



Proposal to City of Fort Lauderdale

EMS Billing and ePCR Reporting

RFP #12176-795

October 18, 2018

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Reference: 12176-795 EMS Ambulance Billing and Electronic Patient Care Reporting Request for Proposal

Dear Mr. Makarevich:

Please accept our response to the City of Fort Lauderdale's Request for Proposal for Emergency Medical Services (EMS) Billing and Electronic Patient Care Reporting (Solicitation # 12176-795). We appreciate this opportunity to continue to serve the City. Our proposal is based on all of the terms set forth in the RFP and the amendments provided by the City.

Advanced Data Processing, Inc. (Intermedix) has 40 years of experience in EMS RCM billing services and solutions. We serve more than 220 satisfied clients, covering 3.6 million annual incidents and collect over \$1 billion in annual revenue for our clients across the country. This includes many of the largest agencies in the US, including the City of Chicago, FDNY, the City of Los Angeles, Philadelphia FD, Washington D.C. FD and the City of New Orleans. In addition and of significance to the City is our service to over 50 Florida-based clients.

Our south Florida experience is unrivaled with 20 clients that include the Broward Sheriff's Office, City of Pompano Beach, City of Hollywood, Palm Beach County, and Miami Dade County.

We are proud to partner with the City for nearly 20 years, delivering the highest quality in billing and collection services. During our longstanding partnership, we have collected approximately \$90 million and employed dozens of local City of Fort Lauderdale residents.

Our collaborative approach to providing billing and collection services has resulted in consistent revenue collection and compliance with local, state and federal policies and controls. Darryl Hartung and his team are committed to continue working alongside the City and our physical proximity to Fort Lauderdale allows us to provide you with personal attention no other vendor can provide. This is evidenced through the employees who are and have been intimately involved with the City's account for many years. Throughout our partnership we have customized our services to ensure the satisfaction of the City through onsite meetings, providing fee schedule increase projections, having collaborative discussions with the City Manager, and providing industry and compliance guidance.

Our technical and cost proposal provides several different ePCR technology options and ensures Intermedix can continue to meet the high expectations and deliver customized processes the City relies upon for its EMS billing and ePCR programs. Our detailed understanding of the resources and processes required to meet your consistency and quality expectations have been factored into our overall proposal.

Intermedix is committed to continuing the close-working relationship with the City and stand ready to move forward in our journey to upgrade and improve our collective processes with this contract.

Please reach out to Darryl Hartung, Vice President Client Relations at 954.770.7997 or via email at Darryl.Hartung@intermedix.com should you need any further information.

Respectfully submitted,

A handwritten signature in blue ink, appearing to read 'Melissa Leigh'.

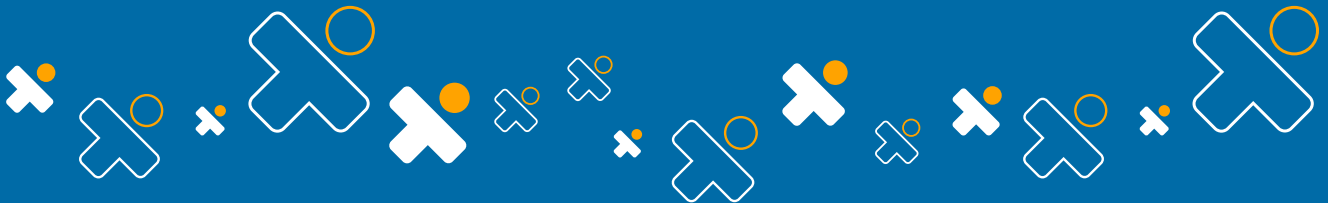
Melissa Leigh
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4.2.2 Executive Summary



Executive Summary (4.2.2)

Each Offeror must submit an executive summary that identifies the business entity, its background, main office(s), and office location that will service this contract. Identify the officers, principals, supervisory staff and key individuals who will be directly involved with the work and their office locations. The executive summary should also summarize the key elements of the proposal.

Advanced Data Processing, Inc. (Intermedix) has 40 years of EMS RCM industry leadership as our foundation. We have distinguished ourselves as the preferred vendor for the largest EMS agencies across the US and in the State of Florida, whereby we provide our EMS RCM services to over 50 Florida municipalities across the state. Agencies have come to rely on Intermedix to provide the highest quality in EMS RCM services and full RCM and technology solution packages that also include ePCR and hardware services. We are proud to have provided these services to the City for nearly 20 years.

Intermedix has over 20 offices located in 14 states, including four (4) offices in Florida. The two (2) offices that will serve the City will be Fort Lauderdale and our processing and servicing office in Miami Lakes.

South Florida is our EMS solutions home base—no other vendor is as committed to Florida as Intermedix.

Officers, Principals and Staff

The officers of our company are Joseph Flanagan, President and Chief Executive Officer; Christopher Ricuarte, Treasurer, Executive Vice President and Chief Financial Officer; and Sean Radcliffe, Corporate Secretary, Executive Vice President and General Counsel. Principals include Gary Long, Executive Vice President and Chief Commercial Officer; David Strickler Executive Vice President, Intermedix; Corey Perman, Executive Vice President, Compliance and Risk; Jack Donahue, Executive Vice President of EMS; Erin Stiebler, Sr. Vice President Finance; and Melissa Leigh, Sr. Vice President.

In addition to the dedicated personnel listed in the following Table, the City will be supported by experts in the areas of compliance, technology, payer enrollments, ePCR integrations, hospital integrations and documentation training. Additionally, our Professional Services team will be responsible for initiatives that require project management expertise in managing milestones, deliverables and due dates. This team is comprised of several sub-teams with unique skills specializing in client onboarding, ePCR integrations, hospital integrations, payer enrollment and Educational Outreach.

The following key personnel are all full-time employees of Intermedix. This table outlines their experience with EMS RCM and the role they will play on the City's project.

Table 1: Key Personnel

Key Staff	Experience	Role on Project
Jack Donahue, Executive Vice President	Jack has >14 years of experience with Intermedix, managing strategic technology, operations and client service solutions. Prior to joining Intermedix, Jack spent 10 years as	Jack leads the EMS RCM division at Intermedix. His primary responsibility for the City is making

Key Staff	Experience	Role on Project
	a consultant, working with clients to implement complex technology and process changes. Jack earned his bachelor's degree in business administration-finance from the University of Notre Dame. He holds a master's degree in business administration with a concentration in global management and decision information sciences, and an executive master's degree in healthcare administration from the University of Florida. Jack is located in south Florida.	sure that your expectations are being exceeded.
Joe L. Rivet, JD, CCS-P, CPC, CEMC, CHC, CCEP, CHRC, CHPC, CICA, CPMA, and CAC. Vice President Coding Compliance & Audit / EMS Compliance Officer	Joe is a seasoned leader with more than 20 years of experience in coding and regulatory compliance. He co-chairs the Company's Coding Quality, Audit and Compliance Council and chairs the EMS Compliance Committee. Joe has worked in multiple healthcare settings ranging from community hospitals and large medical groups to one of the country's largest integrated delivery systems. He oversees all coding compliance audits across our operations including blended shore coding audits. Joe also oversees large-scale audits and is the key interface with clients regarding coding compliance audits. Additionally, he is a partner to our clients in helping evaluate coding compliance risk. Joe is a subject matter expert in coding compliance and leads a diverse team of auditors who carry out our audits and provide coding compliance research and consultation. Joe earned his J.D. from Western Michigan University Thomas M. Cooley Law School. Additionally, he holds numerous coding, audit, compliance, and ethic credentials and is a certified AHIMA ICD-10-CM trainer.	Joe leads the EMS compliance team to ensure our organization is focused on maintaining a culture of compliance with HIPAA and the many regulations governing the treatment of healthcare information.
Sandy Kiley, Sr. Vice President Professional Services and EMS Technologies	Sandy has been with Intermedix for 8 years and has over 20 years of experience in several industries. Subsequent to her current role, she was the primary point-of-contact for the City of Los Angeles EMS RCM services. Prior to joining Intermedix, she was a management consultant with PricewaterhouseCoopers. Sandy graduated from Boston College with a BS degree. She also has a certificate from the	Sandy leads the Professional Services and EMS Technologies teams that deliver all aspects related to client startup, ePCR integrations, hospital integrations, payer enrollment and crew documentation training and our ePCR solution.

Key Staff	Experience	Role on Project
	UCLA School of Public Health for Healthcare Management and Leadership and is working on a Masters' in Public Health at UCLA.	
Darryl Hartung, Vice President Client Relations	Darryl has been with Intermedix for nearly 18 years, serving in many roles. During this time, Darryl has been working with the City. Darryl's focus is on Client Relations in the Southeast, particularly in Florida. Darryl graduated from Florida Atlantic University with a Bachelor's degree in Business Administration. Darryl is located in South Florida.	Darryl will serve as one of the City's primary contact, ensuring that your interaction with our firm will be handled professionally and as contractually agreed. He oversees an experienced client services team who will continue to serve the City
Omar Perez, Sr. Vice President Operations	Omar has 15 years of experience in EMS RCM. Prior to joining Intermedix, Omar held the position as Manager, Hospital Liaison at Per-Se Technologies (now McKesson). He earned his associate's degree in business administration from Miami Dade College. Omar is located in south Florida.	Omar leads EMS RCM Operations at Intermedix. Located in our Miami Lakes operating center, he oversees the day-to-day workflow activities and management of the resources that will process the City's accounts.
Clint Schindewolf Director of Reporting	Clint began his tenure at Intermedix in Accounts Receivable and has spent more than 13 years working with our EMS clients.	Clint will serve as a valued resource for the City for data and reporting assistance.
Mark Bennett, Director, Client Support	Mark has been with Intermedix for 7 years and has 15 years of experience in the Fire/EMS industry as a firefighter and EMT. Prior to joining Intermedix in 2010, Mark worked for Sun Microsystems, Honeywell Air Transport Systems Division and GTE Government Systems.	Mark brings knowledge of the City's preferences and nuances, which will help quickly continue successful protocols.
Steve Sweeney, Director Educational Outreach	Steve has been with Intermedix for nine (9) years and has over 25 years of experience in the Fire/EMS industry as a firefighter and paramedic. Prior to joining Intermedix in 2008, Steve had six (6) years of EMS billing experience including four (4) years of managing the day-to-day billing operations for a large volume 911 EMS agency.	Steve's team focuses on teaching Fire & EMS agencies the essentials of proper EMS Patient Care Report documentation to ensure maximum compliant revenue recovery.
Claudia Caterino Manager, Client Relations	Claudia Caterino joined Intermedix as Client Relations Manager. She has 10 years of experience in client services, management, operations and analytics. Prior to working at Intermedix, Claudia worked for a software	Claudia has Client Relations responsibilities for several Southeast Florida clients, including the City. Her primary responsibility is ensuring that Intermedix is

Key Staff	Experience	Role on Project
	company in downtown Chicago leading a team as Director of Client Services. Claudia holds an MBA in Finance and a Bachelor's Degree in Marketing.	exceeding the City's expectations. She is another of the City's primary contacts for any needs that may arise.
Angela Plumley Dir. Accounts Resolution	Angela has been with Intermedix for 10+ years. Prior to joining Intermedix, Angela held the position as Administrative Manager at Columbus AIDS Task Force. She earned her bachelor's degree in healthcare information systems management from Franklin University, and she is a Certified Coding Associate with the American Health Information Association (AHIMA).	Angela manages the Account Resolution team that processes the City's accounts.
Steven Burch Director Patient Research	Steven has been with Intermedix for five (5) years. Before moving into his current role, he was the Client Relations Manager for the City of Los Angeles and the State of Hawaii. Steven earned his bachelor's degree in International Business at the University of Colorado. Steven is located in South Florida.	Steven manages the Patient Research team that processes the City's accounts.
Kyra Bell, Director Medical Coding	Kyra has 20+ years of medical coding and billing experience and has been with Intermedix for two (2) years. She has been a Certified Paramedic since 1995. Kyra is pursuing her BA in Healthcare Management from Southern New Hampshire University. She also has basic EMT certification from the Community College of Allegheny County.	Kyra manages the Medical Coding team that processes the City's accounts.
Amber Lough, Manager Account Resolution/Payment Posting	Amber has over five (5) years of experience in medical payment and billing. She earned her bachelor's degree in business administration from Wittenberg University and is working on her MBA through Franklin University. Amber is based in Ohio.	Amber manages the Posting and Account Resolution team that processes the City's accounts.
Fauvette Cameus, Manager Credit Balances	Fauvette is the Senior Manager of Credit Balances at Intermedix. She has been with Intermedix for 10 years and has 10+ years of experience medical billing field. Prior to joining Intermedix, Fauvette obtained experience by working in a local hospital in the Miami area. She has an associate's degree in Physician Studies and a bachelor's degree in Health Service Administration from	Fauvette manages the Credit Balance team that processes the City's accounts.

Key Staff	Experience	Role on Project
	Florida International University. Fauvette is based in Miami Lakes.	
Joseph Cooney, Director Patient Experience	Joe is the Director of Patient Experience at Intermedix. He has been with Intermedix for seven (7) years and has more than 20 years of experience in the call center industry. Prior to joining Intermedix, Joe held the position of Director of the Credit Protection Department at Affinion Group. He earned his bachelor's degree in English from Bowling Green State University.	Joe manages the Patient Experience team that processes the City's accounts.

Summary

We believe the key elements outlined below and throughout our proposal provide the City with a value that is unmatched by any competitor.

Proven Industry, Florida, and City of Fort Lauderdale Leadership

As stated previously, Intermedix has been providing EMS RCM services to the City for nearly two (2) decades. We consider this partnership exemplary, with a focus on continuous improvement and innovation we desire to achieve at every turn.

In partnership, we have achieved an increase in collections by more than 110% and have collected over \$90 million.

We are proud to be an EMS RCM industry leader, serving hundreds of clients, processing millions of incidents and collecting over \$1 billion annually. We are also a clear leader in the state of Florida, processing approximately 800,000 incidents across the 60 Florida-based municipalities we serve—over 20 of these municipalities are located in Southeast Florida. Our understanding of the regulations in the state of Florida and your community and payers provides significant advantages in terms of collection performance, patient satisfaction and compliance for the City.

Our clients choose Intermedix because we are more than an EMS billing vendor, we are a strategic partner. The healthcare services industry is undergoing drastic change with the lines between healthcare providers blurring and the advent of reimbursement approaches based on value. Intermedix is focused on providing innovative solutions across the healthcare ecosystem and the continuum of patient care. This ensures the City will be well-prepared for coming changes.

Our national scope, regional focus and EMS RCM expertise allows us to make investments that benefit the City, including:

- Participating in industry representations and sponsorships, such as the Florida Fire Chief's Association, Broward County Fire Chief's Association, Florida Ambulance Association, International Association of Fire Chiefs, and many others.
- Defending clients at a Medicare Fair Hearing related to overpayment recovery. As a result, over \$7M was repaid to EMS providers by Medicare, including the City.
- Representing clients via arbitration with commercial HMO's that are short paying EMS transports.
- Working with the FAA and Florida League of Counties before State Legislature to amend Florida Statutes to include EMS as "direct pay" Emergency Providers.

Commitment to City of Fort Lauderdale

- Dedicated Miami Lakes EMS RCM operations center supporting over 70 team members. While some City members have visited our offices in the past, we encourage the City to visit any of our office locations to meet with our EMS RCM leadership and view the processing of the City's accounts first hand. In fact, we have hosted a collaborative session with the Fort Lauderdale Fire Rescue staff and the City Manager at our Fort Lauderdale office to discuss industry and City changes.
- Employment of 117 Broward County and Miami Dade citizens, 30 of which reside in the City of Fort Lauderdale.
- Intermedix is a true full service solution that includes EMS RCM services, ePCR software, fully supported hardware, and Certified Public Expenditure (CPE) Medicaid cost reimbursement services.

Exceptional Client Service

Intermedix consistently receives feedback from clients that transition to us from other vendors regarding the superiority of our client service approach. We are committed to continuing the highest level of client service to the City. [The Intermedix team the City has come to know and trust will remain the same.](#) Work for the City will be based out of our Miami Lakes office and this close proximity supports face-to-face meetings with little to no advance planning. We feel it is worth noting again that Darryl Hartung is local to the City and is proud to have been serving the City in this capacity for the length of our partnership. The team devoted to the City also supports you with various activities, a few of which are listed below.

- Provide fee schedule increase and budgeting analysis.
- Conduct regular onsite performance review meetings.
- Perform revenue and performance monitoring.
- Ensure implementation of changes in City policies and/or procedures.
- Provide regular ePCR documentation probes. The most recent review was completed and reviewed with City staff in September 2018. The real power of the documentation probes comes when we work with City leadership to develop and execute onsite and/or web-based documentation training based on the probe findings.

Compliance

Compliance is at the forefront of everything we do. Intermedix has an extremely experienced compliance team and a comprehensive compliance program. We believe our compliance approach is a true differentiator of our service offering and encourage the City to compare our level of investment to others being considered. Several aspects of our compliance program are outlined below.

- In-house compliance department, including a Chief Compliance Officer, an EMS Compliance Officer, compliance auditors and security engineers.
- Annual HIPAA HITECH audit conducted by a third party.
- SOCI Type II (SSAE-18) annual audit.
- Unique Medicare signature solutions that both ensure compliance and improves collections.
- Membership in American Ambulance Association (AAA), Healthcare Business Management Association (HBMA), and others. (See Attachment 3 Industry Associations and Memberships.)

ePCR and Hardware Technology Partner

Intermedix has excellent working relationships with over a dozen ePCR vendors, which includes products such as ESO/SafetyPad, and ImageTrend®.

- 24/7 in-house hardware support, as well as loaner devices (while broken hardware is repaired).
- Ability to provide additional special event devices beyond the 22 required in the RFP, at no additional charge.
- Run report data linked to the Intermedix reporting solution for combined clinical and financial reporting.
- Transport reconciliation between Intermedix, ePCR vendor, and CAD.
- Our continued involvement with the City allows for easy access to historical patient care records on our billing system or through the web-based TripTix access. Should the City decide to switch its ePCR solution, we are able to work in parallel, winding down our own TripTix solution. Intermedix can easily modify implementation schedules, should the need arise.

Business Continuity & Disaster Recovery

Intermedix has over 600 employees in four geographically-dispersed, dedicated EMS RCM offices to ensure business continuity and disaster recovery. Please note, given the nuances related to EMS RCM there is a significant difference between having EMS-specific resources versus a billing and collection staff that works on non-EMS healthcare specialties. As important, all team members are trained using the same methodology, materials, and system. If one of our offices has an issue, the City's accounts are easily processed from a different location, ensuring no interruption in cash flow. Employees impacted by an event, such as a hurricane, do not need to travel to another location for the processing of the City's accounts to continue uninterrupted.

Commitment to Innovation

As your strategic partner, Intermedix is committed to continuous innovation. Some of the recent enhancements we have delivered to the City include:

- A deductible monitoring program to help combat the rise in high deductible insurance plans. These are accounts with commercial insurance that end up having large portions of the City's EMS service charges become the patient's responsibility. Over the last year, approximately 1,000 accounts benefited from this program and the City received an estimated [upside revenue increase of \\$400,000](#) as a result.
- Sophisticated telephonic call center technology to facilitate excellent service to the City's patients. We are pleased to report the achievement of a [91% first call resolution rate](#). The software includes place holder call back, skills based routing, call and staff forecasting, caller self-service, integration of the City's procedures, and much more. Most recently we began offering caller self-service for credit card payments.
- A process to optimize the recovery on auto vehicle accident insurance by using a Florida personal injury protection (PIP) attorney.
- Easy to use dashboard analytics with simple drag and drop features for real-time reporting.

No Transition Risk

The people, processes, facilities, reporting needs, payer knowledge, community understanding, hardware support program, and more are already in place and fully ramped up. By choosing Intermedix the City avoids the cost, revenue risk and negative patient experience risk associated with transitioning to a new vendor.

The following are a few examples of the accomplishments we have achieved with the City. They are representative of the strategic nature of our relationship and what the City can expect to continue to receive with Intermedix.

- Assisted the Florida Fire Chief's Association to get Public Emergency Medical Transportation (PEMT)/CPE funding established in Florida. The City currently benefits from the exclusive partnership we have with the industry leader, Public Consulting Group (PCG), and has [received nearly \\$700,000](#) through the program. Please note that PCG's experience with Florida PEMT/CPE cost reporting is unmatched, and we believe results in significantly higher collections compared to the competition. In the most recent round of funding, PCG handled 80% (47 of 59) of all EMS provider cost reporting submissions, resulting in revenue of over \$21 million for an average reimbursement per agency of approximately \$450,000. The nearest competitor handled seven (7) submissions resulting in revenue of just over \$2 million for an average reimbursement per agency of \$293K.
- Established electronic hospital connections with 100% of the City's transport facilities for the purpose of receiving patient insurance and demographic information.
- Developed a proprietary Patient Information Database (PID) where accounts are bounced against 44 million records each evening for the purpose of capturing patient insurance and demographic information. As a result, [45% of the City's patients receive updates from this database](#).

- Fully integrated the City's billing policies, procedures, and charge schedule increases.
- Provided special reporting for Wilton Manors (contracted by the City).

Trusted Collection Projections

Intermedix prides itself on putting forth realistic projections we can stand behind. Intermedix is in the unique position of knowing the City's patients, community, and payers. This allows us the ability to incorporate this knowledge into accurate and reliable projections. The Figure below outlines realistic projections for 2019 and shows each of the areas where we see opportunities¹. Further explanation of each of the key areas specific to the City are supplied below.

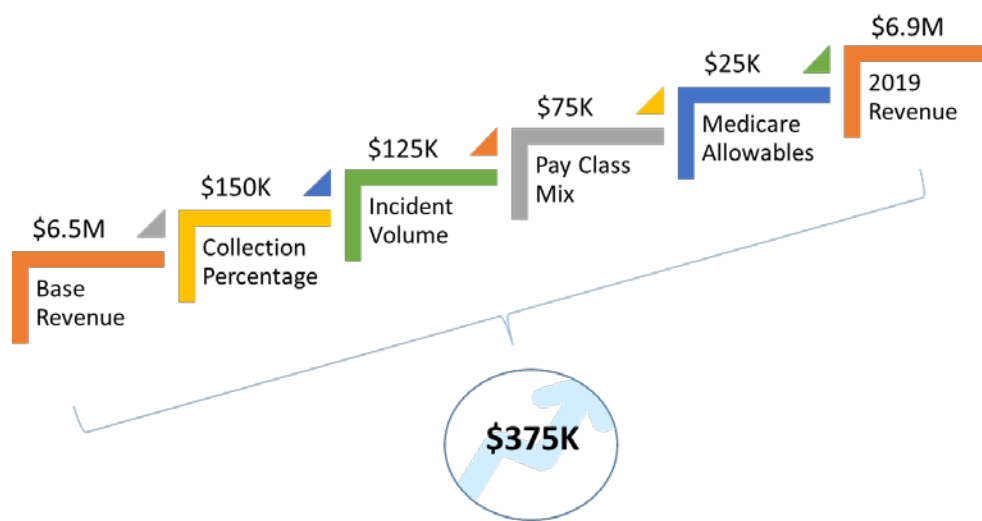


Figure 1: The above graphic represents the levels that will increase the City's revenue in 2019.

- **Incident Volume** – Based on the information provided in the RFP the City performed 28,381 transports in Fiscal Year 2015. Since then the City has experienced a decline in transports, 3.4% decrease in FY 2016 and a 3.8% decrease in FY 2017. Our competition in this situation is not familiar with the current status of the City and will be unaware of these declines. As a result, they may offer unrealistic projections. We see transport declines leveling off and have projected a small increase for FY 2019. We recognize that this collection increase is largely a result of factors unrelated to the EMS RCM partner performance.
- **Collection Percentages (%)** – All of the programs discussed herein are designed to improve the City's net collection rate (e.g., intelligent patient invoice program, outbound phone call campaigns, automated

¹ Of note – we provided a second graph within our response that presents projections in the last year of contract. See EMS RCM Methodology and Approach.

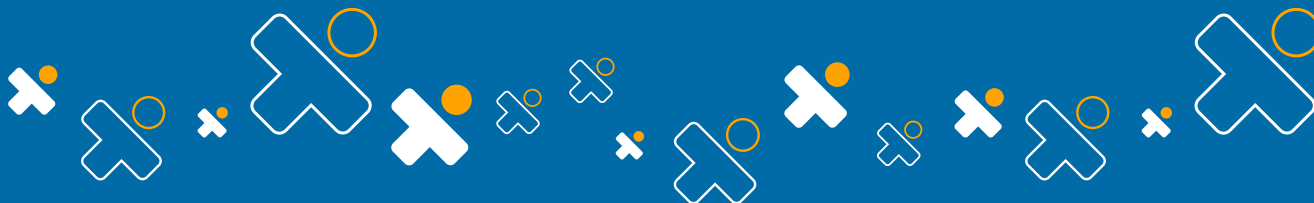
processing of routine denials, online payment options, credit card payment self-service, auto liability program, and our deductible monitoring program).

- Deductible Monitoring Program benefit of approximately \$300K. A portion of these monies are to help offset the continuous movement of new patients into high deductible programs that ultimately become self-pay responsibility. With that said, we used a conservative net benefit projection amount above.
- Liability Program benefit of approximately \$50K due to the approximate 4% auto liability transport volume and the expected \$70 additional per account that this program is generating.
- **Medicare Allowables** – Based on historical annual increases to the Medicare Ambulance Inflation Factor (AIF) of approximately 1%, we factored this estimated growth into the 2019 projection. We recognize that this collection increase is largely a result of factors unrelated to the EMS RCM partner performance.
- **Pay Class Mix** – We believe the sophisticated processes and tools we use to find patient insurance and demographic information, including our proprietary patient information database and auto liability program, will result in a large self-pay reduction and bring the City in line with other similar agencies we serve. In addition, the recent acquisition of Intermedix by R1 will result in hundreds of additional hospitals in which Intermedix will gain patient insurance information.

In Partnership

We look to further our strategic partnership with the City. It is our desire to deliver on all the services outlined above and throughout our response to this Request for Proposal. We are offering a higher level of service that includes several ePCR options and an increased number of devices—all at a reduced fee, with no revenue risk or implementation costs associated with a typical transition to a new vendor. We sincerely thank the City for your trust in Intermedix. We look forward to the serving the City for many years to come.

4.2.3 Experience and Qualifications



Experience and Qualifications (4.2.3)

Indicate the firm's number of years of experience in providing the professional services as it relates the work contemplated. Provide details of past projects for agencies of similar size and scope, including information on your firm's ability to meet time and budget requirements. Indicate the firm's initiatives towards its own sustainable business practices that demonstrate a commitment to conservation. Indicate business structure, IE: Corp., Partnership, LLC. Firm should be registered as a legal entity in the State of Florida; Minority or Woman owned Business (if applicable); Company address, phone number, fax number, E-Mail address, web site, contact person(s), etc. Relative size of the firm, including management, technical and support staff; licenses and any other pertinent information shall be submitted.

Years of Experience

Intermedix has been providing EMS RCM services to the emergency medical services community for 40 years.

Project of Similar Size and Scope

While we have over 220 clients we provide similar services for, we are proud to serve the following Florida cities and counties providing 15,000 or more transports annually. Intermedix has continually met or exceeded all time and budget requirements of the below projects.

Table 2: Projects of Similar Size and Scope

Client	Number of Transports	Solution
Miami-Dade County	80,000	EMS RCM
City of Jacksonville	80,000	EMS RCM
Palm Beach County	65,000	EMS RCM, CPE Services
Polk County	60,000	EMS RCM, CPE Services
Orange County	50,000	EMS RCM, CPE Services
Brevard County	50,000	EMS RCM, CPE Services
Hillsborough County	40,000	EMS RCM, CPE Services
Lake County	40,000	EMS RCM, CPE Services
Sarasota County	35,000	EMS RCM
Bay County	25,000	EMS RCM, CPE Services & TripTix ePCR

Client	Number of Transports	Solution
Broward Sheriff's Office	24,000	EMS RCM, CPE Services, TripTix & ESO ePCR
Leon County	22,000	EMS RCM, CPE Services & TripTix ePC
City of Orlando	22,000	EMS RCM, CPE Services
Okaloosa County	19,000	EMS RCM, CPE Services & TripTix ePCR
Charlotte County	18,000	EMS RCM
Seminole County	16,000	EMS RCM, CPE Services
City of Tampa	16,000	EMS RCM
City of Hollywood	16,000	EMS RCM, CPE Services & TripTix ePCR
City of Pompano Beach	15,000	EMS RCM, Fire Inspection RCM, , CPE Services & Physio ePCR
Highlands County	15,000	EMS RCM, CPE Services

Sustainable Practices - Conservation

Intermedix is committed to providing more efficient and eco-friendly services across the enterprise to protect our planet's natural resources, create value for our business and innovate for a better world. We have implemented many green initiatives and incorporated responsible operational practices in order to reduce the environmental impact on our planet. To that end, the Corporate Social Responsibility and Sustainability Program is a primary source and focus in servicing all of the enterprise's employees, clients, suppliers and key stakeholders. The program enables our offices and operations worldwide to strive for and obtain a consistent and sound environmental behavior. This same group and program is the cornerstone of our environmental commitment; the enterprise enforces actions and guiding principles that reduce the company's carbon footprint. Intermedix adheres to the belief that each employee has a responsibility to ensure the environment's health and well-being for generations to come.

Business Structure and Location

Intermedix is a corporation. Advanced Data Processing, Inc. (referred to previously and within as Intermedix), is a subsidiary of Intermedix Corporation, an R1 Company. Our primary EMS RCM operations location is in Miami Lakes at 7900 NW 154 Street, Ste. 201, in Miami Lakes, FL 33016. Phone: 305.945.2280/Fax: 305.428.5380. Information about our solutions and services can be found online at www.intermedix.com and www.r1rcm.com.

Company Information

Intermedix began billing for EMS providers in 1978 and is licensed to provide the services outlined in the RFP across the state of Florida. In fact, we proudly serve over 50 clients in Florida alone.

Currently, we have over 10,000 staff and employ over 600 associates who are dedicated solely to EMS RCM. These same associates process over 3.6 million annual incidents and collect over \$1.2 billion annually for 220 Intermedix EMS clients. Our client base and experience includes numerous large, complex EMS billing projects similar to the City's requirements, who have chosen Intermedix as their strategic partner.

Of note, in May 2018, Intermedix Corporation and its subsidiaries were acquired by R1 RCM Inc. (R1). R1 allows our enterprise to deliver a full breadth of end-to-end revenue cycle and management solutions as well as modular RCM services and Physician Practice solutions across the healthcare continuum.

The EMS division of Intermedix is led by Jack Donahue, Executive Vice President (see Table 1 for information on Jack's qualifications). Through his leadership, the EMS division has grown to hundreds clients nationwide and has also positioned us as formidable leader in the emergency services solutions space. Jack is supported by experienced Client Relations Management, Operations and Support teams (see Table 1).

Client Relations Support

When it comes to managing your day-to-day business, our team of operations and client relations leaders are dedicated to serving your needs through direct EMS billing experience in the region. Claudia Caterino (see Table 1) will continue work closely with Omar Perez, Senior Vice President of Operations and his department to ensure that the City and your patients receive accurate, effective and timely service - allowing you to focus on your daily demands. Claudia is supported by Darryl Hartung, Vice President Client Services, to ensure the City's issues are directly addressed or to review strategic opportunities. Claudia is available to the City for:

- Monthly reports
- Service meetings
- Revenue and performance monitoring
- Identifying trends
- Resolution of issues identified by the Client, our Client Support and Operations Teams
- Coordination with Professional Services project managers to implement new services, fee schedules, integrations, etc.
- Ensuring the implementation and communication of changes in Client policy (e.g., an ePCR vendor migrates to NEMSIS 3, etc.)

Client Support Services Team

The Client Support Services team is a client-only support resource that serves as the first line of contact for the City. This team can be accessed directly with questions related to:

- Billing
- Process
- Account inquiries
- ePCR import issues
- Collections, etc.

Professional Services Team

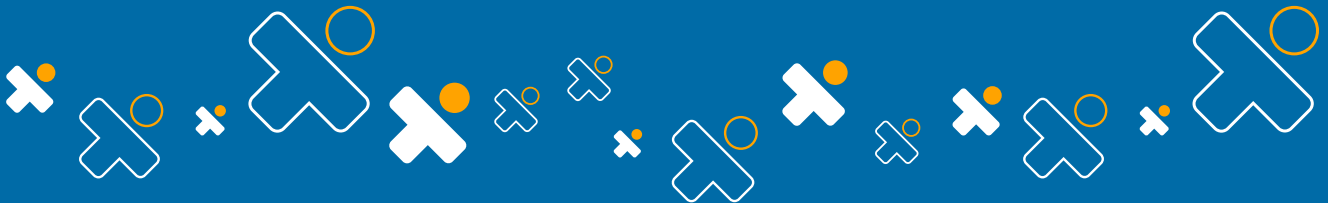
Your Professional Services team is led by Sandra Kiley, Vice President of Professional Services. Sandy's team is entirely focused on effectively and efficiently implementing new contracts and supporting our existing clients. They will work with all new clients to accomplish the items listed below:

- Provide project management and weekly status meetings for new start-ups
- Onsite review of policies and procedures specific to your business and the creation of a procedures annual
- Configure billing system
- Facilitate credentialing tasks and setup insurance electronic claims, remits and EFT's (new clients and existing clients)
- Facilitate lockbox and credit card processing
- Assess user access needs and configure the system settings
- Assess and initiate the setup for electronic receipt of hospital patient demographic and insurance files to increase the billing revenue
- Leverage the Intermedix standard reports and develop custom reports for a smooth transition
- Interface your ePCR system with the Intermedix billing system
- Provide training and documentation probes for the EMS field Operations staff

Patient Support Services

Our goal is to serve your patients with professional courtesy and compassion as we provide the avenue for them to satisfy their bill for the services provided by the City. We have a dedicated patient contact center that is staffed with experienced patient account representatives who are available by toll free number from 8:00 am to 8:00 pm EST every weekday and 9:30 am - 3:30 pm EST on Saturdays. Additionally, all patient inquiries will be handled according to the guidelines provided by the City, with you providing the final determination on any escalated issues. Our goal is to resolve patient inquiries within the first call. However, when that isn't possible, our Patient Account Representatives seek to provide resolution back to the patient within two business days. This allows time for research or follow up that needs to occur to answer the question or handle the issue.

4.2.4.1 Approach to Scope of Work



Approach to Scope of Work (4.2.4.1)

Provide in concise narrative form, your understanding of the City's needs, goals and objectives as they relate to the project, and your overall approach to accomplishing the project. Give an overview on your proposed vision, ideas and methodology.

Intermedix has been working with the City for over 20 years, providing EMS RCM Ambulance Billing and Electronic Patient Care Reporting. The requirements outlined in the RFP will continue to be supported by the teams you have come to work alongside and trust. To encapsulate our billing processes, we have provided the following detail:

Intermedix EMS RCM Methodology & Approach

Our processes are engineered to focus on the uniqueness of the EMS patient encounter. EMS agencies lack the ongoing patient/provider financial relationship that is common in other healthcare entities, such as physician and hospital care. There is no admission or patient registration department, and the individuals who provide care are also responsible for gathering billing information from severely ill or injured patients. These nuances result in gaps in patient information and make collection efforts more difficult when compared to other healthcare provider specialties.

Each step in our process contributes to the compliant maximization of revenue and patient satisfaction.

Based on comparing historical City collections as well as industry trends and several similar size agencies in which we provide EMS RCM services, we created a plan that supports annual revenue of nearly \$8 million by the end of the proposed contract period. This is an approximate **\$1.5M increase** over current collections today.

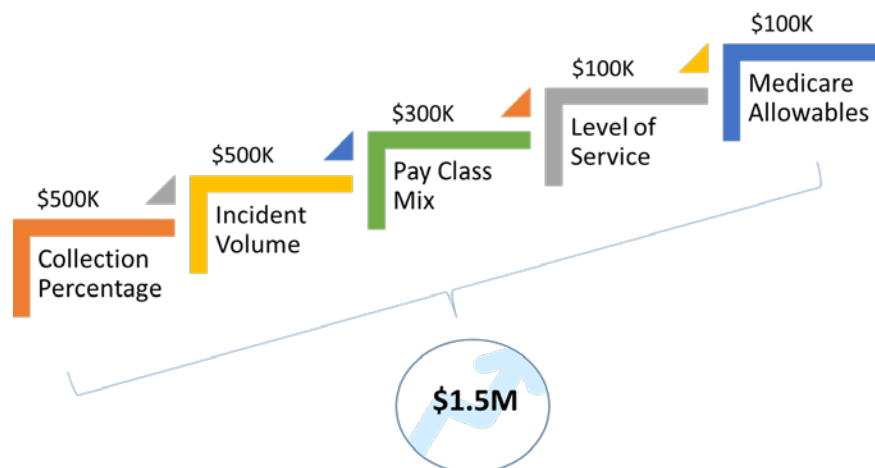


Figure 2: The above represents the levels that will increase the City's revenue to \$8M by the end of the contract period.

