996, known as the Health Insurance Portability and Accountability Act of 1996, Subtitle F - Administrative Simplification, Sections 261, et seq., as amended ("HIPAA"), and with Public Law 111-5 of February 17, 2009, known as the American Recovery and Reinvestment Act of 2009, Title XII, Subtitle D - Privacy, Sections 13400, et seq., the Health Information Technology and Clinical Health Act, as amended (the "HITECH Act").

A. General Provisions

1. **Meaning of Terms.** The terms used in this Agreement shall have the same meaning as those terms defined in HIPAA.
2. **Regulatory References.** Any reference in this Agreement to a regulatory section means the section currently in effect or as amended.
3. **Interpretation.** Any ambiguity in this Agreement shall be interpreted to permit compliance with HIPAA.

B. Obligations of Business Associate

Ambulance Medical Billing agrees that it will:

1. Not use or further disclose PHI other than as permitted or required by this Agreement or as required by law;

2. Use appropriate safeguards and comply, where applicable, with the HIPAA Security Rule with respect to electronic protected health information ("e-PHI") and implement appropriate physical, technical and administrative safeguards to prevent use or disclosure of PHI other than as provided for by this Agreement;
3. Report to SOUTHAMPTON COUNTY, VIRGINIA any use or disclosure of PHI not provided for by this Agreement of which it becomes aware, including any security incident (as defined in the HIPAA Security Rule) and any breaches of unsecured PHI as required by 45 CFR §164.410. Breaches of unsecured PHI shall be reported to SOUTHAMPTON COUNTY, VIRGINIA without unreasonable delay but in no case later than 60 days after discovery of the breach;
4. In accordance with 45 CFR 164.502(e)(1)(ii) and 164.308(b)(2), ensure that any subcontractors that create, receive, maintain, or transmit PHI on behalf of Ambulance Medical Billing agree to the same restrictions, conditions, and requirements that apply to Ambulance Medical Billing with respect to such information;
5. Make PHI in a designated record set available to SOUTHAMPTON COUNTY, VIRGINIA and to an individual who has a right of access in a manner that satisfies SOUTHAMPTON COUNTY, VIRGINIA's obligations to provide access to PHI in accordance with 45 CFR §164.524 within 30 days of a request;
6. Make any amendment(s) to PHI in a designated record set as directed by SOUTHAMPTON COUNTY, VIRGINIA, or take other measures necessary to satisfy SOUTHAMPTON COUNTY, VIRGINIA's obligations under 45 CFR §164.526;
7. Maintain and make available information required to provide an accounting of disclosures to SOUTHAMPTON COUNTY, VIRGINIA or an individual who has

a right to an accounting within 60 days and as necessary to satisfy SOUTHAMPTON COUNTY, VIRGINIA obligations under 45 CFR §164.528;

8. To the extent that Ambulance Medical Billing is to carry out any of SOUTHAMPTON COUNTY, VIRGINIA's obligations under the HIPAA Privacy Rule, Ambulance Medical Billing shall comply with the requirements of the Privacy Rule that apply to SOUTHAMPTON COUNTY, VIRGINIA when it carries out that obligation;
9. Make its internal practices, books, and records relating to the use and disclosure of PHI received from, or created or received by Ambulance Medical Billing on behalf of SOUTHAMPTON COUNTY, VIRGINIA, available to the Secretary of the Department of Health and Human Services for purposes of determining Ambulance Medical Billing and SOUTHAMPTON COUNTY, VIRGINIA's compliance with HIPAA and the HITECH Act;
10. Restrict the use or disclosure of PHI if SOUTHAMPTON COUNTY, VIRGINIA notifies Ambulance Medical Billing of any restriction on the use or disclosure of PHI that SOUTHAMPTON COUNTY, VIRGINIA has agreed to or is required to abide by under 45 CFR §164.522; and
11. If SOUTHAMPTON COUNTY, VIRGINIA is subject to the Red Flags Rule (found at 16 CFR §681.1 et seq.), Ambulance Medical Billing agrees to assist SOUTHAMPTON COUNTY, VIRGINIA in complying with its Red Flags Rule obligations by: (a) implementing policies and procedures to detect relevant Red Flags (as defined under 16 C.F.R. §681.2); (b) taking all steps necessary to comply with the policies and procedures of SOUTHAMPTON COUNTY, VIRGINIA's Identity Theft Prevention Program; (c) ensuring that any agent or third party who performs services on its behalf in connection with covered accounts of SOUTHAMPTON COUNTY, VIRGINIA agrees to implement reasonable policies and procedures designed to detect, prevent, and mitigate the risk of identity theft;

and (d) alerting SOUTHAMPTON COUNTY, VIRGINIA of any Red Flag incident (as defined by the Red Flag Rules) of which it becomes aware, the steps it has taken to mitigate any potential harm that may have occurred, and provide a report to SOUTHAMPTON COUNTY, VIRGINIA of any threat of identity theft as a result of the incident.

C. Permitted Uses and Disclosures by Business Associate

The specific uses and disclosures of PHI that may be made by Ambulance Medical Billing on behalf of SOUTHAMPTON COUNTY, VIRGINIA include:

1. The preparation of invoices to patients, carriers, insurers and others responsible for payment or reimbursement of the services provided by SOUTHAMPTON COUNTY, VIRGINIA to its patients;
2. Preparation of reminder notices and documents pertaining to collections of overdue accounts;
3. The submission of supporting documentation to carriers, insurers and other payers to substantiate the healthcare services provided by SOUTHAMPTON COUNTY, VIRGINIA to its patients or to appeal denials of payment for the same; and
4. Other uses or disclosures of PHI as permitted by HIPAA necessary to perform the services that Ambulance Medical Billing has been engaged to perform on behalf of SOUTHAMPTON COUNTY, VIRGINIA.

D. Termination

1. SOUTHAMPTON COUNTY, VIRGINIA may terminate this Agreement if SOUTHAMPTON COUNTY, VIRGINIA determines that Ambulance Medical Billing has violated a material term of the Agreement.

2. If either party knows of a pattern of activity or practice of the other party that constitutes a material breach or violation of the other party's obligations under this Agreement, that party shall take reasonable steps to cure the breach or end the violation, as applicable, and, if such steps are unsuccessful, terminate the Agreement if feasible.

3. Upon termination of this Agreement for any reason, Ambulance Medical Billing shall return to SOUTHAMPTON COUNTY, VIRGINIA or destroy all PHI received from SOUTHAMPTON COUNTY, VIRGINIA, or created, maintained, or received by Ambulance Medical Billing on behalf of SOUTHAMPTON COUNTY, VIRGINIA that Ambulance Medical Billing still maintains in any form. Ambulance Medical Billing shall retain no copies of the PHI. If return or destruction is infeasible, the protections of this Agreement will extend to such PHI.

Agreed to this 1st day of August, 2019.

SOUTHAMPTON COUNTY, VIRGINIA

AMBULANCE MEDICAL BILLING

Name: _____

Name: _____

Title: _____

Title: _____

Date: _____

Date: _____

**FINANCING AGREEMENT
FOR PURCHASE OF HARDWARE AND SOFTWARE
RELATED TO AMBULANCE BILLING AND PATIENT CARE CALLS
BY VOLUNTEER RESCUE SQUADS
FROM BOYKINS, CAPRON, COURTLAND AND IVOR
AND FIRST RESPONDER UNITS FROM NEWSOMS AND SEDLEY
VOLUNTEER FIRE DEPARTMENTS**

This **AGREEMENT** is dated as of August 1, 2019, and is between **SOUTHAMPTON COUNTY, VIRGINIA**, a political subdivision of the Commonwealth of Virginia (hereafter "County"), the **SOUTHAMPTON COUNTY FIRE AND RESCUE ASSOCIATION** (hereafter "Association"), and Credit Bureau Systems, Inc. d/b/a Ambulance Medical Billing, of 100 Fulton Court, Paducah, Kentucky 42001-9004 (hereafter "AMB").

WHEREAS, County and AMB have entered into a Service Agreement for Ambulance Billing Services; and

WHEREAS, AMB has agreed to sell and finance all related computer hardware and software costs associated with such services provided to County; and

WHEREAS, the respective Volunteer Rescue Squads in Boykins, Capron, Courtland and Ivor, along with the First Responders from the Newsoms and Sedley Volunteer Departments are the primary users of such hardware and software; and

WHEREAS, the Association is the overarching organization for Southampton County fire and rescue organizations and has agreed to purchase and provide such hardware and software for use by the Rescue Squads and First Responders referenced herein above; and

WHEREAS, Section 15.2-953 of the Code of Virginia authorizes gifts and donations of public funds and property by localities to any association furnishing volunteer firefighting services or to volunteer or non-profit EMS agencies; and

WHEREAS, County has agreed to appropriate the necessary funds to the Association to reimburse its costs associated with such hardware and software.

NOW, THEREFORE, the parties agree as follows:

ARTICLE I

1.1 County to Provide Funds to the Association. Subject to appropriation by the County Board of Supervisors, the County shall take all actions reasonably necessary to raise and to grant to the Association sufficient funds to pay its obligations hereunder, and to satisfy the Association's financial obligations as specifically set forth in this Financing Agreement.

1.2 Association to Perform its Obligations. The Association shall apply all revenues that the Association receives from the County under Section 1.1 and Section 1.6 of this Agreement, to the payment of its obligations with AMB.

1.3 AMB to Provide Hardware and Software. AMB shall provide the following to the Association:

QTY	DESCRIPTION	UNIT COST	TOTAL COST
17	GETAC V110 4th Generation Notebook/Tablet Computers	\$ 3,500.00	\$ 59,500.00
1	ESO Solutions - Electronic Health Record Software	\$ 8,980.00	\$ 8,980.00
1	ESO Training Session	\$ 2,500.00	\$ 2,500.00

1.4 The Financing Agreement. ESO hereby agrees to finance the purchase of hardware and software for the Association. The cost of the hardware will be financed at 0% interest for 36 consecutive months with a monthly payment from Association to AMB of \$1,652.78. Association's obligation for hardware payments shall cease at the end of 36 months.

AMB further agrees to finance the Association's purchase of the ESO software and associated annual software licenses over 12 consecutive months with an initial monthly payment from Association to AMB of \$749.33. Association's obligation for software licenses shall continue annually, with the annual cost of licenses for ESO Solutions software subject to change by the manufacturer. AMB agrees, however, not to add any additional markup on said cost, and to continue to finance such annual cost over 12 consecutive months each year that its Service Agreement with County remains in effect.

AMB further agrees to finance the Training Session for Association's users over 12 consecutive months with a monthly payment from Association to AMB of \$208.33. Association's obligation for training payments shall cease at the end of 12 months.

1.5 County to Make Payments on Behalf of Association. The County consents to make all payments referenced in Section 1.4 above to AMB on Association's behalf. Such payments shall be considered a donation to Association pursuant to Section 15.2-953, Code of Virginia.

1.6 Annual Appropriations and Payments. (a) The County hereby agrees to pay to AMB on the Association's behalf, subject to appropriation by the County Board and the other limitations set forth in this Section, timely payments of all amounts referenced in Section 1.4 above. The County's agreement to make any payments hereunder shall be subject to and are expressly conditioned upon funds being appropriated for such purpose by the County Board of Supervisors and shall not at any time constitute a legal obligation of the County extending beyond the current fiscal year of the County for the payment of money.

(b) The County Administrator shall include all amounts required to be paid by the Association to AMB under this Financing Agreement for each fiscal year in the County's annual budget to be submitted to County Board for approval and will also request the County Board to approve the such amount at least 30 days before the beginning of that fiscal year and appropriate such amount within 30 days after the beginning of that fiscal year. The County Administrator shall provide written notice to the Association and AMB stating whether the County Board has approved and appropriated such amount. If the County Board does not approve and appropriate the full amount, the County Administrator will seek from time to time such appropriations from County Board as may be necessary for complete and timely payment of all amounts required to be paid by the Association to AMB under this Financing Agreement.

(c) In the event that the amount actually needed to make all payments due from the Association under this Financing Agreement exceeds the budgeted amount, the County Administrator shall submit a supplemental request to the County Board for the amount needed to satisfy any such deficit. In the event the amount appropriated by the County Board exceeds the amount actually needed to make all payments due from the Association under the Financing Agreement, the County shall retain any such excess amount.

(d) All amounts appropriated by the County Board hereunder shall not be subject to diminishment, set-off or abatement in any event.

(e) The County Board hereby undertakes a non-binding obligation to appropriate to the Association or as designated by the Association such amounts as may be requested from time to time pursuant to this Section and elsewhere in this Agreement to the fullest degree and in such manner as is consistent with the Constitution and laws of the Commonwealth. The County Board, while recognizing that it is not empowered to make any binding commitment to make such appropriations in future fiscal years, hereby states its intent to make such appropriations in future fiscal years, and hereby recommends that future County Boards do likewise.

(f) Nothing in this Agreement is or shall be deemed to be a lending or pledge of the credit of the County to the Association or to any other person, and nothing in this Agreement is or shall be deemed to be a pledge of the faith and credit or the taxing power of the County.

1.7 Financial and Other Information. The County agrees that it will furnish its Comprehensive Annual Financial Report to AMB, upon request, during the term of this Agreement. The County shall provide to AMB, upon request, such other information with respect to the affairs, condition or operations, financial or otherwise that is (i) customarily prepared by the County in the ordinary course of operations and (ii) made publicly available by the County.

ARTICLE II GENERAL PROVISIONS

2.1 Severability of Invalid Provisions. If any clause, provision or section of this Agreement is held to be illegal or invalid by any court, the invalidity of the clause, provision or section will not affect any of the remaining clauses, provisions or sections, and this Agreement will be construed and enforced as if the illegal or invalid clause, provision or section had not been contained in it.

2.2 Notices. All notices, certificates, requests or other communications under this Agreement must be in writing and will be deemed given, unless otherwise required, when mailed by first-class, registered or certified mail, return receipt requested, to the addresses set forth below.

If to the Association:

President
Southampton County Fire and Rescue
Association
P.O. Box 213
Ivor, Virginia 23866

If to the County:

County of Southampton, Virginia
26022 Administration Center Drive
Courtland, Virginia 23837
Attention: County Administrator

If to AMB:

Ambulance Medical Billing
Attn: Bill Harrod
100 Fulton Court
Padukah, KY 42001-9004

The parties may by notice given under this section designate such other addresses as they deem appropriate for the receipt of notices under this Agreement.

If by reason of the suspension of or irregularities in regular mail service it is impractical to mail notice of any event when notice is required to be given, then any manner of giving notices which is satisfactory to the intended recipient will be deemed to be sufficient.

2.3 Counterparts. This Agreement may be executed in any number of counterparts, each of which when so executed and delivered, will be an original, and the counterparts taken together will constitute one and the same instrument.

2.4 Governing Law. This Agreement will be governed by the laws of the Commonwealth.

2.5 Amendments. This Agreement may be amended by written agreement of the parties provided, however, that for so long as any amount is owing to AMB under this Financing Agreement, no amendment may be made and no waiver of any of the rights of the Association or obligations of the County may be made without the prior written consent of AMB.

2.6 Term of Agreement. This Agreement shall be effective from the date of its execution and will not terminate until the later of the time at which payments under the Financing Agreement are no longer deemed to be outstanding or the parties mutually agree in writing that neither party is required to provide any services or satisfy any obligations under this Agreement, whichever occurs later.

2.7 Waiver. Any waiver by any party of its rights under this Agreement must be in writing and shall not be deemed a waiver with respect to any matter not specifically covered therein.

2.8 No Discrimination. In carrying out this Agreement, all parties agree not to discriminate against any employee or applicant because of race, color, religion, sex, national origin or disability.

2.9 Successors and Assigns; Lender as Assignee. This Agreement shall be binding upon and shall inure to the benefit of the successors and permitted assigns of the parties hereto; provided, however, that in no event may this Agreement or any of the rights, benefits, duties or obligations of the parties hereto be assigned, transferred or otherwise disposed of without the prior written consent of the other, which consent neither party shall be obligated to give.

[Signature page to follow]

Draft

IN WITNESS WHEREOF, the Association, the County and AMB hereby sign this Financing Agreement as of the day and year first above written.

**SOUTHAMPTON COUNTY
FIRE AND RESCUE ASSOCIATION**

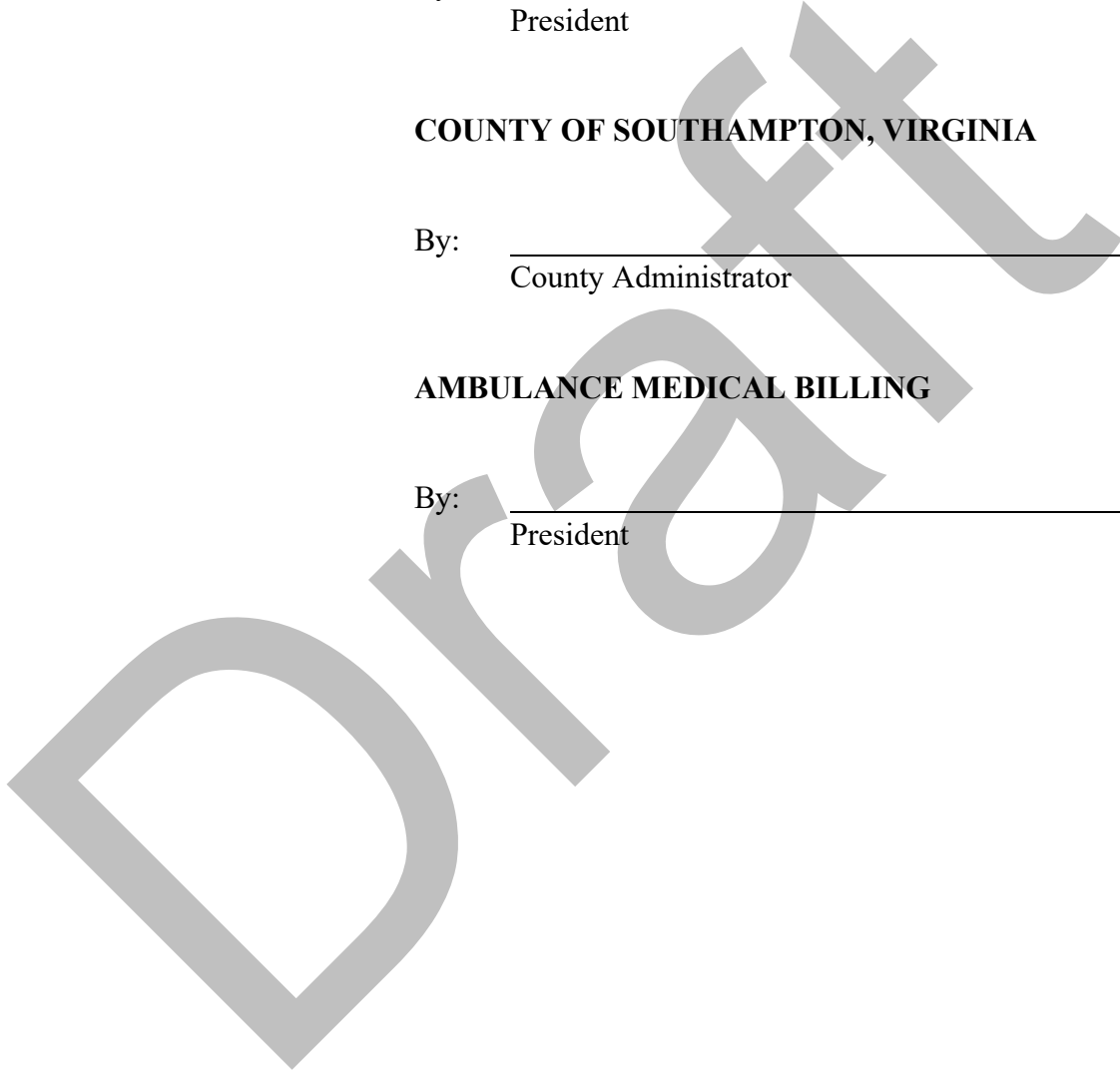
By: _____
President

COUNTY OF SOUTHAMPTON, VIRGINIA

By: _____
County Administrator

AMBULANCE MEDICAL BILLING

By: _____
President





ORIGINAL

Southampton County, VA



AMB

Ambulance Medical Billing

Jeff Tassi

Ambulance Medical Billing

100 Fulton Court, Paducah, KY 42001

617.799.7200 phone | jtassi@marsbilling.com email

LOCAL ADDRESS: 65 Gates Street,

South Boston, MA 02127




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June 11, 2019

Mr. Michael Johnson
County Administrator
26022 Administration Center Drive
Courtland, VA 23837



Dear Mr. Johnson:

Thank you for the opportunity to submit a proposal to the County for Ambulance Billing and Collection Services. I am confident that this proposal clearly displays all of AMB's superior abilities in ambulance billing and will benefit the County. We want to work with you and share our success in maximizing your revenue.

