

wittmanenterprises | Setting the Standard for EMS Billing

Response to:
Request for Proposal P171214410111
for Ambulance Billing Services
May 12, 2017

CITY OF SACRAMENTO



RFP Contact:
Russ Harms, Director of Business Development
Phone: 916.669.4628 direct
rharms@webillems.com



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TAB A: RFP Compliance

Transmittal Letter

May 12, 2017

Thank you for the opportunity to provide the City of Sacramento this RFP response for *EMS Billing and Collections*. Since 1991 Wittman Enterprises, LLC has provided our clients complete ambulance billing services in compliance with current local, state, and federal laws and statutes. We follow and exceed currently accepted standards for accurate, consistent, and best EMS billing practices while maximizing revenue, honoring your collections philosophy, and treating each of your patients, citizens, and visitors as our own.

As an extension of your EMS program, Wittman Enterprises maintains a strong customer service accountability platform that provides your team with direct phone numbers and real access to all management staff, starting with our CEO. Specialized staff is assigned to your team so that the City has direct access to the person on our team who can most help with whatever situation may arise. Our Client Liaison team is always available to help identify key resources you may need to get the results you want in a timely manner. In short, because of our industry lowest claims-per-staff ratio, we are your **COMPLETE** billing department. No additional City staffing or assigned tasks are ever required (or needed) as part of our billing operations. It is **OUR** job to successfully manage and support your billing and reimbursement program. We provide the all resources necessary to provide the best in customer service and collect for our clients: (on average) 10% to 20% more in net revenue than most of our competitors.

The contact person responsible for this proposal is:

Russ Harms, Director of Business Development
916.669.4628 direct line | 855.611.0056 toll free number
rharms@webillems.com

I am authorized to represent our organization contractually. I have reviewed the General Information on page 18 of your RFP and have only the following question/exception at this time:

We believe that all parties are allowed the privilege of reasonable indemnification and feel that this section written as-is may not provide Wittman Enterprises, LLC similar protections. For example, it is possible that we might erroneously bill a claim based on information provided to us by the City and yet be held liable for such an erroneous claim. We feel that this is a point where constructive negotiation and additional discussion may be a reasonable request for both parties at a future date.

Thank you for this opportunity to introduce our qualifications and commitment to you and your EMS team. I encourage you to contact any of our references to hear firsthand about the very positive working relationship we so value with our EMS Partners. Wittman Enterprises is eager to provide service to the City of Sacramento and build that same positive working relationship with you.

My best,

Corinne Wittman-Wong, CEO
11093 Sun Center Drive | Rancho Cordova, CA 95670
916.669.4608 direct | 855.611.0056 toll free
cwittmanwong@webillems.com

Introduction

Wittman Enterprises, LLC, an EMS Billing and Collection Specialist, is pleased that our high standards of performance exceed the City's demands for the following fundamental objectives.

- For more than 26 years Wittman Enterprises has provided our clients complete ambulance billing services and solutions, accounts receivable management services, and collection services for Basic Life Support ("BLS"), Advanced Life Support ("ALS"), and non-transport services in compliance with current local, state, and federal laws and statutes, in accordance with HIPAA regulations.
- Since 1991, Wittman Enterprises, LLC has been dedicated exclusively to the EMS industry and chooses to be expert in the EMS billing and collection industry rather than diversify into any other medical billing fields.
- We efficiently and effectively file claims with governmental programs such as Centers for Medicare and Medi-Cal ("CMS") and the Veterans Administration, as well as commercial health insurance.
- Wittman Enterprises follows and exceeds currently accepted standards for accurate, consistent, and best EMS billing practices.
- We are licensed, insured, bondable, and HIPAA compliant for the State of California.
- ***Wittman Enterprises currently provides EMS billing and collection services to more than 90 public departments in California from our single Sacramento-area location.***
- We will maximize revenue for the City while honoring your collections philosophy and treating each of your patients, citizens, and visitors as our own.

Submittal of our Proposal can be taken as prima facie evidence that we have full knowledge of the requested scope, nature, quality, and quantity of the work to be performed and detailed requirements and conditions under which the work is to be performed. Our proposal represents our understanding of the Request for Proposal based on the information provided in the RFP. It also demonstrates the full scope of our qualifications, dedication, and experience needed to provide the City of Sacramento with the best solutions for your EMS billing and collection program.

RFP Attachment 1: Submittal Signature

ATTACHMENT 1

SUBMITTAL SIGNATURE

All FIRMS must complete and sign this section. Failure to complete and sign this section may result in rejection of the submittal.