Intermedix prides itself on proposing realistic forecasts that are backed by a tangible plan and we appreciate that improvements are a partnership. Using the historical billing data for the City, the same data from all of our other Broward County agencies, and data provided in the RFP, we leveraged our sophisticated projection model to arrive at these projections and feel very confident in our forecast. The drivers of this increase include:

- **Collection Percentages (%)** – We believe our continued enhancements to our processes and systems will reduce the payment cycle and the number of accounts that go past timely filing. Factors that impact this include:
 - Our intelligent patient invoice program that tailors language specifically to the patient account situation;
 - Outbound phone call campaigns facilitated by advanced call center technology;
 - Automated processing of routine denials so that our team members can focus on collecting more difficult accounts;
 - Online payment options that increase the speed in which the City gets paid; and
 - Our deductible monitoring program that holds claims until a minimum deductible amount for the patient is met or until a time threshold is reached, will continue to improve the City's collection rate.
- **Pay Class Mix** – The sophisticated processes and tools we use to find patient insurance and demographic information, including our proprietary patient information database of 44 million records, will result in a self-pay reduction.
- **Incident Volume** – While we recognize that collection increase is largely a result of factors unrelated to the EMS RCM partner performance, we do believe that there may be an opportunity beyond attainable growth by continuing to frequently conduct a reconciliation between your selected PCR vendor and our Intermedix billing platform to ensure that no billable incidents are being missed.
- **Level of Service** – The continuous training of our Medical Coding team, system coding algorithm, crew documentation reviews and crew training we provide, ensures we capture optimal and compliant billing. The most recent documentation reviews and results were provided to the City in September 2018.
- **Medicare Allowable** – In 2018, the Medicare allowed payments per level of service increased 1.17% and we are projecting a 1% growth for 2019. Please note that sequestration is still negatively impacting Medicare reimbursement by reducing payments by approximately 2%.
- **Deductible Monitoring** – As our program remains in place and the trend in high deductibles continues, we are projecting that we can protect your revenue and help collect money that otherwise would end up going through your collection agency.

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

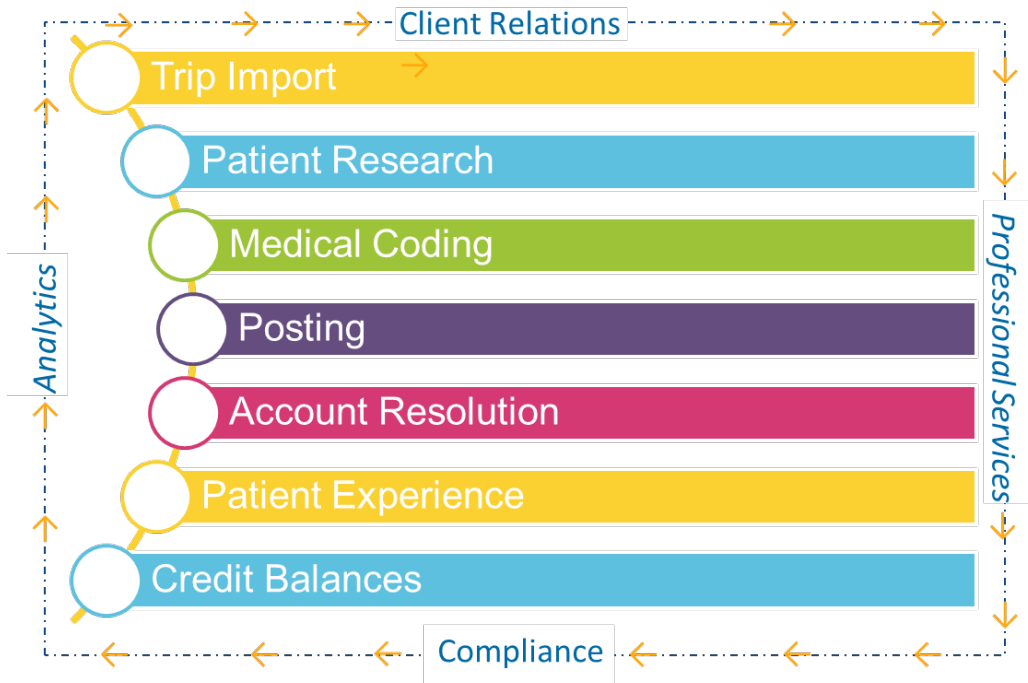


Figure 3: Our end-to-end processes recognize the constraints EMS services face when gathering billing information from patients who are in distress.

All activity takes place in our proprietary Intermedix billing system, which is supported by 35 software engineers, allowing us to quickly make adjustments based on client requests and industry changes. This includes the imaging and retention of all documents directly on the patients' accounts. City personnel with the appropriate security have access to the system to view account information, the processing audit trail and images. We believe in full transparency and as such do not limit your access to a client-specific view.

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

Trip Import



Objectives

Benefits

Timely capture of all incidentals

Maximum Collections

Import patient demographic, insurance and clinical data

Maximum Collections
Enhanced Reporting

Billing Cycle Day 1

Duration ≤ 24 Hours

ePCR transmission files are retrieved from our secure website and validated every 15 minutes. Validated files are imported nightly.

Account Creation

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

Please refer to [Professional Services](#), Figure 5 for a snapshot of the ePCR vendors with which we partner, including our proposed ePCR solution TripTix, ESO and ImageTrend®.

Account Reconciliation

Upon import of files into the Intermedix billing system, confirmation emails are available to be sent to the City's designated resources on daily, weekly, or as needed basis. The confirmation contains the date the accounts were imported, the incident number, date of service and any other pertinent fields as required. Intermedix also provides a listing of all new accounts updated into our system in our end-of-month close reporting package. This listing provides pertinent account information that can also be used for reconciliation and ensuring no files are missed.


In addition to the confirmation process above, we perform a monthly reconciliation between your ePCR solution and our Intermedix billing system. Any gaps identified are resolved, ensuring that 100% of the City's incidents have entered the billing cycle.

For all proposed ePCR solutions:

Receive automatic ePCR file transmissions for timely processing; eliminates City administrative work.

We receive patient signature information from each PCR, which is attached to each account to support compliant Medicare claim filing and auditing.

Import of clinical information and paramedic names provides Medic-level reporting.

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

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

Patient Information Database

As the leading provider of municipal EMS and Emergency Department (ED) RCM services, Intermedix has and continues to accumulate an extensive database of patient information for the purpose of obtaining patient insurance, demographic and Medicare signature information. In today’s world of HIPAA and HITECH, [our](#)

database is a value-added asset we will continue to provide to the City that will be very difficult to replicate with a different vendor.

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

45% of patient accounts have received patient insurance and demographic information updates via Intermedix' patient information database over the last 12 months. This is very important when considering that a 1% shift from self-pay can result in increased revenue of \$100,000 for the City.

Eligibility

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

Skip Tracing

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

Medicare Signatures

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

- Linking accounts without a valid signature to accounts for the same patient where we have a lifetime signature on file, or where there is an indication that the patient is deceased.
- Linking Patient Unable to Sign (PUTS), Representative Unable to Sign (RUTS), accounts to electronic medical records for the same incident received from the hospitals.

- Running accounts against the Social Security Administration’s “deceased” file to identify deceased patients, in which case a signature is no longer needed.
- Sending letters and making phone calls to patients with specifically targeted language requesting signature.
- Working with transport to facilities to obtain a signature acknowledgement that the patient was seen by the facility for the date of service in question. This is endorsed per a Medicare regulation exception, allowing certain other signatures to satisfy the signature rule. [Intermedix was instrumental in getting this exception pushed through with Centers for Medicare & Medicaid Services \(CMS\) on behalf of all EMS providers.](#)

Mileage

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

Deductible Monitoring

Intermedix offers a deductible monitoring program to help combat the rise of growing deductibles. Commercial claim filings are held until either a configurable time threshold (currently set at 90 days), or a remaining deductible dollar threshold (currently set at \$150), is met. This program [maximizes collections for the City and increases patient satisfaction](#) by effectively transferring the majority of the financial responsibility to the insurance company. Your residents pay less and their insurance carriers pay more. [Annually, this program results in \\$200,000 of collections for the City.](#)

Patient Correspondence

All patient correspondence is reviewed and accounts are updated accordingly. Returned patient mail triggers a skip trace to capture an updated patient address. All correspondence is scanned and attached to the patient account. Annually, this program results in \$200,000 of collections for the City.

A 1% shift from self-pay can increase the City’s revenue up to \$100,000.

28% of all patient accounts get resolved without ever having to contact the patient.


45% of patient accounts receive updates from our Patient Information Database, many of which came from indirect client sources.

The majority of insurance information is captured on accounts in the first week.

Our hospital liaison program maintains connections with over 600 hospitals nationwide. We have a dedicated hospital integrations team that maintains 100% access to all of the City’s transport facilities.

94.8% clean claims rate and 6.7% denial rate for the City.

On an annualized basis our deductible monitoring program provides \$200,000 to the City.

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

Our coding application performs numerous data quality and integrity checks to assist our experienced Medical Coding Specialists with accurately and efficiently coding each encounter. Before a Specialist receives the encounter, the application reviews the information submitted for level of service charges, mileage charges, supplemental charges, ICD-10 code and medical necessity. A complex algorithm applies rules based on what it finds in the report dispatch, assessment, treatment and crew member narrative data to prepopulate many of the billing fields. These actions facilitate quality, consistency and maximum compliant reimbursement.

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

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

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

Proprietary medical necessity codes support compliance and audits.

Provide any necessary training to the City's billing admin personnel.

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

Primary Payers

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

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

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

Secondary & Tertiary Payers


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

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

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

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

The majority of claims are filed within the first week of account creation.

Posting 	
Objectives	Benefits
Post payments	Patient Satisfaction Clean Accounts Receivable
Reconcile daily	Accurate Financial Reporting Timely Financial Close
Billing Cycle Week 2 - Ongoing	Duration ≤ 2 Business Days
<p>Payer responses can vary significantly between the different pay classes. Medicare and Medicaid will typically respond within two weeks from claim filing. Commercial insurance normally responds anywhere from two to five weeks from claims filing. Self-pay accounts are typically paid between one (1) month and one (1) year from account creation.</p> <p>Posting of payments and denials occurs on average, within 24-48 hours after receiving the information from the City's lockbox. Bank account reconciliation occurs daily.</p>	

Posting

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

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

Month-End Close


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

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

After closing, the system generates a set of reports that provide summary and detailed financial information related to payments, accounts receivable, new billings, aging, refunds and accounts sent to collections. The end-of-month reporting package is provided on our secure site for approved City staff to retrieve. Please see Attachment 1 for City Sample Reports and the Standard Reporting Package, which includes month-end reports.

Connections with payers to receive over 85% of payment information electronically.

90% of client payments are received in the first five (5) months of account processing.

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

Denial Management

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

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

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

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

Short Pays

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

Filed Claims Monitoring

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

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

Insurance Correspondence

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

Third Party Collections

Our solutions, among other things, focuses on obtaining payment from any and all payers, particularly when an account is determined by us to be uncollectible. Accounts remaining balances after final invoicing of the patient, become eligible for further collection activity by the City's designated collection agency, currently NCS Plus and per the City's designated guidelines. Due to the political nature of sending accounts to collections, our Account Resolution Specialists research eligible accounts as part of our pre-collection review process. Collection files are provided in compliance with HIPAA via our secured website for NCS Plus to retrieve and download into their system.

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

Denial and payer analysis to prevent reoccurrence.

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

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

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

Credit Balances



Objectives

Benefits

Timely processing of refunds

Compliance

Patient Satisfaction

Billing Cycle Week 2 - Ongoing

Duration ≤ 3 Business Days

Refund needs are typically identified within three (3) business days of entering queues. It is important to note, that a meaningful amount of Credit Balance work requires extensive research. While our team members begin working on accounts rapidly, the time to resolution takes a little longer for these reasons.

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

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

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

Flexible refund schedule to accommodate the City's processing.

Patient Experience



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

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

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

Patient Invoices

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

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

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

All invoices provide clear and simple instructions to the patient on what they need to do in order to resolve their account, and provide alternatives for them to do so. This includes resolving the account via mail, through a dedicated customer service toll-free phone line, or on a secure patient portal. Intermedix can also include customized letter head and inserts such as surveys and notices in the patient mailings, as an optional service. Please see Attachment 2 for City Sample Patient Invoices and Notices.

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

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

Inbound Phone Calls

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

While Intermedix is not a collection agency, we maintain a professional and courteous demeanor and do everything possible to assist your patients, resolve any concerns and ultimately get their account paid. We use a technologically advanced software that allows for, including, but not limited to the following:

- Team member scheduling based on call forecasting;
- Account balance self-service;
- The ability to hold your place in queue and request a call back;
- Routing of calls to Specialists most familiar with the City's community, payers, policies, and procedures.
- Routing of calls based on call reason selection, such as making a payment, balance inquiry, etc. Callers are directed to the City's online payment site (if applicable), should they wish to pay with a credit card;
- Screen popup of the City's guidelines immediately upon recognition of the City's 800 number;
- Call silent monitoring to support our quality assurance and training processes;
- The recording and retention of calls is maintained for 75 days; and
- The documentation of call activity on the patient's account and available in reports for trend analysis.

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

Outbound Phone Calls

As previously mentioned, we use advanced technology to call patients with a valid phone and where Telephone Consumer Protection Act (TCPA) consent has been received. The software allows us to focus on different types of accounts, such as self-pay, copay, deductibles, insurance paid patient, missing Medicare signature, broken payment plans and more. Configuration of the campaigns is very flexible, allowing us to define the days and times to call, number of call attempts, and number of rings per attempt. The software recognizes the caller as soon as the call is answered, and:

- Connects the call to one of our Specialists
- Opens the account on the Specialist's first monitor
- Opens the City's guidelines on the Specialist's second monitor

This is a seamless transition and no delay is noticed by the caller when the transfer to a Specialist occurs. The Specialists' first attempt is to obtain insurance information. If the patient is uninsured, the Specialist requests payment in full and if needed, initiates a payment plan per the City's guidelines. The Intermedix mindset is always to help the patient resolve their account.

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

Payment Plans

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

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

Patient Portal

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

payment capabilities or would like to use the Intermedix solution, a link to the payment website is available through the portal.

Specialty Cases

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

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

Many patient invoice wording options driven by account attributes.

On demand invoice printing by City personnel.

Robust call center software, offering numerous advantages to the City’s patients.

Overall, we achieve a 91% first call resolution for our combined client base.

Saturday call center hours 8:00 am to 2:30 pm EST.

Teams that Support the EMS RCM Functional Processes

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

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

Compliance and Quality

Compliance

Intermedix maintains a formal Compliance Program, and manages the program through an in-house compliance department. This department includes a Chief compliance Officer, a dedicated EMS Compliance Officer, an Information Security Officer, compliance auditors and security engineers who work together to ensure our organization is focused on maintaining a culture of compliance with HIPAA and the many regulations that govern the treatment of healthcare information.

Additionally, our Compliance program activities include oversight on policy development and management, as well as training, internal monitoring, auditing and incident investigation response.

Compliance continuously monitors changes as regulations evolve and proactively engages in helping to shape the future of the EMS healthcare industry. We also undergo a rigorous SSAE 18 (Statements on Standards for Attestation Engagements) controls audit each year, conducted by an independent auditor. [We](#)

cannot stress enough, the importance of having a strong and dedicated EMS RCM compliance team, and believe this is a true Intermedix differentiator. We encourage the City to understand the compliance team commitment of the other proposers being considered. Of note:

- Intermedix and its systems comply with CMS rules and regulations, including HIPAA requirements. Our compliance program is dedicated to following HIPAA privacy and security rules, HITECH and the Omnibus Rule. Our program also addresses Payment Card Industry (PCI) Data Security Standards and applicable state information security and privacy controls.
- Our Compliance Program includes a formal plan that is continuously reviewed and improved, as well as a code of integrity and conflict of interest policy to help ensure adherence to current Federal HIPAA and HITECH guidelines.
- Intermedix has a comprehensive library of HIPAA and HITECH documented policies and procedures that are available to every Intermedix team member via the corporate intranet. These policies include (but are not limited to): Standards of Business Ethics and Conduct, Safeguarding Confidential Information, Compliance Training & Certification, HIPAA Affiliated Covered Entity, HIPAA Business Associates Agreements, PHI Breach Determination, Notification and Disclosure. We have established compliance committees that meet monthly to discuss industry activities, recommendations for policy and procedure changes and more.
- During the hiring process we perform federal sanctions checks including review against the DHHS List of Excluded Individuals and Entities and criminal background checks on all candidates before they start employment. In addition, we also perform Social Security Number and previous job verifications.
- All employees receive compliance education, standards of conduct training and HIPAA privacy requirements overview upon hire and receive ongoing training throughout their employment.
- We undergo a rigorous SSAE 18 and SAS 70 Type II audit every year.
- Intermedix goes above and beyond standard industry audits to hire a third party auditor each year to evaluate the security posture of the organization, and the level of compliance specific to HIPAA/HITECH.
- All Intermedix systems employ segregation of duties to help ensure that only those employees that need access to PHI receive it.

Quality Assurance

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

- **People** – Intermedix assigns Quality Improvement Specialists (QIS) to each operations team. These team members work very closely with our Specialists to evaluate quality and provide feedback every month. They are also responsible for new hire training, individual coaching and

Commitment to and investment in continuous quality improvement.
Proprietary quality application facilitates trend analysis, feedback and training.

ongoing team training. This structure ensures that key themes found in practice are emphasized in training. Furthermore, Intermedix has invested in a Quality Director who is responsible for the continued implementation and maintenance of lean six sigma concepts within our quality initiatives.

- Process** – A random sample of accounts is selected for each Specialist every month. The QIS team evaluates the accounts and enters their findings in our proprietary Qualitas system. Once the findings are entered, the results are immediately available to the Specialists. Specialists with high scores are recommended, while Specialists with low scores are coached on where and how they can improve. In some cases this results in management creating a personal development plan. Management and the QIS also look at team level trends. Using that information, they tweak new hire training and/or determine that a refresher training is needed for existing team members. In addition to the real-time feedback on quality, the QIS will also capture the quality score into the Specialist's scorecard. Scorecard results are made visible to the entire team every month and include quality, productivity and company value components. Each Specialist receives an overall score. The score determines which team members received additional performance-based compensation for the month.
- Technology** – Our Qualitas application is designed to capture and instantly share results. While that is very important, the real power of the application comes from the trend information it provides. As described above, management and QIS can easily identify not only the team members that need coaching, but also areas where the entire team and new hires can benefit from additional training.

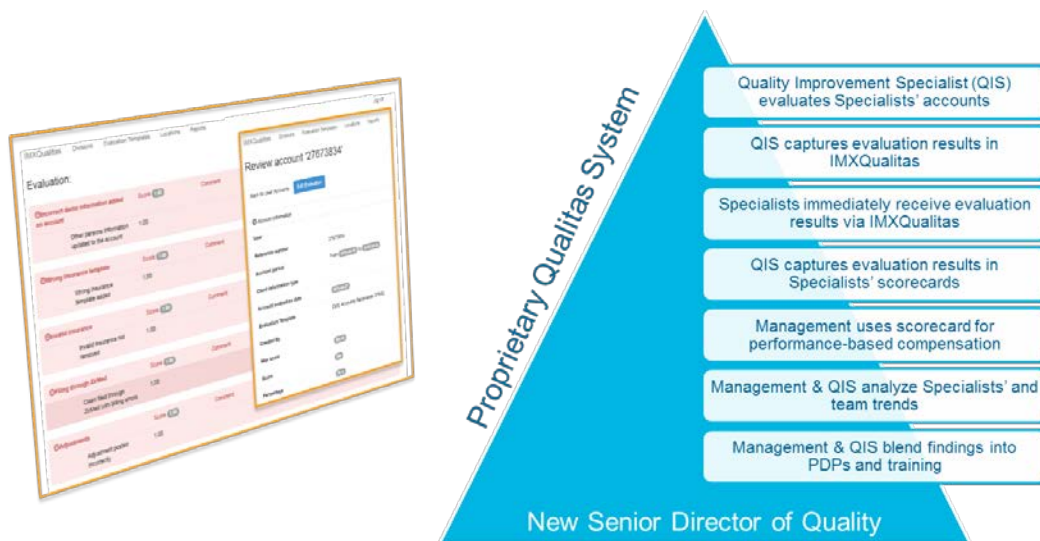


Figure 4: This illustrates the flow of the quality improvement program. Our Qualitas system allows us to identify gaps and suggest process improvements across the EMS RCM continuum.

Client Relations

Our Client Relations team's primary responsibility is to ensure that the City's expectations are being exceeded. Intermedix provides a dedicated team the City can contact for all needs, and is committed to

responding to your inquiries within one business day. **While the ratio varies based on client size and complexity, on average our Client Relations Managers support 7 clients.** We believe that this level of Client Relations investment is unmatched in the industry. The City's current assigned Client Relations Manager will continue to be Claudia Caterino. Claudia has served the City for more than a year and Darryl Hartung has been involved with the City for 18 years.

Performance Review Meetings

Intermedix will continue to conduct periodic meetings to discuss RCM performance, collection opportunities, strategic initiatives, documentation training results, industry news, regulation changes and more. Due to our proximity to the City's offices, we stand ready to meet with the City on short notice.

Industry Representation and Support

Intermedix's breadth of services and experience across the nation allows us to influence legislation and develop payer relationships for the benefit of our clients.

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

Intermedix participates in numerous industry organizations and conferences to ensure we keep abreast of the latest industry happenings. The information learned is shared with our clients through webinars, newsletters, blogs and client meetings. We also sponsor several EMS initiatives including, but not limited to, the Pinnacle conference, and an annual NAEMT Harvard scholarship to advance EMS leadership. For a list of organizations with which Intermedix is involved, please refer to Attachment 3 Industry Associations and Memberships.

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

Collection Forecasting

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

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

Report Creation

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

Professional Services

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

Client Onboarding

The City will greatly benefit should we be selected to continue as the City's billing partner. Instead of having to conduct set-up meetings and calls with City staff to complete necessary Medicare and Medicaid applications, establish hospital connections with all of the hospitals the City transports to, and other tasks that take unnecessary City staff time, we will conduct a "Reset" meeting that focuses on specific areas both parties may be able to enhance, which ultimately leads to additional collections, such as documentation training opportunities.

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

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

ePCR Integrations

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

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

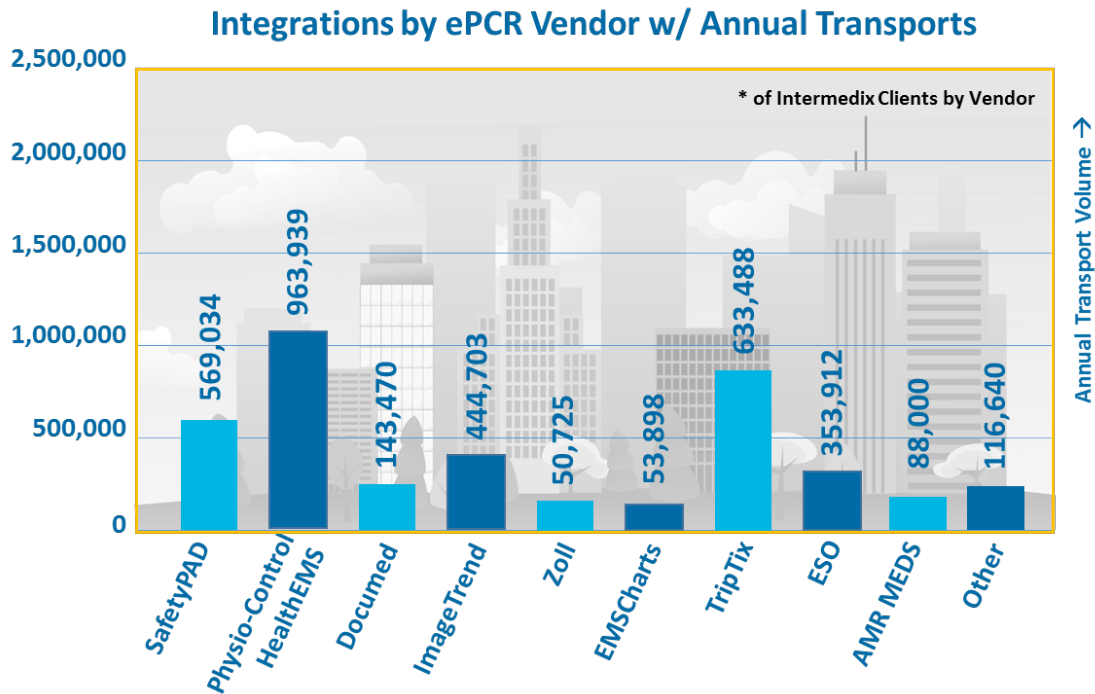


Figure 5: Our large client base allows us to work with virtually every ePCR system on the market. If the City chooses to switch ePCR vendors, it is highly likely we have an interface to that system. The chart above illustrates some of the interfaces in place today.

Hospital Integrations

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

Despite numerous industry initiatives to standardize and share data, establishing hospital connections has become increasingly difficult with the increased focus by hospitals on compliance and competing hospital technology priorities. Our team provides flexible offerings and approaches that cut through much of the hospital red tape and shorten the time necessary to complete a connection. As indicated in the chart below, we currently have access to 100% of the hospitals to which the City transports:

Table 3: Hospital Connections

Hospital Name	% of Total Transports	Access Method
Broward Health Medical Center	57%	Electronic
Holy Cross Hosp.	21%	Electronic

Hospital Name	% of Total Transports	Access Method
Plantation General Hospital	10%	Electronic
Florida Medical Center	3%	Electronic
Broward Health Imperial Point FL	2%	Electronic
Broward Health Medical Center - Trauma	2%	Electronic
Broward Health Medical Center- Peds	2%	Electronic
Broward Health Imperial Point - FL	2%	Electronic
Misc.	1%	Various

Payer Enrollment

Our Payer Enrollment team is responsible for all initial and ongoing needs related to payer enrollment and revalidation. We monitor payer requirements, Medicare and Medicaid contract expirations, establish Electronic Remittance Advice (ERA) and Electronic Funds Transfers (EFT) where possible, and proactively work with the City to ensure that all paperwork is submitted timely and accurately. Our goal is to avoid interruptions in your cash flow and facilitate cash flow with electronic claim filing and electronic remittances.

Educational Outreach

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

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

- Instant training course tests results;
- Printable certificate of completion for training files, for selected courses;

- Contact hours and college level CEUs awarded, for selected courses; and
- Reporting to track your agency progress.

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

Analytics

Reporting

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

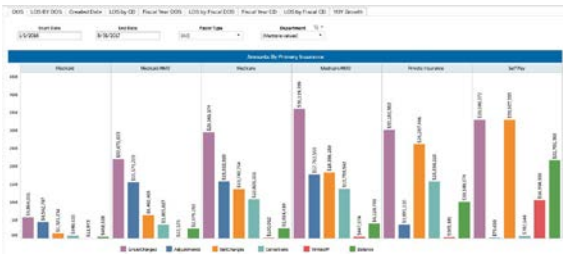
Our reporting solution allows the City's authorized users to access reports via any internet-enabled computer to run reports on-demand or establish a desired frequency schedule. Per the schedule, reports can automatically be distributed to email recipients or to a designated network folder. Accounts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

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

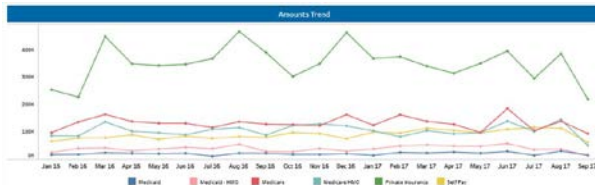
Please refer Attachment 1 for City Sample Reports and Sample Reporting Package.

Dashboards

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



		Total Incidents											
		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2017	ALL	5,176	4,812	4,151	5,263	5,037	4,861	5,096	5,117				
	ALL	60.8%	60.8%	67.8%	71.2%	69.2%	68.8%	67.2%	68.8%				
	ALL	2.0%	2.0%	2.7%	2.2%	2.2%	2.3%	2.3%	2.3%				
	ALL	2,433	2,090	2,352	2,728	2,752	2,807	2,285	2,281				
	ALL	35.6%	35.6%	37.7%	33.6%	34.2%	34.6%	33.2%	33.2%				
2016	ALL	176	144	160	179	200	189	173					
	ALL	2.7%	2.2%	2.2%	2.8%	2.8%	2.3%	2.2%					
	ALL	5,876	5,237	7,761	7,283	7,246	7,267	7,081					
	ALL	90.8%	88.0%	100.0%	99.8%	99.8%	99.8%	99.8%					
	ALL	9,000	8,618	8,279	8,498	8,523	8,489	8,331	9,072	9,092	8,838	9,194	
2015	ALL	16,136	15,576	16,776	16,226	16,876	16,776	16,276	16,276	16,276	16,276	16,276	16,276
	ALL	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
	ALL	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
	ALL	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
	ALL	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%



		Annualized By Primary Accounts											
		Short Date	%	Short Date	%	Short Date	%	Short Date	%	Short Date	%	Short Date	%
2017	ALL	5,176	60.8%	4,812	60.8%	4,151	67.8%	5,263	71.2%	5,037	69.2%	4,861	68.8%
	ALL	2.0%	2.0%	2.7%	2.2%	2.2%	2.3%	2.3%	2.3%				
	ALL	2,433	35.6%	2,090	35.6%	2,352	37.7%	2,728	33.6%	2,752	34.2%	2,807	34.6%
	ALL	35.6%	35.6%	37.7%	33.6%	34.2%	34.6%	33.2%	33.2%				
	ALL	176	2.7%	144	2.2%	160	2.2%	179	2.8%	200	2.8%	189	2.3%
2016	ALL	5,876	90.8%	5,237	88.0%	7,761	100.0%	7,283	99.8%	7,246	99.8%	7,267	99.8%
	ALL	9,000	100.0%	8,618	100.0%	8,279	100.0%	8,498	100.0%	8,523	100.0%	8,489	100.0%
	ALL	16,136	100.0%	15,576	100.0%	16,776	100.0%	16,226	100.0%	16,876	100.0%	16,776	100.0%
	ALL	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
	ALL	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

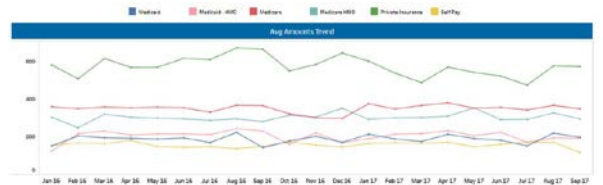




Figure 6: Analytics Dashboard Reporting. Each image represents a different analytical view of your data.

Describe your proposed approach to the project. As part of the project approach, the proposer shall propose a scheduling methodology (time line) for effectively managing and executing the work in the optimum time. Also provide information on your firm’s current workload and how this project will fit into your workload. Describe available facilities, technological capabilities and other available resources you offer for the project.

As the City is already implemented with Intermedix, the pains associated with a full transition are of no consequence, saving the City valuable resources, time and potential loss of revenue. Of note, a typical installation takes approximately 90-days.

Our automated billing processes enable our production staff to process 590 transports per FTE per month. Continuing to support the City’s volume will not change our staffing ratios, nor processes. We are sufficiently staffed to accommodate work load.

As stated earlier in the [Executive Summary](#) and [Experience and Qualifications](#) sections of our response, the resources available to the City are fully described. In addition to RCM Emergency Medical Services for Billing and Coding, our EMS division delivers Deployment Optimization, Response Planning and Electronic Patient Care Reporting solutions. Our Practice Management division provides Performance Awareness, Provider Scheduling and Provider Optimization amongst the various solutions offered for both physicians and office-based. Our Hospital Management solutions focus on improvements with organization revenue cycle management. Additionally, we were acquired by R1 RCM Inc. in May 2018. R1 allows us to deliver a full breadth of end-to-end revenue cycle and management solutions as well as modular RCM services and Physician Practice solutions across the healthcare continuum.

Additionally, the proposal should specifically address:

Discuss your offering and understating regarding the following:

a. Invoicing / Billing

The Intermedix Patient Experience team is responsible for all patient contact solutions including **patient invoices**, inbound and outbound phone calls and our patient portal. Patient invoices are provided to patients on a regular cycle as determined by the City and includes specific account information, our bill pay website address, appropriate billing language (depending on the account status), and a return envelope for the patient to remit insurance information or payment. Our flexible patient invoicing rules allow for short notice adjustments to the invoice cycle and billing language, and ultimately leads to expedited patient account resolution.

Intermedix files claims electronically whenever possible, regardless of the source of information. Over 85% of all claims to insurance companies are filed electronically, including secondary and tertiary claims. Claims are filed electronically 100% of the time for payers that accept electronic claims.

Please refer to [Patient Experience](#) and Claim Filing phases of the [EMS RCM Methodology and Approach for more detailed information](#).

b. Collections

Details on collections are found under [Account Resolution](#) phase of the EMS RCM Methodology and Approach. This phase covers Denial Management, Short Pays, Filed Claims Monitoring, Insurance Correspondence, and Third-party Collections.

c. Medicare and Medicaid requirements

The efficiency of our automated eligibility and data gathering processes allows us to adhere to the one year timely filing requirement for Medicare claim submission and 180 day timely filing requirement for Medicaid claim submission.

d. HIPAA Requirements

Intermedix has a keen focus on the many laws and regulations that impact the industry, including interpretation changes communicated by CMS. We have a dedicated EMS Compliance Officer who ensures our compliance, monitors audits and findings and is proactively engaged in helping to shape the future of the industry. All Intermedix employees go through HIPAA and compliance training upon hire and then annually thereafter. The use and release of patient information is front and center of our Compliance Program. Intermedix and its systems are certified compliant with CMS rules and regulations, including HIPAA and HITECH requirements regarding security. Our compliance program is dedicated to HIPAA compliance, encompassing HIPAA privacy and security rules, HITECH and the Omnibus Rule. Our program also addresses PCI (Payment Card Industry) Data Security Standards and applicable State Information Security and Privacy controls.

e. Compliance with other applicable Federal, State and local laws and requirements.

Because Intermedix uses a proprietary billing system, we are able to quickly make changes to our billing system in response to the changes that occur in regulations at any level of government. We are not dependent upon a third-party system to agree with the determination to make a change. This flexibility gives us the ability to bill for Medicare fractional mileage well in advance of the required date, yet implement it on the exact date the change took place. Additionally, we keep all our clients updated on industry changes through company newsletters, direct updates via the Client Services Representative, WebEx presentations and educational training classes.

f. Customer Service - your plans for response to patients' concerns, negotiations etc.

As stated in our response under [Experience and Qualifications](#) and in the [Patient Experience](#) phase of the EMS RCM Methodology and Approach, we have customer support available 24/7/365 to address patient inquiries. The Contact Center uses the latest telephony technology, including skills-based routing by call type and language preferences. Mail received from both patients and payers will be responded to within 48 hours of receipt. Copies of responses will be imaged and attached to the patient's account history.

g. Documentation Maintenance

Our Intermedix Educational Outreach team offers a comprehensive training program that includes live onsite documentation training, online learning and annual crew documentation reviews to track your agency's improvement. Additional information is provided under [Professional Services](#), Educational Outreach in the [EMS RCM Methodology and Approach](#).

h. Communications with City of Fort Lauderdale Staff - including letters of complaints, past due accounts, meetings, etc.

The City's first point-of-contact is your dedicated Customer Relations Manager, Claudia Caterino. Claudia is your liaison for all correspondence, information related to your account, and for engaging in meetings to discuss account progress and any questions of the City.

i. Training provided by your firm to Ft. Lauderdale staff.

As the City may be familiar, our Intermedix Educational Outreach team, led by Steve Sweeny, offers a comprehensive training program that includes live onsite documentation training, online learning and annual crew documentation reviews to track your agency's improvement. The real value of this offering comes when our team and City partner to determine the best training approach based on the findings of the crew documentation review. Please see [Professional Services](#), Educational Outreach under the [EMS RCM Methodology and Approach](#) for additional details.

j. Communications with Ft. Lauderdale serviced hospitals

The Hospital Integrations team is responsible for the creation and ongoing maintenance of all facility connections we have established for purposes of capturing patient insurance and demographic information.

Please see Hospital Integrations under [Professional Services](#) for a list of hospital connections. Please refer to Table 2 for a list of hospital connections.

k. Surveys

We are able to provide online patient satisfaction surveys at no additional cost to the City. Paper-based surveys can be included with monthly billing statements for a nominal fee. We are happy to share some of the other client surveys with the City to get an idea of the questions other agencies are asking.

l. Electronic Data Transfer

We are able to securely import electronic PCR's into our billing system through an integration built with City's ePCR agency of choice. Our interface experience also extends to over a dozen ePCR vendors, should the City elect to implement a different ePCR. Please refer to [Professional Services](#), ePCR Integrations for additional information. In addition, we establish electronic transfer with your local hospitals to receive patient demographic information.

m. Computer / Hardware / Software/ Report Writing and Computer Aided Dispatch Requirements

Hardware

Intermedix has proposed 22 Panasonic CF20 devices, which includes 17 frontline devices and five (5) spares. In addition to the 22 devices, we also have the ability to provide special event loaner devices to the City upon request (and availability) because we maintain our own spare pool.

Intermedix has the unique advantage over other vendors whereby we support our own hardware and are able to provide loaner devices to the City when one goes down, which allows the City to maintain a near constant inventory of 22 devices.

Software and CAD

Our software is a proprietary application developed and supported by our in-house software engineers. This ensures our clients are using the most recent version of our application. Our standard reporting system is Business Objects, which allows authorized City staff to access the reporting module from any web-enabled computer. The reporting interface contains skeleton reports that are highly configurable by using basic drag-and-drop skills. The simplicity of the drag and drop allows users to create reports without having knowledge of the database layout or query languages. We also offer extensive technological and project management experience integrating with complementary EMS technology, including CAD, MDT, AVL and other systems used by our clients.

Report Writing

As outlined in our proposal and cost schedules, Intermedix is offering a number of different options as it relates electronic patient care report writing software or ePCR. We have proposed the continued use of our TripTix solution and have also offered the City options of moving to ESO or ImageTrend software solutions. Intermedix works with both of these ePCR solutions providers extensively and have a Platinum partnership with ESO. Further information about the ePCR software options are provided in Attachment 4 ePCR Options.

n. Discuss your proposed method to accept and process credit card payments from patients through an online solution. The City can be the merchant for the solution but the contractor shall be responsible for all fees associated with the credit card acceptance solution.

Intermedix manages the City's credit card payments through an interface with ZirMed, a PCI-Compliant Level One Service Provider. When patients access the Intermedix bill payment site, patients have the ability to click on a pay by credit card link where they are redirected to ZirMed's interface. Final credit card processing occurs at this point. Intermedix does not capture or store any card holder data electronically. Intermedix agrees to be responsible for all fees associated with this credit card solution.

City of Fort Lauderdale Fire Rescue

Fire Rescue
100 North Andrews Avenue
Fort Lauderdale, FL 33301
(954) 828 - 6807

Patient Information

First Name *
Last Name *
M.I.
Patient Account Number *
Email Address
A receipt will be sent to this email address.