AMB is a Paducah, Kentucky-based EMS billing company incorporated in 1952 as Credit Bureau Systems, Inc. With over fourteen (14) years of experience in ambulance billing, we have grown to be a leading ambulance billing provider in the industry. We have over one hundred seventy (170) municipal partners and a total of over two hundred fifty (250) EMS billing partners nationwide.

We are an excellent choice for the County. AMB has ***unparalleled expertise*** in EMS billing. Our ***expert integration*** with ***ESO Electronic Health Record (EHR)*** offers a unique partnership with the EHR and our Billing platform. AMB is ***exclusive*** in our ***PLATINUM partnership*** with ESO Solutions, serving the ***highest number of EMS clients in the nation***. Our elite use of both the ESO Billing platform and EHR system would provide premier integration for the County. This would minimize errors and maximize efficiency.

Our goal is the same as yours: To provide billing and data collection for the County, while maximizing revenues. We have prepared a ***special offer for the County. Please see the separate Compensation Proposal package for more details.***

We want the County to hear one message clearer than any other:

AMB's focus on a strong partnership is our NICHE

We invite the County to partner with AMB on what we do best – working hand in hand to maximize your cash collections and improve processes to benefit you and ultimately, your patients. Choose AMB as your EMS Billing Partner. We will show you how we've been successful increasing revenues for our clients.

We look forward to partnering with the County.

Best regards,

Jeff Tassi
AMB Regional Sales Director
100 Fulton Court, Paducah, Kentucky 42001
Email: jtassi@marsbilling.com | (617) 799-7200 cell
Local Address: 65 Gates Street, South Boston, MA 02127

Lloyd Ledet
President and CEO
Credit Bureau Systems, Inc.
100 Fulton Court, Paducah, Kentucky 42001

EXECUTIVE SUMMARY

AMB's goal is a true partnership with the Southampton County. *The AMB difference* is our relationship. This contract is not a "cookie-cutter" job, but a service relationship with one primary factor: We work hard for the County with a commitment to superior service and results. The results are simple: increased revenues for improved quality assurance and improvement for the County.

AMB is pleased to offer the County with a comprehensive approach to industry-leading service, billing, and collections. A summary of AMB's proposal includes:

AMB and the County partner for success with increased revenues and billing excellence.

- ❑ **Guaranteed Customer Service Satisfaction:** The County will have dedicated AMB specialists assigned to your account so you will know who to call or email at all times.
- ❑ **Personalized Attention:** Jeff and our entire staff are there to provide our AMB hospitality with every step in the process. Our representatives will be in your office on a routine basis. Jeff Tassi, your account representative, is located in the Northeast. That allows for personal service at a moment's notice.
- ❑ **Dedicated Implementation Director for Minimum of Six (6) Months:** Cheyenna Gallant will be your dedicated Implementation Manager from the very beginning. Cheyenna's main focus is to ensure the successful launch of the County's contract.

- ❑ **#1 Volume Platinum Billing Partner with ESO Solutions:**

AMB has an exclusive PLATINUM BILLING relationship with ESO, with over one hundred forty five (145) of our clients successfully using ESO. AMB and ESO have worked together since 2007, and continue a longstanding business relationship that will benefit you. The AMB/ESO interface platform of EHR and billing are key to improving the quality of your patient care data and ease of use for your EMS crews.



- ❑ **Premier Billing Provider:** AMB has over fourteen (14) years of ambulance medical billing experience, and represents over two hundred fifty (250) ambulance services in the nation. This means that you can rest assured that you have a team of experts on the rules and regulations of billing, and a solid network of fellow EMS providers.
- ❑ **100% Certified Coders:** AMB employs thirty-nine (39) coders who are nationally certified ambulance coders. Coding provided by CAC Certified Coders will ensure that claims are accurately coded for the highest possible reimbursement.



- ❑ **Our Exclusive Real-Time ADRS System: Ambulance Dashboard Revenue System:** AMB's own State-of-the-Art Technology: Real-time, user-friendly data dashboards, available online 24/7 with any smartphone/device via secure portal – *Up-to-the-Minute Status from the internet, iPhone or iPad (free App on the App Store)*
- ❑ **Specialized Provider Enrollment Department:** Expertise at your fingertips for all credentialing.
- ❑ **Comprehensive Reporting Capabilities:** Our comprehensive portfolio of reports will provide the County with all the statistics and reporting figures you need. If there's a report that we don't have, our team of experienced Analysts will customize one for you in an instant.
- ❑ **All-Inclusive Billing:** AMB will provide all aspects of billing for the County. From data entry to coding, to final claims payment and reporting, AMB's expertise has it covered with no outsourced or offshore services.

- ❖ **Billing Staff Integration:** AMB will approach billing as a team by providing system access to key Township employees for quick access and service.

How is AMB different from the other billing providers?

- ❖ AMB will provide the County with a **dedicated team** assigned to your account. You will have direct phone numbers for the team members, and individualized attention to your account.
- ❖ The County will have a **dedicated client services representative** to your account. See our Client Services Team section in the proposal for more details.
- ❖ All of the work for your account is **performed within the United States**. Unfortunately, it is a common practice for billing companies to cut corners by outsourcing certain functions of the billing process, or even the entire operation. Keeping the work in-house assures the quality that you should expect from your billing provider.
- ❖ **Every coder** that AMB employs is **certified for ambulance billing**. Other billing companies may have their managers certified, but not their entire staff. We have thirty nine (39) Certified Ambulance Coders (CACs) on staff.
- ❖ AMB provides **daily benchmarking forecasting** with our ADRS tool. This tool is extremely helpful in staying abreast of your daily business operations, and in front of any revenue cycle issues that may arise.
- ❖ The AMB management team worked hard to develop the ADRS tool for our clients AND to ensure that it was easily available on-the-go. Authorized Township personnel will have **access to the ADRS tool 24/7/365** from any smart phone or smart computer/device.

AMB BY NUMBERS

\$895 million =– Total **Gross Claim** Amount

\$298 million = Total **Collections**

1,010,000 = Total Number of **Claims** Processed per Year

46.5 hours = Average Time for **Claim Submission**

94.8% = Average 1st Time **Clean Claim** Rate

54.7 = Average **Days in A/R**

98.5% = AMB's Client **Retention** Rate

QUICK COMPANY FACTS

- ❖ **Company Name:** Credit Bureau Systems, Inc. d/b/a Ambulance Medical Billing
- ❖ **Primary Contact:** Jeff Tassi
- ❖ **Primary Contact Title:** Regional Sales Director
- ❖ **Primary Contact Email:** jtassi@marsbilling.com
- ❖ **Primary Contact Telephone:** 617.799.7200
- ❖ **Facsimile Number:** 270.744.8642
- ❖ **Number of Years in Business:** Sixty-seven (67) years
- ❖ **Number of Relevant Years of Experience within Medical Billing Industry:** We have been providing medical billing services for twenty four (24) years. Our ambulance division has specialized in ambulance billing for over fourteen (14) years.
- ❖ **Corporation Type, Date and State:** Kentucky in 1952: S Corporation
- ❖ **Main Office Address:** 100 Fulton Court, Paducah, Kentucky 42001
- ❖ **Office Toll-Free Telephone Number:** 855.347.1360
- ❖ **Office Email Address:** clientservices@marsbilling.com
- ❖ **Facsimile Number:** 270.744.8642
- ❖ **Website:** www.ambulancerevenue.com
- ❖ **Hours of Operation:** Client Services and Patient Services line open Monday through Friday. Hours of operation to be agreed upon.
- ❖ **Number of Employees:** Two hundred ninety eight (298)
- ❖ **Number of Clients:** Two hundred fifty (250) clients nationwide
- ❖ **Number of States:** Twenty-four (24)
- ❖ **Number of Offices:** Four (4)
- ❖ **Office Locations:**
 - Paducah, Kentucky (Headquarters) – location from which work will be performed
 - Lexington, Kentucky
 - Hazard, Kentucky
 - Clarksville, Tennessee
- ❖ **E-Verify Authorization:** 712364
- ❖ **E-Verify Authorization Date:** 9/18/2013
- ❖ **Dun and Bradstreet Number:** 167486620
- ❖ **Federal Tax ID:** 61-092584



OFFICE LOCATION

- ❑ **Full Name:** Credit Bureau Systems, Inc., D/B/A Ambulance Medical Billing
- ❑ **Address:** 100 Fulton Court, Paducah, Kentucky 42001
- ❑ **Telephone Number:** 855.347.1360; **Facsimile Number:** 270.744.8642
- ❑ **Services Provided From:** Paducah, Kentucky office

COMPANY BACKGROUND

AMB is a subdivision of Credit Bureau Systems, Incorporated (CBS). CBS was founded over sixty-seven (67) years ago in 1952, and provides a host of revenue cycle services to the medical industry. Today, EMS billing is a primary focus of the company with seventy-five percent (75%) of the company's revenue coming from the success in this specific market. AMB's geographic approach is to have offices located close to its clients, and it currently has four (4) regional offices with future plans for adding more. The AMB offices that employ nearly three hundred (300) full-time employees are located in Kentucky: Paducah, (corporate office pictured), Lexington, and Hazard; and Clarksville, Tennessee. Out of these offices, AMB processes over *one million* (1M) claims on an annual basis for its EMS agencies.



COMPANY OWNERSHIP AND FIRM PRINCIPALS

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

- ✘ **Principals of Firm:** Each of the Edwards family members own twenty percent (20%) of CBS. The principals are: William Mark Edwards, George Edwards, Jr., Paul T. Edwards, Mary D. Katz, and Walter F. Edwards.

The specialized ambulance division, AMB, was started in 2005. For fourteen (14) years, AMB has continuously served ambulance clients, both municipalities and private agencies.

TEAM MEMBER QUALIFICATIONS

AMB provides a Client Services Team to service all aspects of the County contract. This concentrated approach gives the County an easy access point to Client Services team members as well as the rest of the AMB staff. Jeff Tassi is the County’s Primary Contact and will be available to meet on-site as needed. In addition, a full team of seasoned experts will communicate with the County on a daily basis regarding implementation, claims, questions, and data that needs to be shared between the partners.

Paula Robinson will be your *exclusive* contact for access to the entire AMB operation.



What does this mean for you? You have ONE primary office-based contact for all of your questions, concerns, and daily needs. Paula will ensure that you and your staff are always taken care of.

Paula came to our Client Services Department with over twenty (20) years of experience in the public school system. Drawing on the background of teaching very young children through college students, as well as the importance of building strong relationships with community members, she brought a unique type of leadership to the AMB Client Services Team in August 2017. Paula enjoys traveling with her husband and two teenagers, and finds that the best part of her day at AMB is talking with clients around the country – from Florida to the Rocky Mountains in Colorado. Paula holds a Master’s degree and is CAC certified.

**Jeff Tassi - Account Manager
(Primary Contact)**

- Account Manager

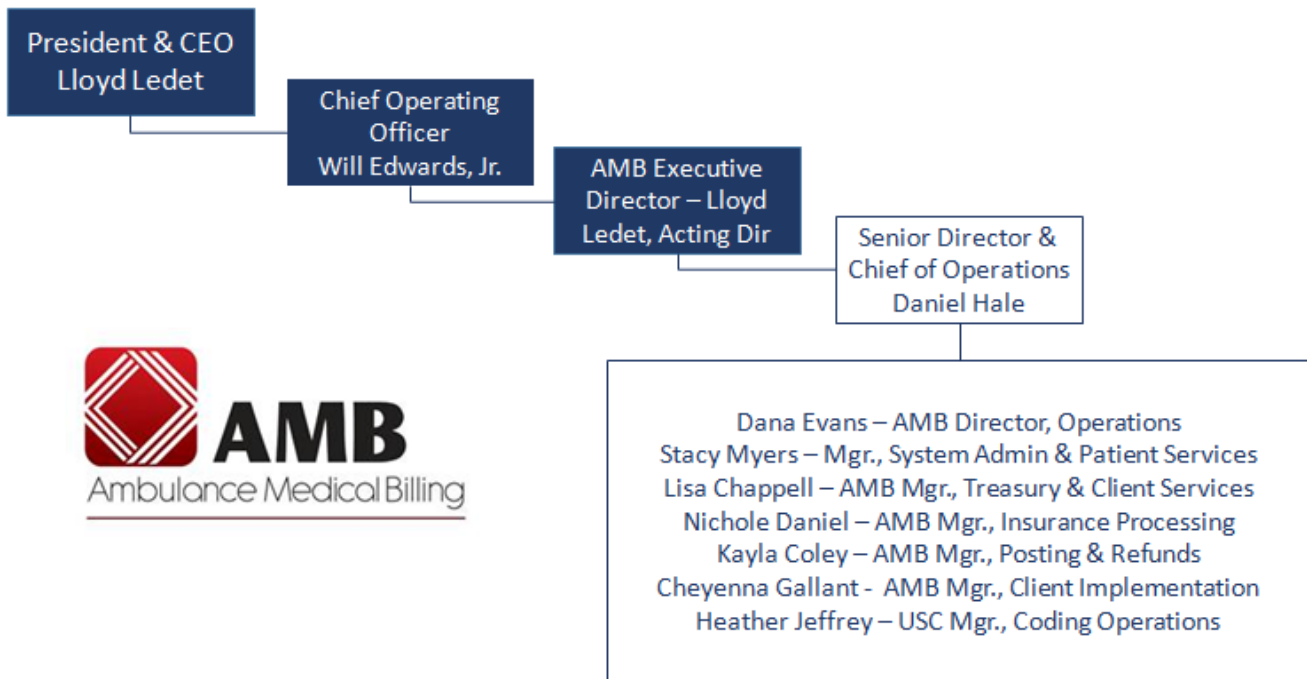
**Dana Evans - AMB Director
(Secondary Contact)**

- Primary operational contact including systems and reporting

**Paula Robinson - Client Svcs
(Day-to-Day Communication)**

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

ORGANIZATIONAL CHART



KEY INDIVIDUALS

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

In addition, members of the team will meet onsite with the County as often as necessary.

Our management staff provides services to all AMB contracts, regardless of size. AMB hires personnel that is experienced and will be an immediate asset to the AMB team and our clients.



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

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

Jeff Tassi (not pictured) – MARS/AMB Regional Sales Director: Jeff comes to the MARS/AMB team with over ten (10) years of experience in ambulance revenue cycle management sales and consulting. Working primarily in the New England area, Jeff has helped a myriad of municipal ambulance services meet and exceed their revenue goals through comprehensive service reviews, especially in the areas of billing rates, documentation training, and ePCR software. When not discussing Medicare allowed amounts with his clients, Jeff enjoys spending time with his wife and daughter.



Dana Evans – Director of AMB Operations: Dana has more than twenty-six (26) years of experience in Ambulance, Hospital and Physician Billing. Dana started her career as a registration clerk in a local pediatric medical practice. Her dedication to the task at hand and attention to detail was quickly noticed by CBS leadership, and she has been an integral part of our team since 1997. She has served AMB in numerous capacities including client trainer, posting department supervisor, and insurance tracking department supervisor. Her comprehensive knowledge is a true asset to our clients. Presently, Dana spends most of her time working on a daily basis with clients and internal staff to maximize revenues. She is a member of the HBMA.



Cheyenna Gallant – Manager, New Client Implementation

With almost five (5) years of ambulance billing background, Cheyenna is a significant asset to the team with her experience in the health field. She attended Hopkinsville Community College and is obtaining her health administration degree.

Cheyenna leads a team of experts in helping our new AMB clients transition to our service in the most efficient and effective manner. Her primary role consists of managing new client implementations; ensuring client systems are appropriately transitioned, claims are expeditiously submitted to every insurance carrier, and that all expectations are met.



Stacy Myers – Manager, Systems Administration and Patient Services

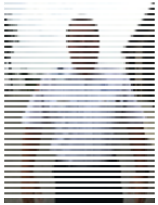
Stacy's Insurance and Billing industry experience of over twenty (20) years is a significant benefit to the clients and AMB employees that her work serves. She started her insurance career with LYNX Services and was quickly promoted into management. From there, Stacy sold insurance policies and managed a branch of American General and Combined Insurance. With a solid background in insurance processing, Stacy joined the MARS/AMB team in 2008. She has been promoted into numerous roles throughout our Account Receivables Department, and currently manages Systems Administration, Reporting and Patient Services functions.

Stacy works in Systems Administration to manage and support the functionality of all software related issues and the upkeep of user access for internal staff and our clients. Through our Reporting division, she oversees the completion of all month end and custom reports for our clients. Within Patient Services, Stacy is responsible for ensuring that our clients' patients receive outstanding customer service while expressing concerns, providing insurance or processing payments.



Lisa Chappell – Manager, Treasury and Client Services

Lisa has been with AMB for three (3) years, coming from a hospital IT environment after nine (9) years. She has managed our Reporting and Patient Services divisions before moving to Client Services and Treasury Manager. Lisa is a graduate of Murray State University and is Net+/Server+ certified. Lisa's fifteen (15) year background in the Retail industry provides a strong customer-centric environment for our clients.