Name of Firm: Wittman Enterprises, LLC

Business Address: 11093 Sun Center Drive | Rancho Cordova, CA 95670

Telephone: 855.611.0056 (toll-free) **Fax:** 916.471.5128

Type of Business: Limited Liability Company (LLC)

Federal Tax I.D. Number: 68-0456021

City of Sacramento Business Operations Tax Number: _____

* Mandatory only if recommended for contract award.

Signature: _____

Date Signed: May 12, 2017

Name & Title: Corinne Wittman-Wong, CEO

TAB B: Company and Personnel Information

Contractor Identification

Wittman Enterprises, LLC (*established 1991*)

11093 Sun Center Drive

Rancho Cordova, California 95670

(855) 611-0056 (toll free)

(916) 381-5047 (main fax)

www.webillems.com

Wittman Enterprises conducts all of our work and provides **all services from our single location** in the Sacramento, California area. All production and patient service activities are conducted at 11093 Sun Center Drive in Rancho Cordova, California.

Company Governance and Organization

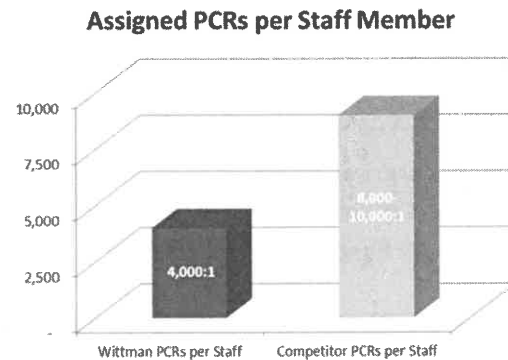
We are a Limited Liability Company operating out of our single office in Rancho Cordova, CA. Wittman Enterprises has 130 employees, 4 board members and 10 managers. Our Board of Directors is:

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

Our staff is divided among specialized departments: Customer Service (41 employees); Insurance (20 employees); Cash Receipts (16 employees); Support Services/Electronic Billing (11 employees); Data Input/Billing (37 employees), IT (3 employees); HR/Training (2 employees). All departments are dedicated to the personal attention of our clients and their patients' needs. Our staff is divided into teams to efficiently address workflow processes and are further divided based on your location. The teams assigned to the City of Sacramento project would be the same teams that service the cities and departments of Folsom, Sac Metro, Cosumnes, South Placer, Foresthill, and Vacaville. The Sacramento Valley "Pod" has a Pod Leader a team of three who scrutinize all individual submitted runs and initiate the billing process. The Sacramento "Pod" begins their work after our Electronic Claims Department imports ePCR files and our system automatically scrubs the data before it goes to our Billing Department Pod. This personal attention makes the difference between collecting the "easy" money and pursuing difficult payment situations for maximum legal reimbursement.

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

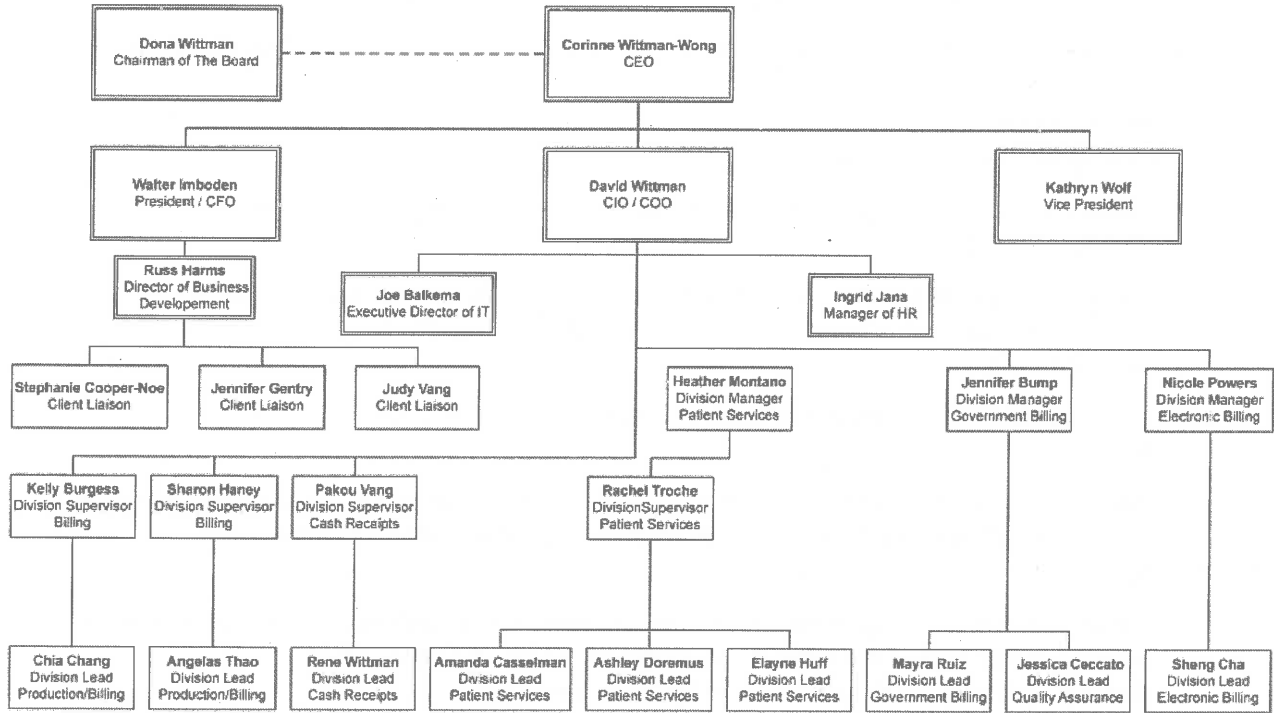
Our EMS billing and collection success is tied directly to the ratio of PCRs to the number of quality people assigned to your project. **We believe that people are the key to our success.**