Payment Information

MAKE A PAYMENT

How would you like to pay?

One-time Payment
Amount *
\$

Choose a Payment Method
+ Credit/Debit Card

CONTINUE Cancel

Figure 7: Screenshot of Patient Payment Portal for credit card payments.

o. Discuss your proposed process for collecting information from local law enforcement agencies and gross billable and payments on all incidents involving motor vehicles.

Intermedix has secured services of a third-party to help collect amounts due from automotive and other liability insurance carriers.

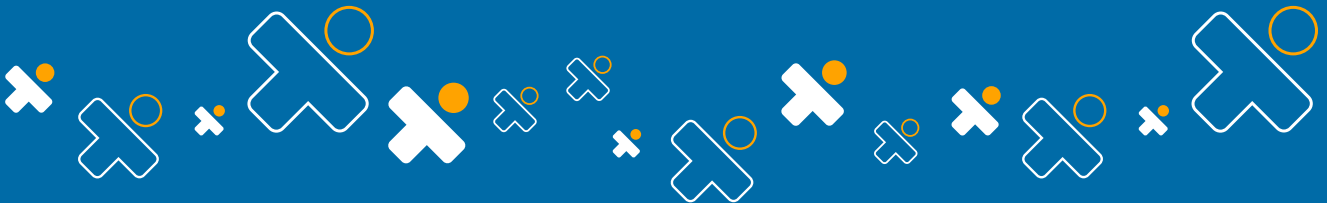
p. Provide evidence of your firms' ability to increase collection rates annually.

Please refer the section "[Approach to Scope of Work](#)". This section details our plan, as well as the areas that we expect to generate an additional \$1.5M by the end of our contract period.

q. Discuss the mechanism your firm has in place to find a revenue source for all patients outside of contacting the hospitals.

The Intermedix billing system is highly configured to not rely on the hospital to provide insurance information alone. Our PID of more than 44 million records allows us to link both insurance as well as verified patient demographic information to the City's accounts. This is very unique in our industry due to the 3.6 million incidents our clients handle annually. In addition to our database, we also rely on a number of eligibility databases to link potential insurance information. After exhausting these avenues, Intermedix then relies on patient contact through customized statements, phone call campaigns, and interaction through our patient web portal to connect with the patient and ultimately receive payment. Additional information can be found under [Patient Experience](#), Payment Plans in the [EMS RCM Methodology and Approach](#).

4.2.4.1 Reports



Reports (4.2.4.2)

Bill Form

1. List and provide a sample of all reports that you offer to the City for this contract. Include or attach a sample of each relevant report that will be available via the Internet or by mail/fax and the range of time periods available (daily, weekly, monthly, etc)

This section should include, but not be limited to the following reports:

Distribution of Charges and Collections

Aged Receivable Report

Patient Alpha Listing

Monthly Payment Listing

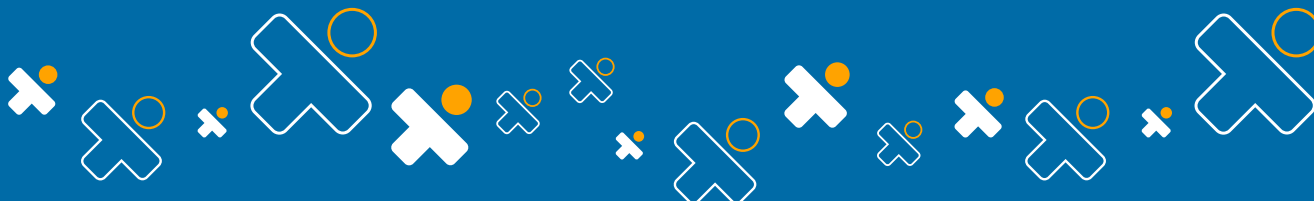
Overpayment Reports

As your current strategic EMS billing partner, the City is accustomed to our comprehensive reporting system and its ability to deliver on any request. Each of the above reports are standard within our reporting package. Please refer to Attachment 1 Sample Reporting Package to review. In addition to these standard reports, we are also providing City-specific reports, which are generated and delivered monthly.

2. Submit sample bill forms and the messages that will be used on each successive bill mailed.

Please see Attachment 2 for Sample City's Invoices and Notices.

4.2.5 References



References (4.25)

Provide at least three references, preferably government agencies, for projects with similar scope as listed in this RFP.

List two of your references that are Florida municipal agencies performing at least 20,000 emergency transports per year for each agency.

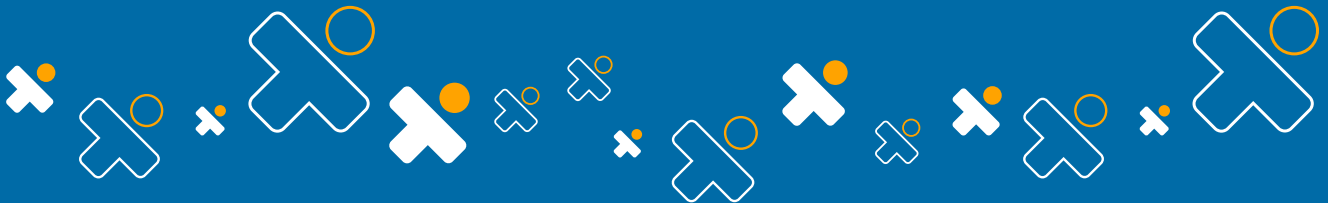
Provide five (5) reference accounts, preferably Florida government agencies, where your company's billing and EPCR solutions are both being used by each referenced client. Provide reference accounts (if applicable) where the agency has received a minimum EMSTARS EMS data quality score of 95% or higher within the last year.

Intermedix currently has over 220 clients across the country whereby we bill for 3.6 million transports annually. We are providing only some of our references below and feel it will show our unrivaled experience in each of the reference areas the City has addressed above. In addition, Intermedix is the current State of Florida EMSTARS database administrator, which allows us to monitor City compliance with all state data reporting requirements no matter the ePCR solution the City uses.

Client Name	Address	Contact Person & Info	Description of Work	Year Project Completed	Total Cost of Project
Miami Dade County	9300 NW 41st St. Miami, FL 33178	Scott Mendelsberg, 786-331-5122, Scott.Mendelsberg@miamidade.gov	Intermedix billing, 80,000 transports	Ongoing	\$1.15M (2017)
Orange County	6590 Amory Ct. Orlando, FL 32792	Alex Morales, 407-836-9015, Alex.Morales@ocfl.net	Intermedix billing & CPE, 50,000 transports	Ongoing	\$930K (2017)
Brevard County	1040 S. Florida Avenue Rockledge, FL 32955	Dennis Neterer, 321-633-2056, dennis.neterer@brevardfl.gov	Intermedix billing & CPE, 50,000 transports	Ongoing	\$45K (2017)
City of Pompano Beach	120 SW 3rd Street Pompano Beach, FL 33060	John Jurgle, 954-786-4327, john.jurgle@copfl.com	Intermedix billing & CPE, Intermedix provided Physio ePCR, Fire Inspection billing, 15,000 transports	Ongoing	\$230K (2017)
Town of Davie	6591 Orange Drive Davie, FL 33314	Jorge Gonzalez, 954-797-1213, Jorge_Gonzalez@davie-fl.gov	Intermedix billing & CPE, Intermedix provided ESO ePCR, 6,000 transports	Ongoing	\$170K (2017)
City of Winter Park	343 West Canton Avenue Winter Park, FL 32789	Richie Rodriguez, 407-599-3692, rrodriguez@cityofwinterpark.org	Intermedix billing & CPE, Intermedix provided ESO ePCR, 2,000 transports	Ongoing	\$85K (2017)

Client Name	Address	Contact Person & Info	Description of Work	Year Project Completed	Total Cost of Project
City of Kissimmee	101 Church St., Suite 200 Kissimmee, FL 34741	Karen Hunter, 407-518-2206, khunter@kissimmee.org	Intermedix billing & CPE, Intermedix provided ESO ePCR, 6,000 transports	Ongoing	\$140K (2017)
Broward Sheriff's Office	2601 West Broward Blvd Fort Lauderdale, FL 33312	Tammy Nugent, 954-831-8254, Tammy_Nugent@sheriff.org	Intermedix billing & CPE, TripTix ePCR, 25,000 transports, EMSTARS Data Quality Score 100%	Ongoing	\$600K (2017)
City of Miami Beach	2300 Pine Tree Drive Miami Beach, FL 33140	Miguel Anchia, 305-673-7000, miguelanchia@miamibeachfl.gov	Intermedix billing & CPE, TripTix ePCR, 8,000 transports, EMSTARS Data Quality Score 100%	Ongoing	\$200K (2017)
City of North Lauderdale	6151 Bailey Road North Lauderdale, FL 33068	Rodney Turpel, 954-720-4315, rturpel@nlauderdale.org	Intermedix billing & CPE, TripTix ePCR, 3,000 transports, EMSTARS Data Quality Score 100%	Ongoing	\$40K (2017)
City of Maitland	1776 Independence Lane Maitland, FL 32751	Kim Neisler, 407-539-6229, kneisler@itsmymaitland.com	Intermedix billing & CPE, TripTix ePCR, 1,500 transports, EMSTARS Data Quality Score 100%	Ongoing	\$45K (2017)

4.2.6 M/WBE Participatiion



4.2.6 Minority/Women (M/WBE) Participation

If your firm is a certified minority business enterprise as defined by the Florida Small and Minority Business Assistance Act of 1985, provide copies of your certification(s). If your firm is not a certified M/WBE, describe your company's previous efforts, as well as planned efforts in meeting M/WBE procurement goals under Florida Statutes 287.09451.

Intermedix does not claim minority or disadvantaged business certification for the purposes of this RFP.

Due to the specialized nature of our services, we look to relationships with business enterprises owned by minorities, women, service-disabled veterans and small business enterprises. We do this to augment what we already do in a way that brings a distinct advantage to the City. Intermedix has researched the opportunity for such a contribution with respect to the proposed services and we have determined that such value cannot be proven at this point in time.

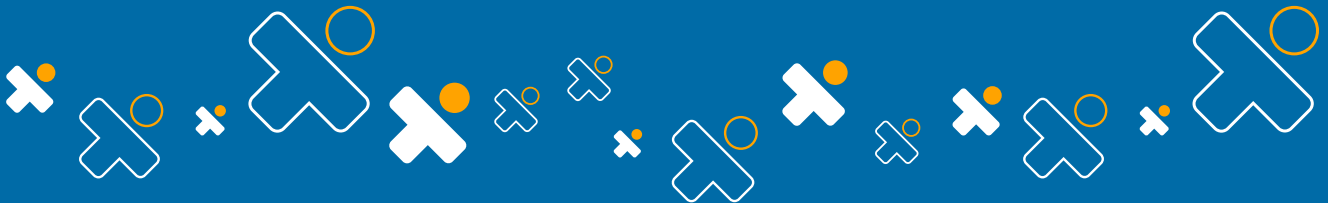
Intermedix has a long history of partnering with business enterprises owned by minorities, women, service-disabled veterans and small business enterprises when it does make sense for our clients. For example, we have subcontracted the following functions to preferred providers.

Services outsourced to MWDV / MWBE enterprises include:

- Hardware support and coding staffing
- Onsite system support, implementation, integration work
- Outsourced collections agency – onsite personnel, billing follow-up
- Insurance computer forms supply
- Statement printing
- IT/hardware support self-pay liability account assistance
- Outsourced collection agency

We are committed to continuing to use such minority and disadvantaged business relationships where it is appropriate and advantageous for our clients and our business.

4.2.7 Subcontractors

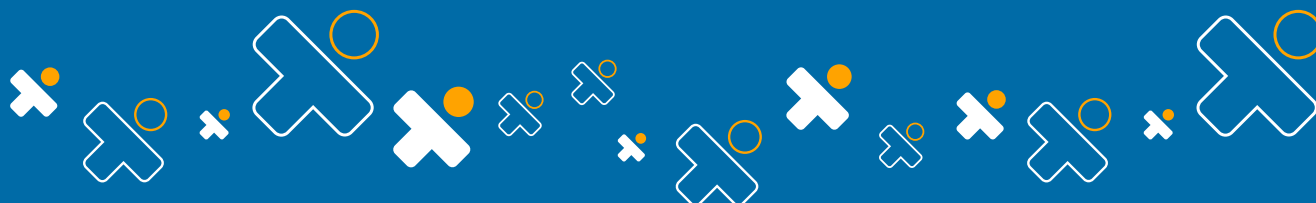


4.2.7 Subcontractors

Proposer must clearly identify any subcontractors that may be utilized during the term of this contract.

Intermedix will not be engaging with subcontractors for this effort.

4.2.8 Warranties

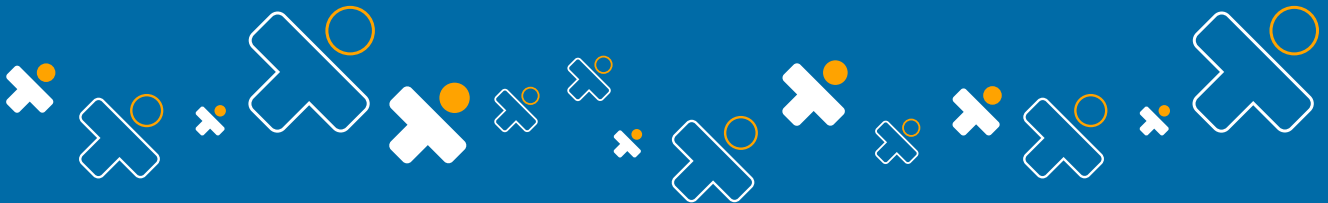


4.2.8 Warranties

Provide information on any warranties associated with your system.

Our billing system solution is supported 24/365 and maintained by our internal software engineers to ensure continuous billing of the City's transports. All ePCR options proposed come with warranties that are supported by the software vendor of choice to ensure the highest level of service to the City. Proposed hardware is supported by Intermedix and/or the manufacturer's warranty.

4.2.9 Items Not Included in Proposal

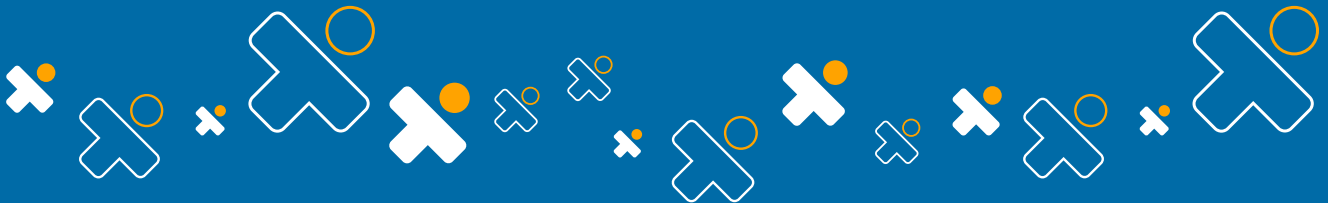


4.2.9 Items not included in your proposal

Discuss / explain in detail any requirements or preferences in the specification that your firm will not provide under this contract. Discuss items that are required / requested but are not included in your proposal.

Intermedix agrees to provide the services required under this RFP.

4.2.10 Additional Services



4.2.10 Additional Services / Products

List in detail any additional services, products, standards and or practices that you offer which are included in your proposal price.

As mentioned throughout our proposal, we offer many services that are included in the proposal price, including fee schedule analysis and market comparisons, budgetary and financial projection support, robust Business Objects reporting, compliance and auditing support, non-emergency guidance, PIP attorney providing advanced MVA collection activity, etc.

In addition to the above, we submit the following optional services that can be provided to the City at a cost as indicated:

Optima Predict™ Historic

Optima Predict Historic offers emergency services agencies the ability to analyze their response data in a powerful and intuitive map driven interface with powerful filtering and measurement tools. Customized to your geography, infrastructure, and resources, Optima Predict Historic gives you the ability to understand where, when, and how your agency responds to requests for service and provides you with a foundation to allow for expansion into a full range of planning and modeling capabilities that are unequalled in public safety. Optima Predict Historic is the first step on your agency's journey to transform data into knowledge and knowledge into action. Intermedix is prepared to provide this solution at no additional cost to the City.

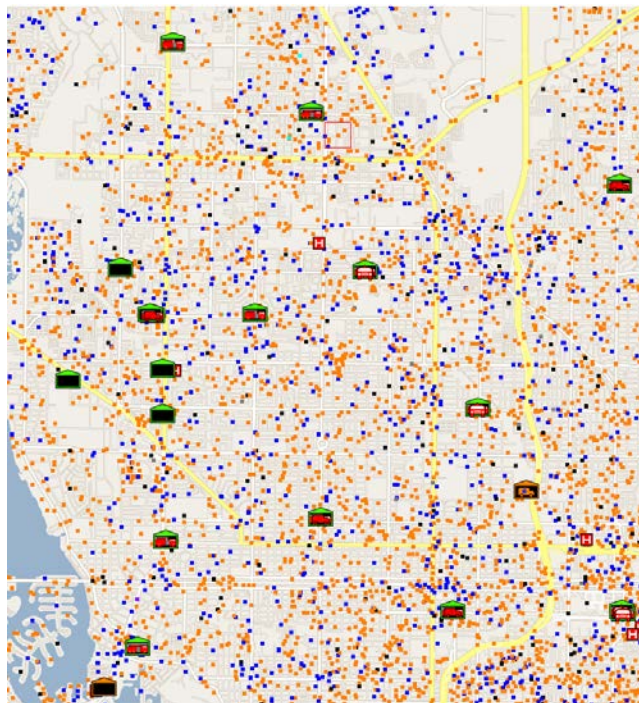
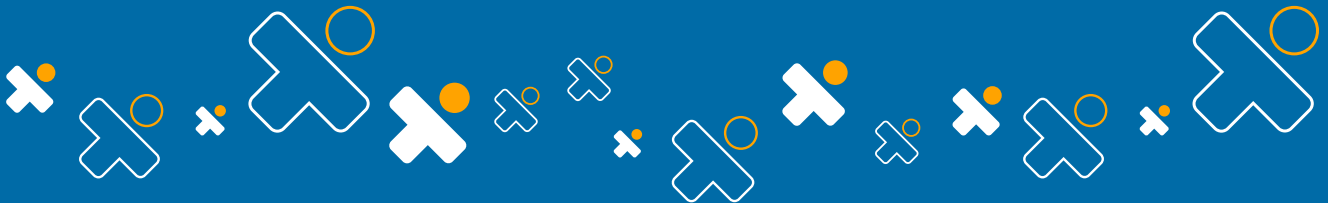


Figure 8: Sample screenshot of map-driven interface.

Fire Inspection Revenue Cycle Management/Billing Services

Intermedix has been providing fire inspection billing services for nearly 10 years. We achieve extremely high collection results through our unique inspection billing processes and follow-up methods. We have had success rates of over 90% for Hillsborough County, FL and have recently increased the City of Pompano Beach collection rates by 20% with having only taken over their inspection billing services in early 2018. In addition to increasing collections for the City of Pompano Beach, it has allowed City staff to focus and relieve pressures in other departments. We are ready to discuss providing our Fire Inspection billing services with the City. If we are able to obtain some specific information related to the City's inspection volume, inspection fees, and collection history we can develop a more detailed plan and provide collection projections, as well as provide a cost for us to provide these services.

4.2.11 Installation



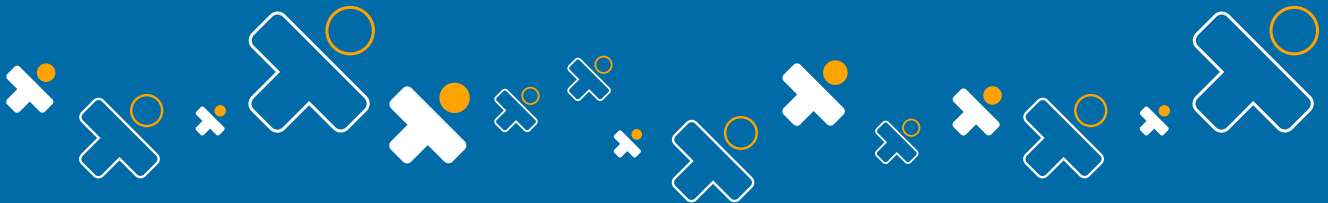
4.2.11 Installation

Provide your proposed timeline / schedule, from date of City award, to complete the delivery of all system components, including all equipment, hardware, software, and related City staff training in order to provide a complete system installation. (Use calendar days).

As the current billing vendor for the City, we are committed to continuing to provide your agency high quality billing operations and revenue cycle management services. There would be no interruption in continuing to provide our billing services.

Intermedix proposed ePCR offerings would all require training, configuration, and deployment. Intermedix may already have the needed hardware in inventory and, if not, would order the 22 CF20's immediately upon contract execution. We would expect this hardware to arrive within 30 days. Each of the proposed ePCR software solutions have provided installation schedules and timelines within their respective product information proposals attached as Attachment 4. Overall, we would expect that the City could go live on a new ePCR solution within 60 days of contract execution.

4.2.12 Required Forms



4.2.12 Required Forms

A. Proposal Certification

Complete and attach the Proposal Certification provided herein.

Please refer to Required Forms for executed document.

B. Cost Proposal

Provide firm, fixed, costs for all services/products using the form provided in this request for proposal. These firm fixed costs for the project include any costs for travel and miscellaneous expenses. No other costs will be accepted.

Please refer to Required Forms for executed document.

C. Non-Collusion Statement

This form is to be completed, if applicable.

Please refer to Required Forms for executed document.

D. Non-Discrimination Certification Form

This form is to be completed.

Please refer to Required Forms for executed document.

E. Local Business Preference (LBP)

This form is to be completed, if applicable.

Please refer to Required Forms for executed document.

F. Contract Payment Method

This form must be completed and returned with your proposal. Proposers must presently have the ability to accept these credit cards or take whatever steps necessary to implement acceptance of a card before the start of the contract term, or contract award by the City.

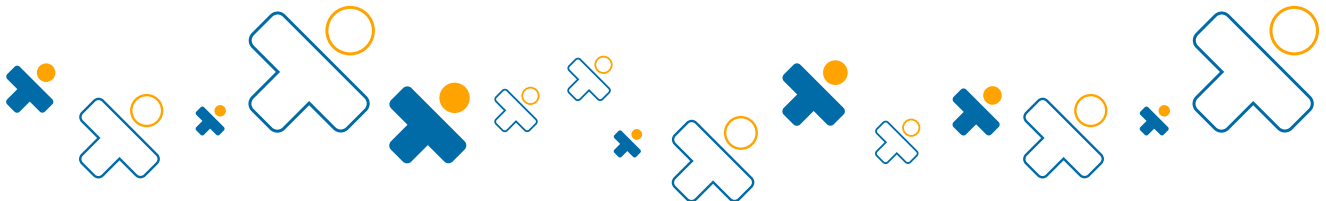
Please find this information under Required Forms.

G. Sample Insurance Certificate

Demonstrate your firm's ability to comply with insurance requirements. Provide a previous certificate or other evidence listing the Insurance Companies names for the required coverage and limits.

Please find this information immediately following this page..

A. Bid Proposal Certification



BID/PROPOSAL CERTIFICATION

Please Note: If responding to this solicitation through BidSync, the electronic version of the bid response will prevail, unless a paper version is clearly marked **by the bidder** in some manner to indicate that it will supplant the electronic version. All fields below must be completed. If the field does not apply to you, please note N/A in that field.

If you are a foreign corporation, you may be required to obtain a certificate of authority from the department of state, in accordance with Florida Statute §607.1501 (visit <http://www.dos.state.fl.us/>).

Company: (Legal Registration)

Address:

City: State: Zip:

Telephone No. FAX No. Email:

Delivery: Calendar days after receipt of Purchase Order (**section 1.02 of General Conditions**):

Total Bid Discount (**section 1.05 of General Conditions**):

Does your firm qualify for MBE or WBE status (**section 1.09 of General Conditions**): MBE ☐ WBE ☐
Not applicable.

ADDENDUM ACKNOWLEDGEMENT - Proposer acknowledges that the following addenda have been received and are included in the proposal:

Addendum No.	Date Issued	Addendum No.	Date Issued	Addendum No.	Date Issued
<input type="text" value="1"/>	<input type="text" value="10/3/18"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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VARIANCES: If you take exception or have variances to any term, condition, specification, scope of service, or requirement in this competitive solicitation you must specify such exception or variance in the space provided below or reference in the space provided below all variances contained on other pages within your response. Additional pages may be attached if necessary. No exceptions or variances will be deemed to be part of the response submitted unless such is listed and contained in the space provided below. The City does not, by virtue of submitting a variance, necessarily accept any variances. If no statement is contained in the below space, it is hereby implied that your response is in full compliance with this competitive solicitation. If you do not have variances, simply mark N/A. **If submitting your response electronically through BIDS SYNC you must also click the "Take Exception" button.**

The below signatory hereby agrees to furnish the following article(s) or services at the price(s) and terms stated subject to all instructions, conditions, specifications addenda, legal advertisement, and conditions contained in the bid/proposal. I have read all attachments including the specifications and fully understand what is required. By submitting this signed proposal I will accept a contract if approved by the City and such acceptance covers all terms, conditions, and specifications of this bid/proposal. The below signatory also hereby agrees, by virtue of submitting or attempting to submit a response, that in no event shall the City's liability for respondent's direct, indirect, incidental, consequential, special or exemplary damages, expenses, or lost profits arising out of this competitive solicitation process, including but not limited to public advertisement, bid conferences, site visits, evaluations, oral presentations, or award proceedings exceed the amount of Five Hundred Dollars (\$500.00). This limitation shall not apply to claims arising under any provision of indemnification or the City's protest ordinance contained in this competitive solicitation.

Submitted by:

Melissa Leigh

Name (printed)



Signature

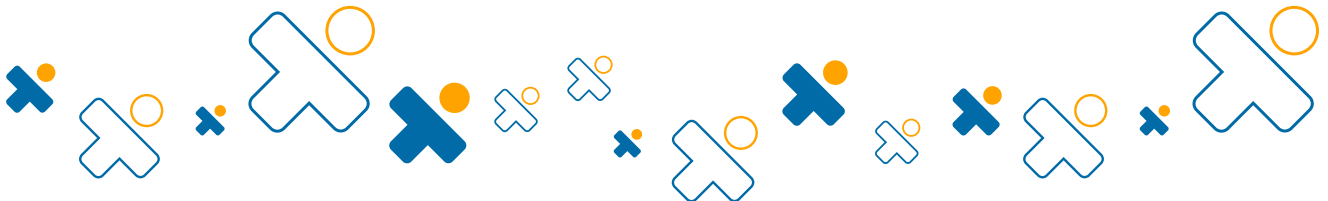
10/1/18

Date:

Sr. Vice President

Title

B. Cost Proposal Form



SECTION VI - COST PROPOSAL PAGE

Option 1 - includes TripTix ePCR

Proposer Name: Advanced Data Processing, Inc.

- 1) Bidder agrees to provide all labor, materials, components, and all other incidentals for a fully functional emergency medical services (EMS) reporting system including all hardware and software components that may be required in order to provide a comprehensive system to perform the functions outlined in the RFP specifications in accordance with the terms, conditions, and specifications contained in this RFP. EXCEPT FLORIDA MEDICAID CLAIMS. (Prior year quantities are not indicative of future use.)

Annual Estimated # of Claims (20,700) x Annual Estimated Revenue per Claims

(\$240) x 4.65 % (Vendor Percentage of Revenue (Fee) = \$ 231,012 Total

Estimated Cost to the City / per year)

- 2) A flat fee for performing any billing associated with FLORIDA MEDICAID CLAIMS. This shall be PER billing, and shall not be a percentage. The City of Fort Lauderdale had approximately (5,300) of FLORIDA MEDICAID BILLINGS last year. This is an estimate only, based on prior year, and does not in any way guarantee that the contractor shall be paid this amount.

\$ 11.50 /per claim filed x 5,300 estimated annual claims = \$ 60,950 /per year.

TOTAL ANNUAL ESTIMATED COST TO THE CITY (Items 1+2): \$ 291,962 /per year

Above costs shall be fixed for the duration of the contract.

Cost evaluations will be based on the total annual estimated cost from the line above.

Optional / Additional Products:

In the event that the vendor can provide services as referenced in section 2.2(H), what is the percentage of net revenue* (\$700,000 X 9.00 %) (percentage of revenue Fee) = \$ 63,000 (Total annual estimated annual cost to the City)

* - The annual estimated net revenue is \$700,000.

In the event that the vendor provides a NFIRS software module, the estimated annual cost will be \$ NA (annual vendor fee) (if there is no cost please enter zero (0))

Cost for additional Tablet(s), including software/hardware, installation, service and maintenance, should City require additional Tablets to be placed in service during duration of the contract (beyond the number of specified units)

Price per additional Tablet \$6,500 annually /each Instead of the City paying \$6,500 for each additional tablet, Intermedix will allow the additional tablet cost to be in the form of an additional percentage (0.09% for each additional tablet) to be added to our overall billing percentage fee.

Submitted by:

Melissa Leigh

Name (printed)

Sr. Vice President



Signature

APPENDIX INDEX

Appendix A: Data to be collected by the EPCR software for Hospital Reporting purposes and State of Florida EMS Aggregate Report requirements

Appendix B: PCI Compliance Long Form (Data Security and Privacy)

Appendix C: Questionnaire

SECTION VI - COST PROPOSAL PAGE

Proposer Name: Advanced Data Processing, Inc.

Option 2 - Includes ESO ePCR

- 1) Bidder agrees to provide all labor, materials, components, and all other incidentals for a fully functional emergency medical services (EMS) reporting system including all hardware and software components that may be required in order to provide a comprehensive system to perform the functions outlined in the RFP specifications in accordance with the terms, conditions, and specifications contained in this RFP. EXCEPT FLORIDA MEDICAID CLAIMS. (Prior year quantities are not indicative of future use.)

Annual Estimated # of Claims (20,700) x Annual Estimated Revenue per Claims

(\$240) x 5.05 % (Vendor Percentage of Revenue (Fee) = \$ 250,884 Total

Estimated Cost to the City / per year)

- 2) A flat fee for performing any billing associated with FLORIDA MEDICAID CLAIMS. This shall be PER billing, and shall not be a percentage. The City of Fort Lauderdale had approximately (5,300) of FLORIDA MEDICAID BILLINGS last year. This is an estimate only, based on prior year, and does not in any way guarantee that the contractor shall be paid this amount.

\$ /per claim filed x 5,300 estimated annual claims = \$ 69,950 /per year.

TOTAL ANNUAL ESTIMATED COST TO THE CITY (Items 1+2): \$ 311,834 /per year

Above costs shall be fixed for the duration of the contract.

Cost evaluations will be based on the total annual estimated cost from the line above.

Optional / Additional Products:

In the event that the vendor can provide services as referenced in section 2.2(H), what is the percentage of net revenue* (\$700,000 X 9.00 %) (percentage of revenue Fee) = **\$ 63,000 (Total annual estimated annual cost to the City)**

* - The annual estimated net revenue is \$700,000.

In the event that the vendor provides a NFIRS software module, the estimated annual cost will be **\$ 13,500 (annual vendor fee)** (if there is no cost please enter zero (0))

Cost for additional Tablet(s), including software/hardware, installation, service and maintenance, should City require additional Tablets to be placed in service during duration of the contract (beyond the number of specified units)

Price per additional Tablet \$ 6,500 annually /each

Submitted by:

Melissa Leigh

Name (printed)

Sr. Vice President



Signature

APPENDIX INDEX

Appendix A: Data to be collected by the EPCR software for Hospital Reporting purposes and State of Florida EMS Aggregate Report requirements

Appendix B: PCI Compliance Long Form (Data Security and Privacy)

Appendix C: Questionnaire

OPTION 1 - INCLUDES IMAGETREND EPCR

SECTION VI - COST PROPOSAL PAGE

Option 3 -includes ImageTrend ePCR

Proposer Name: Advanced Data Processing, Inc.

- 1) Bidder agrees to provide all labor, materials, components, and all other incidentals for a fully functional emergency medical services (EMS) reporting system including all hardware and software components that may be required in order to provide a comprehensive system to perform the functions outlined in the RFP specifications in accordance with the terms, conditions, and specifications contained in this RFP. EXCEPT FLORIDA MEDICAID CLAIMS. (Prior year quantities are not indicative of future use.)

Annual Estimated # of Claims (20,700) x Annual Estimated Revenue per Claims

(\$240) x 4.90 % (Vendor Percentage of Revenue (Fee) = \$ 243,432 Total

Estimated Cost to the City / per year)

- 2) A flat fee for performing any billing associated with FLORIDA MEDICAID CLAIMS. This shall be PER billing, and shall not be a percentage. The City of Fort Lauderdale had approximately (5,300) of FLORIDA MEDICAID BILLINGS last year. This is an estimate only, based on prior year, and does not in any way guarantee that the contractor shall be paid this amount.

\$ 11.50 /per claim filed x 5,300 estimated annual claims = \$ 60,950 /per year.

TOTAL ANNUAL ESTIMATED COST TO THE CITY (Items 1+2): \$ 304,382 /per year

Above costs shall be fixed for the duration of the contract.

Cost evaluations will be based on the total annual estimated cost from the line above.

Optional / Additional Products:

In the event that the vendor can provide services as referenced in section 2.2(H), what is the percentage of net revenue* (\$700,000 X 9.00 %) (percentage of revenue Fee) = **\$ 63,000 (Total annual estimated annual cost to the City)**

* - The annual estimated net revenue is \$700,000.

In the event that the vendor provides a NFIRS software module, the estimated annual cost will be **\$ 6,000 (annual vendor fee)** (if there is no cost please enter zero (0))

Cost for additional Tablet(s), including software/hardware, installation, service and maintenance, should City require additional Tablets to be placed in service during duration of the contract (beyond the number of specified units)

Price per additional Tablet \$ 6,500 annually/each Instead of the City paying \$6,500 for each additional tablet, Intermedix will allow the additional tablet cost to be in the form of an additional percentage (0.09% for each additional tablet) to be added to our overall billing percentage fee.

Submitted by:

Melissa Leigh

Name (printed)

Sr. Vice President



Signature

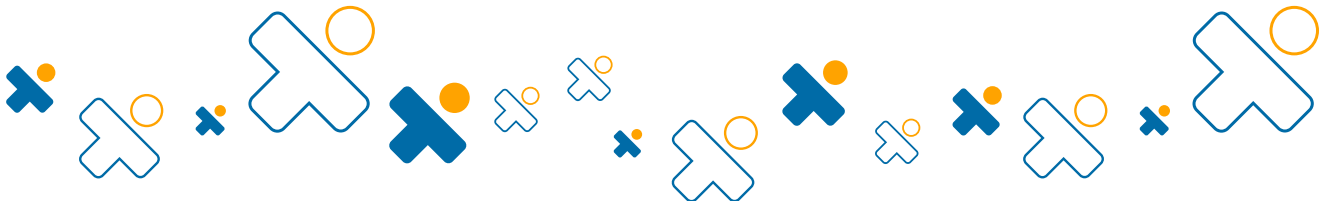
APPENDIX INDEX

Appendix A: Data to be collected by the EPCR software for Hospital Reporting purposes and State of Florida EMS Aggregate Report requirements

Appendix B: PCI Compliance Long Form (Data Security and Privacy)

Appendix C: Questionnaire

C. Non Collusion Statement



NON-COLLUSION STATEMENT:

By signing this offer, the vendor/contractor certifies that this offer is made independently and *free* from collusion. Vendor shall disclose below any City of Fort Lauderdale, FL officer or employee, or any relative of any such officer or employee who is an officer or director of, or has a material interest in, the vendor's business, who is in a position to influence this procurement.

Any City of Fort Lauderdale, FL officer or employee who has any input into the writing of specifications or requirements, solicitation of offers, decision to award, evaluation of offers, or any other activity pertinent to this procurement is presumed, for purposes hereof, to be in a position to influence this procurement.

For purposes hereof, a person has a material interest if they directly or indirectly own more than 5 percent of the total assets or capital stock of any business entity, or if they otherwise stand to personally gain if the contract is awarded to this vendor.

In accordance with City of Fort Lauderdale, FL Policy and Standards Manual, 6.10.8.3,

3.3. City employees may not contract with the City through any corporation or business entity in which they or their immediate family members hold a controlling financial interest (e.g. ownership of five (5) percent or more).

3.4. Immediate family members (spouse, parents and children) are also prohibited from contracting with the City subject to the same general rules.

Failure of a vendor to disclose any relationship described herein shall be reason for debarment in accordance with the provisions of the City Procurement Code.

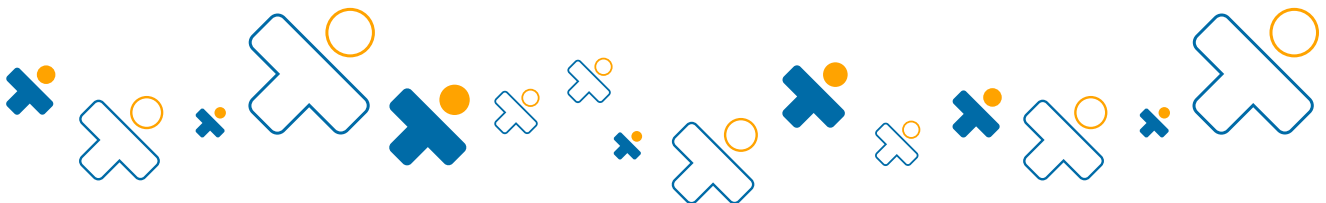
NAME**RELATIONSHIPS**

-

In the event the vendor does not indicate any names, the City shall interpret this to mean that the vendor has indicated that no such relationships exist.

Advanced Data Processing, Inc. has nothing to disclose.

D. Certificate of Compliance



**CONTRACTOR'S CERTIFICATE OF COMPLIANCE WITH
NON-DISCRIMINATION PROVISIONS OF THE CONTRACT**

The completed and signed form should be returned with the Contractor's submittal. If not provided with submittal, the Contractor must submit within three business days of City's request. Contractor may be deemed non-responsive for failure to fully comply within stated timeframes.