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

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

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

COLLECTION EXPERIENCE

COLLECTION EXPERIENCE OVER PAST FIVE YEARS

AMB has over fourteen (14) years of experience in working with collection agency services. AMB has many clients who utilize outside collection agency services, while several of our clients utilize the collection services of our operating division that specializes in collections, CBS.

We work with each client on an individual basis and their specific collection agency, to provide them with the information needed for outstanding collections. AMB will work with your collection agent for past-due ambulance bills, and will provide you with the billing information required by your collection agency. The references that we have provided are for ambulance billing.

We are proud to have a strong presence with governmental agencies. AMB is currently under contract with over one hundred seventy (170) municipal EMS services. AMB has provided EMS transport billing services since 2005. That amounts to hundreds of satisfied clients receiving increased revenues for fourteen (14) years.





AMB can meet or exceed all of the County's requested services.

AMB'S BILLING INSURANCE PROFICIENCY

With clients located nationwide, AMB's team is expertly equipped to manage all of the County's claims. The experienced Accounts Receivables (A/R) Managers assigned to your account are intricately involved with the most efficient and effective methods for working Medicare, Medicaid, and private insurance claims. The A/R Managers acquire these skills through hands-on training and constant communication from our management team and their associates. The AMB Compliance Officer is available at any time for questions or concerns with any claim.

AMB HAS BEEN PROVIDING COMPREHENSIVE EMS AMBULANCE BILLING SERVICES SINCE 2005.

The AMB facilities located in Paducah, Kentucky are fully equipped to provide the billing services for the Southampton County. AMB representatives will be onsite on a regular basis, and whenever requests.

The technological capabilities that are utilized throughout the AMB offices include the crucial interface with ESO Solutions' Billing system and the ESO EHR. AMB is 100% able to accept and provide files formatted to interface with the County.

AMB'S CLAIMS PROCESS

AMB's process is the foundation on which the company is built. These are the guidelines through which the AMB team achieves its success. AMB is prepared to launch the County's contract immediately with all systems, staff, integrations, and processes in place.

TREATMENT • DATA • DOLLARS – AMB'S PROCESSES AND SYSTEM

AMB understands that an important aspect of billing is that the patient receives the highest level of treatment or patient care. AMB will work diligently to assure that the Southampton County crews have a streamlined set of data requirements so they can *focus on the patient in the back of the ambulance, not on documentation*. Patients come first and AMB keeps that in the forefront.

AMB will provide training to staff on how to best gather applicable and important information for billing without interfering with patient care. It is AMB's responsibility to work with the County to identify exactly what is needed for billing. AMB will assist in obtaining any data that may be omitted by an EMT or Paramedic.



SECURE DATA

It is important to maintain compliance in the transmission of all EMS data. AMB will receive and send secure data and files to the County via HP SecureMail Cloud Secure e-mail or through Secure FTP. All transmissions are HIPAA compliant.

ELECTRONIC PATIENT CARE REPORTING SOFTWARE

ESO SOLUTIONS

AMB's ESO Billing system expertly interfaces with ESO's EHR software. (as well as with the Virginia State Image Trend Elite) AMB is the ONLY Platinum Billing Partner with ESO.



- ❖ AMB has over one hundred forty-five (145) clients that utilize ESO for their electronic patient care record or EHR. The superior documentation capabilities and ease of use make it an offering catered to EMS crews and billing staff alike. AMB's relationship with ESO integrates both the EHR software and billing component to result in the **highest collection of cash possible**.
- ❖ Being a **Platinum Billing Partner** means that AMB has gone **above and beyond** to streamline the interface between AMB and ESO. AMB has been integral in making **key suggestions to the development** of the ESO software in order to ultimately benefit you and your crew.

Other instrumental attributes offered by ESO include:

- ❖ Capability with Panasonic Toughbook
- ❖ A NEMESIS 3 compliant EHR solution
- ❖ EKG/Cardiac monitor and computer aided dispatch (CAD) interface
- ❖ Free software upgrades and lifetime technical support
- ❖ A hosted software as a Service model that delivers cost-effectiveness and rapid deployment
- ❖ Web and mobile application
- ❖ Transparent costs
- ❖ Expanded usability on any platform (Windows, Android, iOS)
- ❖ Interoperability with the rest of healthcare.
- ❖ Medic-friendly features to allow for data-driven decisions at the patient's side.

ESO's EHR Solution is modern, hosted EHR software that is simple and intuitive, accurate, and secure. ESO's best in breed software, built by medics, for medics, represents ESO's awareness of the need for user-friendly software that prioritizes patient care while improving agency and end user productivity.

ESO BILLING SYSTEM

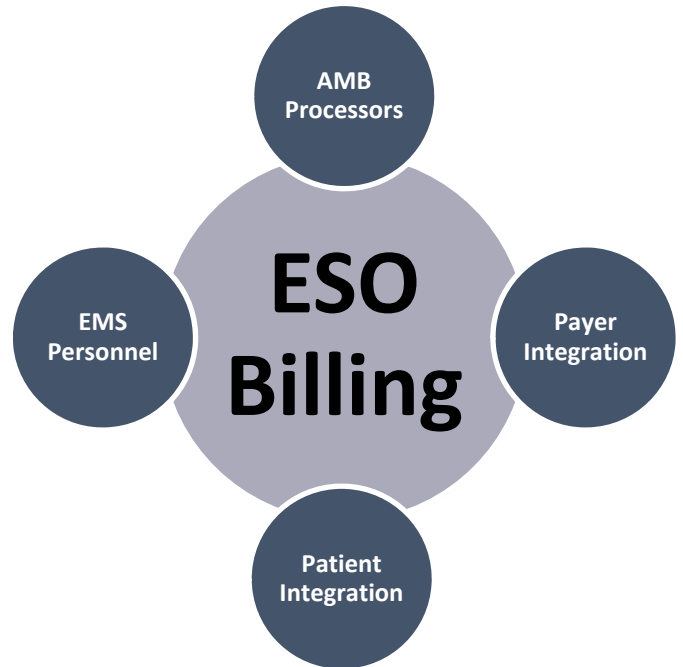
AMB recommends full and complete access to the ESO Billing System as the optimal way for the County to manage EMS billing.

AMB hosts its third-party EMS billing system, ESO Billing, in a way that allows key authorized Department personnel with the same access as AMB employees. ESO Billing will fully integrate with ESO EHR.

This means that authorized staff will not only be a helpful addition to the team, but a vital part of the billing process. The staff will be able to review claims and update bills in the system with full access to patient accounts, including the ability to add notes. ***AMB is unique in this approach and has seen great success with this two-way method of billing.***

We have specifically **customized** this billing system to ensure that it successfully integrates and processes your runs into claims. Our diligent processes and procedures are the reason why we are the **ESO premier billing provider**.

The system is updated on a regular basis, typically after hours, in an effort to minimize the disruption of work. Hands-on training for the easy-to-use software is performed at the beginning of the contract, and on an as needed basis. The length of time required for integration with the County's system is minimal.



IMPORTING FROM EPCR SOFTWARE



AMB's billing system imports all ePCR data automatically within five (5) minutes of the data being delivered by the ePCR Software. This interface allows for virtually instantaneous billing and synchronization between the ePCR system and the billing system. Once the PCRs are imported, the ticket is marked "New" and is ready for coding and billing.

CODING AND CLAIMS PROCESSING

An important aspect in AMB's billing system is the proper assignment of Healthcare Common Procedure Coding System (HCPCS) codes. AMB's certified coders are expertly trained, and are audited monthly to ensure claims are coded correctly. This group of coders takes the new tickets and assigns HCPCS, ICD-10, and Modifier codes to each claim within forty-eight (48) hours of receipt of the data.

AMB will provide regular system updates on all coding and other processes, and will supply those to the County. AMB will code all claims in accordance with the County's rates and billing ordinances.

100% CERTIFIED AMBULANCE CODERS



AMB employs thirty nine (39) Certified Ambulance Coders (CACs) that are educated and trained by the National Academy of Ambulance Coding, also known as the NAAC.

What does this mean for the County? A guarantee that one hundred percent (100%) of the County's claims will be coded by CAC coders. ***Not all billing providers can make this claim.***

AMB's workforce and business processes will assure the County that there will never be an interruption to the revenue cycle. No single AMB employee will perform all or most of the work. This provides the County with compliance assurance and process assurance.

It is AMB's belief that separation of duties and a diversified business approach is best for each client.

With Certified Coders, AMB is able to provide the utmost quality in coding and assure that AMB clients are current with all State and Federal billing regulations as soon as they are released.

During implementation, AMB’s industry-leading team of coding and compliance professionals will fully document the County’s business processes and work flows. AMB will utilize this documentation, along with a high standard of metrics and daily audits, to ensure that the process and coding outputs are accurate and within acceptable quality standards.

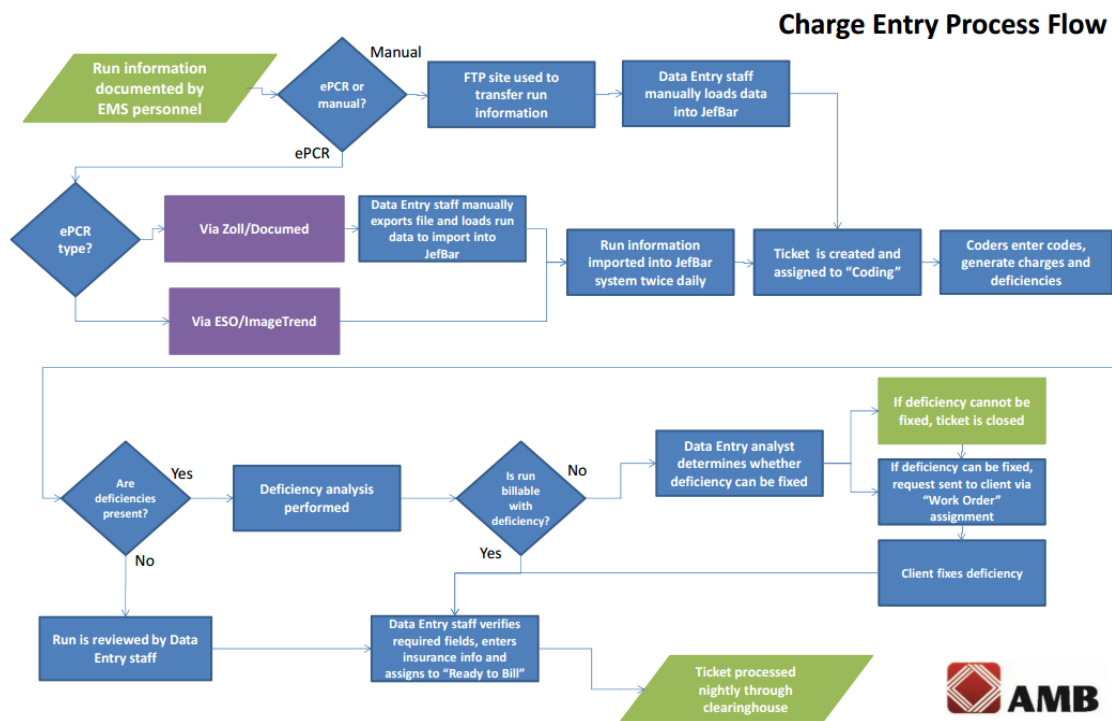
PRE-BILLING PROCESS

AMB’s billing system allows for complete integration between all documents in the ePCR software to the billing ticket. This means that each biller has full access to pre-screen every ticket before billing the ticket. No ticket in AMB’s system can be filed to payers without the proper information on the claim. This means that the billing and coding process cannot happen without a full and complete claim, AOB signature, PCS (if applicable), and other required information.

AMB has established relationships with hospital personnel in order to obtain electronic facesheets. This exchange helps assist the pre-billing process in obtaining any necessary information that may not have been originally transmitted. AMB will coordinate with hospitals willing to help, and has the capability to interface and access a hospital’s computer system.

During your implementation, AMB will collect the information and data necessary to develop and maintain the electronic data interfaces with the hospitals that are served by the County.

When information is missing, AMB will obtain the information if possible, or will contact the County for assistance. If an AOB signature, mileage, or zip code is missing, AMB will obtain the information and bill the claim accordingly. However, if clinical or procedural information is missing, AMB will flag the account for authorized Department staff to review via a secure Client Web Portal.



OBTAINING MISSING DATA

AMB realizes that EMS crews do not always capture all the data needed for billing. AMB understands that it is not always possible for crews to gather data perfectly every time. For that reason, AMB has a system in place to gather applicable information from other sources.

For missing patient information, AMB has partnered with **Passport Health** to provide insurance information on a daily basis for claims that have incorrect or no billing information. AMB also has partnered with **LexisNexis** to skip trace all missing or incorrect patient addresses and phone numbers. These processes are automated, and accounts are updated daily to assure timely filing of claims. AMB utilizes all available technology to communicate with patients including USPS NCOA databases and other similar technologies.

*AMB uses **Passport Health** on a daily basis to search for coverage information not obtained by the crew.*



FILING OF CLAIMS

AMB utilizes ZirMED, a third-party clearinghouse that allows for the electronic filing of claims. AMB files batches of claims to Medicare, Medicaid, and all Commercial Insurance Agencies such as Blue Cross. AMB submits the claims to the payers within twenty-four (24) hours of data receipt. This allows for the payment to be received promptly and accurately.

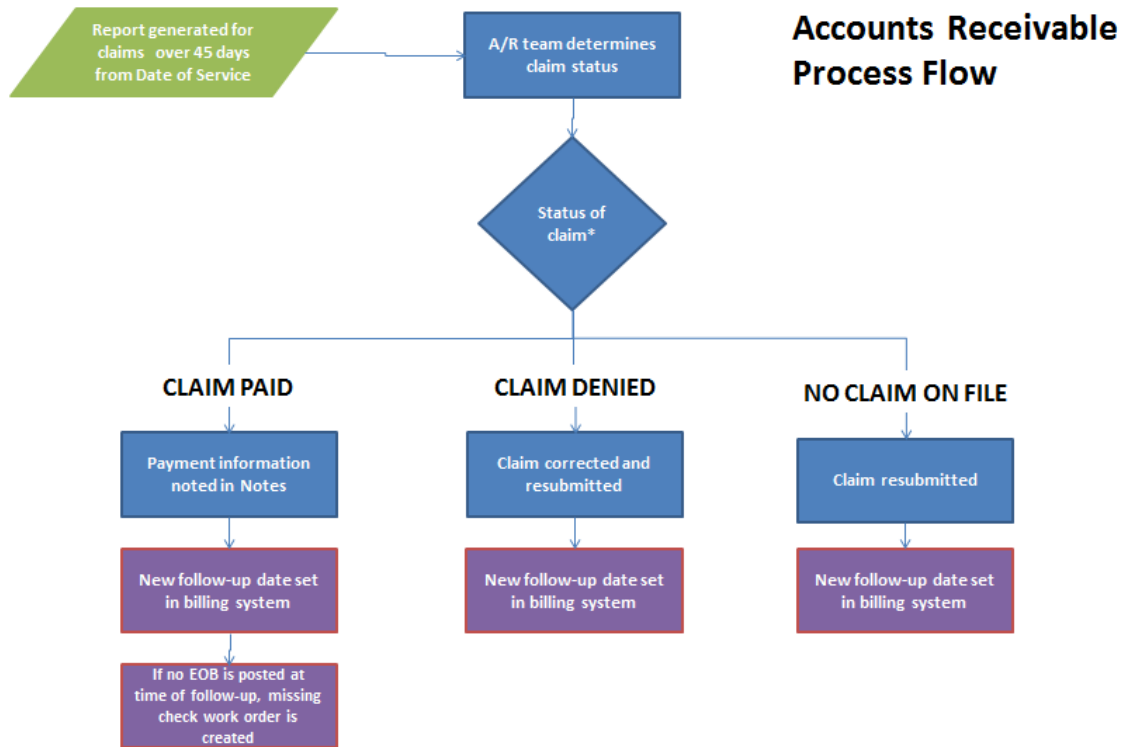


AMB's superior claims filing experience provides the level of experience with the following:

- ❑ Fourteen (14) years of experience exclusively billing ambulance claims;
- ❑ Fourteen (14) years of experience in medical insurance filing to include manual and electronic billing methods, with private and commercial insurance programs;
- ❑ Fourteen (14) years of experience in dealing with, negotiating with, handling dispute resolution with Medicare, Medicaid and other insurance payors;
- ❑ Fourteen (14) years of experience in regulations by the Health Care Financing Administration (HCFA).

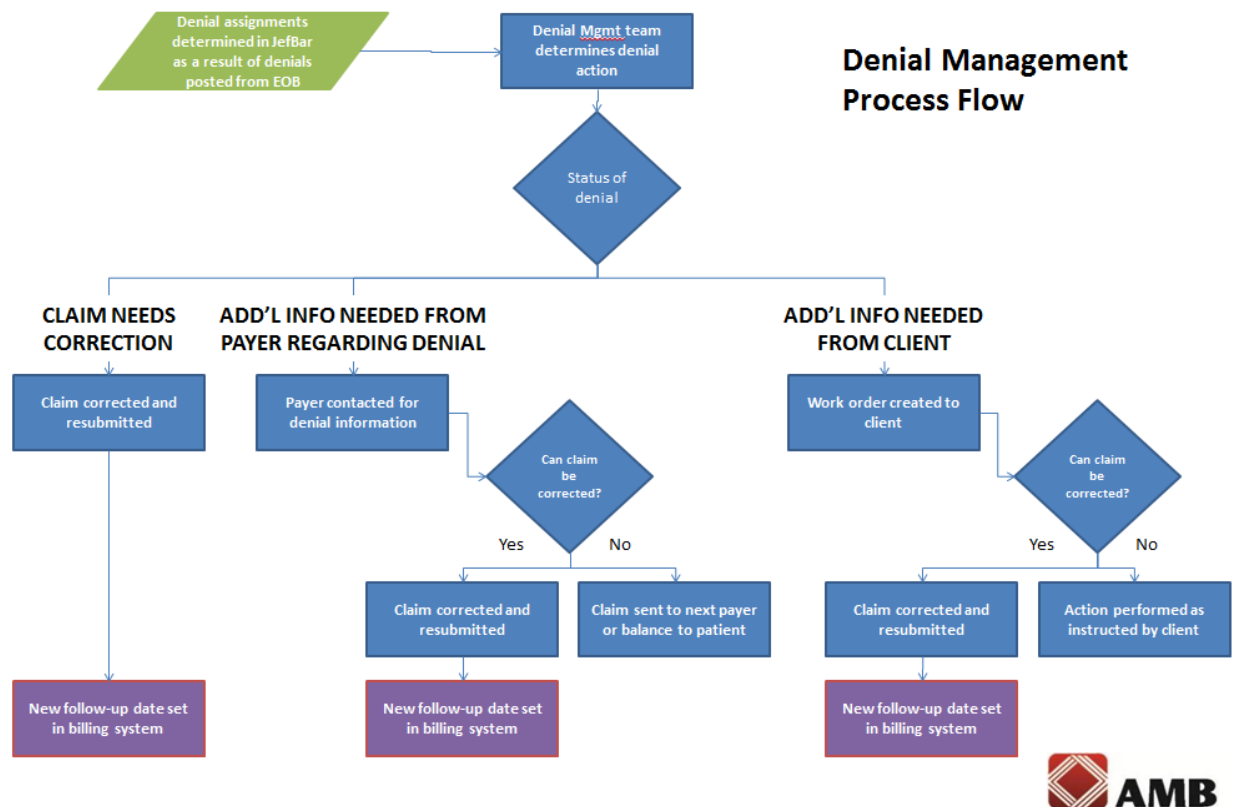
ACCOUNTS RECEIVABLES PROCESS

The flow chart below depicts the Accounts Receivables process. AMB ages accounts according to the transaction date. This is the normal standard for how we age accounts; however it is possible to adjust your accounts to age by Date of Service, if requested. AMB also has the ability to re-age accounts.