Pursuant to City Ordinance Sec. 2-17(a)(i)(ii), bidders must certify compliance with the Non-Discrimination provision of the ordinance.

- (a) Contractors doing business with the City shall not discriminate against their employees based on the employee's race, color, religion, gender (including identity or expression), marital status, sexual orientation, national origin, age, disability or any other protected classification as defined by applicable law.

Contracts. Every Contract exceeding \$100,000, or otherwise exempt from this section shall contain language that obligates the Contractor to comply with the applicable provisions of this section.

The Contract shall include provisions for the following:

- (i) The Contractor certifies and represents that it will comply with this section during the entire term of the contract.
- (ii) The failure of the Contractor to comply with this section shall be deemed to be a material breach of the contract, entitling the City to pursue any remedy stated below or any remedy provided under applicable law.



Authorized Signature

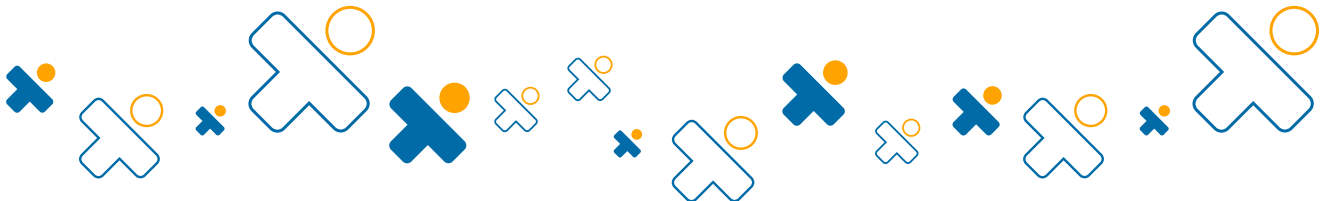
Melissa Leigh, Sr. Vice President

Print Name and Title

10/1/18

Date

E. Local Business Preference Certification Statement



LOCAL BUSINESS PRICE PREFERENCE CERTIFICATION STATEMENT

The Business identified below certifies that it qualifies for the local business price preference classification as indicated herein, and further certifies and agrees that it will re-affirm its local preference classification annually no later than thirty (30) calendar days prior to the anniversary of the date of a contract awarded pursuant to this ITB. Violation of the foregoing provision may result in contract termination.

(1) is a **Class A** Business as defined in City of Fort Lauderdale Ordinance No. C-17-26, Sec.2-186. A copy of the City of Fort Lauderdale current year Business Tax Receipt and a complete list of full-time employees and evidence of their addresses shall be provided within 10 calendar days of a formal request by the City.

Business Name

(2) is a **Class B** Business as defined in the City of Fort Lauderdale Ordinance No. C-17-26, Sec.2-186. A copy of the Business Tax Receipt or a complete list of full-time employees and evidence of their addresses shall be provided within 10 calendar days of a formal request by the City.

Business Name

(3) is a **Class C** Business as defined in the City of Fort Lauderdale Ordinance No. C-17-26, Sec.2-186. A copy of the Broward County Business Tax Receipt shall be provided within 10 calendar days of a formal request by the City.

Business Name

(4) requests a **Conditional Class A** classification as defined in the City of Fort Lauderdale Ordinance No. C-17-26, Sec.2-186. Written certification of intent shall be provided within 10 calendar days of a formal request by the City.

Business Name

(5) requests a **Conditional Class B** classification as defined in the City of Fort Lauderdale Ordinance No. C-17-26, Sec.2-186. Written certification of intent shall be provided within 10 calendar days of a formal request by the City.

Business Name

(6) is considered a **Class D** Business as defined in the City of Fort Lauderdale Ordinance No. C-17-26, Sec.2-186 and does not qualify for Local Preference consideration.

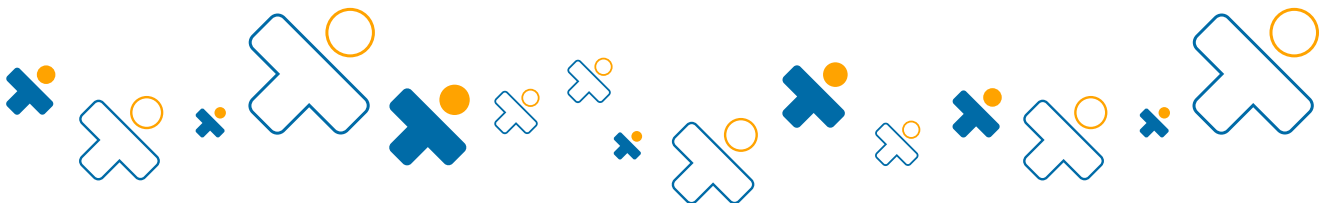
We have had an office in Fort Lauderdale located at 6451 N Federal Hwy, Fort Lauderdale, FL 33308 for over 12 years. We will be vacating this location on 3/31/2019 and will be considering an alternative location.

BIDDER'S COMPANY:

AUTHORIZED
COMPANY
PERSON:

mlg

F. Contract Payment Method by P-Card



CONTRACT PAYMENT METHOD BY P-CARD

THIS FORM MUST BY SUBMITTED WITH YOUR RESPONSE

The City of Fort Lauderdale has implemented a Procurement Card (P-Card) program which changes how payments are remitted to its vendors. The City has transitioned from traditional paper checks to payment by credit card via MasterCard or Visa. This allows you as a vendor of the City of Fort Lauderdale to receive your payment fast and safely. No more waiting for checks to be printed and mailed.

Payments will be made utilizing the City's P-Card (MasterCard or Visa). Accordingly, firms must presently have the ability to accept credit card payment or take whatever steps necessary to implement acceptance of a credit card before the commencement of a contract.

Please indicate which credit card payment you prefer:

☒ Master Card

We can accept both forms of credit card payment. Our preferred method of payment is via ACH.

☒ Visa Card

Company Name:

Name (Printed)

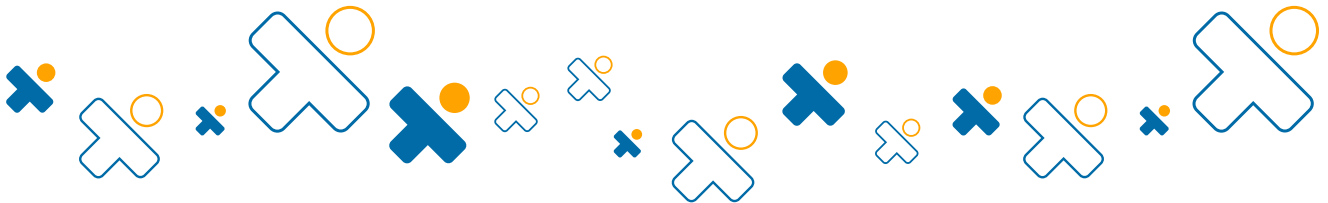


Signature

Date:

Title

G. Sample Insurance Certificate





CERTIFICATE OF LIABILITY INSURANCE

Page 1 of 1

DATE (MM/DD/YYYY)
10/03/2018

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. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Willis of Virginia, Inc. c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 372305191 USA	CONTACT NAME: PHONE (A/C, No. Ext): 1-877-945-7378 FAX (A/C, No): 1-888-467-2378 E-MAIL ADDRESS: certificates@willis.com														
INSURED Intermedix Corporation, a Subsidiary of R1 RCM Inc. Attn: Scot Schwarting 401 North Michigan Avenue, Suite 2700 Chicago, IL 60611	<table border="1"> <thead> <tr> <th data-bbox="815 426 1432 447">INSURER(S) AFFORDING COVERAGE</th> <th data-bbox="1432 426 1572 447">NAIC #</th> </tr> </thead> <tbody> <tr> <td data-bbox="815 447 1432 478">INSURER A: Phoenix Insurance Company</td> <td data-bbox="1432 447 1572 478">25623</td> </tr> <tr> <td data-bbox="815 478 1432 510">INSURER B: Charter Oak Fire Insurance Company</td> <td data-bbox="1432 478 1572 510">25615</td> </tr> <tr> <td data-bbox="815 510 1432 541">INSURER C: Indian Harbor Insurance Company</td> <td data-bbox="1432 510 1572 541">36940</td> </tr> <tr> <td data-bbox="815 541 1432 573">INSURER D:</td> <td data-bbox="1432 541 1572 573"></td> </tr> <tr> <td data-bbox="815 573 1432 604">INSURER E:</td> <td data-bbox="1432 573 1572 604"></td> </tr> <tr> <td data-bbox="815 604 1432 634">INSURER F:</td> <td data-bbox="1432 604 1572 634"></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Phoenix Insurance Company	25623	INSURER B: Charter Oak Fire Insurance Company	25615	INSURER C: Indian Harbor Insurance Company	36940	INSURER D:		INSURER E:		INSURER F:	
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INSURER A: Phoenix Insurance Company	25623														
INSURER B: Charter Oak Fire Insurance Company	25615														
INSURER C: Indian Harbor Insurance Company	36940														
INSURER D:															
INSURER E:															
INSURER F:															

COVERAGES

CERTIFICATE NUMBER: W8333916

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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000
							MED EXP (Any one person) \$ 10,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$ 1,000,000
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$ 2,000,000
	OTHER:						PRODUCTS - COMP/OP AGG \$ 2,000,000
							\$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	DED <input type="checkbox"/> RETENTION \$						\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N <input type="checkbox"/>	N/A				E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	Tech E&O						General Aggregate: \$10,000,000
	Professional Services						Retention \$2,500,000
	Network Security/Privacy Injury						

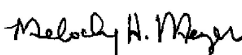
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

If required by written agreement, the City of Fort Lauderdale is included as an additional insured under the General Liability and Auto Liability insurance, but only with respect to the operations of the Named Insured.

ADDITIONAL NAMED INSURED: -Advanced Data Processing, Inc.

CERTIFICATE HOLDER

CANCELLATION

City of Fort Lauderdale 100 North Andrews Avenue Fort Lauderdale, FL 33301	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 

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ACORD 25 (2016/03)

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SR ID: 16849427

BATCH: 895744

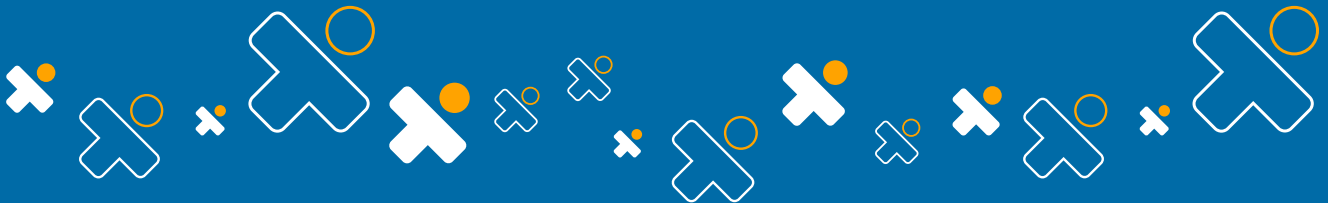
CAM 19-0210

Exhibit 4

Page 94 of 201

Appendix B

Data Security Long Form





Appendix B – Data Security Long Form

Redlined

This document is provided immediately following this page.

Appendix B – Data Security and Privacy

ARTICLE 1 – PURPOSE AND SCOPE OF APPLICATION

- A.** This Data Security and Privacy Appendix is designed to protect the City of Fort Lauderdale (CoFL) Non-public Information and CoFL Information Resources (defined below). This Appendix describes the data security and privacy obligations of Supplier and its sub-suppliers that connect to CoFL Information Resources and/or gain access to Non-public Information (defined below).
- B.** Supplier agrees to be bound by the obligations set forth in this Appendix. To the extent applicable, Supplier also agrees to impose, by written contract, the terms and conditions contained in this Appendix on any third party retained by Supplier to provide services for or on behalf of the CoFL.

ARTICLE 2 – DEFINED TERMS

- A.** Breach: means the unauthorized acquisition, access, use or disclosure of Non-public Information that compromises the security, confidentiality or integrity of such information.
- B.** Non-public Information: Supplier's provision of Services under this Agreement may involve access to certain information that CoFL wishes to be protected from further use or disclosure. Non-public Information shall be defined as: (i) Protected Information (defined below); (ii) information CoFL discloses, in writing, orally, or visually, to Supplier, or to which Supplier obtains access to in connection with the negotiation and performance of the Agreement, and which relates to CoFL, its employees or contractors, its third-party vendors or licensors, or any other individuals or entities that have made confidential information available to CoFL or to Supplier acting on CoFL's behalf (collectively, "CoFL Users"), marked or otherwise identified as proprietary and/or confidential, or that, given the nature of the information, ought reasonably to be treated as proprietary and/or confidential; (iii) trade secrets; and (iv) business information.
- C.** Protected Information: shall be defined as information that identifies or is capable of identifying a specific individual, including but not limited to personally-identifiable information, medical information other than Protected Health Information as defined under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the HIPAA regulations (including, but not limited to 45 CFR § 160.103), Cardholder Data (as currently defined by the Payment Card Industry Data Security Standard and Payment Application Standard Glossary of Terms, Abbreviations, and Acronyms), Federal Information Security Management Act (FISMA) of 2002, Criminal Justice Information Services (CJIS), National Automated Clearing House Association (NACHA), General Data Protection Regulation (GDPR), employee, contractor or neighbor records, or individual financial information that is subject to laws restricting the use and disclosure of such information, including but not limited to S.B 624 of the Florida Constitution; the Florida Information Protection Act (FIPA), and the Fair Credit Reporting Act (15 USC § 1681 *et seq.*).

CoFL Information Resources: shall be defined as those devices, networks and related infrastructure that CoFL owns, operates or has obtained for use to conduct CoFL business. Devices include but are not limited to, CoFL-owned or managed storage, processing, communications devices and related infrastructure on which CoFL data is accessed, processed, stored, or communicated, and may include personally owned devices. Data includes, but is not limited to, Non-public Information, other CoFL- created or managed business and research data, metadata, and credentials created by or issued on behalf of CoFL.

- D. Work Product: shall be defined as works-in-progress, notes, data, reference materials, memoranda, documentation and records in any way incorporating or reflecting any Non-public Information and all proprietary rights therein, including copyrights. Work Product is subject to the Agreement's Intellectual Property, Copyright and Patents Article. For the avoidance of doubt, Work Product shall belong exclusively to CoFL and unless expressly provided, this Appendix shall not be construed as conferring on Supplier any patent, copyright, trademark, license right or trade secret owned or obtained by CoFL.

ARTICLE 3 – ACCESS TO CoFL INFORMATION RESOURCES

- A. In any circumstance when Supplier is provided access to CoFL Information Resources, it is solely Supplier's responsibility to ensure that its access does not result in any access by unauthorized individuals to CoFL Information Resources. This includes conformance with minimum security standards in effect at the CoFL location(s) where access is provided. Any Supplier technology and/or systems that gain access to CoFL Information Resources must contain, at a minimum, the elements in the Computer System Security Requirements set forth in Attachment 1 to this Appendix. No less than annually, Supplier shall evaluate and document whether Supplier's practices accessing CoFL Information Resources comply with the terms of this Appendix. Documentation of such evaluation shall be made available to CoFL upon CoFL's request. Regardless of whether CoFL requests a copy of such evaluation, Supplier shall immediately inform CoFL of any findings of noncompliance and certify when findings of non-compliance have been addressed.
- B. Supplier shall limit the examination of CoFL information to the least invasive degree of inspection required to provide the Goods and/or Services. In the event Goods and/or Services include the inspection of a specific threat to or anomaly of CoFL's Information Resources, Supplier shall limit such inspection in accordance with the principle of least perusal. Supplier will notify CoFL immediately upon such events.
- C. With CoFL's prior written consent, Supplier may alter a CoFL Information Resource to the extent such alteration is specifically required for Supplier to provide Goods and/or Services to CoFL pursuant to the Agreement.

ARTICLE 4 – SECURITY PATCHES AND UPDATES

Supplier is required to perform patches and updates in connection with the Goods and/or Services provided to CoFL as follows:

- A. Devices and Software Provided Directly to CoFL. Supplier will make available to CoFL any patches and other updates to system security software or firmware utilized by Supplier in its provision of Goods and/or Services no later than the earlier of thirty (30) days of its commercial release or as recommended by Supplier or Supplier's sub-supplier.
- B. Supplier's Internal Systems and Services Necessary for Supplier to Fulfill its Obligations to CoFL. Supplier will regularly apply security patches and functional updates to its internal systems software and firmware.

ARTICLE 5 – COMPLIANCE WITH APPLICABLE LAWS, FAIR INFORMATION PRACTICE PRINCIPLES AND UC POLICIES

- A. Supplier agrees to comply with all applicable state, federal and international laws, as well as industry best practices, governing the collection, access, use, disclosure, safeguarding and destruction of Protected Information. Additionally Supplier will comply as applicable with the *Fair Information Practice Principles*, as defined by the U.S. Federal Trade Commission (<http://www.nist.gov/nstic/NSTIC-FIPPs.pdf>). Such principles would typically require Supplier to have a privacy policy, and a prominently-posted privacy statement or notice in conformance with such principles. If collecting Protected Information electronically from individuals on behalf of CoFL,

Supplier's prominently-posted privacy statement will be similar to those used by CoFL (CoFL's Privacy Policy is available <https://www.fortlauderdale.gov/departments/city-manager-s-office/strategic-communications/website-policy>). Supplier shall make available to CoFL all products, systems, and documents necessary to allow CoFL to audit Supplier's compliance with the terms of this Article 5. CoFL shall have the right to audit Supplier's compliance with its Information Security Plan and the obligations set forth in Attachment 1.

- B. CoFL reserves the right to monitor Supplier's connectivity to CoFL Information Resources while Supplier accesses Non-public Information.

ARTICLE 6 – PROHIBITION ON UNAUTHORIZED USE OR DISCLOSURE OF NON-PUBLIC INFORMATION

Supplier agrees to hold CoFL's Non-public Information, and any information derived from such information, in strictest confidence. Supplier will not access, use or disclose Non-public Information other than to carry out the purposes for which CoFL disclosed the Non-public Information to Supplier, except as permitted or required by applicable law, or as otherwise authorized in writing by CoFL. For avoidance of doubt, this provision prohibits Supplier from using for its own benefit Non-public Information or any information derived from such information. If required by a court of competent jurisdiction or an administrative body to disclose Non-public Information, Supplier will notify CoFL in writing immediately upon receiving notice of such requirement and prior to any such disclosure, to give CoFL an opportunity to oppose or otherwise respond to such disclosure (unless prohibited by law from doing so). Supplier's transmission, transportation or storage of Non-public Information outside the United States, or access of Non-public Information from outside the United States, is prohibited except on prior written authorization by CoFL.

ARTICLE 7 – SAFEGUARD STANDARD

Supplier agrees to protect the privacy and security of Non-public Information according to all applicable laws and regulations, by commercially-acceptable standards, and no less rigorously than it protects its own confidential information, but in no case less than reasonable care. Supplier will implement, maintain and use appropriate administrative, technical and physical security measures to preserve the confidentiality, integrity and availability of the Non-public Information. All Protected Information stored on portable devices or media must be encrypted in accordance with the Federal Information Processing Standards (FIPS) Publication 140-2. Supplier will ensure that such security measures are regularly reviewed and revised to address evolving threats and vulnerabilities while Supplier has responsibility for the Non-public Information under the terms of this Appendix. Prior to agreeing to the terms of this Appendix, and periodically thereafter (no more frequently than annually) at CoFL's request, Supplier will provide assurance, in the form of a third-party audit report or other documentation acceptable to CoFL, such as SOC2 Type II, demonstrating that appropriate information security safeguards and controls are in place.

ARTICLE 8 – INFORMATION SECURITY PLAN

- A. Supplier acknowledges that CoFL is required to comply with information security standards for the protection of Protected Information as required by law, regulation and regulatory guidance, as well as CoFL's internal security program for information and systems protection.
- B. Supplier will establish, maintain and comply with an information security plan ("Information Security Plan"), which will contain, at a minimum, such elements as those set forth in Attachment 1 to this Appendix.
- C. Supplier's Information Security Plan will be designed to:
 - i. Ensure the security, integrity and confidentiality of Non-public Information;
 - ii. Protect against any anticipated threats or hazards to the security or integrity of such information;

- iii. Protect against unauthorized access to or use of such information that could result in harm or inconvenience to the person that is the subject of such information;
- iv. Reduce risks associated with Supplier having access to CoFL Information Resources; and
- v. Comply with all applicable legal and regulatory requirements for data protection.

D. On at least an annual basis, Supplier will review its Information Security Plan, update and revise it to align to industry standards i.e. HITRUST and to maintain compliance with HIPAA security and privacy rules, and submit it to CoFL upon request.

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Deleted: At CoFL's request, Supplier will make modifications to its Information Security Plan or to the procedures and practices thereunder to conform to CoFL's security requirements as they exist from time to time. If there are any significant modifications to Supplier's Information Security Plan, Supplier will notify CoFL within 72 hours

ARTICLE 9 – RETURN OR DESTRUCTION OF NON-PUBLIC INFORMATION

Within 30 days of the termination, cancellation, expiration or other conclusion of this Appendix, Supplier will return the Non-public Information to CoFL unless CoFL requests in writing that such data be destroyed. This provision will also apply to all Non-public Information that is in the possession of subcontractors or agents of Supplier. Such destruction will be accomplished by "purging" or "physical destruction," in accordance with National Institute of Standards and Technology (NIST) Special Publication 800-88. Supplier will certify in writing to CoFL that such return or destruction has been completed.

If Supplier believes that return or destruction of the Non-public Information is technically impossible or impractical, Supplier must provide CoFL with a written statement of the reason that return or destruction by Supplier is technically impossible or impractical. If CoFL determines that return or destruction is technically impossible or impractical, Supplier will continue to protect the Non-public Information in accordance with the terms of this Appendix.

ARTICLE 10 – NOTIFICATION OF CORRESPONDENCE CONCERNING NON-PUBLIC INFORMATION

Supplier agrees to notify CoFL immediately, both orally and in writing, but in no event more than two (2) business days after Supplier receives correspondence or a complaint regarding Non-public Information, including but not limited to, correspondence or a complaint that originates from a regulatory agency or an individual.

ARTICLE 11 – BREACHES OF NON-PUBLIC INFORMATION

A. Reporting of Breach: Supplier will report any confirmed or suspected Breach to CoFL immediately upon discovery, both orally and in writing, but in no event more than two (2) business days after Supplier discovers that a Breach has occurred. Supplier's report will identify: (i) the nature of the unauthorized access, use or disclosure, (ii) the Non-public Information accessed, used or disclosed, (iii) the person(s) who accessed, used, disclosed and/or received Non-public Information (if known), (iv) what Supplier has done or will do to mitigate any deleterious effect of the unauthorized access, use or disclosure, and (v) what corrective action Supplier has taken or will take to prevent future unauthorized access, use or disclosure. Supplier will provide such other information, including a written report, as reasonably requested by CoFL. In the event of a suspected Breach, Supplier will keep CoFL informed regularly of the progress of its investigation until the uncertainty is resolved.

Deleted: reasonably believes

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B. Coordination of Breach Response Activities: Supplier will fully cooperate with CoFL's investigation of any Breach involving Supplier and/or the Services, including but not limited to making witnesses and documents available immediately upon Supplier's reporting of the Breach. Supplier's full cooperation will include but not be limited to Supplier:

- i. Immediately preserving any potential forensic evidence relating to the Breach, and remedying the Breach as quickly as circumstances permit
- ii. Promptly (within 2 business days) designating a contact person to whom CoFL will direct inquiries, and who will communicate Supplier responses to CoFL inquiries;
- iii. As rapidly as circumstances permit, applying appropriate resources to remedy the Breach

- condition, investigate, document, restore CoFL service(s) as directed by CoFL, and undertake appropriate response activities;
- iv. Providing status reports to CoFL on Breach response activities, either on a daily basis or a frequency approved by CoFL;
 - v. Coordinating all media, law enforcement, or other Breach notifications with CoFL in advance of such notification(s), unless expressly prohibited by law; and
 - vi. Ensuring that knowledgeable Supplier staff is available on short notice, if needed, to participate in CoFL-initiated meetings and/or conference calls regarding the Breach.

C. Grounds for Termination. If any Breach is not remedied in accordance to the Agreement's designated cure period, CoFL shall have the right to terminate the Agreement upon the expiration of the agreed upon cure period.

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Deleted: ion of

Deleted: by CoFL

D. Assistance in Litigation or Administrative Proceedings. Supplier will make itself and any employees, subcontractors, or agents assisting Supplier in the performance of its obligations available to CoFL at no cost to CoFL to testify as witnesses, or otherwise, in the event of a Breach or other unauthorized disclosure of Non-public Information caused by Supplier that results in litigation, governmental investigations, or administrative proceedings against CoFL, its directors, officers, agents or employees based upon a claimed violation of laws relating to security and privacy or arising out of this Appendix.

ARTICLE 12 – ATTORNEY'S FEES

In any action brought by a party to enforce the terms of this Appendix, the prevailing party will be entitled to reasonable attorney's fees and costs, including the reasonable value of any services provided by in-house counsel. The reasonable value of services provided by in-house counsel will be calculated by applying an hourly rate commensurate with prevailing market rates charged by attorneys in private practice for such services.

ARTICLE 13 – INDEMNITY

The Agreement includes an Indemnity provision, but for the avoidance of doubt regarding a Breach involving Protected Information, Supplier's indemnification obligations under the Agreement will include the following fees and costs which arise as a result of Supplier's breach of this Appendix, negligent acts or omissions, or willful misconduct: any and all costs associated with notification to individuals or remedial measures offered to individuals, whether or not required by law, including but not limited to costs of notification of individuals, establishment and operation of call center(s), credit monitoring and/or identity restoration services; time of CoFL personnel responding to Breach; fees and costs incurred in litigation; the cost of external investigations; civil or criminal penalties levied against CoFL; civil judgments entered against CoFL; attorney's fees, and court costs.

ARTICLE 14 – ADDITIONAL INSURANCE

In addition to the insurance required under the Agreement, Supplier at its sole cost and expense will obtain, keep in force, and maintain an insurance policy(s) that provides coverage for privacy and data security breaches. This specific type of insurance is typically referred to as Privacy, Technology and Data Security Liability, Cyber Liability, or Technology Professional Liability. In some cases, Professional Liability policies may include some coverage for privacy and/or data breaches. Regardless of the type of policy in place, it needs to include coverage for reasonable costs in investigating and responding to privacy and/or data breaches with the following minimum limits unless CoFL specifies otherwise: \$1,000,000 Each Occurrence and \$5,000,000 Aggregate.

**FIRST AMENDMENT TO APPENDIX – DATA SECURITY AND PRIVACY
SAFEGUARD STANDARD FOR PAYMENT CARD DATA (IF APPLICABLE)**

- A. Supplier agrees that it is responsible for the security of Cardholder Data (as currently defined by the Payment Card Industry Data Security Standard and Payment Application Standard Glossary of Terms, Abbreviations, and Acronyms) that it possesses (if any), including the functions relating to storing, processing and transmitting Cardholder Data. In this regard, Supplier represents and warrants that it will implement and maintain certification of Payment Card Industry ("PCI") compliance standards regarding data security, and that it will undergo independent third party quarterly system scans that audit for all known methods hackers use to access private information and vulnerabilities that would allow malicious software (e.g., viruses and worms) to gain access to or disrupt CoFL Information Resources. These requirements, which are incorporated herein, can be found at https://www.pcisecuritystandards.org/document_library. Supplier agrees to provide at least annually, and from time to time at the written request of CoFL, current evidence (in form and substance reasonably satisfactory to CoFL) of compliance with these data security standards, which has been properly certified by an authority recognized by the payment card industry for that purpose.
- B. In connection with credit card transactions processed for CoFL, Supplier will provide reasonable care and efforts to detect fraudulent payment card activity. In performing the Services, Supplier will comply with all applicable rules and requirements, including security rules and requirements, of CoFL's financial institutions, including its acquiring bank, the major payment card associations and payment card companies. If during the term of an Agreement with CoFL, Supplier undergoes, or has reason to believe that it will undergo, an adverse change in its certification or compliance status with the PCI standards and/or other material payment card industry standards, it will promptly notify CoFL of such circumstances.
- C. Supplier further represents and warrants that software applications it provides for the purpose of performing Services related to processing payments, particularly credit card payments, are developed in accordance with all applicable PCI standards, and are in compliance with all applicable PCI standards, including but not limited to Payment Application Data Security Standards (PA-DSS), Point to Point Encryption Solution Requirements (P2PE) including approved card readers or Point of Interaction (POI). As verification of this, Supplier agrees to provide at least annually, and from time to time upon written request of CoFL, current evidence (in form and substance reasonably satisfactory to CoFL) that any such application it provides is certified as complying with these standards and agrees to continue to maintain that certification as may be required.
- D. Supplier will immediately notify CoFL if it learns that it is no longer PCI compliant under one of the standards identified above, or if any software applications or encryption solutions are no longer PCI compliant.

ATTACHMENT 1

- A.** Supplier will develop, implement, and maintain a comprehensive Information Security Plan that is written in one or more readily accessible parts and contains administrative, technical, and physical safeguards. The safeguards contained in such program must be consistent with the safeguards for protection of Protected Information and information of a similar character set forth in any state or federal regulations by which the person who owns or licenses such information may be regulated.
- B.** Without limiting the generality of the foregoing, every comprehensive Information Security Plan will include, but not be limited to:
- i. Designating one or more employees to maintain the comprehensive Information Security Plan;
 - ii. Identifying and assessing internal and external risks to the security, confidentiality, and/or integrity of any electronic, paper or other records containing Protected Information and of CoFL Information Resources, and evaluating and improving, where necessary, the effectiveness of the current safeguards for limiting such risks, including but not limited to:
 - a. Ongoing employee (including temporary and contract employee) training; employee compliance with policies and procedures; and
 - b. Means for detecting and preventing security system failures.
 - iii. Developing security policies for employees relating to the storage, access and transportation of records containing Protected Information outside of business premises.
 - iv. Imposing disciplinary measures for violations of the comprehensive Information Security Plan rules.
 - v. Preventing terminated employees from accessing records containing Protected Information and/or CoFL Information Resources.
 - vi. Overseeing service providers, by:
 - a. Taking reasonable steps to select and retain third-party service providers that are capable of maintaining appropriate security measures to protect such Protected Information and CoFL Information Resources consistent with all applicable laws and regulations; and
 - b. Requiring such third-party service providers by contract to implement and maintain such appropriate security measures for Protected Information.
 - vii. Placing reasonable restrictions upon physical access to records containing Protected Information and CoFL Information Resources and requiring storage of such records and data in locked facilities, storage areas or containers.
 - viii. Restrict physical access to any network or data centers that may have access to Protected Information or CoFL Information Resources.

- ix. Requiring regular monitoring to ensure that the comprehensive Information Security Plan is operating in a manner reasonably calculated to prevent unauthorized access to or unauthorized use of Protected Information and CoFL Information Resources; and upgrading information safeguards as necessary to limit risks.
- x. Reviewing the scope of the security measures at least annually or whenever there is a material change in business practices that may reasonably implicate the security or integrity of records containing Protected Information and of CoFL Information Resources.
- xi. Documenting responsive actions taken in connection with any incident involving a Breach, and mandating post-incident review of events and actions taken, if any, to make changes in business practices relating to protection of Protected Information and CoFL Information Resources.

Computer System Security Requirements

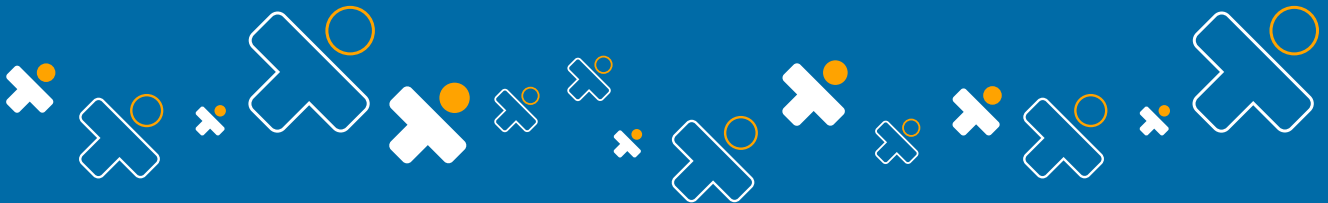
To the extent that Supplier electronically stores or transmits Protected Information or has access to any CoFL Information Resources, it will include in its written, comprehensive Information Security Plan the establishment and maintenance of a security system covering its computers, including any wireless system, that, at a minimum, and to the extent technically feasible, will have the following elements:

- A.** Secure user authentication protocols including:
 - i. Control of user IDs and other identifiers;
 - ii. A secure method of assigning and selecting passwords, or use of unique identifier technologies, such as biometrics or token devices;
 - iii. Control of data security passwords to ensure that such passwords are kept in a location and/or format that does not compromise the security of the data they protect;
 - iv. Restricting access to active users and active user accounts only; and
 - v. Blocking access to user identification after multiple unsuccessful attempts to gain access or the limitation placed on access for the particular system.
 - vi. Periodic review of user access, access rights and audit of user accounts.
- B.** Secure access control measures that:
 - i. Restrict access to records and files containing Protected Information and systems that may have access to CoFL Information Resources to those who need such information to perform their job duties; and
 - ii. Assign unique identifications plus passwords, which are not vendor supplied default passwords, to each person with computer access, which are reasonably designed to maintain the integrity of the security of the access controls.
- C.** Encryption of all transmitted records and files containing Protected Information.
- D.** Adequate security of all networks that connect to CoFL Information Resources or access Protected Information, including wireless networks.
- E.** Reasonable monitoring of systems, for unauthorized use of or access to Protected Information and CoFL Information Resources.

- F.** Encryption of all Protected Information stored on Supplier devices, including laptops or other portable storage devices.
- G.** For files containing Protected Information on a system that is connected to the Internet or that may have access to CoFL Information Resources, reasonably up-to-date firewall, router and switch protection and operating system security patches, reasonably designed to maintain the integrity of the Protected Information.
- H.** Reasonably up-to-date versions of system security agent software, including intrusion detection systems, which must include malware protection and reasonably up-to-date patches and virus definitions, or a version of such software that can still be supported with up-to-date patches and virus definitions, and is set to receive the most current security updates on a regular basis.
- I.** Education and training of employees on the proper use of the computer security system and the importance of Protected Information and network security.

With reasonable notice to Supplier, CoFL may require additional security measures which may be identified in additional guidance, contracts, communications or requirements.

Appendix C - Bidders Questionnaire



APPENDIX C – BIDDER QUESTIONNAIRE

EMERGENCY MEDICAL SERVICES BILLING & ELECTRONIC PATIENT CARE REPORTING SERVICES

1. Do you have experience and knowledge of Florida Medicare and Medicaid billing for at least one (1) year and can you verify experience with a minimum two (2) Florida municipal agencies?

Yes. Intermedix serves over 50 EMS Florida-based clients. All other competitors combined will not have the Florida Medicare and Medicaid billing experience of Intermedix. Please refer to the [References](#) section of our response for detailed information on verified clients.

2. Have you successfully installed, integrated, tested and had acceptance of the proposed EPCR system for at least two (2) Florida governmental agencies within the last three (3) years.

Yes. We have integrated our billing system with all of the proposed ePCR solutions. This includes multiple integrations with ESO, ImageTrend, and our own TripTix solution.

3. Does your software offer NFIRS (National Fire Incident Reporting Software) module for purchase?

While TripTix does not offer a NFIRS module, we are able to offer NFIRS from the City's ePCR agency of choice should the City elect to implement a different ePCR.

4. Are you compliant with the Florida Emergency Medical Services Tracking and Reporting System (EMSTARS)?

Intermedix maintains the TripTix ePCR software and ensures it is compliant with national and state standards. In fact, Intermedix is contracted with the state of Florida to maintain the state reporting database, EMSTARS. Therefore, Intermedix sets the standard for state reporting in Florida. In addition, Intermedix is Gold certified by the national reporting standard, NEMSIS. The other ePCR systems proposed are compliant with EMSTARS.

5. Can you provide two (2) reference account where the agency has received a minimum EMSTARS EMS data quality score of 95% or higher within the last year?

TripTix clients include Broward Sheriff's Office, City of Miami Beach, Leon County, North Palm Beach and Oakland Park, all of which received 100% data quality scores in their last submission.

6. Can you provide a copy of a recent SAS 70 type I or type II independent service auditor's report on the controls placed in its operations and data centers as well as a copy of its disaster and recovery policies and procedures?

Intermedix undergoes a rigorous SSAE18 (Statements on Standards for Attestation Engagements) audit annually. SSAE18 is the next generation of AICPA auditing standards for reporting on controls at service organizations (including data centers) in the United States. SSAE18 goes beyond the SAS 70 by requiring the auditor to obtain a written assertion from management regarding the design and operating effectiveness of the controls being reviewed. SSAE18 also provides better alignment with the international audit standard

ISAE 3402. Due to the sensitive and proprietary nature of these reports, we do not share these outside of the organization.

7. Can you provide two (2) reference accounts from Florida government agencies, where the vendor's billing and EPCR solutions are both being used by each referenced client?

Please refer to the [References](#) section of our response. Currently, the City of North Lauderdale and Broward Sheriff's Office are using both our billing and ePCR services. In addition, we have a number of other references whereby Intermedix provides EMS billing services and a partner ePCR software solution, such as the two we have proposed (ESO and ImageTrend). References include the Town of Davie (ESO) and the City of New Orleans (ImageTrend).

8. Do you have Customer Service Representatives (CSR) available seven days a week during normal business hours eastern standard time that can read, write, and speak fluently in English, Spanish, and Creole? It is not necessary that each CSR speak in all three languages but there must be sufficient CSRs available to conduct business in each language.

Yes. As stated in prior responses, we have active customer service hours from 8 am to 8 pm Monday through Friday and from 9:30 am to 3:30 pm on Saturdays. Many of our Patient Experience specialists are bi-lingual and we cover over 200 languages with a translation service. Please refer to Patient Experience, Inbound Phone Calls under the EMS RCM Methodology and Approach.

9. Do you have sufficient staffing to ensure smooth and efficient operation of Emergency Medical Transport Reporting, Billing, and Collection Services?

Our automated billing processes enable our production staff to process 590 transports per FTE per month. Continuing to support the City's volume will not change our staffing ratios nor processes. We are sufficiently staffed to accommodate the City's workload.

10. Can you provide technical support with trouble shooting and correcting issues that may arise with the computer laptop systems hardware, software and connectivity and provide application support to users entering EPCR reports and accessing the quality control application from desktop clients via a 1-800 number Computer Help Desk support line seven days a week 24 hours a day?

Yes. Intermedix is unique in this area as we have our own support department that allows us the ability to handle hardware and TripTix software issues internally. Furthermore, Intermedix stands ready to provide loaner devices should the City's main devices fail. No other billing vendor has this capability. Our Support Center will continue to triage and categorize issues by severity level and take necessary action up to and including providing the mentioned loaner devices.

11. Do you have a local office within Broward County, Dade County or Palm Beach County, FL with staff capable of meeting with City staff on an as needed basis?

Yes. Our main processing office for EMS services is located in Miami Lakes (Miami Dade County). We also have a Broward County office located in Fort Lauderdale. This allows your dedicated Intermedix team to be available to physically meet with the City on short notice.

12. Do you have an office in Florida with staff capable of meeting with City staff on an as needed basis?

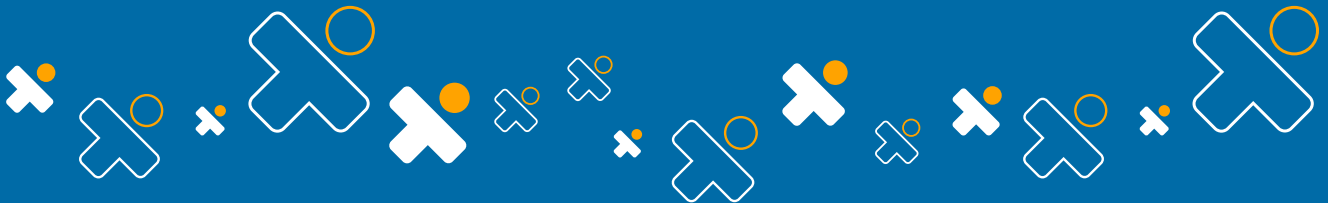
Yes; please see our response to Question 11 above.

13. If awarded the contract, what is your anticipated lead/implementation time?

As the City is already implemented with the Intermedix billing system, there will be no downtime or missed revenue collection opportunities for the City. Should the City decide to switch to a different ePCR solution, our typical implementation timeline is between 60 and 90 days. We work in parallel with the City and the City's selected ePCR solution. This time may be flexible dependent on the City's time constraints.

City of Fort Lauderdale

Supporting Documentation





Supporting Documentation

Attachment 1 – City-Specific Reporting Samples and Sample Reporting Package

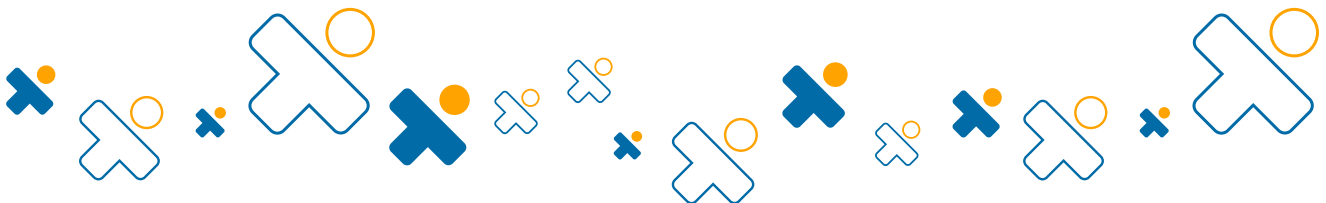
Attachment 2 – City Sample Invoices and Notices

Attachment 3 – Industry Associations and Memberships

Attachment 4 – ePCR Options

Attachment 1

City Specific Reporting Samples and Sample Reporting Package



 **intermedix**

EMS Reporting Samples

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



Report also includes

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

Monthly Summary

by Date of Service

Monthly Summary by Date of Service

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

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

Fiscal Year Summary

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

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

Calendar Year Summary

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

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

Report also includes

Additional Summary Data

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

Incidents by Level of Service

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

Incidents by Financial Class

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

Monthly Summary

by Pickup Zip Code

Monthly Summary by Pickup Zip Code

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

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

Report also includes

Additional Summary Data

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

Incidents by Level of Service

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

Incidents by Financial Class

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

Daily Financial Summary

Daily Financial Summary: New Charges

Date: 3/9/16

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

Daily Financial Summary: Voided Charges

Date: 3/9/16

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

Daily Financial Summary: Payments

Date: 3/9/16

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

EMS Sample Report

Payment Posting

Payment Posting Summary

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

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

Payment Posting, by Payor

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

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

Report also includes

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

EMS Sample Report



PAYMENT POSTING REPORT: By DOS

SAMPLE REPORT

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

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

SAMPLE REPORT

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

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

Insurance Aged Receivables

Insurance Aged Receivables

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

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

Report also includes

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

EMS Sample Report

Call Statistics

Response Times

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

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

Patient Disposition

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

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

Transports by Facility

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

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

Calls by Time of Day

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

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

Report also includes

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

ePCR Demographic Capture

ePCR Demographic Capture by Medic

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

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

ePCR Demographic Capture by Month of Service

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

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

Invalid Signatures and 'NMN' Summary

Medicare Summary – Invalid Signatures and 'Not Medically Necessary'

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

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

Medicaid Summary – Invalid Signatures and 'Not Medically Necessary'

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

		Total Medicaid (Count/%)		Medicaid Not Medically Necessary		
Month of Service	Total Billable Incidents	Medicaid Billable Incidents	% of Total AR	Count of NMN	% NMN of Medicaid	% NMN of Total AR
2015-01	16,453	6,775	41.18%			
2015-02	14,399	6,036	41.92%			
2015-03	16,051	6,978	43.47%			
Totals:	46,903	19,789	42.19%			

Commercial Summary – Invalid Signatures and 'Not Medically Necessary'

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

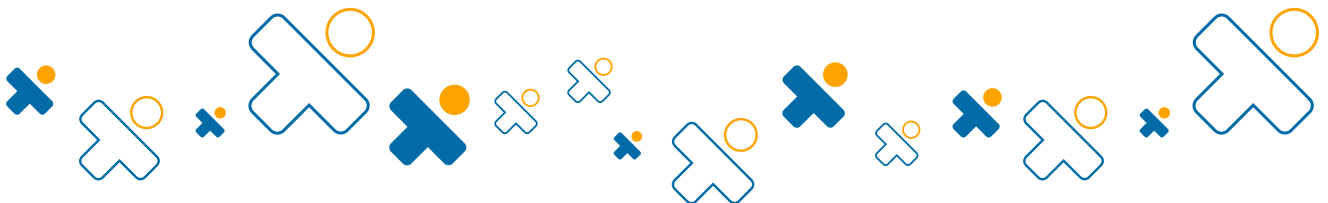
		Total Commercial (Count/%)		Commercial Invalid Signature Accounts		
Month of Service	Total Billable Incidents	Commercial Billable Incidents	% of Total AR	Count of Invalid Signatures	% Invalid of Commercial	% Invalid of Total AR
2015-01	16,453	1,919	11.66%	3	0.16%	0.02%
2015-02	14,399	1,701	11.81%	0	0.00%	0.00%
2015-03	16,051	1,845	11.49%	1	0.05%	0.01%
Totals:	46,903	5,465	11.65%	4	0.07%	0.01%

Report also includes

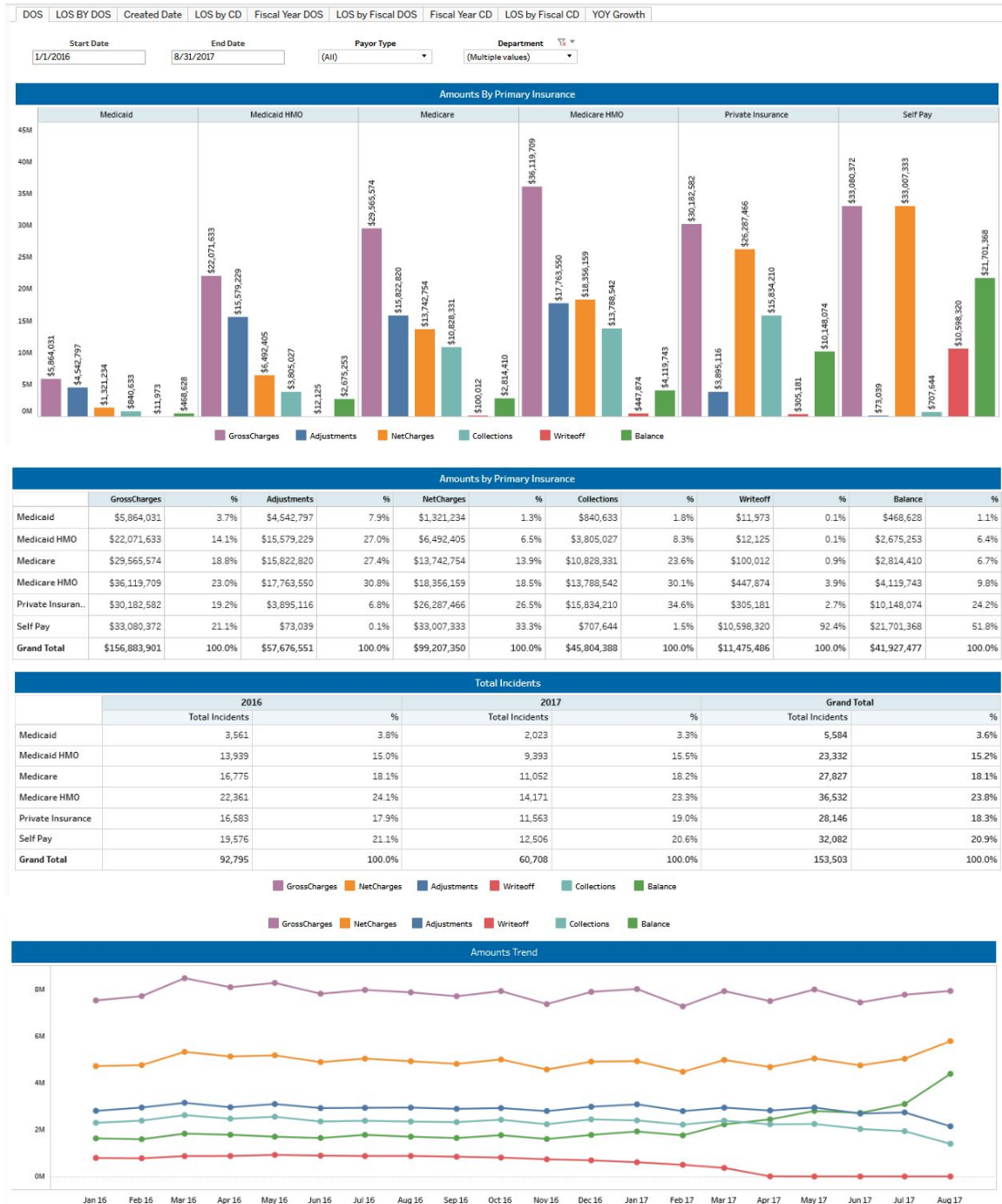
- Medicare Invalid Signature Detail
 - Medicare NMN Detail
 - Medicaid NMN Detail
- Commercial Invalid Signature Detail

EMS Sample Report

Dashboards - Real-time Reporting

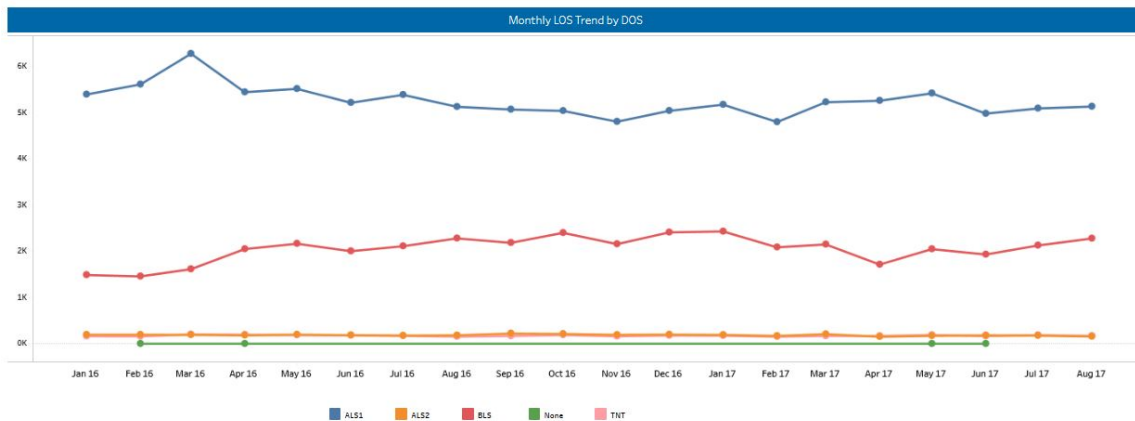


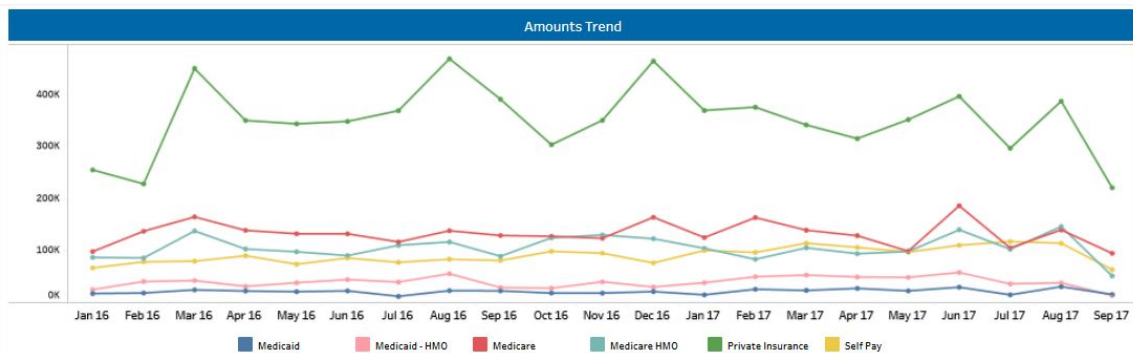
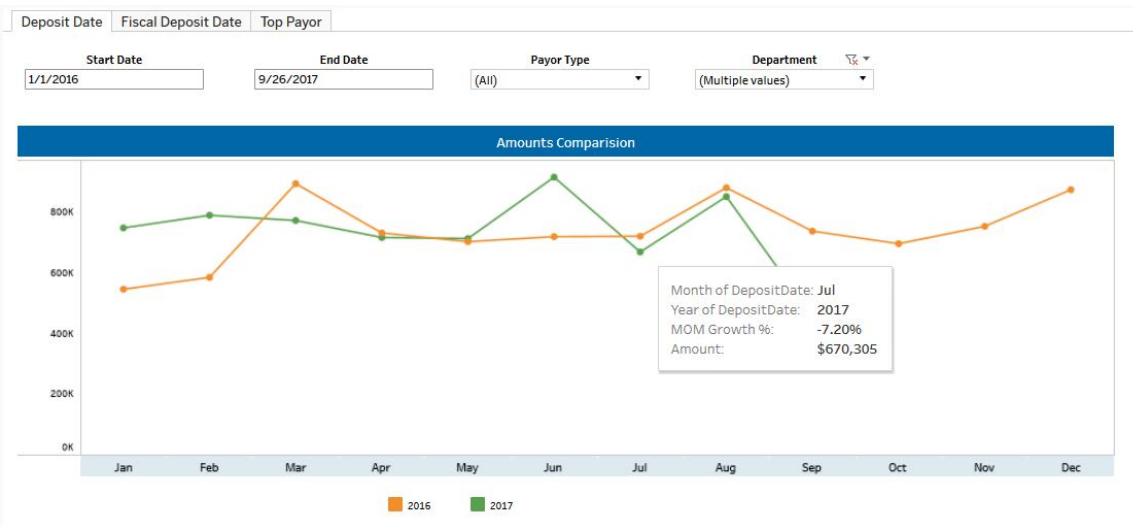
Intermedix EMS RCM Dashboard Reports

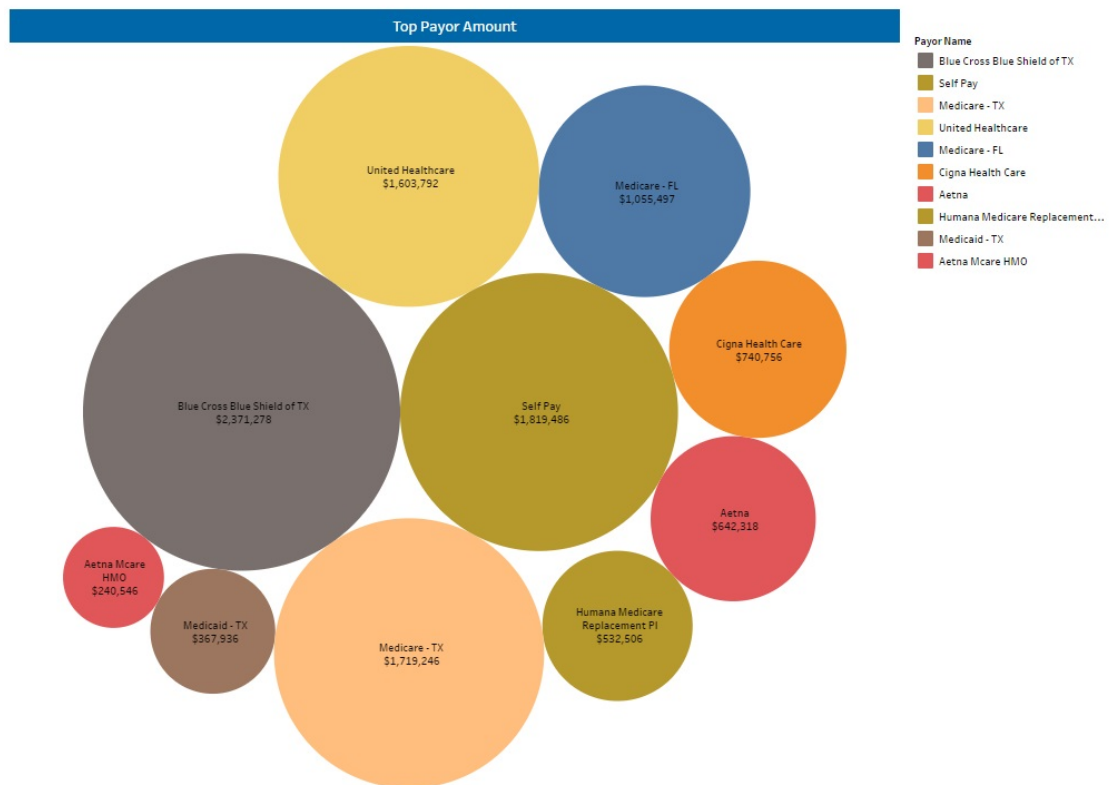
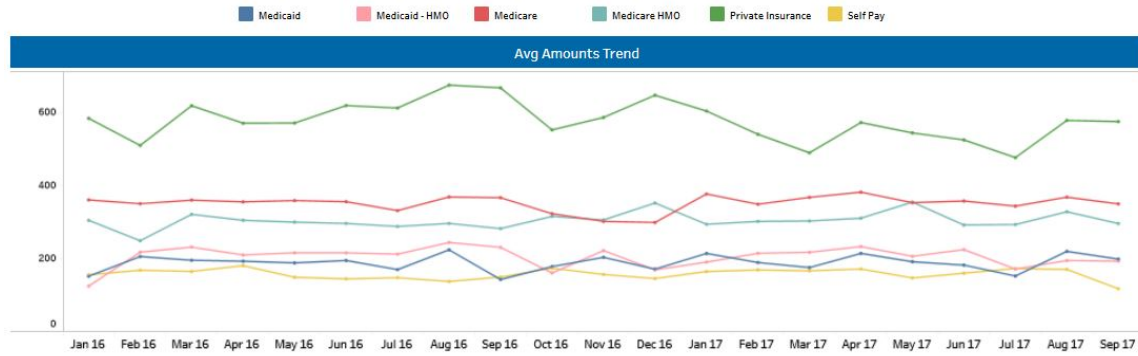


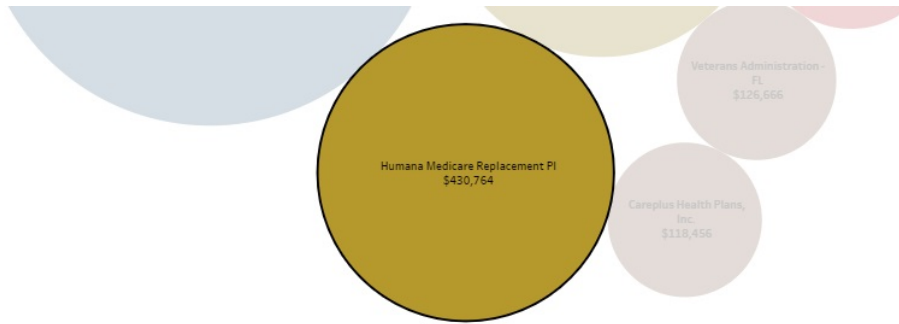


Total Incidents													
		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2017	ALS1	5,178	4,802	5,231	5,263	5,423	4,984	5,096	5,137				
		64.9%	66.5%	67.4%	72.1%	69.2%	68.6%	67.1%	66.3%				
	ALS2	193	171	209	154	173	183	177	159				
		2.4%	2.4%	2.7%	2.1%	2.2%	2.5%	2.3%	2.1%				
	BLS	2,433	2,090	2,152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

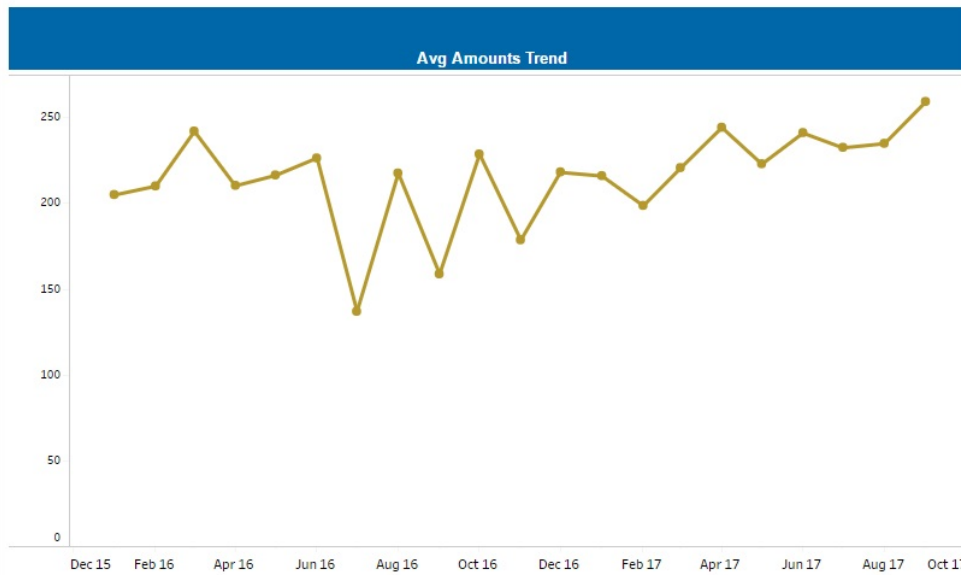








***Click on any bubble to see the Avg Amount Trends



7-Day Repeated Trip Report Sample

Client Name ePCR	Patient Full Name - ePCR	DOB - ePCR	Patient last 4 SSN	Number of Transports	Account Number	Incident Number	Incident Date	Days Between Prior Run	Medic 1 Full Name	Medic 2 Full Name	Shift/Region
Fort Lauderdale Fire Rescue	Jane Doe	1/1/2000	000001234	2	1234567	1234567	08/17/2018		Doe, John	Doe, James	B
Fort Lauderdale Fire Rescue	Jane Doe	1/1/2000	000001234	2	1234567	1234567	08/19/2018	2	Doe, John	Doe, James	C
Fort Lauderdale Fire Rescue	Jane Doe	1/1/2000	000001234	2	1234567	1234567	08/19/2018		Doe, John	Doe, James	A

Vehicle Long Name	Patient Full Name - ePCR	Gender - ePCR	Call Disposition	Pickup Street Number	Pickup Street Name	Pickup City	Patient Contact Time	To Destination Time	In Service Time	Dispatched As	Found To Be
RE1	Jane Doe	F	sport and treat	5555	W Broward Blvd	ORT LAUDERDAL	22:37:00	22:42:47	23:11:00	Chest Pain	Medical
RE1	Jane Doe	F	sport and treat	5555	W Broward Blvd	ORT LAUDERDAL	01:27:00	01:32:51	01:46:25	Chest Pain	Medical
RE1	Jane Doe	F	sport and treat	5555	W Broward Blvd	ORT LAUDERDAL	10:44:10	10:55:42	11:32:12	athing Problem	Traumatic Pain

Forward to MDM Last 7-Days Sample

Client Name	Account Number	Transaction Date	Transaction Description	Supplemental Value	Primary Insurance Type	Primary Name	Secondary Insurance Type	Secondary Name	Balance
Fort Lauderdale Fire Rescue	111111	9/22/2018	Forwarded to Queue	Manual Denial Management	Medicare	Medicare - FL	Unknown		\$88.87
Fort Lauderdale Fire Rescue	222222	9/17/2018	Forwarded to Queue	Manual Denial Management	Medicare	Medicare - FL	Medicaid	Sunshine State Health Plan	\$91.23
Fort Lauderdale Fire Rescue	333333	9/22/2018	Forwarded to Queue	Manual Denial Management	Medicare	Medicare - FL	Unknown		\$88.87
Fort Lauderdale Fire Rescue	444444	9/22/2018	Forwarded to Queue	Manual Denial Management	Medicare	Medicare - FL	Unknown		\$91.97

Morphine and Versed Report Sample

Account Number	Incident Number	Fire Incident Number	Other Incident Number	Vehicle Short Name	Incident Date	Level of Service - NRT
1234567	1234567	1234567	1234567	RE3	#####	ALS1
1234567	1234567	1234567	1234567	RE5	#####	ALS1
1234567	1234567	1234567	1234567	RE1	#####	ALS2

Medic 1 Full Name	Medic 2 Full Name	Medic 3 Full Name	Medication Name	Dosage	Units	Med Count
Doe, John	Doe, Jane	Doe, Jane	Versed	2.5	MG	2
Doe, John	Doe, Jane	Doe, Jane	Morphine Sulfate	10	MG	1
Doe, John	Doe, Jane	Doe, Jane	Morphine Sulfate	2	MG	2

PVB Ft. Laudersale Interfacility - Transport Stats by AUX ID - Sample

Month of Service	Year of Service	# of Accounts	Gross Charges	Adjustments	Net Charges	Payments	Sent to Collections	Balance Due
01	2017	7	\$4,774	\$1,535	\$3,240	\$844	\$821	\$1,574
02	2017	11	\$8,414	\$3,614	\$4,800	\$3,279	\$739	\$782
03	2017	12	\$9,422	\$3,116	\$6,306	\$3,105	\$817	\$2,383
Totals:		30	\$22,610.18	\$8,264.53	\$14,345.65	\$7,228.20	\$2,377.30	\$4,740.15

PVB Ft. Laudersale Interfacility - Transport Stats by AUX ID - Sample

Month of Service	Year of Service	Date of Service	Account Number	Incident Number	Aux Incident ID	Gross Charges	Adjustments	Payments	Sent to Collections	Balance Due	Level Of Service
03	2017	03/17/2017	1234567	1234567	1234567	\$686	\$496	\$190	\$0	\$0	ALS1
03	2017	03/21/2017	1234567	1234567	1234567	\$739	\$80	\$659	\$0	\$0	ALS1
04	2017	03/31/2017	1234567	1234567	1234567	\$817	\$0	\$0	\$0	\$817	BLS

Base Rate Charge	Mileage Charges	Mileage Units	Call Type	LOS Emergency	Pickup Facility	To Facility Nam	Pickup Location Modifier
\$450.76	\$235.29	23	Medical Transport	Non-Emergency	Hospital	Medical Center	H
\$700.00	\$39.00	3	911 Response (EM	Emergency		Medical Center	S
\$700.00	\$117.00	9	911 Response (EM	Emergency		Medical Center	H

Primary Insurance	Primary Name
Medicaid	Humana - Claims Mcaid
Private Insurance	Avmed Health Plan
Unknown	

PVB Ft. Laudersale Interfacility - Transport Stats by AUX ID - Sample

Primary Insurance Type	# of Accounts	Gross Charges	Adjustments	Net Charges	Payments	Sent to Collections	Balance Due
Auto Insurance	3	\$2,304	\$0	\$2,304	\$713	\$0	\$1,591
Contract	1657	\$509,909	\$142,640	\$367,269	\$233,329	\$3,133	\$130,807
Medicaid	383	\$222,694	\$129,921	\$92,773	\$42,172	\$817	\$49,783
Medicare	443	\$212,296	\$59,222	\$153,074	\$88,700	\$15,906	\$48,467
Private Insurance	447	\$229,572	\$16,551	\$213,021	\$158,545	\$24,519	\$29,958
Unknown	155	\$95,097	\$0	\$95,097	\$4,898	\$55,500	\$34,699
Workers Comp	1	\$743	\$0	\$743	\$0	\$0	\$743
Sum:	3089	\$1,272,615	\$348,335	\$924,280	\$528,358	\$99,874	\$296,048

PVB Ft. Laudersale Interfacility - Transport Stats by AUX ID - Sample

Primary Insurance Type	Primary Name	# of Accounts	Gross Charges	Adjustments	Net Charges	Payments	Sent to Collections	Balance Due
Contract	Air Medical	448	\$113,140	(\$1,033)	\$114,173	\$106,488	\$0	\$7,685
Contract	Hospital	1014	\$324,116	\$142,793	\$181,323	\$117,175	\$2,650	\$61,498
Contract	Hospital	1	\$333	\$0	\$333	\$0	\$0	\$333
	Sum:	1657	\$509,909	\$142,640	\$367,269	\$233,329	\$3,133	\$130,807

PVB - Ft. Lauderdale Non Facility - Transport Stats by AUX ID - Sample

Month of Service	Year of Service	# of Accounts	Gross Charges	Adjustments	Net Charges	Payments	Sent to Collections	Balance Due
01	2018	2,209	\$2,216,706	\$823,830	\$1,392,877	\$501,758	\$52,242	\$838,877
02	2018	2,123	\$2,130,058	\$761,132	\$1,368,926	\$466,543	\$51	\$902,332
03	2018	2,299	\$2,306,990	\$778,786	\$1,528,205	\$510,299	\$3	\$1,017,903
	Sum:	6,631	\$6,653,755	\$2,363,748	\$4,290,007	#####	\$52,296	\$2,759,111

PVB - Ft. Lauderdale Non Facility - Transport Stats by AUX ID - Sample

Year of Service	Level Of Service	Number of Accounts
2018	ALS1	10016
	ALS2	185
	BLS	6145
	SCT	1
2018	Sum:	16347

PVB - Ft. Lauderdale Non Facility - Transport Stats by AUX ID - Sample

Primary Insurance Type	# of Accounts	Gross Charges	Adjustments	Net Charges	Payments	Writeoff - NRT	Balance Due
Auto Insurance	4107	\$3,172,402	\$82,920	\$3,089,482	\$2,151,747	\$349,176	\$588,559
Contract	243	\$147,409	\$23,477	\$123,932	\$42,992	\$6,567	\$74,373
Medicaid	38937	\$30,462,083	\$21,626,996	\$8,835,087	\$5,136,785	\$86,820	\$3,611,483
Medicare	61203	\$48,298,634	\$18,963,033	\$29,335,601	\$22,038,536	\$2,452,699	\$4,844,366
Private Insurance	26337	\$20,624,981	\$1,846,919	\$18,778,062	\$11,670,686	\$3,109,402	\$3,997,974
Uninsured	17	\$12,654	\$0	\$12,654	\$3,116	\$7,470	\$2,068
Unknown	47989	\$37,643,442	\$219,108	\$37,424,334	\$835,656	\$27,776,538	\$8,812,140
Workers Comp	1030	\$792,992	\$86,482	\$706,510	\$524,276	\$53,113	\$129,122
Sum:	179863	\$141,154,598	\$42,848,935	\$98,305,663	\$42,403,793	\$33,841,785	\$22,060,085

PVB - Ft. Lauderdale - Wilton Manors - Transport Stats by AUX ID - Sample

Month of Service	Year of Service	# of Accounts	Gross Charges	Adjustments	Net Charges	Payments	Writeoff - NRT	Balance Due
01	2018	141	\$122,248	\$45,994	\$76,254	\$40,687	\$4,111	\$31,456
02	2018	161	\$139,542	\$50,407	\$89,135	\$40,605	\$11	\$48,519
03	2018	162	\$139,425	\$51,936	\$87,488	\$40,713	\$0	\$46,775
	Sum:	464	\$401,213.90	\$148,337.08	\$252,876.82	#####	\$4,121.37	\$126,750.49

PVB - Ft. Lauderdale - Wilton Manors - Transport Stats by AUX ID - Sample

Date of Service	Account Number	Incident Number	Aux Incident ID	Gross Charges	Adjustments	Payments	Balance Due	Level Of Service	Base Rate Charge	Mileage Charges	Mileage Units
06/09/2018	1234567	1234567	1234567	\$1,002	\$550	\$437	\$15	ALS1	\$950.00	\$52.00	4
06/19/2018	1234567	1234567	1234567	\$989	\$531	\$158	\$300	ALS1	\$950.00	\$39.00	3
06/25/2018	1234567	1234567	1234567	\$1,002	\$543	\$366	\$93	ALS1	\$950.00	\$52.00	4

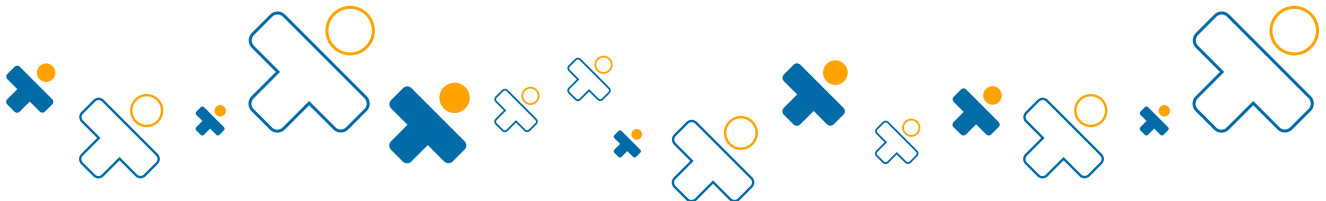
Transport?	Call Type	LOS Emergency	To Facility Name	Pickup Location	Primary Insur	Primary Net
Y	911 Response (EM	Emergency	Hospital	S	Medicare	Aetna
Y	911 Response (EM	Emergency	Hospital	S	Medicare	Aetna
Y	911 Response (EM	Emergency	Hospital	S	Medicare	Medicare - FL

PVB - Ft. Lauderdale - Wilton Manors - Transport Stats by AUX ID - Sample

Primary Insurance Type	# of Accounts	Gross Charges	Adjustments	Net Charges	Payments	Balance Due
Auto Insurance	162	\$124,309	\$4,348	\$119,961	\$87,013	\$21,215
Contract	6	\$4,862	\$613	\$4,248	\$947	\$3,301
Medicaid	1209	\$936,834	\$665,014	\$271,820	\$170,353	\$96,736
Medicare	5151	\$4,081,161	\$1,664,911	\$2,416,250	#####	\$294,148
Private Insurance	1386	\$1,093,162	\$118,091	\$975,071	\$664,398	\$159,446
Uninsured	2	\$1,517	\$0	\$1,517	\$0	\$0
Unknown	3885	\$1,667,618	\$8,655	\$1,658,964	\$48,479	\$325,907
Workers Comp	34	\$26,143	\$3,967	\$22,176	\$13,052	\$5,103
Sum:	11835	\$7,935,606	\$2,465,599	\$5,470,008	#####	\$905,856

Attachment 2

City Sample Invoices and Notices



i For help with billing questions, please call:
888-987-0598. To update insurance information,
go to: www.intermedix.com/billpay

\$

Abstract

Account Number	Account Name	Statement Date	Due Date
49125125		09/06/2018	Upon Receipt

Page 145 of 201

Change of Address		
Name (Last, First, Middle Initial)		
Address		
City	State	ZIP
Telephone		

For office use only - Patient Account Number 0000000

Do You Have Insurance? ☐ Yes ☐ No

(If you **do not** have insurance, complete **ONLY** the Patient Information section.)

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

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

Signature		Date	
Signer's relationship to patient: <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Other If other, please explain:			
Signer's Street Address	City	State	Zip Code

Medicare Information	
Medicare ID (Include letter and numbers)	Railroad <input type="checkbox"/> Yes <input type="checkbox"/> No

Medicaid Information	
Medicaid ID (Include letter and numbers)	State

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

Auto Accident/Worker's Compensation Insurance			
If services were related to an accident or injury, please provide any additional insurance information, such as homeowners, automobile, worker's compensation, or liability.			
Policy Holder's First Name	MI	Policy Holder's Last Name	Patient's Relationship to Insured <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Other
Insurance Company Name	Insurance Contact Phone Number ()	Insurance Policy Number	Claim Number
Insurance Company Address	City	State	Zip Code

At-fault Party's Accident/Injury Insurance Information			
If services were related to an accident or injury, please provide any additional insurance information for the responsible party , such as homeowners, automobile, worker's compensation, or liability.			
Policy Holder's First Name	MI	Policy Holder's Last Name	Patient's Relationship to Insured <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Other
Insurance Company Name	Insurance Contact Phone Number ()	Insurance Policy Number	Claim Number
Insurance Company Address	City	State	Zip Code

i For help with billing questions, please call:
888-987-0598. To update insurance information,
go to: www.intermedix.com/billpay

Abstract

\$

•••••

Account Number	Account Name	Statement Date	Due Date
00000000	Harley Davidson	09/06/2018	Upon Receipt

Page 147 of 201

Change of Address		
Name (Last, First, Middle Initial)		
Address		
City	State	ZIP
Telephone		

For office use only - Patient Account Number 0000000

Do You Have Insurance? ☐ Yes ☐ No

(If you **do not** have insurance, complete **ONLY** the Patient Information section.)