**status of claim determined via telephone or web portal*





ADMINISTRATIVE PROCEDURES FOR CLAIM PROCESSING AND WRITE-OFFS

A patient statement is initiated once a claim has been adjudicated by the last known insurance payer. Statements are generated every thirty (30) days for a total of three (3) statement cycles or ninety (90) days.

Patients and responsible parties receive two (2) statements and a final notice statement; each statement is thirty (30) days apart.

Upon completion of the statement process, the Client may elect to receive a “Collection Decide List” report, or may choose to allow AMB to automatically process the remaining accounts. Patients on the list will meet the criteria of either not making any payment, or not abiding by their agreed-upon payment plan. From the report, the Client must elect one of two options:

1. Place with a third-party collection agency;
2. Adjust the account to bad debt or bad debt collections, etc.

Any adjustments will be at the direction of the Client, when contractually required, or dictated by law. Hardship adjustments and payment plans can be taken on accounts at the direction of the Client.

If a statement is returned due to an incorrect address, with no forwarding address available, the patient is automatically added to the Collection Decide List. If *new information* is received for the patient with a new address or insurance information, the statement cycle will be reset at that time.

All self-pay accounts are processed through Passport Coverage Discovery or ZirMED Coverage Detection to obtain any insurance information that may not have been obtained at the time of service.

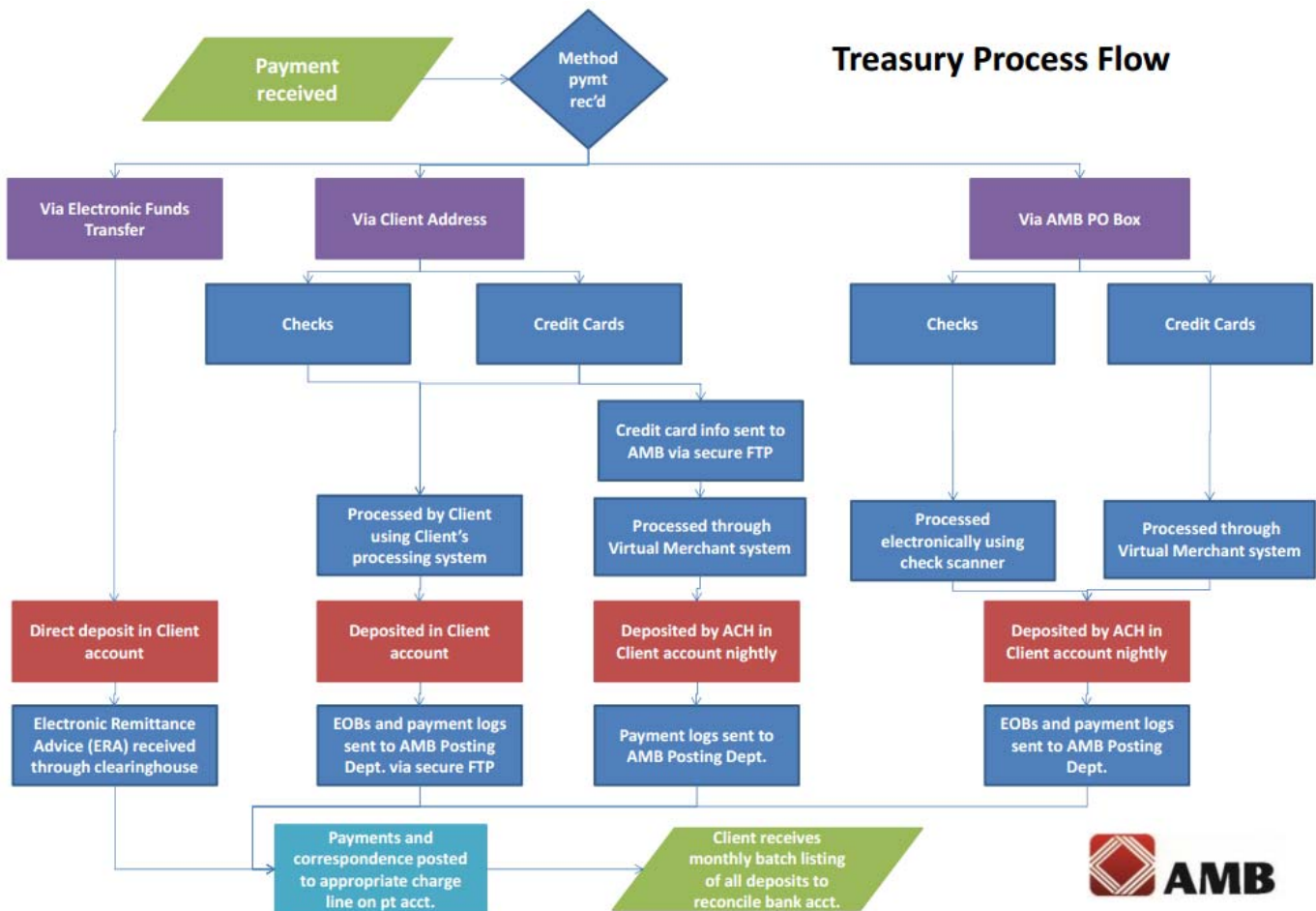
If the Client wishes to elect to not to work the Collection Decide report, all balances remaining due at the end of the statement process are referred to the appropriate third-party collection agency.

RECEIPT OF PAYMENT

The ultimate goal of the billing process is to receive the appropriate payment on claims. There are a few different options to receive money. The most seamless option is with the use of a lockbox. If the County prefers traditional mail, all mail from patients and insurers may be mailed to AMB in Paducah where the money will be deposited and wired to the County on a nightly basis.

As cash is deposited into the County’s bank account, AMB posts the payments within twenty four (24) hours. AMB’s goal is to post every payment electronically through an electronic remittance from insurers which will process the same day payment is made. When dollars are posted to the County’s accounts, AMB reconciles each day back to the date of the bank deposit. This means that at each month end, the dollar amount on AMB’s reports ties directly to the precise amount that was deposited into the County’s bank account during the month.

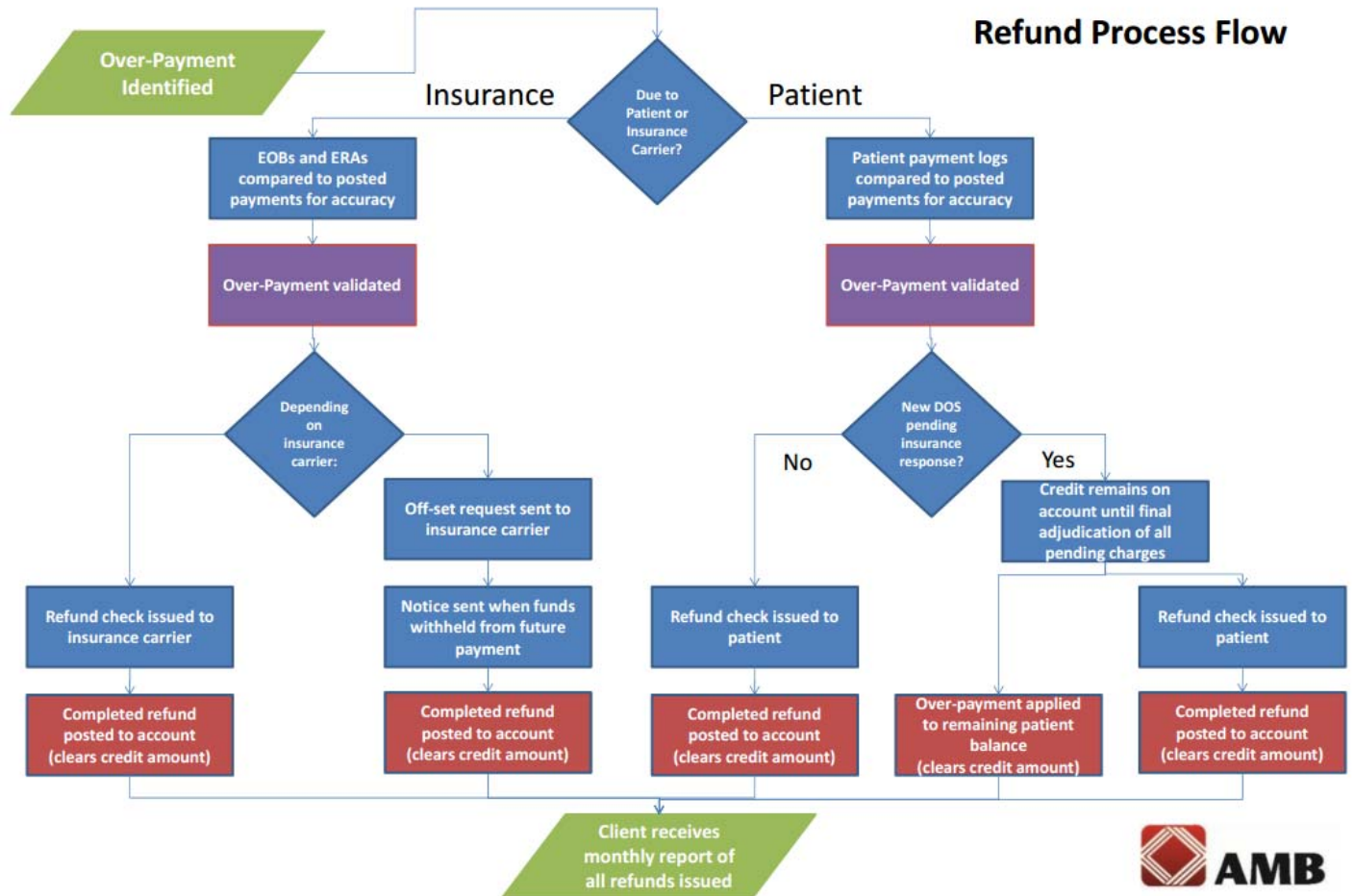
Treasury Process Flow



REFUND PROCESSING

Refunds are a natural result of A/R management, and AMB will work hard to minimize refunds for the County. However, when refunds occur, AMB will provide the County with a complete refund packet following the month-end reports. This refund packet will include supplemental documentation from every refund in the monthly reports so that your staff will have all information needed to process the refunds. AMB will be able to answer any questions that arise from the information in the refund packet.

AMB will work with the County to accommodate your current refund processes.



FINAL PHASE OF BILLING - COLLECTIONS

AMB is an operating division of Credit Bureau Systems (CBS), which has over sixty-seven (67) years of experience in maximizing cash from patients. AMB is able to utilize another operating division of Credit Bureau Systems, called CBS, who specializes in bad debt recovery services. CBS uses a formal process to collect unpaid patient balances. This includes address verification with Lexis Nexis, Coverage Discovery with Passport Health to reduce the number of patient balances, and NCOA address database scrubs. As letters are being sent to patients, AMB also calls every patient to attempt to contact and work with patients who have outstanding balances. This approach ensures that as few patients as possible go without any payment.



As a final measure, AMB is prepared to submit any remaining accounts to the County for final disposition. This may include write off, wage garnishments, or any other options to be chosen by the County.


PATIENT INVOICING

AMB’s patient invoices are considered the primary means to collect information, advise the patient of the status of their account, and request payment from the patient. Invoices are mailed at thirty (30), sixty (60) and ninety (90) days, and are available 24/7 in AMB’s system for authorized Department employees.

AMB’s first notice invoice to the patient may state that there is either no billing information or that the billing information on file is inaccurate. The patient is asked to contact AMB by phone through a toll free 800 number, mail, or online at www.ambbillpay.com to update their account information. Patients can pay using a credit card either online or by calling a Patient Services Representative directly.

The second invoice to the patient may state that there has been no response from the patient and requests the information again. Each invoice that follows uses more direct, yet respectful, language requesting the patient information. As long as patients are engaged and work to close out their account, the account will remain active. AMB’s goal is to have the maximum amount of patients engaged with paying their balances and accounts being closed daily.

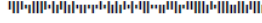

The County’s logo will appear in the top left corner of the patient statement.



ABC Ambulance
PO BOX 1234
ANYWHERE, KY 42345-0387

TO PAY BY CREDIT CARD PLEASE CALL 1-844-889-7701
OR
PAY ONLINE BY CREDIT CARD www.marsbillpay.com

STATEMENT DATE	ACCOUNT #
04/01/15	0000000000
AMOUNT DUE NOW	(SHOW AMOUNT PAID HERE)
\$250.00	\$

ADDRESSEE:	MAKE CHECKS PAYABLE AND REMIT TO:
DONALD DUCK 100 FULTON COURT PADUCAH, KY 42001 	ABC Ambulance PO BOX 1234 ANYWHERE, KY 42345-1234 

Please return TOP portion with payment. In supplied envelope.

Phone: 1-844-889-7701 or 270-744-6244
Hours of operation: 7:30 am to 4:00 pm CST

ACCOUNT SUMMARY

PATIENT SERVICE PROVIDED	
Run Number ABC-0000-03	
03/15/15 A0427 - ADVANCED LIFE SUPPORT EMER	886.00
03/15/15 A0425 - GROUND MILEAGE (ALS)	27.86
Total Charges	883.86
Patient Payments	
Insurance Payments/Adjustments	633.86
Insurance Still Pending	0.00
Balance Due Upon Receipt	250.00
Total Charges - Payments/Adjustments = Amount You Owe	
Minimum Payment Due \$250.00	

FIRST NOTICE

IMPORTANT MESSAGE:

Questions or concerns regarding your bill: Please call patient services at 1-844-889-7701 or email at ambservices@marsbill.com.

Please note the Following Regarding this Statement.

This statement has been sent to you by Medical Accounts Receivable Systems (MARS). MARS is the authorized billing agent for the provider or practice listed at the top of this statement. Please contact our office for all billing related matters. Your provider will not be able to provide you with all the information necessary to resolve your concerns.


MARS is here to help you in any way possible. Please do not hesitate to contact your Patient Services team at any time. When contacting our Patient Services team please know that there will be times when we will be unable to answer some or all of your issues. We are happy, however, to research any matter you may present and we will respond back to you in a timely fashion.

If you presented insurance at the time of your encounter we have filed your insurance. You are receiving this statement as a result of one of the following:

- The balance showing due is an amount not covered by your insurance carrier.
- Your claim has been denied by your carrier due to an error. The statement is being sent to notify you of the denial and the error. It is very important that you contact us as soon as possible so that we can re-file your claim with the correct information.
- We have filed your claim on at least three occasions with your carrier and they have failed to respond.

If you believe that your insurance carrier should have paid the balance shown due, please contact us as soon as possible to discuss the matter.

Si usted habla español y tienen dificultades Interpretar su cuenta, por favor comuníquese con nuestra oficina al 844-889-7701 para una aclaración.



PAY ONLINE BY CREDIT CARD
www.marsbillpay.com

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PATIENT SERVICE CENTER

AMB's Patient Service Center is state-of-the-art and maintains an average hold time of less than twenty (20) seconds. The County's patients will be provided with a toll-free phone number for direct access to AMB's service team during normal business hours, Monday through Friday. We will meet any Department requirements regarding hours of operation.

Patients treated with professionalism and respect

Our polite and respectful Patient Services Specialists are prepared to handle any questions or concerns presented to them, and can easily manage requests from non-English speaking patients.

PATIENT CONTACT PHONE CALLS

AMB not only uses patient letters but also places phone calls to contact patients who have not responded to patient statements. Patient Service Representatives are highly trained to assist your patients in satisfying their bill in a non-threatening manner. When a claim is billed to a patient with no insurance coverage, the patient is contacted by phone with a courtesy call. AMB includes this service at no additional charge to the County. While AMB makes every attempt to collect information and subsequently payment from patients, the company focuses on the patient first, not the money. AMB follows all laws in accordance with the Fair Debt Collection Practices Act and the Red Flags Rule.

AMB'S IMPLEMENTATION PROCESS AND CONTRACT MANAGEMENT

We want the County to have a smooth and seamless transition. The key to a smooth transition is a seasoned, experienced and knowledgeable Project Manager and Implementation team. Your designated Project Manager will be Cheyenna Gallant. Cheyenna will help the County throughout the entire implementation, which is typically a six (6) month process. From the moment the contract is awarded, Cheyenna's work begins.

Upon contract initiation, the County will receive a "Welcome" email that contains a wealth of information about your AMB team and the information that AMB will need in order to get started. This information includes items such as:

- Primary Contact Info
- Billing FEIN
- Billing NPI
- Fiscal Period
- Avg. Revenue per Run
- Bank Information

You will receive a detailed timeline of events that explains each step needed to get the County ready for billing services based on your specific timeline.

As soon as the requested information is received, Cheyenna will schedule a Kickoff Call for the County. Our staff always looks forward to these meetings because they get to meet our new client, and discuss the critical information that makes our services successful. Often times, your Sales Director will be there on-site with you for this call. Other AMB staff that will participate in the call include: Data Entry, Posting, Accounts Receivable, Patient Services, Client Services, Treasury, Facility, and Reporting.

An additional item that is covered during the Kickoff Call is the scheduling of a regular Touch Base Call. The Touch Base Call will occur between Cheyenna and our Implementation Team, and the appropriate Department representatives. These regular weekly calls establish the open lines of communication that makes AMB unique. We want to ensure that you are fully involved in each step of the process and are notified of any roadblocks. These calls will continue for as long as you choose.

Cheyenna will ensure that all forms and enrollment paperwork is completed on a timely basis for the County. Our team will diligently work to set up the processes that will make claims submission and processing as simple as possible.

While the enrollment process with Medicare takes thirty-five (35) days, the project can launch within seven (7) days of contract award. AMB has met this requirement many times and can do so for the County. For the first month after the contract begins, Medicare may not process payments due to the submitter ID enrollment not being completed, however large initial payments will begin as soon as Medicare enrollment is completed, and will date back to the contract start date.

AMB may also make recommendations to the County for changes in processes to ensure a smooth transition, improved results and patient care data, and better compliance with regulations.

COMMUNICATION

Throughout the contract, AMB will be sure to maintain the level of communication desired by the County. During implementation, we will establish the time and day of your monthly touch base calls, and from there you will determine how often you'd like to formally hear from us. You will have constant contact with Paula Robinson from our Client Services team, and this contact can be over the phone, through email, or via our web portal.