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

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

Signature		Date	
Signer's relationship to patient: <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Other If other, please explain:			
Signer's Street Address	City	State	Zip Code

Medicare Information	
Medicare ID (Include letter and numbers)	Railroad <input type="checkbox"/> Yes <input type="checkbox"/> No

Medicaid Information	
Medicaid ID (Include letter and numbers)	State

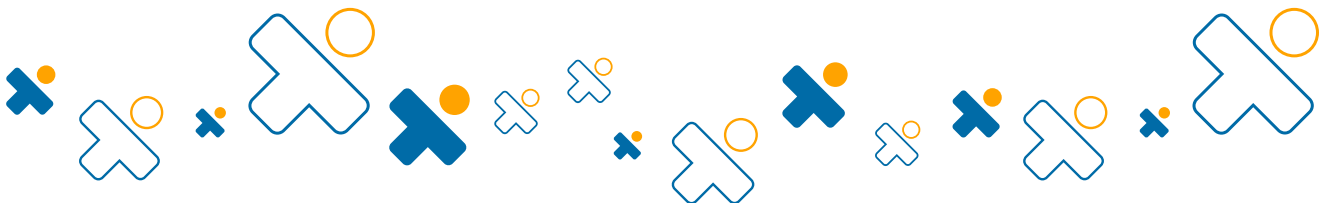
Patient Insurance Information			
Patient's First Name	MI	Patient's Last Name	Patient's Relationship to Insured <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Other
Insurance Company Name <input type="checkbox"/> Primary <input type="checkbox"/> Secondary	Insurance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

Auto Accident/Worker's Compensation Insurance			
If services were related to an accident or injury, please provide any additional insurance information, such as homeowners, automobile, worker's compensation, or liability.			
Policy Holder's First Name	MI	Policy Holder's Last Name	Patient's Relationship to Insured <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Other
Insurance Company Name	Insurance Contact Phone Number ()	Insurance Policy Number	Claim Number
Insurance Company Address	City	State	Zip Code

At-fault Party's Accident/Injury Insurance Information			
If services were related to an accident or injury, please provide any additional insurance information for the responsible party , such as homeowners, automobile, worker's compensation, or liability.			
Policy Holder's First Name	MI	Policy Holder's Last Name	Patient's Relationship to Insured <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Other
Insurance Company Name	Insurance Contact Phone Number ()	Insurance Policy Number	Claim Number
Insurance Company Address	City	State	Zip Code

Attachment 3

Industry Associations and Memberships



Industry Associations and Memberships

Intermedix' affiliations and memberships with industry-related associations allow us to participate at various levels and help affect positive change. The tables below depict just a few of the industry organizations/associations with which Intermedix works closely. In addition, we participate in numerous industry conferences to ensure we remain at the forefront of the latest industry changes. The information learned is shared with our clients through webinars, newsletters, blogs and client meetings. We also sponsor several EMS initiatives including, but not limited to the Pinnacle conference, the Florida Fire Chiefs' and an annual NAEMT Harvard scholarship to advance EMS leadership.

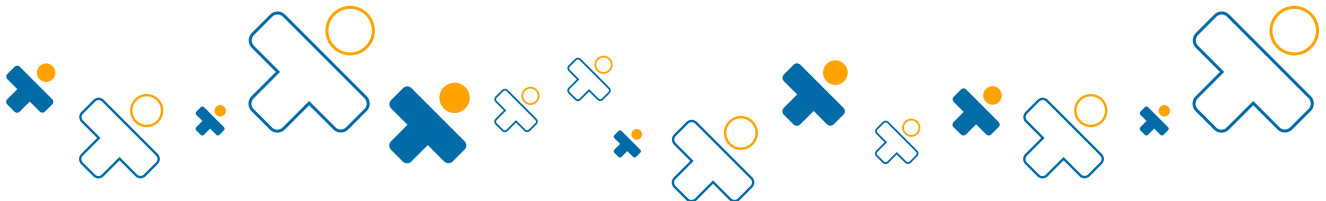
Table 1: Intermedix Organization Involvement

Organization	Description	Level of Participation	Member
International Association of EMS Chiefs (IAEMSC)	Harvard Scholarship to Kennedy School of Government—Senior Executives in State and Local Government Program.	Intermedix is the founding sponsor of IAEMSC.	Ongoing
American Ambulance Association (EMS)	Organization comprised of ambulance suppliers and associated industry personnel that promote health care policies, provide research, education, and communications programs to members.	Active member. Participant on federal reimbursement task force.	Since 2003
Florida Ambulance Association	Municipal ambulance providers and proprietary ambulance suppliers in the State of Florida. This group is focused on EMS reimbursement.	Active member	10+ years
Florida Fire Chiefs	Florida's leading management education organization for fire and emergency services professionals that specialize in promoting and supporting excellence in the fire/EMS industry.	Active member. Sponsor of annual conference/ banquet.	10+ years
Healthcare Billing and Management Association (EMS/ED)	The only trade association representing third-party medical billers. Consists of 800+ medical billing companies across the US. Works with and educates Congress and Administration on issues affecting third-party billers.	Charter member. Actively involved in the ethics compliance committee.	Since 1995

Table 2: Intermedix Association Involvement

Association	Division	Comment
National Association of EMTs (NAEMT)	EMS	Member
American Academy of Professional Coders	EMS/ED	Corporate Member Since 2000
Healthcare Compliance Association	EMS/ED	Since 2003
HCCA Certified Healthcare Compliance	EMS	Member
International Association of EMS Chiefs	EMS	Since 2005 Joint development with IAEMSC of the National EMS Health and Safety Surveillance System
Government Finance Officers Association	EMS	Member
NEMSIS (State Compliant Software)	EMS/Public Health	Since 2014
HFMA	EMS	Member – Current Yeager Award Committee Chair Former Board Member, Systems Committee Chair, Compliance Chair
HIMSS	EMS	Board Advisor
The American Health Information Management Association	EMS	Member
Anesthesia Administrators Assembly (MGMA)	ARM	Member
Emergency Department Practice Management Association (EDPMA)	ED	Board Member, Executive Committee, Treasurer, Member of Provider Enrollment, State Regulatory and Insurance, Documentation
Medical Group Management Association	ED	Member
<p>We are also members of various state-related EMS associations, including but not limited to:</p> <ul style="list-style-type: none"> United New York Ambulance Network Ohio Chapter Health Information Management Association Texas Medical Group Management Association, Emergency Medicine Practice Alliance, Association of Air Medical Services, Ambulance Association, EMS Alliance 		

Attachment 4 ePCR Options

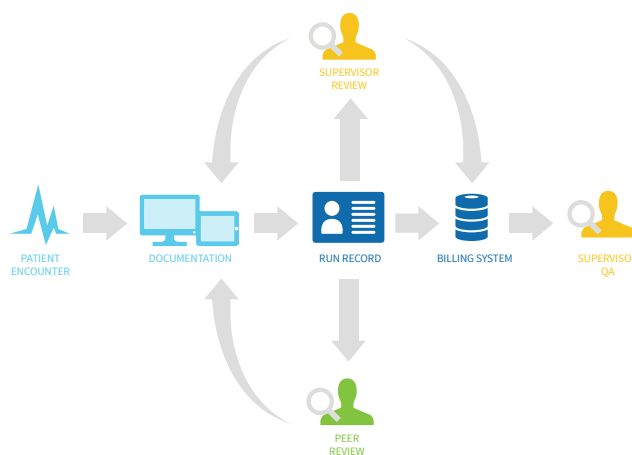


TripTix ePCR

TripTix®, the Intermedix® proprietary ePCR (Patient Care Record) solution, is a NEMSIS 2.2 Gold and NEMSIS 3.0 Compliant data-collection tool for individual EMS, fire, and first responder agencies. With TripTix, ambulance crews can quickly and securely complete patient incident reports that are then automatically integrated with our powerful billing system for quick revenue return.

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

Currently, two solutions are offered – TripTix Mobile® and TripTix Web®. TripTix Mobile is available as an application on a number of devices, including any Windows 7 device or higher. These devices are portable and allow you to open, complete, and upload PCR data in the field as a call is taking place. TripTix Web provides the same functionality within a Web interface and provides the option for your medics to upload their run records from their devices and finish at a later date. The Web application provides additional features for administrators, such as reporting, QA/QI, and other administrative tasks.



DEVICE COMPATABILITY

TripTix 4.0 will run on any Windows operating device, version 7.0 or higher.

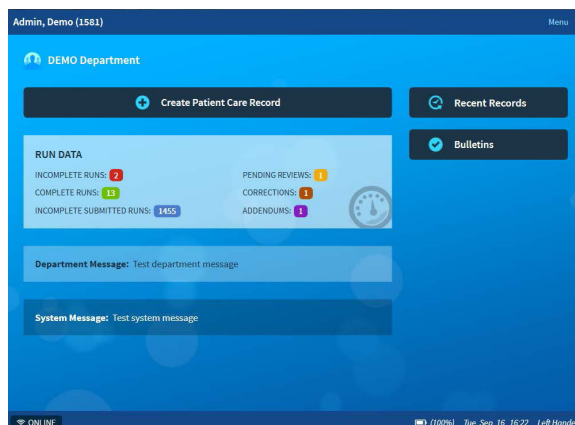
We recommend the following devices:

- Surface Pro i5/128 GB SSD model
- Nexus Tablets

Optimal recommended screen resolution for TripTix 4.0 is a combination touch and digitizing screen (stylus) for best user experience and signature capture fidelity.

- Screen Size Sweet Spot: 10-12"
- Screen Resolution: As low as 1024x768 / Best at 1920x1080 or higher
- CPU: Best with Intel Core i3 or higher.

STARTING A NEW RUN



SECURITY

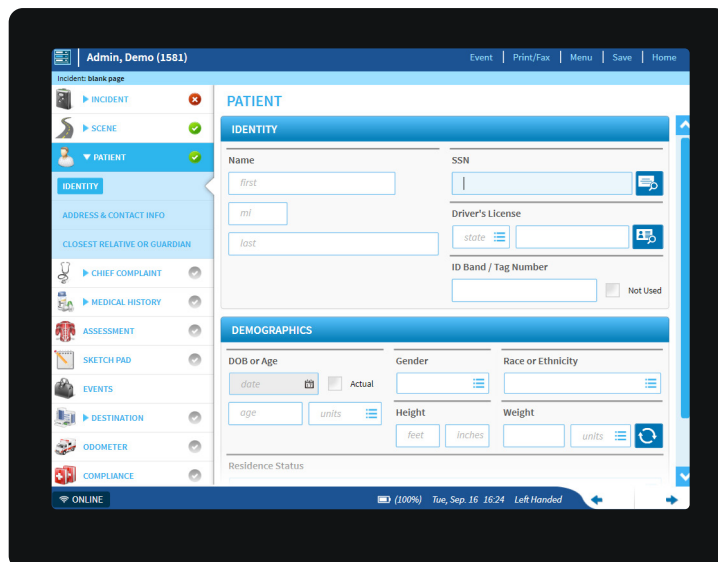
TripTix meets all federal and state confidentiality, security, and transaction code requirements, including the HIPAA Transaction Code, Privacy, and Security Regulations. TripTix systems are fully compliant with Medicare and Medicaid guidelines, adhere to HIPAA HITECH regulations, and are NEMSIS Gold compliant. TripTix 4.0 is NEMSIS 3.0 compliant, ensuring that our solution is ready to meet the future needs of the industry.

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

IMPORTING PATIENT INFORMATION

SSN AND DRIVER LICENSE LOOKUP

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



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

CAD

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

CARDIAC MONITOR

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

ENTERING EPCR DATA

EFFICIENT TOUCH SCREEN AND TABLET ENTRY

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

The screenshot displays the TripTix application on a tablet. The main screen is titled 'Admin, Demo (1581)' and shows the 'CHIEF COMPLAINT' section. The 'COMPLAINT' field is active, showing the handwritten text 'headache'. Below this, there are fields for 'Date and Time of Onset', 'Duration of Complaint', 'Patient Activity', 'Cardiac Arrest', 'Secondary Complaint', and 'Duration of Secondary'. The sidebar on the left contains various navigation icons and labels. The bottom status bar indicates 'ONLINE' status, battery level, and the time 'Tue, Sep 16 10:27'.

This screenshot shows the same TripTix application interface as the previous one, but with the 'COMPLAINT' field containing the typed text 'headache' instead of the handwritten version. The rest of the interface, including the sidebar and bottom status bar, remains identical.

FLEXIBLE FIELDS AND PICK LISTS

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

Customization is accomplished at the client level with TripTix 4.0.

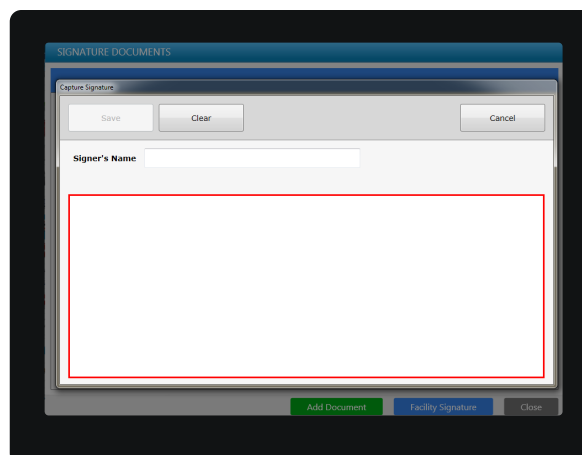
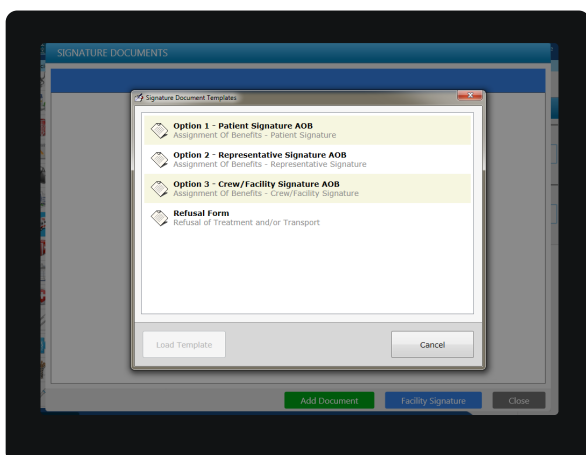
CONTEXT-SENSITIVE FORMS

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

SIGNATURE CAPTURE

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

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



EVENTS

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

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

The screenshot shows the 'Admin, Demo (1581)' interface. On the left is a sidebar with icons for various sections: Incident blank page, CHIEF COMPLAINT, MEDICAL HISTORY, ASSESSMENT, SKETCH PAD, EVENTS (highlighted), DESTINATION, ODOMETER, COMPLIANCE, NARRATIVE, INSURANCE & PAYMENT, ATTACHMENTS, DEPARTMENT SPECIFIC, OUTCOME, and SIGNATURE DOCUMENTS. The main area is titled 'EVENTS' and contains a 'SEQUENCE CHART' table. Above the table are buttons for 'Modification', 'QZ', 'Received', 'Discharged', 'Enroute', 'IV Event', 'Vitals', 'On Location', 'Patient Contact', 'Departed Location', 'ENG', 'New Event', 'Arrived Destination', 'Clear Hospital', and 'In Service'.

Date	No.	Event	Time	Provider	Description
9/16/2014	1	Vital Event	16:31	Admin, Demo (1581)	
9/16/2014	2	ENG	16:32	Admin, Demo (1581)	
9/16/2014	3	Medication	16:32	Admin, Demo (1581)	
9/16/2014	4	Transfer of EMS Care	16:33	No provider	

TRANSMITTING RUN RECORDS

FAXING

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

TRANSFERRING CARE

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

The screenshot shows a dialog box titled 'FAX: SELECT CONTENT'. At the top, it displays a fax number '123457890 (Sample Fax 1)' with a 'Change' button. Below this are two sections of checkboxes. The first section has a checkbox for 'Transfer of Care'. The second section has a checkbox for 'Run Record', which is expanded to show three sub-options: 'Signature Card', 'EKG', and 'First Responder Report'. At the bottom are three buttons: 'Cancel', 'Preview', and 'Send'.

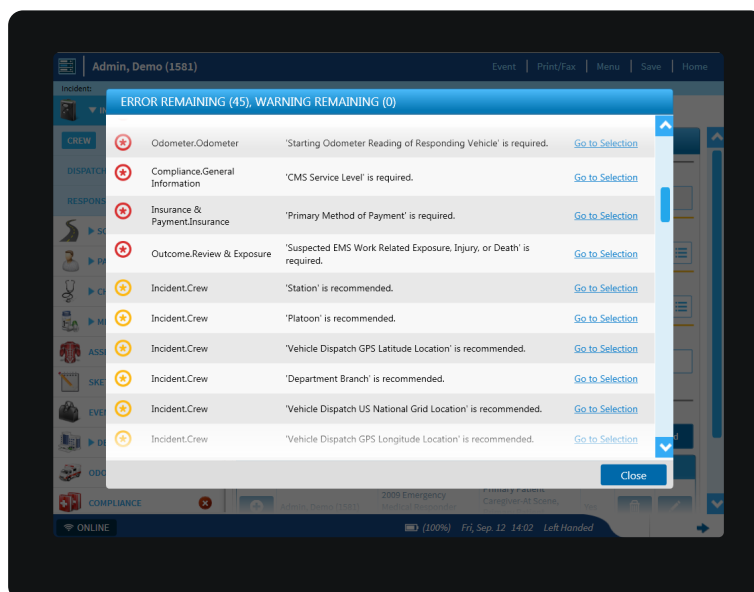
UPLOADING TO THE WEB

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

QUALITY ASSURANCE

CLOSE CALL RULES

TripTix automatically validates data before finalizing a patient care report by flagging specific fields with errors and warnings. Department administrators can set specific fields to generate errors and warnings with TripTix 4.0. The system flags errors and warnings while the record is being created and lists them on the Final page. The medic must correct all errors prior to submitting the report, which reduces documentation errors that can delay the billing process.



SUPERVISOR REVIEW

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

PEER REVIEW

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

AUDIT REVIEW

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

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

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

REPORTS

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

SYSTEM ARCHITECTURE

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



Panasonic recommends Windows.

TOUGHBOOK 20

- 10.1" Fully Rugged PC For Use as a Laptop or Tablet
- Sunlight-viewable Display Works With or Without Gloves
- Optional Bridge Battery Enables Hot-swap Battery Replacement for Continuous Use
- Integrated 2nd Battery, SmartCard, Barcode, Magstripe, Fingerprint, Serial Options and More
- Built-in Handle Also Functions as a Kickstand
- Industry leading driver packages for ease of deployment and support

MIL-STD-810G

MIL-STD-461F

IP65

ANSI HAZ LOC

4-FOOT DROP RATING

THE WORLD'S FIRST FULLY RUGGED DETACHABLE LAPTOP.

The Toughbook 20 is the first fully rugged detachable PC with a removable keyboard that quickly transforms from a laptop into a fully functioning tablet with just one hand. At only 3.9 pounds, it's good on the go with a clever built in handle that also functions as a kickstand, an optional bridge battery allows hot swappable battery replacement while running without disruption and the broadest range of ports and integrated options in its class. The Toughbook 20 display can be used with or without gloves and its sunlight-viewable 800 nit IPS display with direct bonding enables wider viewing angles and richer colors.

1.800.662.3537

us.panasonic.com/toughbook/20

PSC-M162585S

TOUGH PAD

CAM 19-0210

Exhibit 4

Page 160 of 201

TOUGHBOOK 20

Panasonic recommends Windows.

SOFTWARE	<ul style="list-style-type: none">■ Windows® 10 Pro 64-bit (available Windows 7 Professional downgrade option)■ Panasonic Utilities (including Dashboard), Recovery Partition■ Enterprise ready driver packages including CAB files and one-click driver bundles
DURABILITY	<ul style="list-style-type: none">■ MIL-STD-810G certified — [4' drop - 5' tablet only, shock, vibration, rain, dust, sand, altitude, freeze/thaw, high/low temperature, temperature shock, solar radiation, salt fog, humidity, explosive atmosphere]¹■ MIL-STD-461F certified¹■ IP65 certified sealed all-weather design¹■ Optional hazardous location class I division 2, groups ABCD certified model■ Magnesium alloy chassis encased with ABS and elastomer edges■ Built-in dual purpose handle & kickstand■ Solid state drive heater■ Removable battery■ Optional rotating hand strap■ Reinforced locking port covers■ Raised bezel for LCD impact protection■ Preinstalled replaceable screen film for LCD protection
CPU	<ul style="list-style-type: none">■ Intel® Core™ m5-6Y57 vPro™ Processor<ul style="list-style-type: none">– 1.1GHz with Turbo Boost up to 2.8GHz– 4MB Cache
STORAGE & MEMORY	<ul style="list-style-type: none">■ 8GB or 16GB SDRAM (DDR3L - 1600MHz)²■ 128GB SSD with heater²■ Optional 256/512GB SSD with heaters²■ Optional OPAL encrypted SSD with heater
DISPLAY	<ul style="list-style-type: none">■ 10.1" WUXGA 1920 x 1200<ul style="list-style-type: none">– 10-point capacitive gloved multi touch– 10-point capacitive gloved multi touch + digitizer■ 2-800 nit■ IPS display with direct bonding■ Anti-reflective (AR) and anti-glare (AG) screen treatments■ Intel HD Graphics 515■ 4 monitor support■ Concealed mode (configurable)
AUDIO	<ul style="list-style-type: none">■ Integrated dual array microphone■ Intel® High Definition Audio compliant■ Integrated speaker■ On-screen and button volume and mute controls
CAMERAS	<ul style="list-style-type: none">■ 1080p webcam with dual array mic and camera on/off indicator■ Optional 8MP rear camera with autofocus and triple LED flash
KEYBOARD & INPUT	<ul style="list-style-type: none">■ Waterproof IP55 stylus pen with integrated stylus holder, tether and cleaning cloth■ Supports glove mode and rain mode■ 7 tablet buttons (2 user-definable A1/A2 buttons)■ On-screen QWERTY keyboard■ 82-key with dedicated Windows® key■ Emissive backlit keyboard■ Pressure-sensitive touchpad with multi touch
INTERFACE & EXPANSION	<ul style="list-style-type: none">■ On the tablet:<ul style="list-style-type: none">– USB 3.0 x1 (optional 2nd USB)^{3,4} Type A– USB 3.0 is high powered 1.5A USB (Always on USB, USB rapid charging)– MicroSDXC UHS-I– HDMI Type A– 10/100/1000 Ethernet RJ-45– Optional Serial (True)^{3,4} D-sub 9-pin– Headphones/speaker Mini-jack stereo– Micro-SIM 3FF■ On the keyboard dock:<ul style="list-style-type: none">– USB 3.0 x2, USB 2.0 x1 Type A– SDXC UHS-I– HDMI Type A– VGA D-sub 15-pin– 10/100/1000 Ethernet RJ-45– Serial (USB) D-sub 9-pin
WIRELESS	<ul style="list-style-type: none">■ Optional 4G LTE multi carrier mobile broadband with satellite GPS⁵■ Optional dedicated GPS (u-blox NEO M8N)⁵■ Dual high-gain antenna pass-through■ Optional contactless SmartCard/NFC reader■ Intel® Dual Band Wireless-AC 8260 Wi-Fi 802.11a/b/g/n/ac■ Bluetooth® v4.1 (Class 1) + EDR■ Security<ul style="list-style-type: none">– Authentication: LEAP, WPA, 802.1x, EAP-TLS, EAP-FAST, PEAP– Encryption: CKIP, TKIP, 128-bit and 64-bit WEP, Hardware AES
POWER	<ul style="list-style-type: none">■ Li-Ion battery pack:<ul style="list-style-type: none">– Standard in tablet; optional 2nd battery in keyboard dock– 11.4V, 2600mAh (each battery)■ Battery operation: 10 hours (20 hours with opt. 2nd battery)⁶■ Battery charging time: 3 hours (3.5 hours with opt. 2nd battery)⁶■ Optional bridge battery: 1 minute hot swap time■ AC Adapter: AC 100V-240V 50/60Hz, auto sensing/switching worldwide power supply
POWER MANAGEMENT	<ul style="list-style-type: none">■ Suspend/Resume Function, Hibernation, Standby

SECURITY FEATURES

- Password Security: Supervisor, User, Hard Disk Lock
- Kensington cable lock slots x2 (on tablet and keyboard dock)
- Trusted platform module (TPM) security chip v.1.2⁷
- Persistence® technology by Absolute embedded in BIOS⁸
- Optional fingerprint reader⁹
- Optional insertable SmartCard reader⁹
- Optional contactless SmartCard/NFC reader⁹
 - ISO 14443 A/B compliant

WARRANTY

- 3-year limited warranty, parts and labor

DIMENSIONS & WEIGHT

- 10.7" (L) x 9.2" (W) x 1.3" (H)¹⁰
- 3.9 lbs.¹¹

HAZARDOUS LOCATION CERTIFICATIONS

- ANSI/ISA 2.12.01-2013
 - Optional class I division 2, groups ABCD certified model

INTEGRATED OPTIONS¹²

- Choice of dedicated GPS (u-blox NEO-M8N) or 4G LTE multi carrier mobile broadband with satellite GPS
- Choice on tablet of 1D/2D capable barcode reader (N6603), serial (true), or second USB 2.0 port³
- Choice on tablet of magstripe reader (future availability), insertable SmartCard reader, contactless SmartCard/NFC reader or fingerprint reader⁹
- 8MP rear camera
- Bridge battery
- 256/512GB SSD with heaters
- OPAL encrypted SSD with heater

ACCESSORIES¹²

- | | |
|--|-------------------|
| ■ AC Adapter 65W (3-prong) | CF-AA6413CM |
| ■ Battery Pack | CF-VZSU0QW |
| ■ 4-Bay Battery Charger | CF-VCB201M |
| ■ LIND Car Charger 120W | CF-LNDDC120 |
| ■ LIND Solar Charge System | PASC1580-4464 |
| ■ ToughMate ComUniversal Jr. Carrying Case | TBCCOMUJR-P |
| ■ ToughMate Backpack | TBCBP-K |
| ■ ToughMate Mobility Bundle | TBC20MBBDL-P |
| ■ Rotating Hand Strap | CF-VST2011U |
| ■ Desktop Dock | CF-VEB201U |
| ■ Vehicle Cradle (no electronics) | |
| – Panasonic Keyed Alike | CF-CDS20VM05 |
| – Panasonic Keyed Differently | CF-CDS20VM06 |
| ■ Vehicle Docks (no pass-through) | |
| – Panasonic Keyed Alike | CF-CDS20VM02 |
| – Panasonic Keyed Differently | CF-CDS20VM04 |
| ■ Vehicle Docks (dual pass-through) | |
| – Panasonic Keyed Alike | CF-CDS20VM01 |
| – Panasonic Keyed Differently | CF-CDS20VM03 |
| ■ AntennaPlus Dual LTE & GPS Antenna Kit | |
| – Threaded Black Mount | AP-PAN-CCGPD-Q-BL |
| – Threaded White Mount | AP-PAN-CCGPD-Q-WH |
| ■ Cradlepoint Router | |
| – Verizon | CP-IBR1100LPE-VZ |
| – AT&T | CP-IBR1100LPE-AT |
| ■ Multi Touch IP55 Stylus | CP-VNP022U |
| ■ Multi Touch + Digitizer IP55 Stylus | CF-VNP022U |
| ■ Tether | CF-VNT002U |
| ■ Spare Keyboard | CF-VEK201LMP |
| ■ 10.1" LCD Protector Film | CF-VFP31U |

Please consult your reseller or Panasonic representative before purchasing.

¹ Tested by national independent third party lab following MIL-STD-810G Method 516.6 Procedure IV for transit drop test and IEC 60529 Sections 13.4, 13.6.2, 14.2.5 and 14.3 for IP65.

² 1GB = 1,000,000,000 bytes. Total usable memory will be less depending upon actual system configuration. Please contact your reseller or Panasonic representative if you are interested in the 16GB memory.

³ Barcode, Serial (true) and 2nd USB 2.0 Port are mutually exclusive.

⁴ Serial, 2nd USB and the Magstripe reader integrated options increase the overall height and prohibit use in convertible mode.

⁵ Dedicated GPS and 4G LTE are mutually exclusive.

⁶ Battery performance features such as charge time and life span can vary according to the conditions under which the computer and battery are used. Battery operation and recharge times will vary based on many factors, including screen brightness, applications, features, power management, battery conditioning and other customer preferences. Battery testing results from MobileMark 2007.

⁷ TPM 2.0 available upon request – please contact your reseller or Panasonic representative.

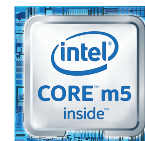
⁸ Requires software and activation to enable theft protection.

⁹ Magstripe, Insertable SmartCard, Contactless SmartCard/NFC and Fingerprint Readers are mutually exclusive.

¹⁰ Includes tablet and keyboard dock with handle. Tablet when detached is 10.7" (L) x 7.7" (W) x 0.6" (H). Serial, 2nd USB, Magstripe reader or Barcode+Insertable SmartCard integrated options increase overall height and prohibit use in convertible mode.

¹¹ Includes tablet and keyboard dock with handle. Tablet when detached is 2.1 lbs. Optional 2nd battery weighs 0.4 lbs.

¹² Accessories and Integrated Options may vary depending on your configuration. Visit the Panasonic website for more accessories and details.



1.800.662.3537

us.panasonic.com/toughbook/20

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TOUGHBOOK®

CAM 19-0210

Exhibit 4

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ESO Product Suite

Centered on ESO's flagship product, ESO EHR, the ESO Software Suite delivers powerful reporting capabilities, unmatched ease of use, and operational tools to save time and improve the quality and accuracy of documentation. ESO's products offer intuitive features for field staff along with deep analytical capabilities and reporting metrics for administrators who need to report state and federal documentation.

The ESO Software capabilities include:

- **ESO EHR (EHR):** ESO EHR easily captures critical patient workflow and user-friendly features. EHR is NEMIS v 3.3.4 and v 3.4 compliant and submits electronic patient care data to the state on behalf of our customers, making data submission worry free.
- **ESO Analytics:** ESO Analytics makes complex data accessible with one-click reporting for clinical, operational and core measures. ESO Analytics integrates with EHR, Fire Incidents and HDE.
- **ESO Personnel Management:** ESO Personnel Management conveniently records and stores personnel information, training courses, education history, immunizations and more within a single application.
- **ESO Quality Management:** ESO Quality Management provides administrators the ability to review clinical and operational document to drive improvement.
- **ESO Quick Speak:** ESO Quick Speak enables EMS field providers to communicate with non-English speaking patients.
- **ESO Health Data Exchange (HDE):** ESO Health Data Exchange (HDE) enables secure data sharing between EMS and hospitals to support quality activities along the continuum of care. HDE gives EMS the power to increase efficiency, advance quality and improve patient care.
- **TrackEMS:** TrackEMS delivers a configurable mobile application for EMS and hospital staff to securely and efficiently communicate during time sensitive emergencies.
- **ESO Fire Incidents:** ESO Fire Incidents captures data on critical fire events and automatically submits NFIRS compliant reports into state repositories. Fire Incidents integrates seamlessly with EHR and Personnel Management.
- **ESO Fire Properties and Inspections:** ESO Fire Properties and Inspections easily collects and manages the data fire departments need to successfully develop pre-plans and conduct inspections.



Introducing ESO EHR

EHR is ESO's fifth generation patient care record. Introduced in 2016, EHR featured a new user experience, taking ESO's reputation for ease of use to another level. Designed with the millennial in mind, the landscape orientation provides unparalleled maneuverability and speed of data entry. Many users "drive" with their thumbs, navigating through efficiently and easily.

Tabs are organized in a workflow that makes sense to the prehospital provider. Common selections are highlights, with the ability to quickly access more options when needed. Quick Treats offer the ability for provider to hand the tablet to a non-medical person on scene to select and timestamp flowchart treatments, so the crew can continue to provide patient care and still perform real time documentation.

Providers love the ability to jump to vital sign entries or treatments as their partner calls out information and return to where they were without multiple clicks. Validation rules insure complete data entry and state reporting compliance. Even better, it insures reviewers and billers have the data they need to do their important tasks.

EHR Mobile provides the ability to work offline. This is an essential requirement along the Texas Gulf Coast. Data is stored locally in encrypted files until the tablet until the crew re-established a connection. ESO Mobile and the web app have the same user interface and perform identically.

Administrator will enjoy easy onboarding of new employees. Tenant configuration is easy and offers hundreds of options to customize your agency experience.

This Software as a Service (SaaS) offering means your agency can focus its resources on clinical care and away from service maintenance and replacement.

We look forward to putting EHR in your hands so that you can experience the ESO way.

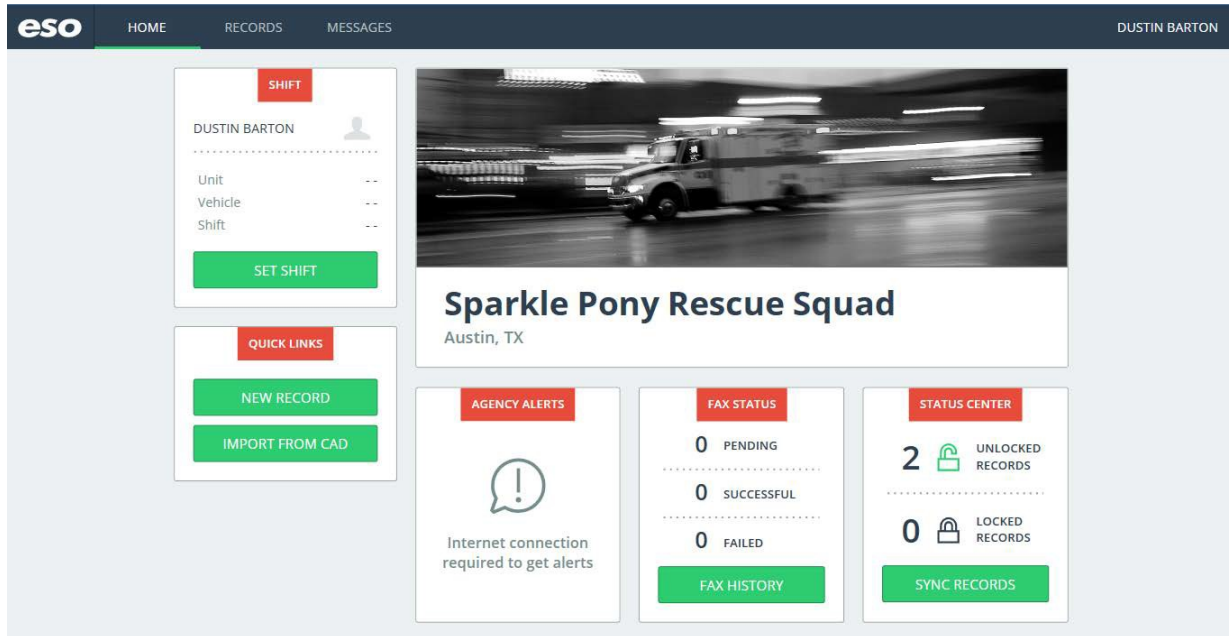
Key EHR/ePCR Features

- A NEMESIS Gold (Version 3.3.4 and 3.4) compliant ePCR solution
- Free software upgrades and lifetime technical support
- A hosted, Software as a Service (SAAS) model that delivers cost-effectiveness and rapid deployment
- Web and mobile applications
- QuickSpeak, an optional, fully integrated language translation tool
- User-Friendly workflow
- Award-winning Analytics tools and comprehensive reporting options
- Auto mileage calculation
- Driver's license scanning
- Mobile-to-mobile data transfer
- Patient outcomes tracking
- Free State and Local Reporting

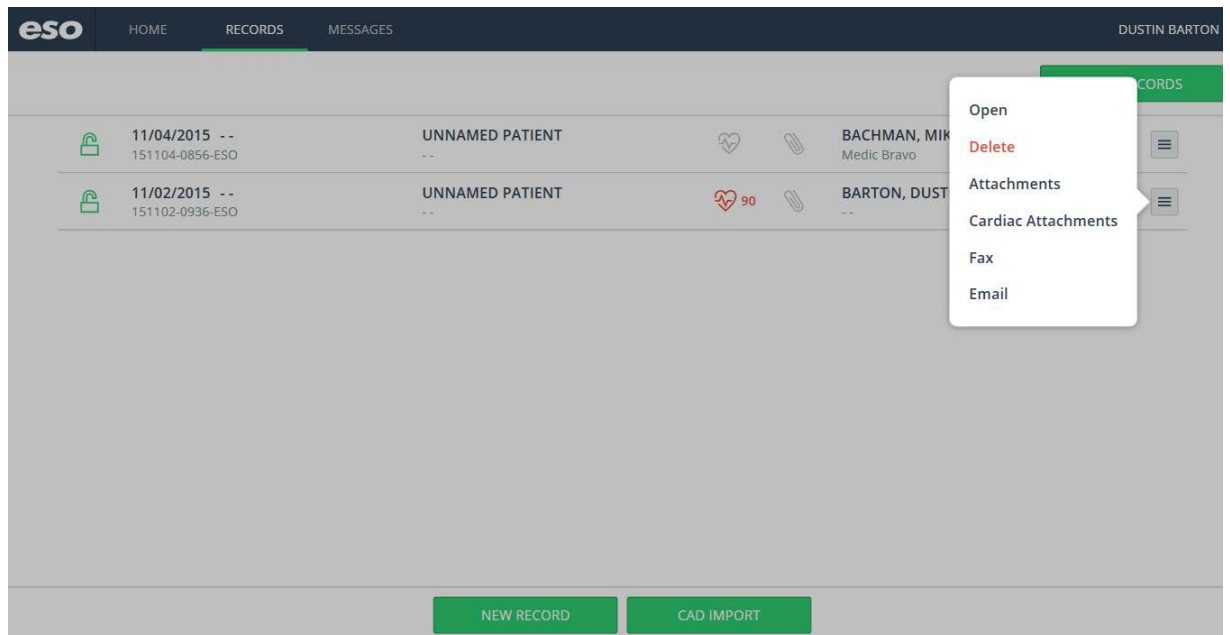


EHR Feature Tour

From the Mobile Home page, users see a dashboard to view messages, see a count of records in that status center and can pre-enter the crew for that shift. The user can also start a new record directly from this page.



From the EHR Landing page, users add new calls (and may run multiple calls at once) as well as print/fax/email calls or upload files as attachments.



The Incident Details page provides a simple place for incident data entry and CAD import. With quick picks that allow for quick data entry and a left side navigation panel, the user can work thru the application swiftly and efficiently.

INCIDENT | **PATIENT** | **VITALS** | **FLOWCHART** | **ASSESSMENTS** | **NARRATIVE** | **FORMS** | **BILLING** | **SIGNATURES**

RESPONSE

Response

Incident Number: 151102-0936-ESO CAD Import

Run Number

Run Type: MIH Visit

Priority: Lights/Sirens | Lights/Sirens, Downgraded | No Lights/Sirens | Other

Shift: Select

Unit: Select

The **Patient Info** page includes a patient lookup feature, which populates the patient's demographic information, history, medications, and allergies, along with his or her billing information, from the last call.

eso | **PATIENT** | **BOBBY**

INCIDENT | **PATIENT** | **VITALS** | **FLOWCHART** | **ASSESSMENTS** | **NARRATIVE** | **FORMS** | **BILLING** | **SIGNATURES**

DEMOGRAPHICS

CONTACT | **MEDICATIONS** | **ALLERGIES** | **HISTORY** | **BELONGINGS**

Select a record

Record Date	Patient Name	Patient Date of Birth	SSN
11/03/2015 @09:53:58	BOBBY, RICKY	07/16/1971	XXX-XX-7777
11/03/2015 @09:31:43	BOBBY, RICKY	07/16/1971	XXX-XX-7777
11/03/2015 @09:06:49	BOBBY, RICKY	07/16/1971	XXX-XX-7777
11/02/2015 @21:01:51	BOBBY, RICKY	07/16/1971	XXX-XX-7777
11/02/2015 @09:35:03	BOBBY, RICKY	07/16/1971	XXX-XX-7777

15 records from last 90 days matching "BOBBY" & "7777777777"

Cancel Import

Age: Estimate Age

ESO's **Quick Treat** feature allows end users to time stamp events, including vital signs, without having to leave their place within the record. Additional Quick Treat buttons are included in the General and Meds tabs.

The screenshot shows the 'ESO QUICKTREAT VITALS' interface. At the top, there's a navigation bar with 'PATIENT DOE' and tabs for 'ALERT', 'GENERAL', 'MEDS', and 'CPR'. The 'VITALS' tab is active. On the left, a sidebar lists 'INCIDENT', 'DEMOGRAPHICS', 'CONTACT', 'MEDICATIONS', 'ALLERGIES', 'HISTORY', and 'BELONGINGS'. The main area has a header with 'ESO QUICKTREAT VITALS' and an 'Add Vital' button. Below this, there are six input fields for vital signs: BLOOD PRESSURE, SpO₂, PULSE, TEMPERATURE - F, RESPIRATION, and GLUCOSE. To the right of these fields is a numeric keypad with buttons for digits 0-9 and a red 'C' button.

Quick Treat CPR allows users to time stamp resuscitation events as they occur. Events that occur multiple times in the code are indicated by a counter in the corner of each item. All events entered through Quick Treat are editable in the main flowchart treatment area.

The screenshot shows the 'ESO QUICKTREAT MEDS' interface. The navigation bar is similar to the previous one, but the 'MEDS' tab is active. The sidebar is the same. The main area has a header with 'ESO QUICKTREAT MEDS' and an 'OK' button. Below this, there is a grid of medication buttons: Adenosine, Albuterol, Aspirin, Atrovent, Benadryl, Dextrose 50%, Glucagon, Morphine, Narcan, Nitro Spray, Oral Glucose, Phenergan, Valium, Xopenex, and Zofran.

Users can input **Vital Signs** using ESO's touch screen input panel. Vital signs are displayed in the grid and include alert status (AVPU), whether blood pressure was taken in the right or left arm, and the position the patient was in when blood pressure was taken.

The screenshot shows the 'VITALS' tab selected in the top navigation bar. The interface includes a header with patient information (PATIENT DOE) and a status bar with icons for INCIDENT, PATIENT, VITALS, FLOWCHART, ASSESSMENTS, NARRATIVE, FORMS, BILLING, and SIGNATURES. Below the header, there are input fields for Time (12:26:35), Date (11/09/2015), AVPU, Side, and Position, followed by an 'OK' button. The main content area is divided into a grid of icons on the left and a large input area on the right. The grid includes icons for BLOOD PRESSURE, PULSE, RESPIRATION, SPO₂/ETCO₂/CO, TEMP/GLUCOSE, SCORING (GCS 15, R15, S15), ECG, and PAIN SCALES. The 'BLOOD PRESSURE' section is active, showing fields for Systolic, Diastolic, and Mean Arterial Pressure, a numeric keypad, and a 'Method' dropdown with options: Manual Cuff, Palpated, and Other.

The Vital Signs tab includes a pain scale.

The screenshot shows the 'PAIN SCALES' section within the 'VITALS' tab. The interface is similar to the previous screenshot, but the 'PAIN SCALES' icon in the grid is highlighted. The main content area displays the 'PAIN SCALES' section with a 'FACE PAIN' and 'NUMERIC' sub-section. The 'FACE PAIN' section shows a series of six faces representing pain levels from 0 to 10. The 'NUMERIC' section shows a numeric keypad. The 'FACE PAIN' section includes a 'Pain' label and a numeric input field. The faces are labeled with numbers and descriptions: 0 (No Hurt), 2 (Hurts Little Bit), 4 (Hurts Little More), 6 (Hurts Even More), 8 (Hurts Whole Lot), and 10 (Hurts Worst).

The Flowchart tab enables the user to enter details for each medication and procedure attempted.

The screenshot shows the ESO interface with the 'FLOWCHART' tab selected. The 'AIRWAY' section is active, displaying a grid of procedures: Oxygen, OPA, CPAP, King Airway, Nasogastric Tube, SALT Airway, ETI Verification, Needle Cricothyrotomy, Ventilator, and Rapid Sequence Intubation (RSI). A modal window titled 'Orotracheal Intubation' is open, containing the following fields:

- Time: 12:31:47
- Date: 11/09/2015
- Prior to Arrival: ☐
- Size: (with a 'Select' button)
- Placed At: (with a 'Num Pad' button)
- Successful: ☐ Yes ☐ No
- Placement Verification: (with a 'Multi' button)

On the **Assessment Details** page, ESO uses toggle switches that allow a user to easily indicate a positive or negative finding based on a simple click to the left or right. All information populates the assessment grid.

The screenshot shows the ESO interface with the 'ASSESSMENTS' tab selected. The 'Initial Assessment' modal is open, displaying the 'Mental Status' section. The 'Mental Status' section includes the following toggle switches:

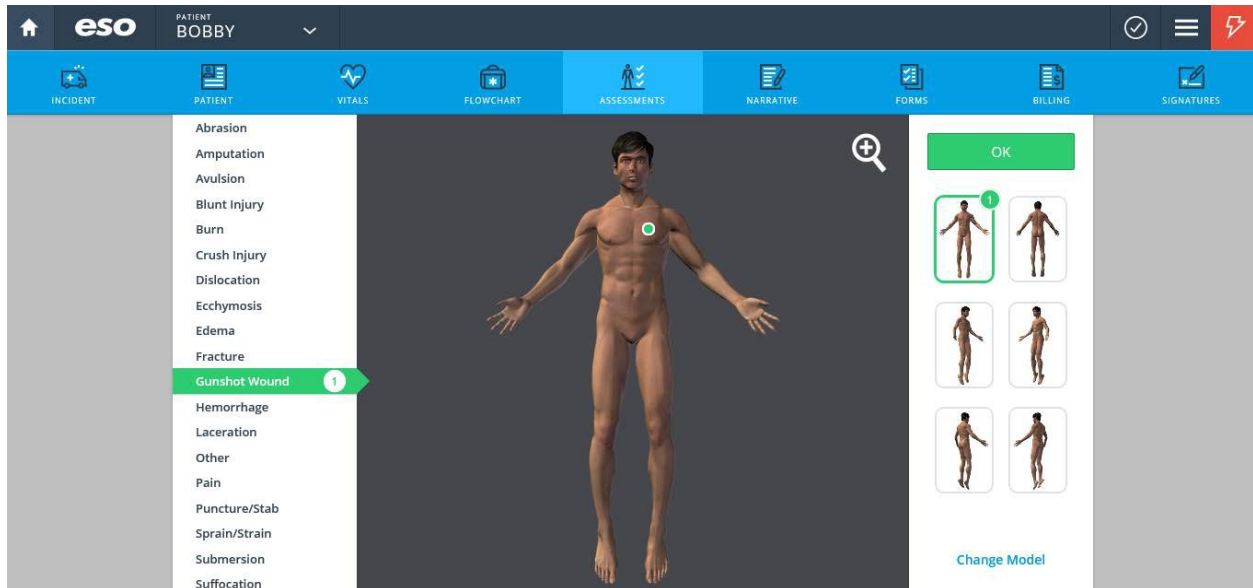
- Combative: ☒ Positive
- Confused: ☐ Negative
- Hallucinations: ☐ Negative
- Unresponsive: ☐ Negative
- Other: ☐ + ☐ -

The 'Orientation' section includes the following toggle switches:

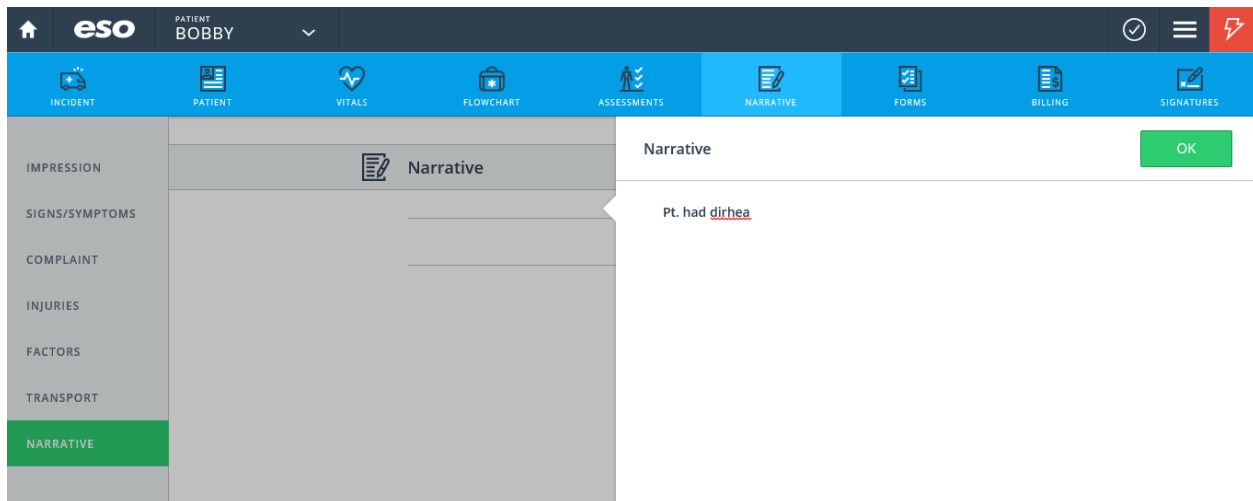
- Person: ☒ Positive
- Place: ☒ Positive
- Time: ☒ Positive
- Event: ☒ Positive

The 'Comments' section is empty, with a placeholder text 'Type here'.

Assessment input options on the anatomical figures include a point and place injury process. This injury placement also populates the assessment grid.



The **Narrative** page includes an open type text narrative box with inline spell check based on a medical data dictionary.



ESO's **Specialty Patient** forms are templates designed to enable end users to focus documentation on specific patient types.

The screenshot displays the ESO EHR interface for a patient named BOBBY. The top navigation bar includes icons for INCIDENT, PATIENT, VITALS, FLOWCHART, ASSESSMENTS, NARRATIVE, FORMS, BILLING, and SIGNATURES. The left sidebar lists 'Specialty Patient Forms' with options: Acute Coronary Syndrome, Influenza Screening, CPR - Cardiopulmonary Resuscitation, Motor Vehicle Collision (selected), and Trauma Criteria. The main content area shows the 'Motor Vehicle Collision' form with the following fields:

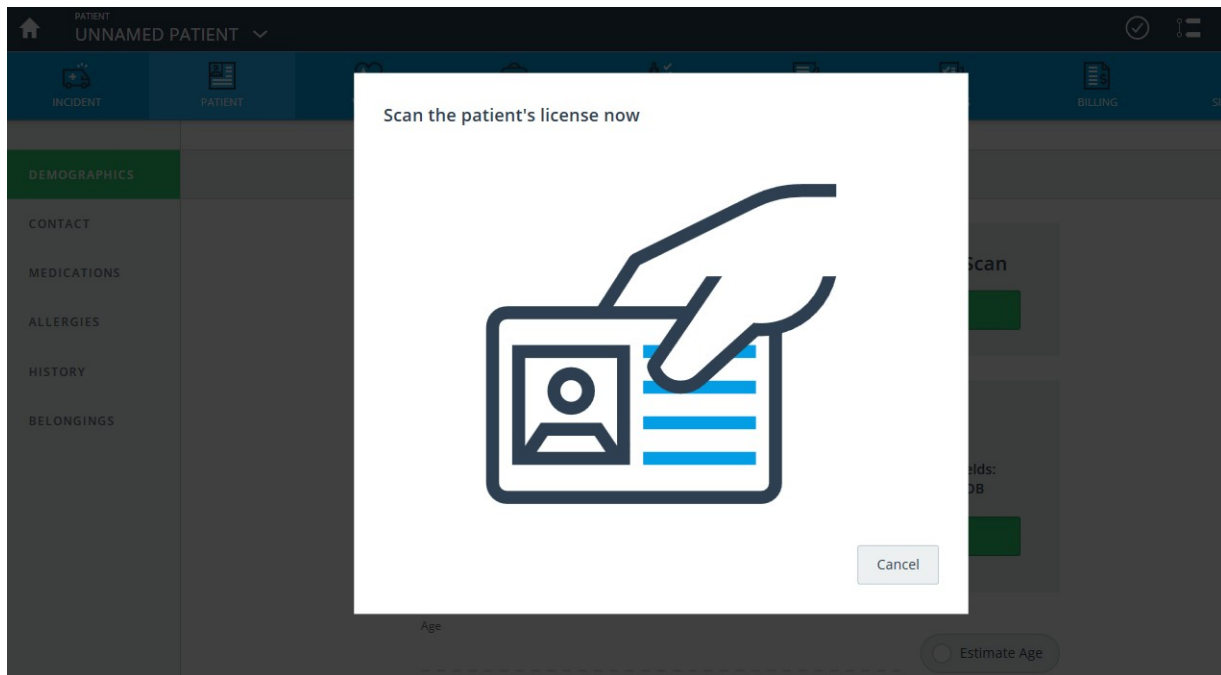
- Patient Injured:** Radio buttons for Yes and No.
- Position in Vehicle:** A dropdown menu with a 'Select' button.
- Seat Row:** A dropdown menu with a 'Select' button.
- Safety Devices Used By Patient:** A multi-select dropdown menu with a 'Multi' button and a 'None' option.
- Extrication Required:** Radio buttons for Yes and No.

An 'OK' button is located in the top right corner of the form area.

ESO EHR accepts onscreen **Signatures** for multiple purposes.

The screenshot shows the ESO EHR interface with a 'Patient Authorization' window overlaid. The window has a title bar with 'Patient Authorization' and an 'OK' button. Inside the window, there is a dashed line for a signature with the text 'Sign Here' above it. The background interface shows the same navigation bar and sidebar as the previous screenshot, with the 'SIGNATURES' tab selected. The main content area is dimmed, showing sections like 'Billing Authorization', 'Standard Signature', and 'Custom Document'.

Driver's License Scanning allows a user to import a patient's demographic information directly from their driver's license.



Quality Management

ESO QM enables designated staff to evaluate, approve and rate a patient care record electronically and provide feedback through a confidential messaging system. Three primary review types are currently available:

- Documentation Review
- Billing Review
- Clinical Review

Most agencies audit 100% of billable records using the Billing Review workflow. Records completing this step are extracted to the Billing department or company for claims processing. Adding this step, helps to insure a higher rate of clean claims and timely reimbursement.

Documentation Review enables quality reviewers to rate and comment on compliance with agency documentation standards. For some agencies, this overlaps or replaces the Billing Review process, but at others, it is focused solely of the quality of documentation.

Clinic Review provides the quality staff tools to identify and document clinical performance issues. Users can itemize and comment on issues, trending them for each individual or across the organization. Reviewers can securely message the medical director to discuss issues.

Users can securely message crew members with feedback or request clarification or updates for any review type.

The QM module is currently undergoing a complete revision bringing it up to date with the current user interface and controls. We will also introduce new features and evaluation tools to enhance the quality review and performance improvement process. The new QM module will debut in early Fall with a parity release, including the new updated user interface and improvement to the current functionality. This will be followed quickly with a series of new features and tools.

Interfaces

ESO has been a leader in promoting interoperability across the continuum of pre-hospital and hospital care. ESO has hundreds of interfaces in production, including CAD, cardiac monitor, billing, 3rd party fire/NFIRS, and hospital information systems to name a few.

CAD INTERFACING

ESO has more than over 700 customers actively integrating CAD data into their EHR. CAD integration can be facilitated in one of two ways depending on client and CAD vendor preferences:

1. The CAD vendor writes an output file directly to our API.
2. ESO accesses a real-time backup database of the CAD data and installs a small application that points to the database and sends the data to our Web Service where it is then easily accessed by the EHR.

CARDIAC MONITOR

ESO currently supports Bluetooth, cable-connected and Wi-Fi integration with the Philips MRx cardiac monitor. In addition, we have cloud and Wi-Fi integration with the Zoll X-series as well as cable and Bluetooth integration with Zoll M and E Series. Because we cannot directly go into a cardiac monitor and retrieve data, we rely on the manufacturer to develop a process to export this data, and then we import into our software. ESO processes the file and not only imports the relevant data into the EHR but will attach the entire file to the incident so it can be reviewed in its entirety using the monitor manufacturers' review software. In addition to Philips and Zoll, we also integrate with the Physio-Control LP12 and LP15 cardiac monitors in a very similar manner.

HANDTEVY INTEGRATION

Handtevy allows EMS personnel to easily access pediatric dosages and equipment information directly via the EHR user interface.

Reporting

ESO offers multiple reporting capabilities, including our award-winning Analytics platform and our AdHoc reporting package. ESO Reporting tools are user-intuitive and eliminate the need for reporting expertise or extensive training.

AD HOC REPORTING

Using the ad hoc reporting tools available in the ESO Suite, administrators can query agency data on virtually any field in the application. AdHoc functionality includes tools for the easy creation of both canned and customized reports, including report production on everything from ALS, BLS, CCT, and Detox events, to individual employees, to departmental statistics, to patient data. Reports can be exported and printed, and with ESO ad hoc, administrators can also create recipient groups and schedule reports.

ANALYTICS

ESO Analytics provides the agency unparalleled control over their data with the ability to create, share, and save custom reports in just a few clicks. ESO Analytics gathers all data and seamlessly weaves it into an easy to understand story of agency performance. The platform offers the industry's simplest user interface and query construction, making information production, trending and analysis easy for any user.

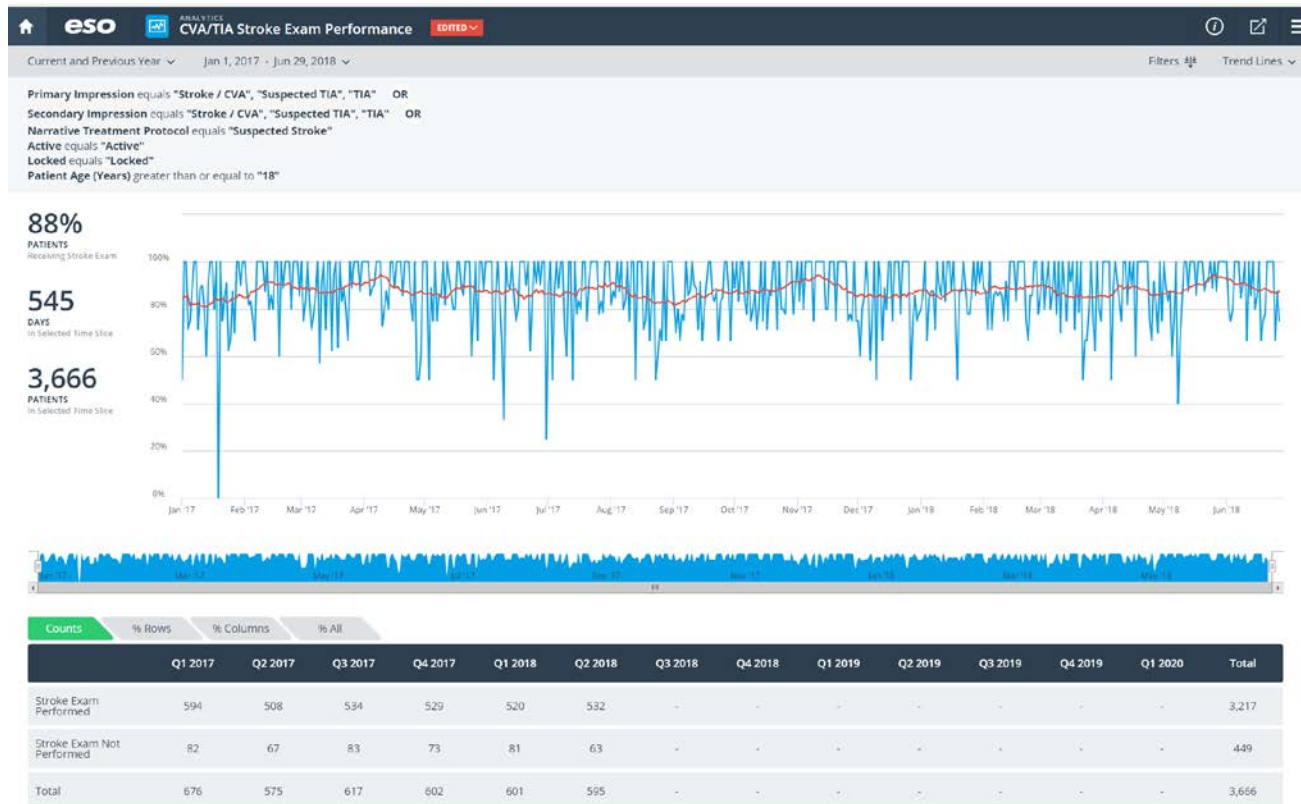
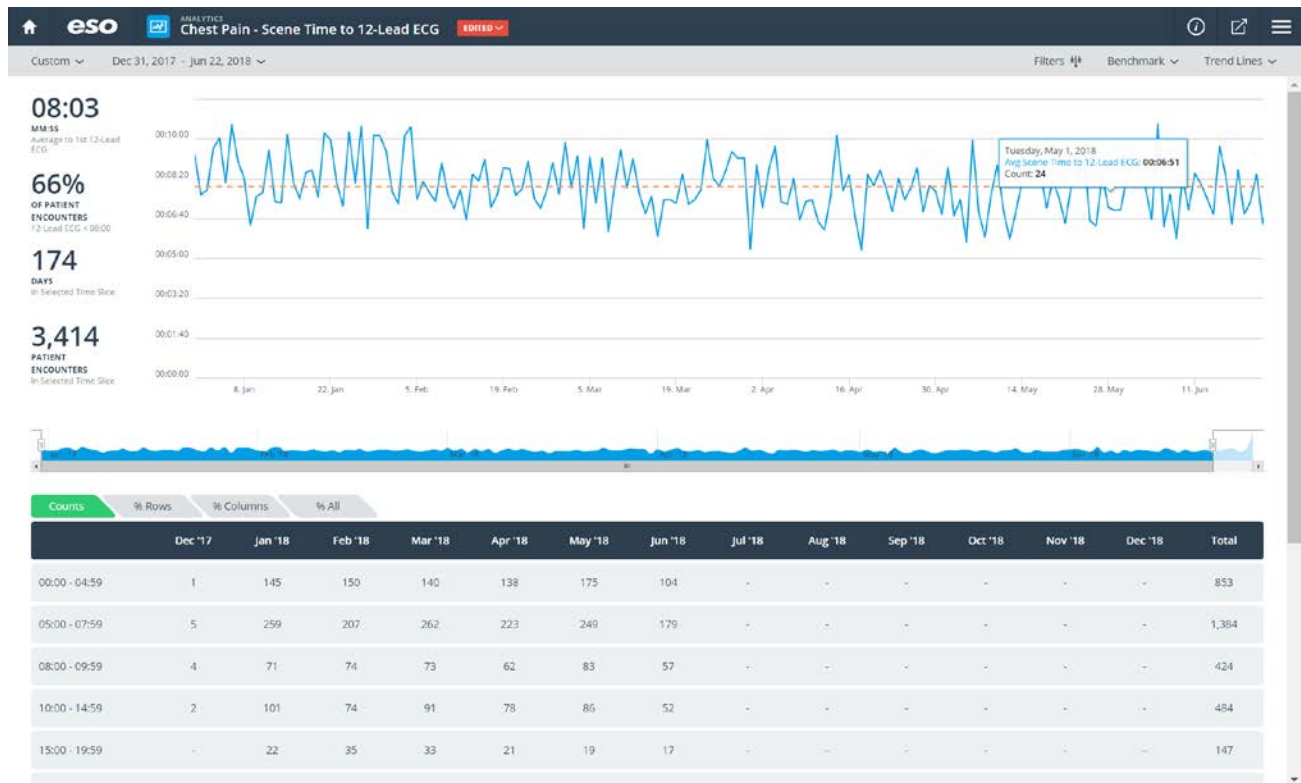
A library of base reports covering operational and clinical measures enable the user to trend performance across time within seconds. Selecting a custom or preset date range enables user to automatically recalculate measures for the timeslice. Key bits of information are clearly highlighted, allowing the user to quickly digest top level information.

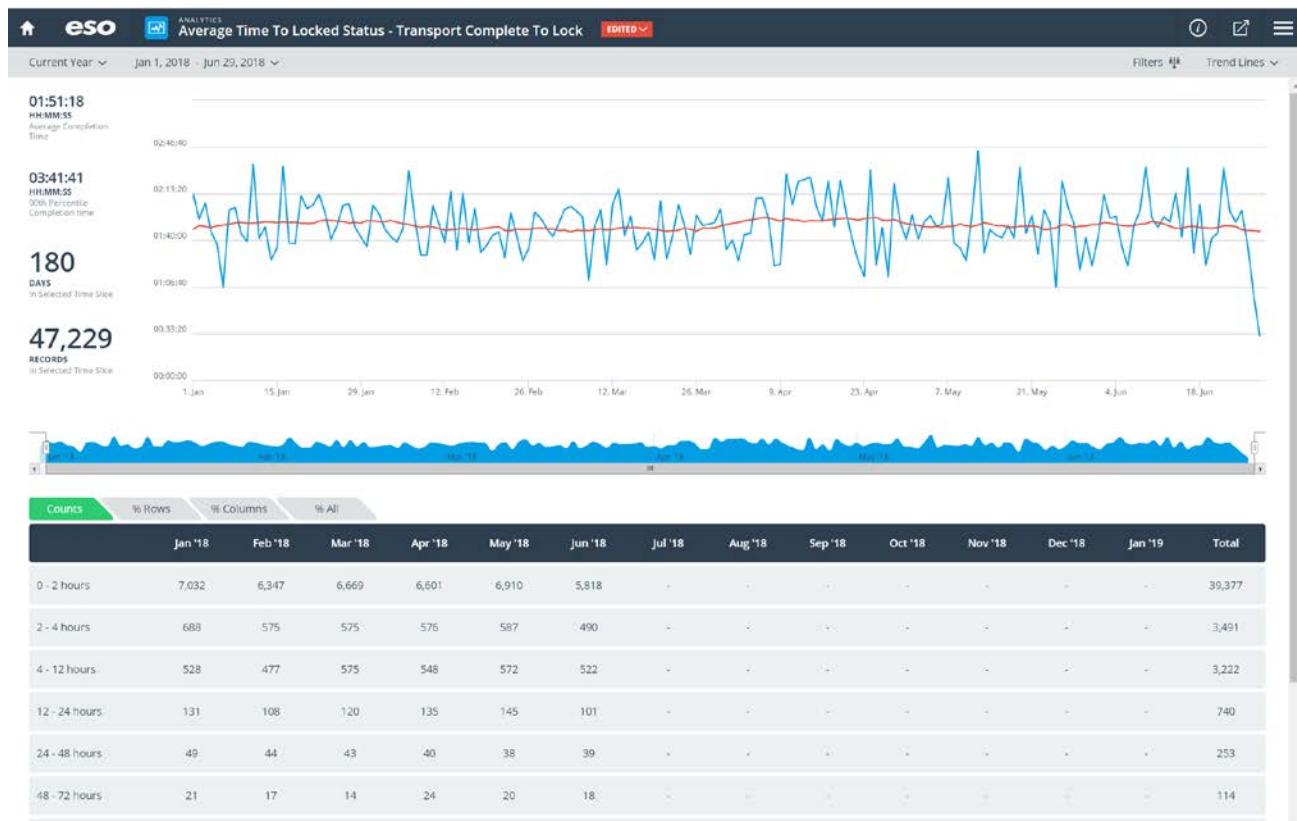
How long does it take you to calculate intubation success rate for first attempt as well as overall success? Can you quickly filter by those in cardiac arrest versus those that are still alive? Isolate specific devices or providers? We give you this complex query and calculation within seconds and with one click.

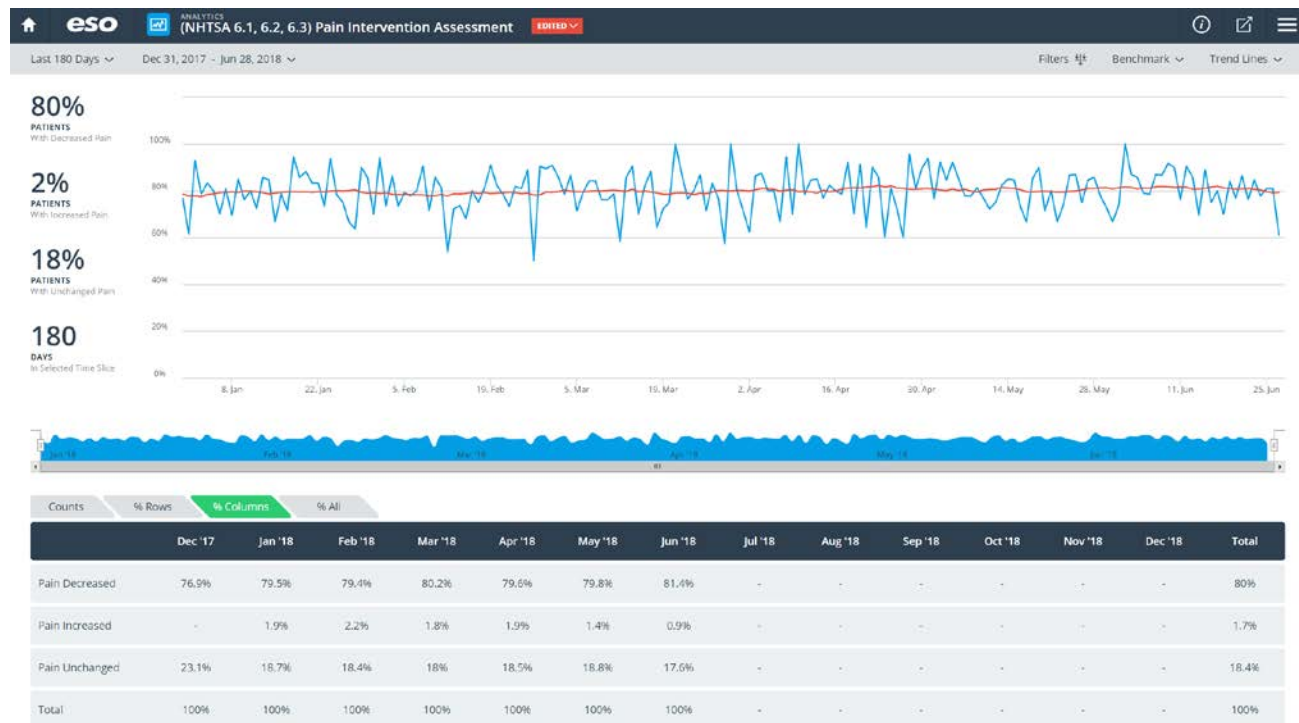
Analytics also provides the user with the ability to see performance for each quarter, month, or week in the timeslice for all protocol adherence reports and elapse time reports. Users can drill down to individual patient records, review them and initiate a quality review without leave the module.

ESO also offers a host of service line reports, including California Core Measures and a limited number of Washington KPI's, NHTSA measures and Compass reports – with more coming.

Benchmarking capability is available for most standard reports. Agencies can compare performance overtime against ESO's national database as well as requested state, regional or industry groups.







eso ANALYTICS Transport Percentage By Medic Filters

Last 180 Days ▾ Dec 31, 2017 - Jun 28, 2018 ▾

	Transport	No Transport	Total
AARON (FF-P) HOWELL	75%	25%	100%
AARON BROWN	0.2%	99.8%	100%
AARON MCKEE	55.1%	44.9%	100%
AISON COHEN	100%	-	100%
ALEX ADMIN	50%	50%	100%
ALISON COHEN	78.9%	21.1%	100%
ALISON COHEN (STUDENT)	100%	-	100%
ANTHONY GRIFFIN	68%	32%	100%
Aaliyah Ford	-	100%	100%

Data Migration

ESO can migrate NEMSIS compliant data from your current system into the ESO database so that it can you can run reports from one system. Custom data elements and non-NEMSIS data is not recommended. any agencies elect to import PDF documents of patient care records from your current system so that they can be accessed through ESO's archive search utility.

Other terms and conditions will apply to data migration projects, which ESO will determine as it takes a closer look at individual projects.

ESO Health Data Exchange

With ESO HDE, any EMS, hospital system or other care provider connecting to the HDE platform can instantly collaborate with any other participating entity that uses ESO HDE with no additional setup required. Using the NEMESIS data standard, ESO HDE is able to take data from any pre-hospital data platform and deliver discrete data and the EMS run sheet to other providers in the continuum of care. Receiving entities map the EMS run sheet directly into their EMR for bedside review by clinicians or retrospective review for core measures or performance improvement activities. Entities may elect to receive and store the full NEMESIS XML file as a clinical and business intelligence resource, or they may utilize ESO Hospital Analytics for detailed reporting.

ESO coordinates with healthcare providers to determine the data elements and message types that best meet their individual facility needs. ESO can send and receive data to and from any EHR in a range of industry standard formats such as NEMESIS XML, CCDA and HL7.

Participating entities will enjoy data interoperability with the ability to follow patients across care environments as well as study aggregated population health statistics.

ESO has integrated with each of the major hospital based EHR platforms, including Epic, Cerner, Meditech, AllScripts and Medhost. We have also successfully connected with all the major EMS reporting platforms.

EMS and hospitals enjoy numerous benefits of data sharing

Reduce the need for paper reports

ESO will deliver the EMS run sheet in an electronic transmission to the receiving facility for any agency capable of producing a NEMESIS extract and PDF run sheet. If a run sheet is not available, ESO can construct a Clinical Summary document from the NEMESIS XML for delivery to the destination facility.

Import/interface EMS reports directly into EHRs

ESO has successfully delivered EMS run sheets to facilities using Epic and other EHR vendors for direct consumption into the patient's EHR record. We have multiple reference sites available.

Make EMS reports immediately available to Emergency Department staff

Availability of the run sheet to ED staff is directly related to the time of record completion and the extract timing. Our recommended standard is for agencies to require record completion prior to ED departure whenever possible and for data extract to occur on record "lock." Transmission from the EMS agency to ESO, translation within our engine and delivery to the EHR occurs within seconds in most systems.

Reduce hospital costs for search for EMS records for data abstraction

Cost reduction for registry entry can occur in a number of ways. ESO has multiple reference sites who have reported a sharp reduction in abstracting time because the EMS record is available in the EHR for every patient. These sites further attest the records are legible compared to the previously faxed and scanned versions prior to HDE. A dramatic reduction in searching for records, calling agencies asking for repeat copies, and delays waiting for medical records staff to process the EMS run sheet have been reported.

Provide hospitals with clinical and business intelligence on EMS volume while reducing request to EMS for data.

ESO Hospital Analytics provides the facility reporting capability for EMS volume and across the care continuum. Access to these reports will reduce service line reporting on EMS data for Stroke, Trauma and STEMI coordinators.

Provide improved statistical reporting for both sides (hospitals and EMS)

ESO Analytics provides reporting capability across the care continuum. This functionality is currently available for EMS agencies and will be available for hospitals sometime before the end of 2016. Users can explore the correlation between EMD, EMS Impression and ED Diagnosis. Trends in volume and core measures, as well as provider and system performance are available.

Dramatically improve QI data for EMS without overwhelming providers with information

ESO Analytics is easy to execute and simple to understand. Each report comes with a set of “GEMS” or key pieces of performance data along with line charts, bar charts or tables that illustrate performance. Runs are grouped within defined time slices and whether they meet or do not meet the standard. Users can easily drill down to a single patient record when needed.