TRAINING

Compliance begins when the call to 911 is made. AMB will ensure that all aspects of patient encounters in relation to billing, from the 911 call to the claim being paid in full, are performed in a compliant manner.

AMB will provide all documents and a specialized trainer to work with the County employees as often as needed. AMB's trainers are current and retired EMS service directors, who contract with AMB to share their expertise with other services and work to develop best practices.

Our trainers are also certified for ePCR training. Not only have they attended intensive training to learn all aspects of the system, but they are also users. This allows them to have perspective from the ground-level in each aspect of the EMS process.

Training will begin with the new contract and a full regimen of training for all authorized administrative and field staff. All training is included and AMB will come on-site to train your crew and staff as often as requested.

*AMB'S TRAINERS ARE
CURRENT AND RETIRED EMS
SERVICE DIRECTORS:
EXPERTS IN THE FIELD.*

AMB's training for the County will include but not be limited to:

- ❑ HIPAA Compliance
- ❑ Understanding Financial Reports
- ❑ CMS Compliance
- ❑ Red Flags Rule Compliance
- ❑ Billing Best Practices
- ❑ Signature Compliance
- ❑ ePCR specific training
- ❑ AMB Portal training
- ❑ AMB Billing system
- ❑ Any other training needed



COMPLIANCE

REPORTING FOR THE COUNTY

AMB has over twenty two (22) years of experience in data gathering and analysis, and has a full-time, in-house software development staff that can write, design, and produce any report requested by the County. These can be provided on a daily, weekly, or monthly basis through AMB's secure FTP site or web-based application.

As we launch the new contract, AMB will meet with the County and share examples of reports that many of our clients find helpful in EMS management, including patient care data. The County can edit, change, or create any report, and AMB will schedule these reports to be delivered on any timetable desired. Reports will be automated and placed on AMB's secure client portal for authorized Department personnel to retrieve. If requested, these reports will be securely emailed to the County via secure email and can be sent to any authorized Department employee.

There is no limit to the number, complexity, frequency, or format of the reports that can be provided.

UNLIMITED REPORTS at NO EXTRA CHARGE

ANY FORMAT at ANY TIME INTERVAL

AMB will provide all of the necessary reports required by the County. All AMB reports and accounting practices follow Generally Accepted Accounting Principles. Most standard AMB reports are typically generated using Adobe Portable Document Format to retain the integrity of the original data. However, AMB will accommodate any request from the County regarding specific formats such as Microsoft Excel, Word, Access or otherwise.

DASHBOARD, REPORTING, AND SAMPLES

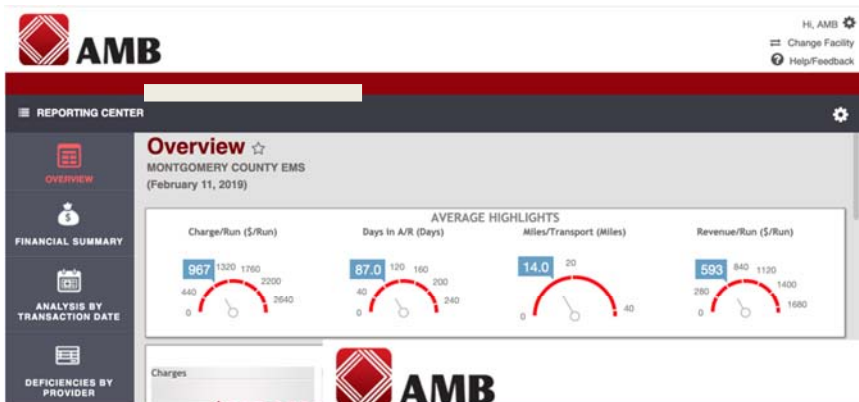
AMB exclusively provides **real-time data dashboards** accessible 24/7 through a secure web portal and through a free **Dashboard App for any mobile device**, downloadable from the Apple App Store. AMB developed this proprietary **Ambulance Dashboard Revenue System or “ADRS”** tool that allows the County to view multiple data points of interest in easy-to-read charts and graphs on a smart device. The real-time information means that the County will see every dollar as it is posted throughout the day.



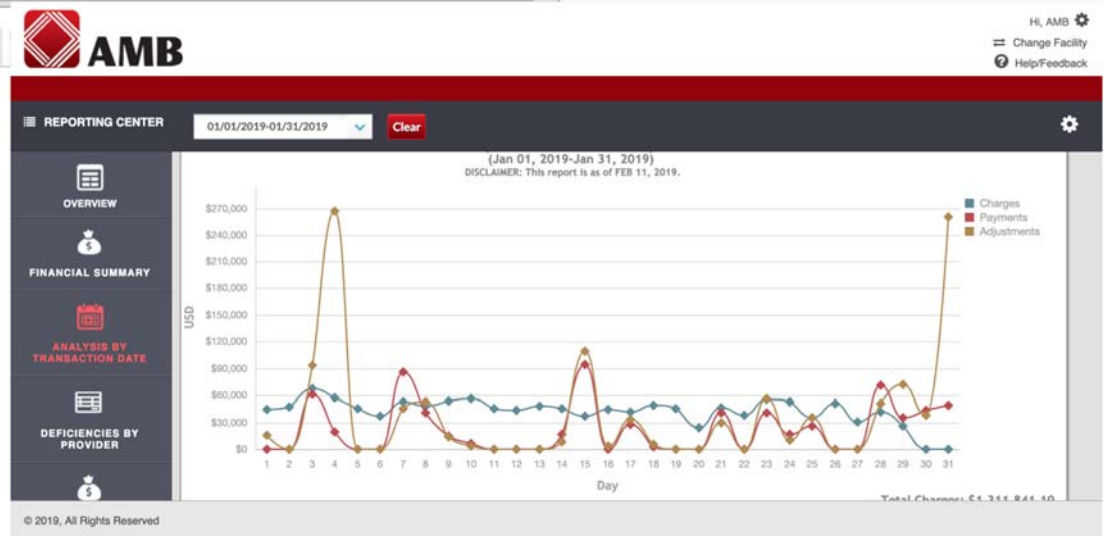
Overview – Provides information on current financial productivity of the County in the recent past.

Components include:

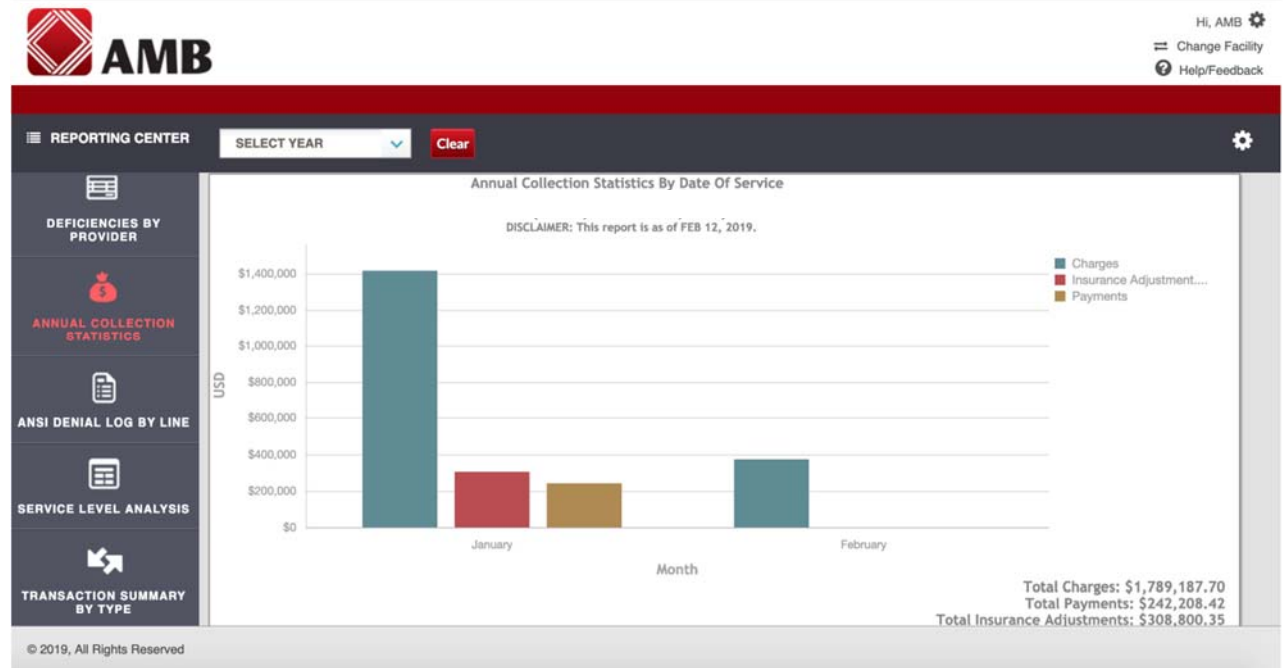
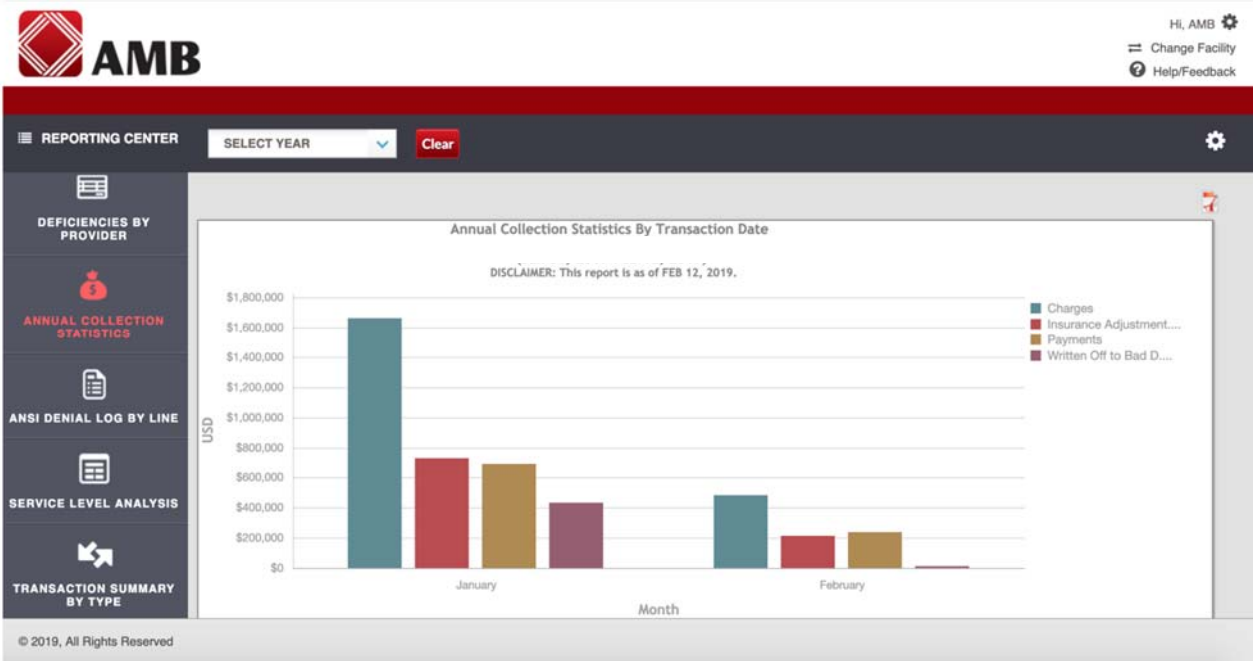
- First Row: Charges per Run, Days in A/R, Miles per Transport, Revenue Per Run
- Second Row: Sum of Charges, Payments, Adjustments and total Transports
- Third Row: Charges, Payments, Adjustments and Ending A/R in a graphical format
- Fourth Row: Gross Revenue Mix and Gross Deficiencies
- Fifth Row: Dates of Service compared to Date of Billing



Financial Analysis by Transaction Date - Charges, Payments and Adjustments over any specified month of service. Highlighting graphical nodes provides specific values associated with that date.



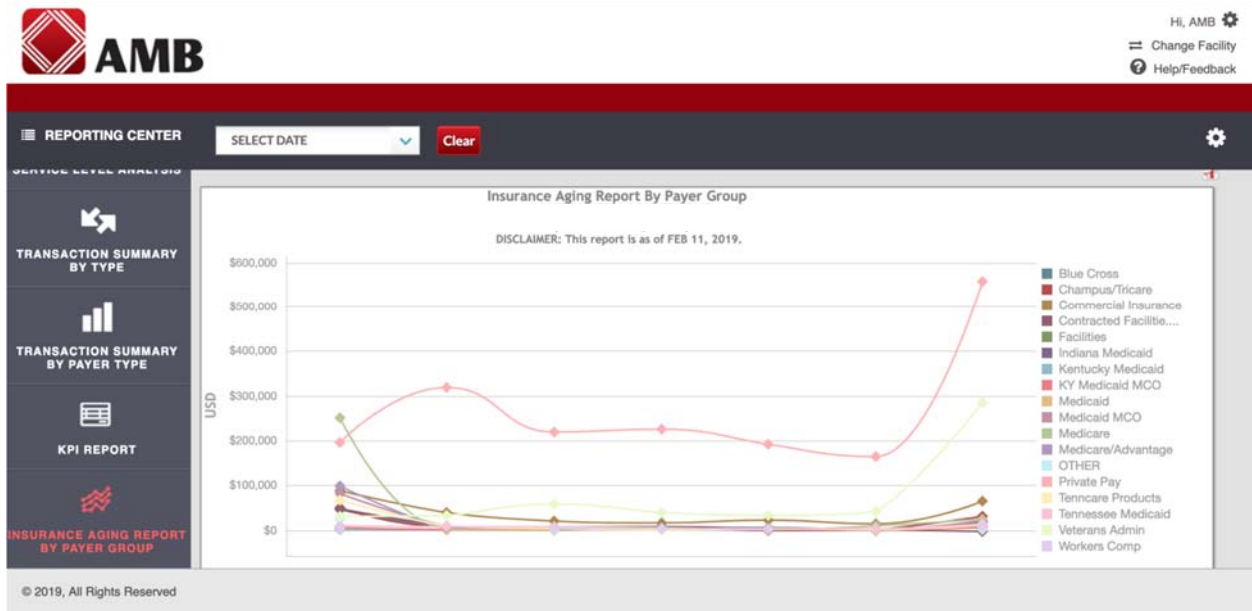
Annual Collection Statistics - This report shows Charges, Adjustments, Payments and Outstanding A/R by BOTH Transaction Date and Date of Service. Hovering over any given month provides detailed figures on that subset of data.



Transaction Type Summary by Payer Type – Allows comparison of Payments and/or Adjustments by any combination of Payer Types over any specified date range.



Insurance Aging by Payer Group – Allows the County to specify any target date and provides information regarding Aged Payment totals by any combination of Payer Types selected.



The following sample reports are examples of the financials that the County will receive at the close of each month. These reports are standard for all AMB clients; however customized information and reports are available upon request.

All Runs					
SAMPLE CLIENT	TOTAL	Medicare	Medicaid MCO	Private Pay	VA
Payer Mix %	100.00%	44.36 %	17.32 %	10.61 %	0.60 %
Charges	\$4,641,289.04	\$2,058,664.55	\$804,013.41	\$492,622.49	\$27,901.49
Payments	(\$1,684,082.32)	(\$944,093.66)	(\$126,358.55)	(\$154,601.06)	(\$6,325.62)
Current AR Balance	\$463,987.53	\$83,962.41	\$43,276.33	\$78,860.69	\$20,550.10
Gross Collection %	36.28 %	45.86 %	15.72 %	31.38 %	22.67 %
ALS	124	57	13	15	4
% of ALS	2.19 %	2.19 %	1.41 %	2.31 %	20.00 %
Total ALS Charges	\$193,419.70	\$88,482.01	\$18,054.20	\$24,423.79	\$8,730.43
Total ALS Revenue	(\$66,802.10)	(\$35,022.13)	(\$2,211.40)	(\$6,107.63)	(\$2,603.00)
Avg ALS Charge	\$1,559.84	\$1,552.32	\$1,388.78	\$1,628.25	\$2,182.61
Avg ALS Revenue	(\$538.73)	(\$614.42)	(\$170.11)	(\$407.18)	(\$650.75)
ALS2	63	31	-	7	3
% of ALS2	1.11 %	1.19 %	-	1.08 %	15.00 %
Total ALS2 Charges	\$69,633.27	\$33,580.12	-	\$8,039.63	\$3,525.91
Total ALS2 Revenue	(\$29,568.16)	(\$16,934.98)	-	(\$2,619.78)	-
Avg ALS2 Charge	\$1,105.29	\$1,083.23	-	\$1,148.52	\$1,175.30
Avg ALS2 Revenue	(\$469.34)	(\$546.29)	-	(\$374.25)	-
ALSE	2,252	904	452	250	9
% of ALSE	39.69 %	34.76 %	48.86 %	38.52 %	45.00 %
Total ALSE Charges	\$2,144,147.73	\$837,729.92	\$441,635.71	\$222,443.82	\$11,051.65
Total ALSE Revenue	(\$780,804.74)	(\$405,988.83)	(\$75,322.73)	(\$69,863.15)	(\$3,103.89)
Avg ALSE Charge	\$952.11	\$926.69	\$977.07	\$889.78	\$1,227.96
Avg ALSE Revenue	(\$346.72)	(\$449.10)	(\$166.64)	(\$279.45)	(\$344.88)
BLS	1,798	1,105	117	154	1
% of BLS	31.69 %	42.48 %	12.65 %	23.73 %	5.00 %
Total BLS Charges	\$1,245,107.09	\$755,288.50	\$93,918.50	\$107,876.50	\$419.00
Total BLS Revenue	(\$455,435.08)	(\$316,663.90)	(\$11,778.28)	(\$34,661.55)	-
Avg BLS Charge	\$692.50	\$683.52	\$802.72	\$700.50	\$419.00
Avg BLS Revenue	(\$253.30)	(\$286.57)	(\$100.67)	(\$225.08)	-
BLSE	1,286	475	316	166	3
% of BLSE	22.66 %	18.26 %	34.16 %	25.58 %	15.00 %
Total BLSE Charges	\$967,101.50	\$339,525.00	\$246,248.50	\$121,127.50	\$4,174.50
Total BLSE Revenue	(\$348,918.00)	(\$168,907.48)	(\$37,046.14)	(\$39,977.95)	(\$618.73)
Avg BLSE Charge	\$752.02	\$714.79	\$779.27	\$729.68	\$1,391.50
Avg BLSE Revenue	(\$271.32)	(\$355.59)	(\$117.23)	(\$240.83)	(\$206.24)
TNT	138	25	26	55	-
% of TNT	2.43 %	0.96 %	2.81 %	8.47 %	-
Total TNT Charges	\$21,879.75	\$4,059.00	\$4,156.50	\$8,711.25	-
Total TNT Revenue	(\$2,554.24)	(\$576.34)	-	(\$1,371.00)	-
Avg TNT Charge	\$158.55	\$162.36	\$159.87	\$158.39	-
Avg TNT Revenue	(\$18.51)	(\$23.05)	-	(\$24.93)	-
TOTAL # OF RUNS	5,674	2,601	925	649	20
Avg # of Miles per Run	15.57	14.73	15.96	12.82	45.62
Avg Charge per Run	\$817.99	\$791.49	\$869.20	\$759.05	\$1,395.07
Avg Revenue per Run	\$296.81	\$362.97	\$136.60	\$238.21	\$316.28