Improve accuracy of billing data for all providers (hospital and EMS)

EMS agencies often struggle to get good billing data at the time of call. Consequently, billing agents must dedicate significant time to search for the information at the hospital or seek information from the patient or family. With HDE, hospitals send demographic and billing data to EMS once the information is confirmed in the facility. Updates to this information at the hospital are transmitted to ESO for amendment to the cumulative record. ESO has a variety of ways of making this information available to the EMS billing company.

Statistical data for QI purposes

ESO will provide a list of approximately 300 data elements for the facility to consider. The minimum data set should include demographic, billing, length of stay, diagnosis and disposition information. Additional elements requested include procedures, vital signs, labs, imaging, and medications administered in the ED. Each facility will review and approve a prescribed shared data list unique to that facility based on their compliance requirements and technological capabilities.

Specific patient data with a capability for viewing by appropriate EMS personnel (e.g., EMS access portal or secure web page)

An ESO participating agency will have access to a secure, role base portal to view outcomes data. The agency will have established user access rights for various roles in the organization to insure minimum necessary information is shared with specific users in their individual roles as defined in the specific HIPAA use case.

The portal security is claims based. Therefore, audited access can be granted or revoked based on the user's account access privileges as well as a variety of factors such as originating message source, message type and user's parent organization. Very specific content access rules can be generated using this system from the ability to only allow a member to view their contributed records or escalated access to all records.

ESO will coordinate with entities to establish security policies and define the appropriate level of access for each role. All access to these records intentional or otherwise is captured into an auditing subsystem.

ESO HDE is a separate offering for each participating hospital. ESO will include a connection for the EMS agency that will enable data sharing with any participating facility. Currently in the Houston market, all HCA hospitals participate in HDE. Other hospital systems are expected to sign.

Technical Features and Security

ESO uses the Software-as-a-Service (SaaS) model of software delivery. Microsoft Azure is our data hosting facility. Based in Virginia, the data hosting facilities are SAS 70, Type II, PCI compliant and meet a number of rigorous requirements that help ensure the security of customer data at all times:

- High Availability Standards – Each data center location offers 24 x 7 x 365 onsite staffing, plus a robust backbone network, redundant power and environmental controls, and other backup equipment designed to keep servers continuously up-and-running.
- Unsurpassed Physical Security – ESO's state-of-the-art data centers are equipped with video surveillance systems, on site security and require dual-token authentication for access.
- Reliability and Backup – ESO schedules off-site, automatic client data backups nightly, up to the last committed transaction.
- Disaster Recovery – ESO's disaster recovery measures include built-in redundancy for each component of the hardware infrastructure, including multiple database servers with a Raid-5 configuration.

ESO employs robust encryption technology to protect client data and communications, including 256-bit SSL Certification and 1024-bit RSA public keys — the lock icon in the browser indicates that data is fully shielded from access while in transit. All HIPAA-sensitive data stored on the field device is encrypted. Any data transmitted over HTTPS protocol to the central database is encrypted. In addition, ESO employs strict operating system security, two-factor authentication and database security measures at its data hosting facilities:

- All HIPAA-sensitive data stored on the field device is encrypted.
- Any data transmitted over HTTPS protocol to the central database is encrypted.

Additional safeguards ensure that information is not inadvertently shared with unauthorized individuals on an end user level:

- Email addresses and/or fax numbers are assigned to specific incident locations. If a user wishes to email or fax a record, that record can be sent only to the address or fax number associated with that facility.
- Hospital administrators who are assigned login access using ESO Patient Tracker or Health Data Exchange will be able to access only the records for patients transferred to their particular hospital.

Detailed Training Plan

Milestones:	
1	Project Kickoff
2	Information Gathering and System Setup
3	Installation of Mobile Software and Cardiac Monitor Interface
4	Online Administrative Training
5	Mobile Software Testing
6	Billing Interface
7	Online Administrative Training (QM/reporting)
8	Online End-User Testing
9	Regulatory Compliance/Data Reporting
10	System Testing
11	System Go-Live and Post-Implementation Support

About Our Training and Implementation Process:

ESO's blended implementation and training plan relies on both on-site and remote, off-site training. Having implemented over 2,200 customers, ESO provides flexible training options to meet the specific needs of your agency. Outlined in the section above is our typical approach, however we can customize the plan according to your desired roll-out plan.

ESO places a special emphasis on the 'train the trainer concept' by identifying the need for "power users" to receive more advanced, or detailed, training. These power users are expected to learn the product well enough to educate future employees and provide refresher training if necessary. Further, once the system is placed into production, ESO offers customer support, regional learning opportunities, and a host of materials available for training. We do not train our agencies and leave – we support our agencies and their end users through the lifetime of the contract. Customer support is included within your contract.

MILESTONE 1: PROJECT KICKOFF

Deliverables: Introductory Kickoff Conference Call Agency Key Players Worksheet

To initiate the implementation process, the ESO Client Services administrator will contact the agency's project manager to schedule a introductory conference call. ESO will provide a planning worksheet to identify key players who will participate in the implementation and ongoing administration of the software. Agency participants should include the agency administrators, quality management leadership, and local IT resources. Documentation will also be provided highlighting areas that the agency will need to consider during the transition to the ESO EHR suite, including the need to align terminology and outline any new workflows for the organization's day-to-day operations. The agency will receive a detailed list of these areas during project implementation.

Following the introductory call, a more formal kickoff call will introduce the ESO to a larger audience of agency stakeholders, including all those that will participate in the implementation process. The purpose of the call is to enable the agency and ESO implementation team members to introduce themselves and begin to discuss project deliverables, task ownership, and tentative timelines including possible online and onsite training dates. ESO and the agency will identify and begin planning for any interfaces such as CAD and billing.

After the call, ESO will provide the agency's project implementation team a summary of the call along with the agreed upon project timeline, including milestones for:

- Documentation return
- EHR system setup by ESO
- Interface programming and testing, if applicable
- Online administrative training
- Completion of EHR system setup
- Mobile software installation and testing
- End user training
- End user practice
- Post-implementation follow-up

ESO and the agency's project lead can discuss the scheduling of additional meetings and other means to report progress.

MILESTONE 2: INFORMATION GATHERING AND SYSTEM SETUP

Deliverables: Agency Account Provisioning

Agency setup begins immediately after kickoff and last for approximately two weeks. The milestone time frame may vary depending on how quickly the agency returns the completed setup file and how quickly the agency completes its portions of the system setup after the account is setup by ESO. ESO creates a tenant account for the agency in ESO Suite and imports the information provided in the agency's EHR setup file, including personnel, units, vehicles, facilities to and from which they commonly transport patients. When this setup is complete, ESO will provide designated agency users with login information to complete the agency portion of the setup. This includes:

- Adding a company logo (can be completed by ESO during initial setup if preferred)
- Assigning user names
- Assigning roles and claims
- Loading patient refusal form and/or other agency-specific, custom forms for capturing signatures in the field
- Adding agency-specific billing authorization language
- Establishing agency password and lockout policies
- Creating data retention, patient lookup and update settings
- Creating new users and assigning user roles and login credentials
- Adding any additional facilities, units, vehicles etc. beyond those entered by ESO during initial system setup
- Configuration of interventions, therapies and medications
- Configuration of agency validation rules
- Addition of optional, pre-defined data fields

ESO will train agency administrators on this functionality during the online administrative training session and also will provide detailed help guides to assist administrators throughout this process.

MILESTONE 3: INSTALLATION OF MOBILE SOFTWARE AND CARDIAC MONITOR INTERFACE

Deliverable: Mobile Software Installation

ESO will provide the link to the mobile software to the designated agency contact. The agency is responsible for deployment of the mobile client on the selected hardware. This may occur simultaneous with Milestone 2. ESO provides instruction and support to the agency staff responsible for this task.

Installing ESO EHR Mobile involves the following steps:

- Install prerequisites if necessary (included as part of installation package)

- Install mobile application and software for cardiac monitor interface (part of installation package)

MILESTONE 4: ONLINE ADMINISTRATIVE TRAINING (ADMIN/OVERVIEW)

Deliverable: Online Training

Local admin training usually occurs within one week after ESO receives the completed setup file from the agency. This training is generally three hours in duration and should be attended by anyone who will be participating in the administration of the EHR system and who has a good understanding of the department's processes.

ESO utilizes GoToMeeting for online training and the maximum number of attendees is 25. Training objectives and activities include:

- A brief overview of the ESO EHR application
- Adding additional facilities, units, vehicles etc. beyond those entered by ESO during initial system setup
- Configuration of clinical data including impressions, interventions and medications
- Configuration and maintenance of the ESO administrative console
 - Adding a company logo
 - Assigning user names
 - Assigning roles and claims
 - Loading agency-specific, custom forms
 - Adding agency-specific billing authorization language
 - Establishing agency password and lockout policies
 - Creating data retention, patient lookup and update settings
 - Creating new users and assigning user roles and login credentials

MILESTONE 5: MOBILE SOFTWARE TESTING

Deliverable: Software Testing

This activity occurs immediately after mobile software installation. All users should log in to both the web and mobile applications to ensure that they have been assigned an appropriate level of access to the system. Agencies usually designate a few early adopters to submit test reports to familiarize themselves with the system. These users will typically take on an internal consultation role during roll out.

MILESTONE 6: BILLING INTERFACE (IF APPLICABLE)

Deliverable: Billing Interface Testing

ESO Solutions has successfully completed billing interfaces to a variety of billing software packages. During the implementation phase, ESO and the billing partner will work together to deploy and test the interface.

MILESTONE 7: ONLINE ADMINISTRATIVE TRAINING (QM/REPORTING)

Deliverable: Online Training

This training takes place online as a separate online session. ESO conducts this training using regularly scheduled, bi-monthly GoToMeeting sessions and it is recommended that all of your supervisory and billing staff attend. They do NOT need to pre-register for any given class. A class schedule will be

provided to you at the completion of your initial administrative training session as well as information on how to join the ongoing training sessions. This training usually lasts two hours.

The focus of the additional administrative training is to provide:

- An overview of ESO Reports
- Detailed class over the usage of the ESO Quality Management system
- Information specific to the processing of Billing Records

MILESTONE 8: ONSITE END USER TRAINING

Deliverable: Onsite training

This activity typically occurs approximately ten days before system go-live. This final phase of training is designed to familiarize end users with the features and functionality of the EHR module.

The goal of end user training is to reach as many field users as possible and to develop a core group of power users from the EMS organization. This group will provide a cohort of local trainers to teach future staff. This training takes users through each tab of the EHR application, giving them in-depth views into the functionality and usability of all aspects of the software. Users will be provided with opportunities for hands-on involvement with the software to reinforce learning and will be given ample time to ask questions about any issues they may encounter during day-to-day use. Training objectives include:

- Overview of data flow and system security, including creating login credentials
- Entering patient data on the ESO EHR Mobile software as well as the web-based application (this will include descriptions of all fields and data flow explanations)
- Extended sessions for training end users and troubleshooting issues (if training power users)

ESO recommends two end user training sessions per day of onsite training. Each end user session lasts approximately 3 to 3.5 hours. Ideally, classes of 20 or less are held in an appropriate classroom setting with projection and wireless internet access. End users follow along on mobile computers, are preferred.

Power users stay all day with a standard training session in the morning and in-depth training in the afternoon. ESO's implementation team will work carefully with the agency to meet all training needs and requirements.

Selecting which individuals from the organization will learn how to use and teach others to use the software is vital to the success of the project. These power users will gain an in-depth knowledge of ESO EHR and will ensure continuity in staff education by providing training and mentoring to the rest of the organization, including new employees who join the agency after the initial onsite training and deployment have occurred.

The power users selected will receive advanced information about EHR systems in general and ESO EHR in particular. They should be comfortable with technology, be champions of ESO and have a clear understanding of the organization's internal processes and objectives for data collection. Note that these individuals will not necessarily be the people with the highest rank or the longest tenure.

System administrator(s) should also plan to attend at least one of the power user/end user classes. This not only acknowledges administrators' support of the new program, but it also allows them to acquire additional expertise on the software's functionality so that they may serve as knowledgeable resources. ESO recommends that attendees be off-duty for user training and administrators offer personnel to hardware ratio of no more than 3:1 to create an optimal learning environment.

Agencies are encouraged to move to full use of the system within ten days of training. Training guides and videos are available for reference by administrators and users at all points of set-up, training and live use of the system. Resources are updated regularly to include upgrades to the software. Power users may utilize these training materials during later training sessions in the matter they see fit.

MILESTONE 9: REGULATORY COMPLIANCE

Deliverable: State Reporting Testing

Set up for data reporting to the regulatory agencies typically happens between end user training and system go-live. States may require agencies to go through training on the registry site and submit a copy of our jointly executed Business Associates Agreement. ESO will assist agencies in meeting compliance standards for their demographics file and general data reporting standards.

ESO also will work with the agency to complete any necessary integration with the State and/or County Regulatory reporting systems.

MILESTONE 10: SYSTEM TESTING

Deliverable: Agency Sign Off

Agencies are encouraged to initiate testing with ESO and move to full use of the system within ten days of training.

MILESTONE 11: SYSTEM GO-LIVE AND POST-IMPLEMENTATION SUPPORT

Deliverables: Live System and Ongoing Support Ongoing Training

Post-Initial Implementation Process

ESO provides continual support to the customer. The assigned implementation manager remains the primary point of contact for 60-90 post go-live to make sure the process is running smoothly. After that initial time period, while the implementation manager and regional account manager are always available to you, the primary point of contact of any issues becomes our support department.

Post Implementation Support

ESO's account managers, implementation specialists, and certified software trainers have extensive experience in the pre-hospital environment. Together they bring more than 150 years of combined healthcare experience to ESO and the agencies they serve. Members of the ESO team have served as EMT's, fire chiefs, medics, nurses, led hospital emergency services, and relate quickly and easily to clients. *With a 97 percent client retention rate for over five-years running*, ESO knows their people make the difference

– and are well known in the industry for character, integrity, reputation, and judgment.

Agencies can contact ESO by toll free number, chat, or e-mail to handle routine as well as immediate action needs, as well as any technical question related to the software. ESO's client services team is available 24 hours per day, 7 days per week, to include holidays. The benefit of ESO's support function is that – even outside of the client services team – clients can contact ESO and speak to almost anyone and they can assist on both the clinical and operational aspects of the software and its reporting tools.

Clients may access training documents and videos from a link on the landing page of the application. Training guides and videos are available for reference by administrators and users at all points of set-up, training and live use of the system. ESO updates the training materials regularly to include upgrades to the software. ESO also provides clients a link to a reference materials page from which they may print an unlimited number of reference guides covering ESO EHR for administrators and end users, quality management, ESO EHR Mobile, and more.

ESO also holds an annual WAVE conference in Austin, holds regional meetings, communicates via newsletters, and provides updated training tools for updates and release notes. Further, ESO implements state mandates into the software immediately, and they evaluate all requests for changes

to the hardware for potential implementation.

Upgrades and Enhancements

Historically, ESO upgrades three to four times per year. This occurs during the 4:00 am – 6:00 am (CST) timeframe and generally only lasts 30 minutes. As a SaaS service, upgrades and product enhancements are “delivered” (available) to the user on log in.

It is important to note that mobile reporting is still available during this time.

Bug fixes and patches

Changes required by state and national agencies are implemented immediately and available to users on log in, as are any mutually beneficial updates, bug fixes, and patches. As a SaaS model, ESO's software automatically pushes upgrades and bug fixes to end users, reducing your efforts and allowing us to deliver targeted customer support.

IMAGETREND ELITE™ EMS

ImageTrend's Elite™ system is a centralized, Web-based system that offers pre-hospital emergency data collection, analysis and reporting in one enterprise solution. It supports the identification of evolving problems or successes in emergency health care while simultaneously providing secure access of that information to authorized personnel from anywhere, at any time. The information can be used to set priorities, make plans and ultimately assure safe and effective delivery of EMS to the public.

Elite EMS Key Features

- A centralized, dynamic data warehouse with a scalable, open architecture for ever-changing and growing requirements.
- Full NEMSIS v3 compliancy (for both "Collect Data" and "Send and Receive"); NFIRS also available.
- Secure multi-tiered access to ensure and respect data privacy to HIPAA and other standards.
- Agency Administration from an enterprise level, allowing consistency within data entry and reporting.
- Web-based online patient incident forms for data entry by all EMS providers.
- Audit Validation to track and record access and changes to all ePCR records.
- A robust internal messaging system to allow for easy and quick QA/QI processes.
- The Report Writer which offers over 160 pre-created reports and easy to use ad hoc reporting with advanced query capabilities.
- A Data Exchange module that can interface with many different formats (including NEMSIS v3, EKG, CAD, Billing, Telestaff, and others).
- Optional modules:
 - Web-based Hospital Hub™ for secure, online viewing of incoming patients at the receiving facility.
 - Elite Field for field reporting, EKG wizard, and offline data entry capabilities.
 - License Management for managing end-to-end licensing and records processing.
 - Visual Informatics for advanced reporting with data mining techniques.
 - Mapping and Reporting System (MARS) to allow plotting data on geographical maps and data analysis.

Elite EMS System Architecture

The overall architectural design of the ImageTrend Elite system is comprised of a scalable database structure that supports full functionality with ease of expansion as requirements grow and change.

The Elite data repository is based upon the NEMSIS v3 uniform data set (NFIRS also available). In addition to collecting all aspects of NEMSIS v3 (including NOT values, Pertinent Negative values, ICD-10 codes, RxNorm values, GNIS addresses, and SnoMed codes), Elite is also capable of collecting custom elements.

Data Repository

The data repository is Microsoft SQL based and designed to support the expanding and dynamic requirements of the EMS community. These requirements include, but are not limited to, system-wide quality improvements identified through tracking of trends and procedures, benchmarking of specific indicators for compliance and public health issues, and a non-redundant data flow and sharing between concerned agencies from the local to the agency to the national level. The NEMSIS v3 data set populates the database hosted at ImageTrend's secure facilities or at the client's hosting facilities. All fields of the data set are available for reporting and exchanging with other agencies and applications.

Data Entry

Electronic data entry, whether via the Web or with the field clients supports ease of collection and ensures non-redundant entries, while being workflow oriented. The data can originate from CAD, Transfers, and medical devices, as well as quick-pick entries in the field (as it happens). This data collection constitutes the incident level and can be posted to the data repository. From here the data is available for querying, comparing, reporting or sharing.

Security

The multi-tiered security module incorporated into this application meets HIPAA guidelines and has been reviewed by HIPAA officers of various organizations with a positive outcome. The reporting and auditing functions of the application's procedures allow for complete safeguarding and immediate notifications of any attempted breaches. This provides for data access only through assigned permissions and ensures that only those intended see their data and can access it for reporting.

Scalability

ImageTrend systems are designed with open, scalable architectures and modular functionality. Modules can be added at any time, and if functionality is desired that does not exist, it can be designed as a module. All system additions are designed and tested on development servers to ensure desired functionality and full functional interfacing with existing functionality. This also provides the client with the ability to review and perform final acceptance prior to going live. The scalability lets the systems grow as needs, budgets and hardware capabilities allow, delivering continual progression.

Another consideration of scalability is the user and data volumes. ImageTrend systems are designed for high volume and traffic user bases, and there are many examples of each of these types of systems in use today.

This solution provides:

- Limited information access to the ambulance volunteer or paramedic in the field to their personal data and the ambulance incidents they perform.
- The ambulance agency manager has access to all of the data on all of the incidents that are handled by his or her agency.
- The city administrator has access to all of the incidents for his or her city.
-
- ImageTrend's familiarity with all sizes of EMS reporting systems is reflected in our diverse list of clients, ranging from agencies with fewer than 200 incidents per year to states with millions of incidents per year.

Compliance with National EMS Database

ImageTrend is NEMSIS compliant – in both Collect Data and Send & Receive - and based upon the most current version of the NEMSIS data set, which is version 3. ImageTrend is committed to supporting the national data set. We understand the importance of a national data set and its positive impact on convenient data exchange and the potential role that EMS data plays in improving health care.

Agency Administration

The agency administrator will have the ability to manage their agency through a series of setup screens and functions. Items such as Data Validation, Closed Call Rules, Dataset manipulation, and Form Builder are centrally administered which offers consistent, easy-to-use incident forms.

Agencies can set up their agency information, including contact information and customized resource lists. The custom defined resource lists allow an agency administrator to set up lists including:

- Facilities/Destinations
- Agency Locations
- Leave of Absence Reasons
- Vehicles
- Call Signs
- Zones & Districts

The user directory allows the agency administrators to set up crew members that will have access to the system or that will be available in the list boxes in the incident form allowing quick selections. This includes entering the certification numbers to expedite the data entry process.

Validation

The Validation rules are set up by the agency administrator and are administered to the agencies and Elite Field users. The built-in Data Validation includes scoring to ensure data quality. Each field can have its own value towards the validity score. Items that require further information are highlighted in red and the user is prompted at the middle-bottom of the form about the current validity score and the missing items that require attention. The validation runs “real-time” so that each time the user changes a value, the score is re-calculated and any appropriate fields are colored “red” to indicate they need to be filled out correctly.

The screenshot displays the Elite Field interface with a validation pop-up window. The pop-up window, titled "Validation", lists several validation rules with error codes and descriptions. The background form shows patient information and a status bar at the bottom indicating a score of 65 and a status of "In Progress".

Error Code	Validation Rule	Description
10	Crew Member Completing the Report Missing. (eOther.08)	The Crew Member Completing the Report is Missing. (eOther.08) (Error: 1512)
5	EMS Unit Call Sign (eResponse.14) is blank.	EMS Unit Call Sign is a mandatory field. (Error: 2573)
5	EMS Vehicle (Unit) Number (eResponse.13) is blank.	EMS Vehicle (Unit) Number is a mandatory field. (Error: 2572)
1	Incident County (eScene.21)	Incident County Not Documented (Error: 2643)
4	Incident Location Type (eScene.09) is blank when Incident Disposition (eDisposition.12) is not canceled prior to arrival.	Incident Location Type is a required field when Unit not canceled prior to arrival (Error: 1897)
1	Incident Street Address (eScene.15)	Incident Street Address Not Documented (Error: 2604)
4	Incident ZIP Code (eScene.19) is blank	Incident ZIP Code is a mandatory field (Error: 1898)
5	Primary Role of the Unit (eResponse.07) is blank.	

Validation rules with quick links to make corrections on the form.

Closed Call Rules

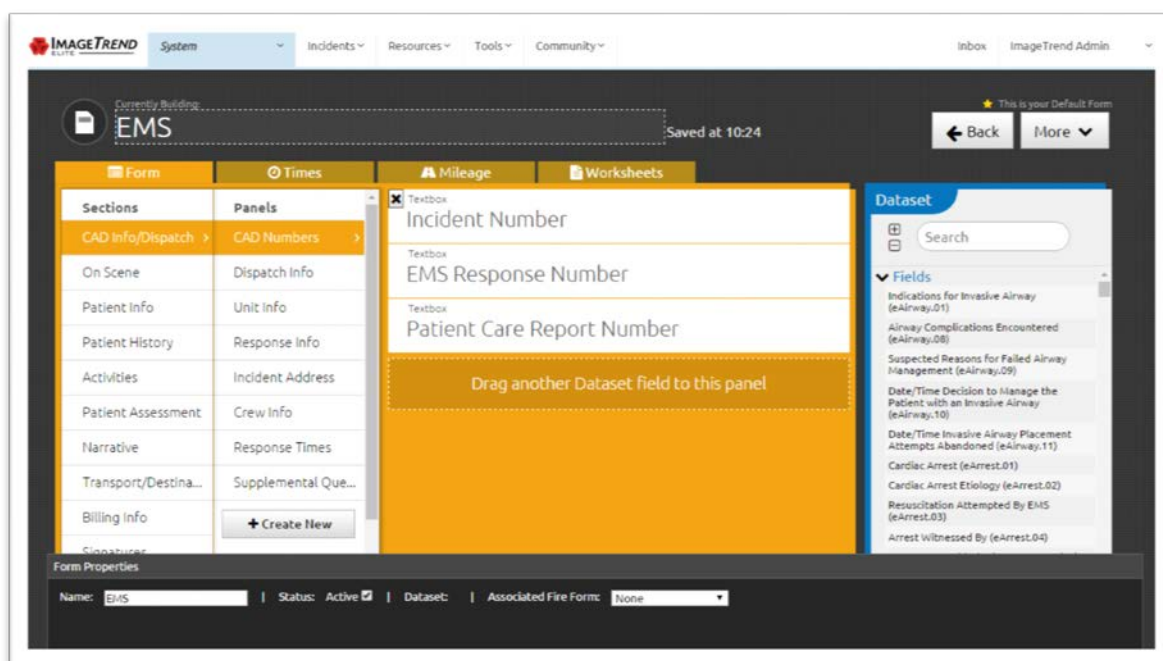
System Administrators have the ability to create closed call requirements per individual validation rule. This will restrict providers from posting an incident from the Elite Field to the central Elite system until the provider satisfies those rule(s).

Dynamic Power Tools

Dynamic Power Tools allow users to group any grid from Medications, Procedures, Vitals, EKG and Assessments to provide documentation for common situations. These dynamic power tools can be named/labeled whatever the administrator would like. The layout of the fields is also completely customizable.

Form Manager

The Form Manager is used to configure the incident form's layout. The Form Manager allows the incident forms to be configured to the exact needs and specifications of the individual agency. Tabs, panels or fields can be moved, added or deleted, creating an incident form to meet the needs of each agency for data reporting. Other configurations include the ability to change labels, inactivate fields, and group fields within a section. There are several other configurations to allow for quicker and easier data entry. Multiple incident templates can be created for different situations - for example, a form for cardiac arrest calls and another for cancelled calls. In addition, default values can be added into most of the fields. Default values are based on template type -- so a Cancelled call may have different defaults than a Scheduled Transport.



The EMS Forms Manager allows the administrator to configure fields on a form or worksheet

User Management

The Users section of each agency allows an agency or system administrator to track and enter many details about the agency and its staff, including:

- User Listing with Permissions
- Individual Staff Profile
- Add Staff
- Certification Management
- Employment Details (personnel ID, start date, title, etc)
- Immunization Records

Incident List

The EMS incident list allows the user to search for incidents by incident number, response number, date, time and validity (%) and then view them. The specific columns that appear are customizable per user.

The screenshot shows the 'EMS Incident List' web application. At the top, there's a search bar with 'Starts With' and 'Search All Columns' options. Below this, a 'View:' dropdown is set to 'EMS Incident List' with a 'View All' link. A 'Refresh:' dropdown is set to 'Never Refresh'. The main filter section includes 'Unit Notified Date' (03/27/2017 to 04/26/2017) and 'Incident Status' (Equal, All). A 'Reset Filters' button is on the right. Below the filters, there are buttons for '+ New', 'Bulk Actions', and a checkbox for 'Select All Records (14,263)'. The 'Results Per Page' is set to 100, showing '1 - 100 of 14,263' records. The 'Order By' dropdown is set to 'Unit Notified by Dispatch Date/Time' with 'Newest First' sorting. The table below displays incident data with columns: Locked, Created On Date/Time, Validity, Status, Unit Notified by Dispatch Date/Time, Incident Number, Response Number, and Created By. Three incident rows are visible, each with a 'Created By' field and an 'Incident Address' field. The first row is created by 'Sondra Gregory' at '75929 Poow Street'. The second row is created by 'SLO County Fire' at '7479 Whaley Lane'. The third row is created by 'Bend Oregon' at '47248 Elk Rd Little'. Each row has a set of icons for actions like edit, delete, and print.

Locked	Created On Date/Time	Validity	Status	Unit Notified by Dispatch Date/Time	Incident Number	Response Number	Created By	Incident Address
Locked	4/26/2017 10:24:18	59	In Progress	4/26/2017 10:28:59	200739	2017-200739	Sondra Gregory	75929 Poow Street
Locked	4/26/2017 10:23:53	59	In Progress	4/26/2017 10:27:53	200735	2017-200735	SLO County Fire	7479 Whaley Lane
Locked	4/26/2017 10:23:57	59	In Progress	4/26/2017 10:27:05	200736	2017-200736	Bend Oregon	47248 Elk Rd Little

The EMS Incident List

Elite EMS Data Entry

As a Web-based application, data is entered via an online form that can be accessed from any internet connection at any time. This form replicates a paper patient care report (PCR) with all fields for data collection. Many features for simplifying data entry are standard including:

- Quick-pick lists
- Default Values
- Dynamic Power Tools™
- Situation Tools™
- Billing Information
- EKG Integration
- Validation Rules
- Electronic Signatures
- Repeat Patients
- Response Times

Assessments
Power Tool

Crew Member: Sally, Provider | Date: 4/26/2017 | Time: 11:11

+ Add New | All Normals | Delete | Cancel | OK

Skin	Mental Status	Neurological	Head	Face	Eye
Neck	Shoulder	Chest/Lungs	Heart	Abdomen	Pelvis
Hip	Upper Leg	Knee	Lower Leg	Ankle	Foot
Upper Arm	Elbow	Forearm	Wrist	Hand	Back/Spine

Chest/Lungs Details

Normal | Not Done

Selected: Increased Respiratory Effort

Breath Sounds-Equal	Breath Sounds-Normal-Left	Breath Sounds-Normal-Right	Abrasion
Accessory Muscles Used with Breathing	Avulsion	Bleeding Controlled	Bleeding Uncontrolled
Breath Sounds-Absent-Left	Breath Sounds-Absent-Right	Breath Sounds-Decreased Left	Breath Sounds-Decreased Right
Burn-Blistering	Burn-Charring	Burn-Redness	Burn-White/Waxy
Contusion	Crush Injury	Deformity	Flail Segment-Left
Flail Segment-Right	Foreign Body	Gunshot Wound-Left	Gunshot Wound-Right

NP Tag Mode Allows you to tag any item(s) above as "Exam Finding Not Present"

The Assessments Power Tool

Labs
Power Tool

Date: 4/26/2017 | Time: 11:22

OK | Cancel | Delete | Repeat Last

BUN: Enter Number Below

1	2	3
4	5	6
7	8	9
0	.	
Back	Clear	

Chemistry Panel

Na (135-145) 136 mEq/L	Cl (90-110) 96 mEq/L	BUN (10) mg/dL	Ionized Ca (4.4-5.0) mg/dL
K (3.5-5.0) mg/dL	CO2 (20-30) mg/dL	Creat (1.0) mg/dL	Ca (9.0-11.0) mg/dL
			Glu (70-110) mg/dL
			Mg (1.3-2.0) mg/dL

Complete Blood Panel

WBC (4-10) 10 ³ /mcl	Hgb (15) g/dL	Plt (200-400) g/dL
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The Labs Power Tool (fishbone)



The Cardiac Arrest Situation Tool

Audit Validation

There are several levels of auditing within ImageTrend Elite. The auditing feature not only tracks and records every access and change to an ePCR field, it ties into the Data Validation engine which audits each data field to assigned business rules and produces a validation score of completion. All data transfers include validation algorithms to ensure successful data transfer. Additionally our hosting infrastructure includes several automated monitoring and auditing features to ensure security and quality assurance.

The Elite EMS system also tracks each time a user access an ePCR, prints an ePCR report, or changes a data value within an incident.

Quality Management and Inbox

The QA mechanisms in Elite go beyond validity, and allow agencies and Medical Directors to track, review and comment on all incidents within their agency. To start, the system contains numerous standard QA reports that allow agencies to review and quickly determine the quality of incident being entered by their emergency technicians. Additionally, each incident can be assigned a status. This list is dynamic, and can be added to or modified at any time. This may include statuses for: In Progress, Completed, Submitted for Review, Needs Review, Reviewed/Sign Off, Billed, etc. Users and billing companies can search and report on status of all incidents.

If an incident is determined to need follow-ups with emergency personnel, the medical director or other agency administrators can record a note with a link to the incident. They can identify to which specific individuals to send the note. Users are automatically notified upon entering the system that they have unread notes. These correspondences are tracked within the system with no limits on the number of notes attached to the incident, for ease of review by the administrator or the Medical Director. Users with unread notes can reply to these just like email.

All internal notes/messages can be accessed by clicking the “Inbox” after the user is logged into ImageTrend Elite. From within Inbox, you can see your unread messages, read messages, sent messages, and messages flagged with a color-coded category. The user can delete messages, reply to an existing message, or create a new message.

Incidents can be locked from editing to maintain the integrity of incidents that have been submitted or billed. Administrators have the ability to lock or unlock incidents at any time. This can also be set on a schedule. For example, auto-lock incidents upon posting from Elite Field.

Report Writer

ImageTrend’s Report Writer allows users to dynamically create, display, and store pre-created as well as ad hoc reports. With over 160 pre-created reports and the ability to create ad hoc reports as needed, the Report Writer offers expanded reporting and data analysis capabilities. Reports can be scheduled on regular intervals and supports distribution via email to a pre-determined list of recipients.

Data Conversion and Integrations

ImageTrend’s goal in any solution is to streamline data flow and maximize data usage. The NEMSIS XML version 3 standard data exchange methodology has been successfully implemented in numerous solutions and with many different vendors. To accomplish this we have a team that thoroughly investigates the existing data and requirements and develops a plan of integration for ongoing data communications between systems or a data conversion plan for those instances when a singular import of existing data into the new database is required. In either of these instances, the file import method, file data type, and accurate mapping are the keys to success.

These interfaces will be fully reviewed for implementation requirements, after which a detailed implementation and acceptance will be presented. Even in the case of standard interfaces, ImageTrend reserves the right to fully review all requirements, as it has been our experience that even standard products from vendors often have variances that may not be thoroughly documented.

Every client has a unique set of interfaces that define their system and configuration; therefore, not all interfaces may be available for their specific versions. Even if we do not have a specific integration available, as integration experts we fully understand the issues involved and will prepare a detailed plan for successful implementation within reasonable timelines.

Cardiac Monitor Integration

ImageTrend currently integrates with ZOLL, Physio, and Philips cardiac EKG monitors. The data types that ImageTrend Elite Field currently captures are based on what the manufacturer exports. These include: 12-Lead Analysis, Defibrillation, ETCO2, Heart rate, Invasive blood pressure, Noninvasive blood pressure, Respiratory rate, and SPO2. Each entry is imported and saved as a new entry within the Vitals/Treatments section of the Elite EMS incident, which also appears on the printed report. In addition, the original manufacturer file is dynamically saved as an attachment in the specific incident. This allows the end-user to be able to view six-second waveform strips, as well as related waveforms for each vitals record at any time in the future. This data – when collected within Elite Field – can also be posted up to the Elite EMS data repository.

CAD Integration

- Dispatches are usually text files that contain full or partial incident information.
- ImageTrend has successfully built an import method for most of the existing CAD vendors.
- CAD data is imported into an ImageTrend database, where it resides and can be downloaded into an Elite incident.
- CAD/Incident reconciliation reports come standard with this integration.
- All CAD data that has been imported into the Elite system is viewable from within the Incidents app menu item.

Billing

ImageTrend's software fully supports integration with all billing systems that are ready to accept NEMSIS v3 data. In addition, ImageTrend offers the capability to send data to secure FTP locations.

NFIRS Integrations

ImageTrend's systems provide an NFIRS file export of available data for systems to use as a data import. If integration services are required, these are available at time and materials rates and will be offered as a change order scope of work after full discovery as described above.



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OPTION 3 - INCLUDES IMAGETREND EPCR

SECTION VI - COST PROPOSAL PAGE

AMENDED Option 3 - Includes Imagetrend EPCR

Proposer Name: Advanced Data Processing, Inc.

- 1) Bidder agrees to provide all labor, materials, components, and all other incidentals for a fully functional emergency medical services (EMS) reporting system including all hardware and software components that may be required in order to provide a comprehensive system to perform the functions outlined in the RFP specifications in accordance with the terms, conditions, and specifications contained in this RFP. EXCEPT FLORIDA MEDICAID CLAIMS. (Prior year quantities are not indicative of future use.)

This Amended Cost Proposal Page removes all aspects of providing City with any hardware such as Panasonic Toughbooks, wifi air card devices, or air card cell service monthly fees. In addition, any support related to hardware as indicated above is no longer included with the new pricing.

Annual Estimated # of Claims (20,700) x Annual Estimated Revenue per Claims

(\$240) x 4.30 % (Vendor Percentage of Revenue (Fee) = \$ 213,624 Total

Estimated Cost to the City / per year)

- 2) A flat fee for performing any billing associated with FLORIDA MEDICAID CLAIMS. This shall be PER billing, and shall not be a percentage. The City of Fort Lauderdale had approximately (5,300) of FLORIDA MEDICAID BILLINGS last year. This is an estimate only, based on prior year, and does not in any way guarantee that the contractor shall be paid this amount.

\$ 11.50 /per claim filed x 5,300 estimated annual claims = \$ 60,950 /per year.

TOTAL ANNUAL ESTIMATED COST TO THE CITY (Items 1+2): \$ 274,574 /per year

Above costs shall be fixed for the duration of the contract.

Cost evaluations will be based on the total annual estimated cost from the line above.

Optional / Additional Products:

In the event that the vendor can provide services as referenced in section 2.2(H), what is the percentage of net revenue* (\$700,000 X 9.00 %) (percentage of revenue Fee) = \$ 63,000 (Total annual estimated annual cost to the City)

* - The annual estimated net revenue is \$700,000.


In the event that the vendor provides a NFIRS software module, the estimated annual cost will be \$ 6,000 (annual vendor fee) (if there is no cost please enter zero (0))

Cost for additional Tablet(s), including software/hardware, installation, service and maintenance, should City require additional Tablets to be placed in service during duration of the contract (beyond the number of specified units)

Price per additional Tablet \$ N/A /each

Submitted by:

Matthew D. Strickler
Name (printed)


Signature

APPENDIX INDEX

Appendix A: Data to be collected by the EPCR software for Hospital Reporting purposes and State of Florida EMS Aggregate Report requirements

Appendix B: PCI Compliance Long Form (Data Security and Privacy)

Appendix C: Questionnaire