*This report has been abbreviated for sample purposes

Fully Adjudicated Runs*					
SAMPLE CLIENT	TOTAL	Medicare	Medicaid MCO	Private Pay	VA
Payer Mix %	100.00%	47.91 %	20.77 %	10.07 %	0.18 %
Charges	\$3,599,196.64	\$1,724,373.05	\$747,469.93	\$362,292.65	\$6,597.89
Payments	(\$1,481,514.25)	(\$830,398.46)	(\$124,773.15)	(\$153,638.02)	(\$6,074.50)
Current AR Balance	(\$3,622.34)	(\$1,456.69)	(\$106.50)	(\$841.50)	-
Gross Collection %	41.16 %	48.16 %	16.69 %	42.41 %	92.07 %
ALS	93	44	11	13	1
% of ALS	2.14 %	2.01 %	1.31 %	2.85 %	16.67 %
Total ALS Charges	\$142,536.00	\$67,274.98	\$15,888.74	\$20,384.69	\$2,603.00
Total ALS Revenue	(\$55,714.66)	(\$28,087.10)	(\$2,156.40)	(\$6,107.63)	(\$2,603.00)
Avg ALS Charge	\$1,532.65	\$1,528.98	\$1,444.43	\$1,568.05	\$2,603.00
Avg ALS Revenue	(\$599.08)	(\$638.34)	(\$196.04)	(\$469.82)	(\$2,603.00)
ALS2	37	20	-	5	-
% of ALS2	0.85 %	0.92 %	-	1.10 %	-
Total ALS2 Charges	\$38,372.04	\$21,017.13	-	\$4,701.53	-
Total ALS2 Revenue	(\$21,698.31)	(\$11,607.78)	-	(\$2,619.78)	-
Avg ALS2 Charge	\$1,037.08	\$1,050.86	-	\$940.31	-
Avg ALS2 Revenue	(\$586.44)	(\$580.39)	-	(\$523.96)	-
ALSE	1,745	755	434	180	4
% of ALSE	40.12 %	34.55 %	51.73 %	39.47 %	66.67 %
Total ALSE Charges	\$1,645,171.96	\$692,585.44	\$419,319.69	\$158,207.43	\$3,103.89
Total ALSE Revenue	(\$668,643.97)	(\$348,139.75)	(\$74,577.93)	(\$69,589.58)	(\$3,103.89)
Avg ALSE Charge	\$942.79	\$917.33	\$966.17	\$878.93	\$775.97
Avg ALSE Revenue	(\$383.18)	(\$461.11)	(\$171.84)	(\$386.61)	(\$775.97)
BLS	1,433	951	98	133	-
% of BLS	32.95 %	43.52 %	11.68 %	29.17 %	-
Total BLS Charges	\$1,001,905.89	\$649,811.00	\$80,665.00	\$92,756.50	-
Total BLS Revenue	(\$417,199.86)	(\$291,948.81)	(\$11,541.68)	(\$34,400.09)	-
Avg BLS Charge	\$699.17	\$683.29	\$823.11	\$697.42	-
Avg BLS Revenue	(\$291.14)	(\$306.99)	(\$117.77)	(\$258.65)	-
BLSE	1,025	412	296	116	1
% of BLSE	23.57 %	18.86 %	35.28 %	25.44 %	16.67 %
Total BLSE Charges	\$768,769.50	\$293,180.50	\$231,596.50	\$84,871.50	\$891.00
Total BLSE Revenue	(\$315,842.75)	(\$150,111.02)	(\$36,497.14)	(\$39,549.94)	(\$367.61)
Avg BLSE Charge	\$750.02	\$711.60	\$782.42	\$731.65	\$891.00
Avg BLSE Revenue	(\$308.14)	(\$364.35)	(\$123.30)	(\$340.95)	(\$367.61)
TNT	16	3	-	9	-
% of TNT	0.37 %	0.14 %	-	1.97 %	-
Total TNT Charges	\$2,441.25	\$504.00	-	\$1,371.00	-
Total TNT Revenue	(\$2,414.70)	(\$504.00)	-	(\$1,371.00)	-
Avg TNT Charge	\$152.58	\$168.00	-	\$152.33	-
Avg TNT Revenue	(\$150.92)	(\$168.00)	-	(\$152.33)	-
TOTAL # OF RUNS	4,349	2,185	839	456	6
Avg # of Miles per Run	15.87	14.59	16.23	13.88	29.20
Avg Charge per Run	\$827.59	\$789.19	\$890.91	\$794.50	\$1,099.65
Avg Revenue per Run	\$340.66	\$380.05	\$148.72	\$336.93	\$1,012.42

*This report has been abbreviated for sample purposes



Sample Clinic – Financial Summary

	Jan-18	Feb-18	Mar-18	Apr-18	May-18	TOTALS
Beginning AR	\$0.00	\$0.00	\$0.00	\$91,995.02	\$235,247.90	\$0.00
Charges	\$0.00	\$0.00	\$93,703.80	\$158,436.05	\$120,138.70	\$372,278.55
Contractual Adjustments	\$0.00	\$0.00	(\$867.50)	(\$6,639.12)	(\$43,757.61)	(\$51,264.23)
Gross Net Charges	\$0.00	\$0.00	\$92,836.30	\$151,796.93	\$76,381.09	\$321,014.32
Courtesy Discounts	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Bad Debt Write Off	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Bankruptcy	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Misc Adjustments	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Adjusted Charges	\$0.00	\$0.00	\$92,836.30	\$151,796.93	\$76,381.09	\$321,014.32
Insurance Refunds	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Patient Refunds	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Returned Checks	\$0.00	\$0.00	\$0.00	\$0.00	\$71.36	\$71.36
Total Refunds	\$0.00	\$0.00	\$0.00	\$0.00	\$71.36	\$71.36
Insurance Payments	\$0.00	\$0.00	(\$841.28)	(\$6,406.57)	(\$48,779.17)	(\$56,027.02)
Patient Payments	\$0.00	\$0.00	\$0.00	(\$2,137.48)	(\$1,182.12)	(\$3,319.60)
Bad Debt Recovery	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total Payments	\$0.00	\$0.00	(\$841.28)	(\$8,544.05)	(\$49,961.29)	(\$59,346.62)
Net Payments	\$0.00	\$0.00	(\$841.28)	(\$8,544.05)	(\$49,961.29)	(\$59,346.62)
Ending A/R	\$0.00	\$0.00	\$91,995.02	\$235,247.90	\$261,739.06	\$261,739.06
COLLECTIONS ACTIVITY						
Beginning Collections	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Accounts Sent to Collections	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Adjustments	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Bad Debt Recovery	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Ending Collections	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
OPERATING RATIOS						
Total # of Claims Filed	0	0	55	181	303	539
Total Lines Filed on Claims	0	0	110	359	602	1,071
Runs	0	0	131	216	170	517
Denials (# of Lines)	0	0	4	16	51	71
Clean Claim Percentage	0.00 %	0.00 %	96.36 %	95.54 %	91.53 %	93.37 %
Gross Days in AR	0.00	0.00	30.43	56.91	63.28	
Avg Charge / Transport	\$0.00	\$0.00	\$715.30	\$733.50	\$706.70	\$720.07
Avg Revenue / Transport	\$0.00	\$0.00	\$6.42	\$39.56	\$293.89	\$114.79
A0425 - Ground Mileage (ALS)	0.00	0.00	371.50	913.50	494.60	1,779.60
A0425 - Ground Mileage (BLS)	0.00	0.00	47.30	418.80	121.60	587.70
A0427 - Advanced Life Support Emergent	0.00	0.00	114.00	172.00	135.00	421.00
A0428 - Basic Life Support	0.00	0.00	2.00	0.00	2.00	4.00
A0429 - Basic Life Support Emergent	0.00	0.00	15.00	34.00	31.00	80.00
A0998 - AMB RESP AND TX, NO TSPT	0.00	0.00	0.00	10.00	2.00	12.00

		Revenue by Payer Group and Charge Zone					
Payer Group/Charge Zone			nres	nrura	res	rural	Total
	Invoice	\$620.00					\$620.00
	Payment	\$0.00					\$0.00
MCAID	Invoice	\$4,932.25					\$4,932.25
	Payment	(\$3,670.00)					(\$3,670.00)
MCAL	Invoice	\$2,626.00					\$2,626.00
	Payment	(\$1,250.00)					(\$1,250.00)
MCARE	Invoice	\$15,909.35	\$1,731.15	\$1,607.50		\$1,320.00	\$20,568.00
	Payment	(\$5,910.25)	(\$1,285.75)	(\$1,057.50)		(\$150.00)	(\$8,403.50)
PAT	Invoice	\$825.00			\$1,843.85	\$1,682.50	\$4,351.35
	Payment	(\$50.00)			\$0.00	(\$1,200.00)	(\$1,250.00)
PINS	Invoice	\$27,644.75					\$27,644.75
	Payment	(\$8,254.25)					(\$8,254.25)
Total	Invoice	\$52,557.35	\$1,731.15	\$1,607.50	\$1,843.85	\$3,002.50	\$60,742.35
	Payment	(\$19,134.50)	(\$1,285.75)	(\$1,057.50)	\$0.00	(\$1,350.00)	(\$22,827.75)

CONTRACTUALS BY FINANCIAL CLASS					
Class / Charge Zone		nres	nrura	rural	Total
MCARE Write Offs	(\$895.00)	(\$455.40)	(\$25.00)		(\$1,375.40)
Write Off	(\$15,029.00)		(\$400.00)	(\$482.50)	(\$15,911.50)
Total	(\$15,924.00)	(\$455.40)	(\$425.00)	(\$482.50)	(\$17,286.90)

OTHERS BY FINANCIAL CLASS			
Class / Charge Zone		rural	Total
Credit	(\$200.00)		(\$200.00)
Deny Charges	(\$375.00)		(\$375.00)
Refund		\$100.00	\$100.00
Total	(\$575.00)	\$100.00	(\$475.00)



Practice Analysis By Company and Payer Group

Company Code	InList	Sample Client
Transaction Date	Greater Than Or Equal	4/1/2018
Transaction Date	Less Than Or Equal	4/30/2018

	4/1/2018 - 4/30/2018 Totals	Payments Payments	Adjustments Adjustments	Runs Runs	Charges Charges	Payments Payments	Adjustments Adjustments	Total Total
Blue Cross	1,260	887	571	\$413,501.40	(\$318,889.00)	(\$96,442.56)		(\$1,830.16)
	1,260	887	571	\$413,501.40	(\$318,889.00)	(\$96,442.56)		(\$1,830.16)
Champus/Tricare	25	29	28	\$19,940.70	(\$7,401.04)	(\$257.47)		\$12,282.19
	25	29	28	\$19,940.70	(\$7,401.04)	(\$257.47)		\$12,282.19
Commercial Insurance	1,344	1,308	604	\$435,567.61	(\$373,016.36)	(\$409,370.92)		(\$346,819.67)
	1,344	1,308	604	\$435,567.61	(\$373,016.36)	(\$409,370.92)		(\$346,819.67)
Contracted Facilities	0	0	0	(\$1,165.19)	\$0.00	\$0.00		(\$1,165.19)
	0	0	0	(\$1,165.19)	\$0.00	\$0.00		(\$1,165.19)
Facilities	20	20	28	\$20,437.30	(\$6,973.39)	(\$8,590.61)		\$4,873.30
	20	20	28	\$20,437.30	(\$6,973.39)	(\$8,590.61)		\$4,873.30
HMO/PPO Plans	0	0	2	\$1,446.90	\$0.00	\$0.00		\$1,446.90
	0	0	2	\$1,446.90	\$0.00	\$0.00		\$1,446.90
Medicaid MCO	3	2	8	\$5,534.10	(\$801.90)	\$82.70		\$4,814.90
	3	2	8	\$5,534.10	(\$801.90)	\$82.70		\$4,814.90
Tennessee Medicaid	4	8	8	\$5,662.80	(\$1,126.93)	\$1,211.60		\$5,747.47
	4	8	8	\$5,662.80	(\$1,126.93)	\$1,211.60		\$5,747.47
Medicaid MCO	637	720	761	\$546,963.30	(\$121,466.38)	(\$344,318.01)		\$81,178.91
	637	720	761	\$546,963.30	(\$121,466.38)	(\$344,318.01)		\$81,178.91
Medicare	1,820	1,724	947	\$685,926.80	(\$367,356.03)	(\$367,454.97)		(\$48,884.20)
	1,820	1,724	947	\$685,926.80	(\$367,356.03)	(\$367,454.97)		(\$48,884.20)
Medicare/Advantage	1,407	1,673	755	\$544,762.40	(\$261,463.41)	(\$288,984.62)		(\$5,685.63)
	1,407	1,673	755	\$544,762.40	(\$261,463.41)	(\$288,984.62)		(\$5,685.63)
Private Pay	842	2,418	1,368	\$969,573.80	(\$161,042.28)	(\$881,684.97)		(\$73,153.45)
	842	2,418	1,368	\$969,573.80	(\$161,042.28)	(\$881,684.97)		(\$73,153.45)
TennCare Products	312	354	393	\$283,266.10	(\$37,914.69)	(\$192,707.48)		\$52,643.93
	312	354	393	\$283,266.10	(\$37,914.69)	(\$192,707.48)		\$52,643.93
Veterans Admin	159	214	111	\$81,876.60	(\$51,451.28)	(\$105,073.08)		(\$74,647.76)
	159	214	111	\$81,876.60	(\$51,451.28)	(\$105,073.08)		(\$74,647.76)
Workers Comp	26	24	5	\$3,619.20	(\$11,160.28)	\$2,144.34		(\$5,396.74)
	26	24	5	\$3,619.20	(\$11,160.28)	\$2,144.34		(\$5,396.74)
Report Totals	7,859	9,381	5,589	\$4,016,913.82	(\$1,720,062.97)	(\$2,691,446.05)		(\$394,595.20)
	7,859	9,381	5,589	\$4,016,913.82	(\$1,720,062.97)	(\$2,691,446.05)		(\$394,595.20)



PA by Procedure Code

Company Code	Equal	
Transaction Date	GreaterThanOrEqualTo	4/1/2018
Transaction Date	LessThanOrEqualTo	4/30/2018

Code	Procedure	04/01/18 - 04/30/18 Total	Count Count	Charges Charges	Payments Payments	Adjustments Adjustments	Remaining Remaining
ALSE	A0427	A0427 - Advanced Life Support Emergent	1,078.00	\$835,450.00	\$319,318.88	\$319,928.77	\$196,202.35
			1,078.00	\$835,450.00	\$319,318.88	\$319,928.77	\$196,202.35
MILE	A0425	A0425 - Ground Mileage (ALS)	10,432.70	\$146,057.80	\$66,981.68	\$58,228.35	\$20,847.77
			10,432.70	\$146,057.80	\$66,981.68	\$58,228.35	\$20,847.77
BLSE	A0429	A0429 - Basic Life Support Emergent	849.00	\$573,075.00	\$212,851.41	\$244,618.92	\$115,604.67
			849.00	\$573,075.00	\$212,851.41	\$244,618.92	\$115,604.67
MILEB	A0425	A0425 - Ground Mileage (BLS)	6,342.60	\$88,796.40	\$30,630.97	\$34,504.75	\$23,660.68
			6,342.60	\$88,796.40	\$30,630.97	\$34,504.75	\$23,660.68
ALS2	A0433	A0433 - ALS LVL2	28.00	\$24,500.00	\$9,626.61	\$6,359.55	\$8,513.84
			28.00	\$24,500.00	\$9,626.61	\$6,359.55	\$8,513.84
OTHER	Other		0.00	\$0.00	\$92.02	\$366,454.12	(\$366,546.14)
			0.00	\$0.00	\$92.02	\$366,454.12	(\$366,546.14)
BLS	A0428	A0428 - Basic Life Support	17.00	\$11,475.00	\$2,704.78	\$5,129.15	\$3,641.07
			17.00	\$11,475.00	\$2,704.78	\$5,129.15	\$3,641.07
ALS	A0426	A0426 - Advanced Life Support	41.00	\$31,775.00	\$13,933.84	\$20,918.13	(\$3,076.97)
			41.00	\$31,775.00	\$13,933.84	\$20,918.13	(\$3,076.97)
96374	96374	96374 - IV PUSH	0.00	\$0.00	\$0.00	\$0.00	\$0.00
			0.00	\$0.00	\$0.00	\$0.00	\$0.00
999	99999	Balance Forward	0.00	\$0.00	\$685.71	\$537.82	(\$1,223.53)
			0.00	\$0.00	\$685.71	\$537.82	(\$1,223.53)
31500	31500	Intubation	0.00	\$0.00	\$0.00	\$0.00	\$0.00
			0.00	\$0.00	\$0.00	\$0.00	\$0.00
36680	36680	36680-INTER-OSTEO	1.00	\$0.00	\$0.00	\$0.00	\$0.00
			1.00	\$0.00	\$0.00	\$0.00	\$0.00
Report Totals			18,789.30	\$1,711,129.20	\$656,825.90	\$1,056,679.56	(\$2,376.26)
			18,789.30	\$1,711,129.20	\$656,825.90	\$1,056,679.56	(\$2,376.26)



Deficiency Runs

Company	InList	
Date Of Service	GreaterThanOrEqualTo	4/1/2018
Date Of Service	LessThanOrEqualTo	4/30/2018
Custom Data.Deficiency Code 1	IsNotNull	

Run: | 4/9/2018 | \$0.00
 • Missing PT Demographics
 Run: | 4/10/2018 | \$691.60
 • Mileage Missing
 NEED MILEAGE
 Run: | 4/16/2018 | \$657.80
 • Missing PT Demographics
 NO SSN #
 Run: | 4/13/2018 | \$702.00
 • Missing PT Demographics
 NO SSN PROVIDED
 Run: | 4/15/2018 | \$828.10
 • Missing PT Demographics
 NO SSN #
 Run: | 4/4/2018 | \$0.00
 • Other
 clarification on duplicate
 Run: | 4/4/2018 | \$681.20
 • Other
 possible duplicate
 Run: | 4/17/2018 | \$696.80
 • Missing PT Demographics
 NO SSN #
 Run: | 4/16/2018 | \$704.60
 • No Signature
 NEED SIGS
 Run: | 4/4/2018 | \$793.00
 • Mileage Missing
 NEED MILEAGE
 Run: | 4/1/2018 | \$834.60
 • Missing PT Demographics
 PLZ STATE WHO SIGNED FOR PT. THANKS
 Run: | 4/15/2018 | \$689.00
 • Missing PT Demographics
 NO SSN #
 Run: | 4/17/2018 | \$747.50
 • Missing PT Demographics
 NO PT SSN #
 Run: | 4/16/2018 | \$754.00
 • Missing PT Demographics
 NO SSN #
 Run: | 4/16/2018 | \$679.90
 • Missing PT Demographics
 NO SSN #
 Run: | 4/21/2018 | \$851.50
 • Missing PT Demographics
 NO SSN #

Summary of Deficiency Codes - Runs: 16 - Charges: \$10,311.60

2 - Mileage Missing
 11 - Missing PT Demographics
 1 - No Signature
 2 - Other
 Total Deficiencies: 16



ANSI Code By Client

Transaction Date	GreaterThanOrEqualTo	MS,-1M
Transaction Date	LessThanOrEqualTo	MS,-1D
Company Code	Equal	Sample Clinic

Sample Clinic

ANSI Code	Description	Counts Without Duplicates (18)
18	Duplicate claim/service.	-
109	Claim not covered by this payer/contractor. You must send the claim to the correct payer/contractor.	26
125	Submission/billing error(s). At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)	2
16	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)	30
204	This service/equipment/drug is not covered under the patient's current benefit plan	17
22	This care may be covered by another payer per coordination of benefits.	7
24	Charges are covered under a capitation agreement/managed care plan.	1
28	Coverage not in effect at the time the service was provided.	4
31	Patient cannot be identified as our insured.	15
4	The procedure code is inconsistent with the modifier used or a required modifier is missing. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	1
96	Non-covered charge(s). At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 S	9
99	Medicare Secondary Payer Adjustment Amount.	10
A1	Claim/Service denied. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)	1
AA		10
B9	Patient is enrolled in a Hospice.	2
M51	Missing/incomplete/invalid procedure code(s).	2
MA61	Missing/incomplete/invalid social security number or health insurance claim number.	12
MA85	Our records indicate that a primary payer exists (other than ourselves); however, you did not complete or enter accurately the insurance plan/group/program name or identification number. Enter the PlanID when effective.	9
N29	Missing documentation/orders/notes/summary/report/chart.	6
N4	Missing/incomplete/invalid prior insurance carrier EOB.	1
	Total Without Duplicates(18)	165



Sample Client Deposit Reconciliation (Client Must Provide Bank Statement for this Report)

Batch #	Description	Posted Date	Amount Posted	Deposit Date per Bank	Deposit Amount per Bank	Discrepancy	Notes
820459	EFT 7374.77 4.2.18 PALMETTO	4/2/2018	(7,374.77)	4/2/2018	7,374.77	-	
820712	AMB 2,380.80 04.02.2018 (1)	4/3/2018	(2,380.80)	4/2/2018	2,380.80	-	
821120	EFT 3429.32 04.02.2018 MEDICARE B GA	4/3/2018	(3,429.32)	4/3/2018	3,429.32	-	
822266	EFT 4.4.18 803.27 MEDICARE	4/4/2018	(803.27)	4/4/2018	803.27	-	
822269	EFT 4.4.18 89.57 HUMANA	4/4/2018	(89.57)	4/4/2018	89.57	-	
821923	EFT 457.89 HUMANA 4.3.18	4/4/2018	(457.89)	4/3/2018	457.89	-	
823015	AMB 1,546.24 04.04.2018	4/5/2018	(1,546.24)	4/4/2018	1,546.24	-	
823127	AMB 30.00 04.05.2018	4/5/2018	(30.00)	4/5/2018	30.00	-	
823620	EFT 590.10 04.04.2018 UNITED HEALTHCARE	4/5/2018	(590.10)	4/3/2018	590.10	-	
824678	AMB 804.03 04.06.2018	4/6/2018	(804.03)	4/6/2018	804.03	-	
826286	AMB 392.56 04.09.2018 (1)	4/9/2018	(392.56)	4/9/2018	392.56	-	
825987	EFT 300.02 4.8.18 HUMANA	4/9/2018	(300.02)	4/10/2018	300.02	-	
825289	EFT 4079.63 04.05.2018 MEDICARE B GA	4/9/2018	(4,079.63)	4/6/2018	4,079.63	-	
825293	EFT 544.57 04.05.2018 AETNA	4/9/2018	(544.57)	4/9/2018	544.57	-	
825983	EFT 606.39 4.6.18 HUMANA	4/9/2018	(606.39)	4/9/2018	606.39	-	
825980	EFT 922.60 4.6.18 MEDICARE	4/9/2018	(922.60)	4/9/2018	922.60	-	
825990	EFT 928.47 4.6.18 AETNA	4/9/2018	(928.47)	4/11/2018	928.47	-	
827399	AMB 4,306.90 04.10.2018	4/10/2018	(4,306.90)	4/10/2018	4,306.90	-	
826724	EFT 678.92 4.9.18 AETNA	4/10/2018	(678.92)	4/12/2018	678.92	-	
826722	EFT 736.13 4.9.18 HUMANA	4/10/2018	(736.13)	4/10/2018	736.13	-	
829340	EFT 182.90 4.11.2018 UHC	4/12/2018	(182.90)	4/5/2018	182.90	-	
828462	EFT 2457.53 4.11.2018 MEDICARE	4/12/2018	(2,457.53)	4/11/2018	2,457.53	-	
829501/833111	AMB 1,117.85 04.11.2018	4/13/2018	(1,117.85)	4/11/2018	1,117.85	-	
830623	AMB 449.18 04.12.2018	4/13/2018	(449.18)	4/12/2018	449.18	-	
829500	EFT 127.22 4.11.2018 UNITED HEALTHCARE	4/13/2018	(127.22)	4/6/2018	127.22	-	
829488	EFT 128.84 4.11.2018 UHC	4/13/2018	(128.84)	4/9/2018	128.84	-	
830340	EFT 376.67 4.12.18 MEDICARE	4/13/2018	(376.67)	4/13/2018	376.67	-	
829504	EFT 51.29 4.11.2018 EQUITABLE LIFE	4/13/2018	(51.29)	4/6/2018	51.29	-	
829494	EFT 811.30 4.11.2018 UNITED HEALTHCARE	4/13/2018	(811.30)	4/5/2018	811.30	-	
831540	EFT 13516.88 MCR B 4.16.2018	4/16/2018	(13,516.88)	4/16/2018	13,516.88	-	
830955	EFT 4314.28 MEDICAID 4.9.2018	4/16/2018	(4,314.28)	4/10/2018	4,314.28	-	
832468	AMB 4,740.49 04.13.2018	4/17/2018	(4,740.49)	4/13/2018	4,740.49	-	
832104	EFT HUMANA 4.17.2018 558.10	4/17/2018	(558.10)	4/17/2018	558.10	-	
832100	EFT MCR 4.17.2017 10279.90	4/17/2018	(10,279.90)	4/17/2018	10,279.90	-	
833197/836552	AMB 1,067.06 04.16.2018	4/18/2018	(1,067.06)	4/16/2018	1,067.06	-	
834366	AMB 2,364.01 04.17.2018	4/19/2018	(2,364.01)	4/17/2018	2,364.01	-	
834533	EFT 2020.11 MCR B GA 4.18.18	4/19/2018	(2,020.11)	4/18/2018	2,020.11	-	
834521	EFT 39.45 UHC 4.11.18	4/19/2018	(39.45)	4/11/2018	39.45	-	
834524	EFT 504.97 UHC 4.12.18	4/19/2018	(504.97)	4/12/2018	504.97	-	
834543	EFT 525.44 AETNA 4.20.18	4/19/2018	(525.44)	4/20/2018	525.44	-	
834531	EFT 567.38 UHC 4.16.18	4/19/2018	(567.38)	4/16/2018	567.38	-	
834527	EFT 85.54 UHC 4.12.18	4/19/2018	(85.54)	4/12/2018	85.54	-	
835315	AMB 376.61 04.18.2018	4/20/2018	(376.61)	4/18/2018	376.61	-	
835922	EFT 528.49 4.19.18 MEDICARE	4/20/2018	(528.49)	4/20/2018	528.49	-	
835913	EFT 9495.23 4.19.18 MEDICARE	4/20/2018	(9,495.23)	4/19/2018	9,495.23	-	
837534	EFT 217.52 HUMANA 4.24.2018	4/23/2018	(217.52)	4/24/2018	217.52	-	
837533	EFT 384.71 HUMANA 4.24.2018	4/23/2018	(384.71)	4/24/2018	384.71	-	
837532	EFT 504.06 AETNA 4.25.2018	4/23/2018	(504.06)	4/25/2018	504.06	-	
837530	EFT 913.04 MCR B 4.23.2018	4/23/2018	(913.04)	4/23/2018	913.04	-	
838176	AMB 2,542.21 04.19.2018	4/24/2018	(2,542.21)	4/19/2018	2,542.21	-	
838172	AMB 3,027.79 04.20.2018	4/24/2018	(3,027.79)	4/20/2018	3,027.79	-	
838379	EFT 121.09 AETNA 4.26.2018	4/24/2018	(121.09)	4/26/2018	121.09	-	
838403	eft 36.06 aetna 4.26.2018	4/24/2018	(36.06)	4/26/2018	36.06	-	
839198	EFT MCR 4.25.18 4572.19	4/24/2018	(4,572.19)	4/25/2018	4,572.19	-	
840417/838826	AMB 4,283.80 04.24.2018	4/25/2018	(4,283.80)	4/24/2018	4,283.80	-	
839858	AMB 4,769.95 04.23.2018	4/25/2018	(4,769.95)	4/23/2018	4,769.95	-	
840541	EFT 7891.31 MCR B 4.26.2018	4/25/2018	(7,891.31)	4/26/2018	7,891.31	-	
840924	AMB 2,322.89 04.25.2018	4/26/2018	(2,322.89)	4/5/2018	2,322.89	-	
842199	EFT 2103.24 4.16.18 GA MEDICAID	4/26/2018	(2,103.24)	4/17/2018	2,103.24	-	
840863	EFT 2761.80 UHC 4.19.2018	4/26/2018	(2,761.80)	4/19/2018	2,761.80	-	
840851	EFT 2766.64 UHC 4.18.2018	4/26/2018	(2,766.64)	4/18/2018	2,766.64	-	
841856	EFT 3712.82 4.20.18 GA MEDICAID	4/26/2018	(3,712.82)	4/25/2018	3,712.82	-	
840888	EFT 412.33 UHC 4.20.2018	4/26/2018	(412.33)	4/20/2018	412.33	-	
840881	EFT 521.98 UHC RV AND AARP 4.19.2018	4/26/2018	(521.98)	4/19/2018	521.98	-	
840871	EFT 658.71 UHC 4.19.2018	4/26/2018	(658.71)	4/19/2018	658.71	-	
840867	EFT 702.31 UHC 4.20.2018	4/26/2018	(702.31)	4/20/2018	702.31	-	
840893	EFT 88.00 UHC RV ADM AARP 4.20.2018	4/26/2018	(88.00)	4/20/2018	88.00	-	
843082	AMB 120.33 04.26.2018	4/27/2018	(120.33)	4/26/2018	120.33	-	
843334	EFT 10089.56 4.30.2018 MEDICARE	4/27/2018	(10,089.56)	4/30/2018	10,089.56	-	
844757	AMB 3,109.46 04.30.2018	4/30/2018	(3,109.46)	4/30/2018	3,109.46	-	
		Total	(146,322.70)		146,322.70	-	



**Sample Client
Batch Listing**

<u>Company</u>	<u>Batch #</u>	<u>User</u>	<u>Descr</u>	<u>Transaction Date</u>	<u>Amount</u>
	819938	CREDIT-BUREAU\jmorris	FC - LB CLINIC DEPOSIT 03302018 8383.68	4/2/2018	(\$8,383.68)
	820003	CREDIT-BUREAU\jmorris	FC - LB CLINIC DEPOSIT 03302018 42676.03	4/2/2018	(\$42,676.03)
	820122	CREDIT-BUREAU\jmorris	FC - EMAIL CREDIT CARD 04022018 1540.00	4/2/2018	(\$1,540.00)
	820127	CREDIT-BUREAU\jmorris	FC - LB CLINIC CREDIT CARD 03282018	4/2/2018	(\$357.86)
	820213	CREDIT-BUREAU\jmorris	EFT 3/30/2018 14436.28 MEDICARE	4/2/2018	(\$14,101.30)
	820560	CREDIT-BUREAU\jmorris	FC - LB CLINIC CREDIT CARD 03292018	4/3/2018	(\$972.64)
	820603	CREDIT-BUREAU\jmorris	EFT 4/3/2018 18555.86 MEDICARE	4/3/2018	(\$18,555.86)
	820609	CREDIT-BUREAU\jmorris	EFT 4/3/2018 625.39 MEDICARE	4/3/2018	(\$625.39)
	820614	CREDIT-BUREAU\jmorris	EFT 4-3/2018 181.45 TRICARE	4/3/2018	(\$181.45)
	820691	CREDIT-BUREAU\jmorris	EFT 4/3/2018 2777.96 HUMANA	4/3/2018	(\$2,777.96)
	820696	CREDIT-BUREAU\jmorris	EFT 4/3/2018 1619.94 HUMANA	4/3/2018	(\$1,619.94)
	820726	CREDIT-BUREAU\jmorris	FC - CREDIT CARD - EMAIL 04032018	4/3/2018	(\$4,166.36)
	820745	CREDIT-BUREAU\jmorris	FC - LB 04022018 25878.89	4/3/2018	(\$25,391.89)
	820967	CREDIT-BUREAU\jmorris	FC - LB 04022018 43289.82	4/3/2018	(\$43,289.82)
	821041	CREDIT-BUREAU\jmorris	FC - LB 04022018 29434.28	4/3/2018	(\$29,434.28)
	821206	CREDIT-BUREAU\jmorris	FC - LB 04022018 269.09	4/3/2018	(\$269.09)
	821499	CREDIT-BUREAU\jmorris	EFT 4/4/2018 2562.42 AETNA	4/4/2018	(\$2,562.42)
	821511	CREDIT-BUREAU\jmorris	EFT 4/4/2018 97.41 AETNA	4/4/2018	(\$97.41)
	821519	CREDIT-BUREAU\jmorris	EFT 4/4/2018 97.63 CARESOURCE	4/4/2018	(\$97.63)
	821552	CREDIT-BUREAU\jmorris	FC - LB CLINIC DEPOSIT 04032018 11764.58	4/4/2018	(\$11,764.58)
	821790	CREDIT-BUREAU\jmorris	FC - EMAIL 04022018 115.57	4/4/2018	(\$115.57)
	822101	CREDIT-BUREAU\jmorris	FC - LB CLINIC CREDIT CARD 03302018	4/4/2018	(\$2,274.70)
	822164	CREDIT-BUREAU\jmorris	EFT 4/4/2018 20948.48 MEDICARE	4/4/2018	(\$20,948.48)
	822177	CREDIT-BUREAU\jmorris	EFT 4/4/2018 1628.77 HUMANA	4/4/2018	(\$1,628.77)
	822189	CREDIT-BUREAU\jmorris	EFT 4/4/2018 1319.28 HUMANA	4/4/2018	(\$1,319.28)
	822194	CREDIT-BUREAU\jmorris	EFT 4/4/2018 261.49 TRICARE	4/4/2018	(\$261.49)
	822206	CREDIT-BUREAU\jmorris	FC - EMAIL CREDIT CARD 04042018 4337.75	4/4/2018	(\$4,337.75)
	822868	CREDIT-BUREAU\jmorris	EFT 4/4/2018 137.97 AETNA	4/4/2018	(\$137.97)
	823000	CREDIT-BUREAU\jmorris	FC - LB CLINIC DEPOSIT 04042018 29952.79	4/5/2018	(\$29,952.79)
	823241	CREDIT-BUREAU\jmorris	FC - EMAIL CREDIT CARD 04052018 1293.42	4/5/2018	(\$1,293.42)
	823278	CREDIT-BUREAU\jmorris	FC - FTP ST OF TN EFT 04032018 1225.12	4/5/2018	(\$1,225.12)
	823363	CREDIT-BUREAU\jmorris	EFT VA 02222018 133.77	4/5/2018	(\$133.77)
	823432	CREDIT-BUREAU\jmorris	EFT VA 02222018 85.38	4/5/2018	(\$85.38)
	823447	CREDIT-BUREAU\jmorris	EFT VA 02212018 82.75	4/5/2018	(\$82.75)
	823462	CREDIT-BUREAU\jmorris	EFT 4/5/2018 17985.67 MEDICARE	4/5/2018	(\$17,985.67)
	823476	CREDIT-BUREAU\kwhite	EFT 632.81 3/19/18 CORVEL	4/5/2018	(\$632.81)
	823617	CREDIT-BUREAU\jmorris	FC - LB CREDIT CARD 04022018 1451.72	4/5/2018	(\$1,419.08)
	824092	CREDIT-BUREAU\jmorris	FC - EMAIL CREDIT CARD 04062018 805.53	4/6/2018	(\$805.53)
	824128	CREDIT-BUREAU\jmorris	FC - LB CLINIC DEPOSIT 04052018 10904.53	4/6/2018	(\$10,904.53)
	824188	CREDIT-BUREAU\jmorris	FC - LB CLINIC DEPOSIT 04052018 10725.54	4/6/2018	(\$10,725.54)
	824363	CREDIT-BUREAU\jmorris	EFT 4/5/2018 15484.32 BCBS	4/6/2018	(\$15,484.32)
	824392	CREDIT-BUREAU\jmorris	EFT 4/5/2018 6983.62 BCBS	4/6/2018	(\$6,983.62)
	824425	CREDIT-BUREAU\jmorris	EFT 4/5/2018 4746.79 BCBS	4/6/2018	(\$4,746.79)
	824470	CREDIT-BUREAU\jmorris	EFT 4/5/2018 4570.50 BCBS	4/6/2018	(\$4,570.50)
	824483	CREDIT-BUREAU\jmorris	EFT 4/5/2018 3982.02 BLUECARE	4/6/2018	(\$3,982.02)
	824501	CREDIT-BUREAU\jmorris	EFT 4/5/2018 3549.42 BCBS	4/6/2018	(\$3,549.42)
	824515	CREDIT-BUREAU\jmorris	EFT 4/5/2018 1360.17 BCBS	4/6/2018	(\$1,360.17)
	824520	CREDIT-BUREAU\jmorris	EFT 4/5/2018 1015.31 BCBS	4/6/2018	(\$1,015.31)
	824534	CREDIT-BUREAU\jmorris	EFT 4/5/2018 631.80 BCBS	4/6/2018	(\$631.80)
	824539	CREDIT-BUREAU\jmorris	EFT 4/5/2018 399.46 BLUECARE	4/6/2018	(\$399.46)
	824543	CREDIT-BUREAU\jmorris	EFT 4/6/2018 24248.04 MEDICARE	4/6/2018	(\$24,248.04)
	824577	CREDIT-BUREAU\jmorris	EFT 4/6/2018 78.29 TRICARE	4/6/2018	(\$78.29)
	824586	CREDIT-BUREAU\jmorris	EFT VA 04022018 261.17	4/6/2018	(\$261.17)
	825150	CREDIT-BUREAU\jmorris	EFT 4/3/2018 7601.69 BLUECARE	4/9/2018	(\$7,601.69)
	825169	CREDIT-BUREAU\jmorris	EFT 4/3/2018 1507.19 BLUECARE	4/9/2018	(\$1,507.19)
	825179	CREDIT-BUREAU\jmorris	EFT 4/3/2018 381.36 BLUECARE	4/9/2018	(\$381.36)
	825185	CREDIT-BUREAU\jmorris	EFT 4/3/2018 259.97 BLUECARE	4/9/2018	(\$259.97)
	825192	CREDIT-BUREAU\jmorris	EFT 4/5/2018 653.47 AETNA	4/9/2018	(\$653.47)
	825206	CREDIT-BUREAU\jmorris	EFT 4/6/2018 369.80 MEDICARE	4/9/2018	(\$369.80)
	825213	CREDIT-BUREAU\jmorris	FC - LB CLINIC DEPOSIT 04062018 29241.60	4/9/2018	(\$29,220.60)
	825459	CREDIT-BUREAU\jmorris	FC - LB CLINIC CREDIT CARD 04042018	4/9/2018	(\$1,779.04)
	825488	CREDIT-BUREAU\jmorris	FC - EMAIL CREDIT CARD 04092018 872.75	4/9/2018	(\$872.75)
	825579	CREDIT-BUREAU\jmorris	EFT 4/3/2018 284.79 CHAMPVA	4/9/2018	(\$284.79)
	825589	CREDIT-BUREAU\jmorris	EFT 4/9/2018 5355.56 MEDICARE	4/9/2018	(\$5,355.56)
	825603	CREDIT-BUREAU\jmorris	EFT 4/9/2018 1774.53 HUMANA	4/9/2018	(\$1,774.53)
	825608	CREDIT-BUREAU\jmorris	EFT 4/9/2018 542.14 HUMANA	4/9/2018	(\$542.14)
	825613	CREDIT-BUREAU\jmorris	EFT 4/9/2018 415.15 TRICARE	4/9/2018	(\$415.15)
	825638	CREDIT-BUREAU\jmorris	EFT 4/9/2018 96.00 PASSPORT	4/9/2018	(\$96.00)
	826472	CREDIT-BUREAU\jmorris	EFT 4/9/2018 89.62 TRICARE	4/10/2018	(\$89.62)
	826477	CREDIT-BUREAU\jmorris	EFT 4/9/2018 196.77 HUMANA	4/10/2018	(\$196.77)

COMPLIANCE PROGRAM

It is the policy of AMB to obey the law and to follow ethical business practices. AMB has an ongoing commitment to ensuring that its affairs are conducted in accordance with applicable law, and sound and ethical business practices including but not limited to the OIG Compliance Program Guidance for Third Party Medical Billing, CMS, and HIPAA rules and regulations. AMB is compliant with all appropriate HIPAA Rules, including but not limited to the Privacy Rule, Red Flags Rule, HITECH and FACTA regulations.

We follow all necessary State regulatory/legislative changes and to assure compliance.

AMB is committed to providing our clients with essential industry updates on topics including third party insurance, HIPAA rules and regulations, and emergency medical services. These updates are communicated using a number of methods such as direct email and our company newsletter, The Pulse.

The AMB Compliance Program applies to all AMB employees, board members, and clients. The effectiveness of the Compliance Program is predicated on our corporate culture and the implementation of our corporate values. AMB's mission statement is the underpinning of our commitment to doing the right thing for our clients, ourselves, each other, and our community, and personifying honesty, integrity and quality.

All employees are adequately vetted and participate in pre-employment background screens.

AMB will act as Custodian of Medical Records for the County, and will fulfill requests for medical records, sworn business records, and responses to subpoenas and court orders.

A summary of our compliance policies are included in the pages below.





Ambulance Medical Billing

Summary of Compliance Policies 2018

Introduction

Ambulance Medical Billing (AMB) strives to maintain the highest ethical standards in the industry of professional medical billing. AMB supports the compliance efforts of the OIG and has established an internal compliance program that is utilized throughout the company. The standards of conduct within AMB reflect our commitment to the highest quality health data submission as evidenced by our accuracy, reliability, timeliness and validity.

This document **summarizes** a set of practices and procedures that reflect the company's commitment to do the right thing at the right time, and the implementation of effective management steps to ensure full compliance with applicable State and Federal laws, regulations, contracts and other legal requirements that govern our company.

Compliance Policies

Our policies and procedures articulate AMB's commitment to comply with our contractual obligations, as well as applicable statutory, regulatory and other requirements, such as Federal and state False Claims Act, Anti-Kickback Statute, HIPAA, Code of Federal Regulations, and Applicable State laws, and are a critical component of AMB's program to detect, prevent, and control fraud, waste and abuse.

AMB's written standards, as well as policies and procedures are reviewed at least annually to incorporate any changes in applicable law, regulations, and other requirements.

Primary responsibility for implementing and managing the AMB compliance effort shall be assigned to the Compliance Officer. The position of Compliance Officer will report to the Executive Director of AMB, who will have supervisory responsibility for compliance of AMB. The Compliance Officer will, with the oversight of the Executive Director of AMB and the assistance of counsel where appropriate, perform the following activities:

- Review and amend, as necessary, the Code of Conduct for all employees
- Assist in the review, revision, and formulation of appropriate policies to ensure compliance with regulatory requirements
- Develop methods to ensure that AMB and its employees are aware of the Code of Conduct and policies and understand the importance of compliance
- Work with the providers in which AMB provides services to in an effort to develop plans for implementing current and future policies on billing
- Assist in developing and delivering educational and training programs
- Provide assistance and guidance to employees and providers in which AMB works with to develop and/or enhance billing expertise and to facilitate training programs for AMB employees
 - Coordinate reviews of run reports and associated billing as appropriate
 - Receive and investigate instances of suspected compliance issues
 - Develop appropriate corrective actions
 - Prepare an Annual Compliance Review
 - Prepare proposed revisions to the Compliance Plan
 - Provide other assistance as directed by the Executive Director of AMB

The AMB Compliance plan in its entirety will cover items as listed below:

- Code of Conduct
- Billing Policy
- Business Relationships
- Education and Training
- Monitoring
- Reporting Compliance Issues
- Investigating Compliance Issues
- Excluded Persons Policy
- Corrective Action Plans
- Annual Compliance Review
- Annual Report
- Revisions to the Compliance Plan

Balance Billing Policy

AMB complies with applicable state and federal health insurance laws with regards to balance billing. AMB will not violate any current provider health insurance contract that prohibits balance billing of the patient when payment is issued by the contracted carrier that is equal to the provider contracted payment amount.

Appropriate patient billing will occur for any and all patients, including Medicare, Medicaid, HMOs, contracted insurance and contracted facilities, and the amounts applied will be determined by the patient's health insurance company as the patient's deductible, co-pay, or co-insurance. Patients with non-participating providers may be balance billed.

Billing Policy

AMB adheres to its billing procedures in accordance with HIPAA, nationally recognized standards, and federal and state laws. AMB submits accurate and complete insurance claims; supports continuous training of all staff; maintains complete financial records to fulfill requirements set forth by AMB policies and procedures, as well as applicable federal and state laws and regulations.

The Compliance Officer shall be responsible for ensuring that policies are disseminated and understood by billing personnel. To accomplish that objective, the Compliance Officer will work with employees and other individuals to ensure that there is a systematic and ongoing training program that enhances and maintains awareness of company policies. All training materials directed to billing or other regulatory compliance issues will be submitted to the Compliance Officer for review.

Specific basic training will be provided on an annual basis to AMB employees on the following topics:

- Specific government and private payer reimbursement principles
- Prohibitions of making payment for referrals
- Anti-kickback statutes
- Correct use of provider identification numbers
- Correct coding and billing practices, including proper translation of narrative diagnosis to ICD-10 codes
- Proper documentation of services rendered
- Signing a form for a physician
- Medicare as a secondary payer and other coordination of benefits issues
- Overpayment/credit balance reporting
- Rules about waiver of deductibles and co-payments
- Reassignment issues
- Appropriate use of modifiers
- Correct coding initiative edits

- Unbundling
- Rules about balance billing
- Confidentiality of client and company's records
- Duty and method in which to report misconduct
- Importance of maintaining the integrity of computer data and respecting established security parameters

All billing personnel should participate in training about compliance issues and the Compliance Officer shall keep a documented program to prove and signify that such training's have occurred.

Code of Ethics and Conduct

AMB follows the Code of Ethics as defined by the Healthcare Billing and Management Association (HBMA):

- Exercise sensitive professional and moral judgment in all business activities.
- Act in a way that will honor the public interest and demonstrate a commitment to professionalism and competence.
- Perform all business activities with the highest sense of integrity.
- Maintain objectivity and avoid any conflict of interest.
- Strive to improve the quality and competence of services performed through continuing education.
- Exercise care and diligence in providing services.
- Maintain confidentiality of patient and client information.
- Strive to comply with all relevant Federal, State, and Local laws and regulations.
- Refrain from making misleading or false statements about professional qualifications, experience, performance or results that can be achieved.

Computer System Integrity Policy

AMB's Chief Information Officer is responsible for ensuring that all software purchased and used by the company complies with current HIPAA Security Laws as well as software copyrights. AMB maintains and monitors computer systems to ensure that patient and provider information is protected. System access is limited to persons authorized and levels of security are limited according to the user's role.

To ensure and maintain the accuracy and integrity of electronic data systems used for claims submission, collections, credit balances, provider information and other relevant information, AMB:

- Ensures that all data is backed up on a regular basis.
- Ensures that regularly scheduled virus checks are performed.
- Ensures that data is protected against unauthorized access or disclosure by limiting access to data system.

Confidentiality of Information and Records Retention/Disposal Policy

AMB maintains the privacy and confidentiality of information entrusted to us in accordance with legal and ethical standards.

- AMB respects the privacy of our clients' patients, co-workers, and customers through procedures that safeguard patient, employee, and customer information from damage. We protect the privacy of patients' health records according to state, federal and accreditation requirements.
- AMB maintains medical and business documents in accordance with HIPAA and other applicable guidelines.

- AMB only discloses medical, clinical or business information when such information is related to treatment, payment or operations. AMB provides specialized training to employees pertaining to personal health information (PHI) as it pertains to their particular job function.
- Patient and client information is safeguarded by maintaining protected and access-restricted computer systems.
- Patient and client records are retained in accordance with the law and service-specific records retention policy.
 - Medical and business documents including paper documents such as letters and correspondence and computer information, including e-mail.
- Upon final disposition, for disposal of PHI in paper records, shredding is the preferred method so that PHI is rendered essentially unreadable, indecipherable, and otherwise cannot be reconstructed.
- For PHI on electronic media, the preferred method is purging (degaussing or exposing the media to a strong magnetic field in order to disrupt the recorded magnetic domains).

Duplicate Billing Policy

Duplicate billing is when there is more than one claim for the same service provided by the same provider, or a claim is submitted to more than one primary payor at the same time. AMB has both automated and manual procedures in place that strive to eliminate duplicate billing.

In the event that a claim is denied as a duplicate, AMB staff reviews the claim and takes the appropriate action.

Medical Necessity Policy

AMB adheres to the Medicare rule for payment of services that are deemed medically necessary and reasonable for the condition of the patient. Medical necessity is established when the patient's condition, at the time of transport, is such that the use of any other method of transportation is contraindicated (MCM 2120.2). If other modes of transportation (such as automobile, taxi, wheelchair van, invalid coach, bus, etc.) could have been used without endangering the patient's health, AMB cannot submit claims for reimbursement.

It is important to note that the presence of a physician's order or "PCS" for a transport by ambulance does not necessarily prove (or disprove) whether the transport was medically necessary. The ambulance service must meet all program coverage criteria in order for payment to be made. Lastly, the ambulance transport must be medical necessary or must be made to obtain a Medicare covered service, or return from such a service.

AMB staff submits claims when there is appropriate clinical documentation to support fully the claim and when the documentation fulfills the applicable requirements for medical necessity. Should any question arise regarding the "medical necessity" of a service, adequate documentation is obtained in order to review the medical necessity of the service prior to being submitted for reimbursement. AMB's stance on "bed-confinement" is no different than Medicare's stance:

The term "bed confined" is not synonymous with "bed rest" or "non-ambulatory". Bed – Confinement, by itself, is neither sufficient nor is it necessary to determine the coverage for Medicare ambulance benefits."

Mileage beyond the Closest Facility Policy

AMB complies with Medicare guidelines, and utilizes procedure code A0888, Non-Covered Ambulance Mileage, when the reason for the ambulance trip is not covered by Medicare. Procedure code A0888 is a non-covered service and therefore, not payable by Medicare. Procedure code A0888 is used when Medicare payment is not expected for the mileage based on Medicare coverage guidelines.

Medicare pays for mileage to the nearest appropriate facility. The nearest appropriate facility is defined as the nearest facility able to treat the patient, has a bed available and required staff. Medically necessary transport services to the nearest appropriate facility are billed with ground ambulance mileage procedure code A0425. For claims with patients taken to a facility farther away, AMB will request additional documentation from the ambulance provider.

Multiple Patients in one Vehicle Transports Policy

AMB complies with the Medicare guidelines for ambulance providers transporting multiple patients simultaneously in a single vehicle. Charges filed are submitted with modifier GM with the ambulance service code, and the mileage code for multiple patient trips on claims for each patient involved in the multiple transport. In addition, the claim includes documentation with the specifics of the multiple transports, the charge applicable for the appropriate service to each patient, and the total mileage of the trip.

Overpayments/Underpayments Policy

Payments of amounts that exceed the provider's billed usual and customary charges must be returned to the entity that caused the overpayment. It is AMB's policy to refund all credit balances in a timely and appropriate manner and in accordance with CMS directives. AMB provides routine audits for credit balances in order to handle them efficiently.

If an underpayment is discovered, AMB would initiate an appeal of the claim for reconsideration.

Unbundling Policy

Unbundling is the practice of billing separately for procedures that are normally covered under a single fee. AMB complies with Medicare guidelines and bills bundled charges as appropriate. Additional documentation must be provided for providers requesting to charge separately.

Upcoding Policy

AMB employs Certified Ambulance Coders (CAC) to ensure that ambulance charges are compliant with legal and ethical standards. Upcoding is defined as charging for a more complex service than was performed. AMB coders are trained to utilize the appropriate medical documentation to determine the appropriate charge.

Use of Modifiers Policy

AMB's certified coders are trained to use any and all appropriate CPT and HCPCS modifiers as approved by the American Medical Association and the Center for Medicare and Medicaid Services. AMB coders use the appropriate modifiers to report services as required.

Monitoring, Testing and Auditing

All summary policies noted above are regularly monitored, tested and/or audited in accordance to a strict schedule as determined by our Chief Compliance Officer and in accordance with all OIG recommendations and/or industry recommendations. AMB will provide a copy of the schedule upon contract execution and will require the Client to provide a copy of their specific monitoring, testing and auditing requirements. Should it be determined the Client's required schedule is grossly in excess of the AMB schedule, AMB is willing to comply with the Client schedule but additional fees and/or charges may apply.

Auditing Determinations

AMB will maintain the appropriate detailed logs and results of all monitoring, testing and auditing events. AMB will not report zero outcomes or determinations to our Client base. AMB will immediately report to Client any outcome or determination of any monitoring, testing or auditing event where the results of the event exceed an agreed upon threshold. The thresholds will be determined at contract execution.

AUDIT PROGRAM

AMB relies heavily on a routine audit program to ensure the highest level of compliance, efficiency, and quality. Our staff performs audits on claims during several phases of the process. Pre-Billed claims go through a medical necessity audit before being coded. After coding, five percent (5%) of all claims are checked for one hundred percent (100%) accuracy.

Submitted claims are subject to a medical necessity and a coding audit. One hundred percent (100%) of denied claims are audited and worked for maximum reimbursement.

INSURANCE COVERAGE

AMB agrees to hold the Southampton County harmless from liability incurred in the performance of the contract, if any, resulting from failure of AMB. Additionally, AMB agrees to comply with all laws as applicable for work with the County. Upon execution of a contract, AMB will add the County as an additional insured party to our policy. A sample Acord form with our insurance coverage can be found on the next page.

AMB can meet all of the County's requirements for insurance.

ACORD

CERTIFICATE OF LIABILITY INSURANCE

Client#: 1799251

64CREDIBUR

DATE (MM/DD/YYYY) 10/04/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement.

PRODUCER: McGriff Insurance Services, 2600 Eastpoint Parkway, Louisville, KY 40223, 502 489-5900. CONTACT NAME: Peggy Arthur, PHONE: 502 489-5900, FAX: 8668812184, E-MAIL ADDRESS: PArthur@McGriffInsurance.com. INSURER(S) AFFORDING COVERAGE: INSURER A: Great Northern Insurance Company (NAIC # 20303), INSURER B: Federal Insurance Company (NAIC # 20281), INSURER C: Eastern Alliance Insurance Company (NAIC # 10724).

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

Table with columns: INSR LTR, TYPE OF INSURANCE, ADDL SUBR INSR WVD, POLICY NUMBER, POLICY EFF (MM/DD/YYYY), POLICY EXP (MM/DD/YYYY), LIMITS. Rows include Commercial General Liability, Automobile Liability, Umbrella Liability, and Workers Compensation and Employers' Liability.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
** Workers Comp Information **
Proprietors/Partners/Executive Officers/Members Excluded:
William Mark Edwards, Chief Executive

CERTIFICATE HOLDER: SAMPLE. CANCELLATION: SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE: [Signature]

SUB CONSULTANTS

Sub-consultants are not utilized.

INFORMATION REQUIRED AND COUNTY ASSISTANCE NEEDED

The information required to process the County’s claims is the Nemsis 3 data that is transmitted through ESO for each ambulance bill. This information includes:

Nemsis 3 Required Data Elements		
Patient Address	Patient County	Patient Date of Birth
Patient Name	Patient Gender	Patient Guarantor
Patient Marital Status	Patient Phone	Patient Phone Description
Patient Release Info	Patient Social Security Number	Trip Ticket Assignment
Trip Ticket At Destination Time	Trip Ticket At Scene Time	Trip Ticket Call Time
Trip Ticket Charge Zone	Trip Ticket Company Code	Trip Ticket Date of Service
Trick Ticket Destination Address	Trip Ticket End Odometer	Trip Ticket Left Scene Time
Trip Ticket Matched Assignment	Trip Ticket Note	Trip Ticket Patient Care Report
Trip Ticket Pickup Address	Trip Ticket Pickup Address Type	Trip Ticket Pickup Resource Code
Trip Ticket Run Number	Trip Ticket Sequence	Trip Ticket Signature on File Date
Trip Ticket Start Odometer		