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

At Wittman Enterprises, we have chosen a different path. ***Wittman innovates by fully embracing automated and technological advances while wholly recognizing that our quality service is reliant upon our talented people providing you the best level of service.*** We believe in our people and our results speak for themselves. In addition to collecting from Medicare, Medi-Cal, and private insurance, we aggressively appeal all denials, research all private pays to find viable insurance, and we work with patients to arrange alternate methods of repayment. We believe our 26 years of EMS billing success is a result of the ratio of quality people to the percentage of billed dollars collected. Using an effective balance of electronic and human resources, Wittman collects more than \$155,000,000 annually for our clients. We believe that while technology is enormously helpful; it is only as good as the people managing it.

Organizational Chart



Key Personnel: *Qualifications of Individual Proposed for Key Position(s)*

Company and Personnel Information Worksheet

Qualifications of Individual(s) Proposed for Key Personnel Working on this Project Worksheet

1. Name and job title:
Kathryn Garcia, Vice President
2. Number of years individual has worked in the above position, as well as job title(s):
With this Firm: **24**
3. Individual's current status: (Current employee of the Proposer, prospective employee of the Proposer, key subcontractor employee, prospective employee of a key subcontractor, etc.)
Current Employee
4. Name and address of individual's current employer: (If other than the Proposer)
N/A
5. Individual's degree of commitment to accept the above position under the prospective contract: (If not currently working for either the Proposer or a proposed key subcontractor)
N/A
6. Individual's projected availability to work on the prospective contract: (Estimated percentage of time this person will be dedicated to working on the prospective contract)
Available 100% of the time as required by the project.
7. Individual's proposed role/assignment on this project: (Briefly describe the authorities, duties, and responsibilities this individual will have on the prospective contract)
Vice President/oversees: Cash Receipts, Reconciliation, and End-of-Month Reporting
8. Individual's relevant education: (Degree(s)/Year/Specialization)
9. Individual's Certifications relevant to project (Type and Date Completed):
10. Any relevant Specialized Training: (If applicable)
11. Individual's specific qualifications and experience relevant to this project: (Provide specific details, not general statements. Explain their relevance. Provide any other information pertaining to the qualifications of this person for this project not specifically addressed above that directly relates to this evaluation subfactor. A complete list of the individual's prior experience is neither required nor desired. Tailor the provided to this acquisition.)
Ms. Garcia oversees our Cash Receipts Team, Reconciliation, and End-of-Month Reporting. She provides clients with special reports to aid in the balancing process for trips, refunds, and deposits. Ms. Garcia also creates, reviews/evaluates, and distributes all client month-end reports.

Company and Personnel Information Worksheet

Qualifications of Individual(s) Proposed for Key Personnel Working on this Project Worksheet

1. Name and job title:
Stephanie Cooper-Noe, Client Liaison (GEMT, Special Projects)
2. Number of years individual has worked in the above position, as well as job title(s):
With this Firm: **21**
3. Individual's current status: (Current employee of the Proposer, prospective employee of the Proposer, key subcontractor employee, prospective employee of a key subcontractor, etc.)
Current Employee
4. Name and address of individual's current employer: (If other than the Proposer)
N/A
5. Individual's degree of commitment to accept the above position under the prospective contract: (If not currently working for either the Proposer or a proposed key subcontractor)
N/A
6. Individual's projected availability to work on the prospective contract: (Estimated percentage of time this person will be dedicated to working on the prospective contract)
Available 100% of the time as required by the project.
7. Individual's proposed role/assignment on this project: (Briefly describe the authorities, duties, and responsibilities this individual will have on the prospective contract)
City of Sacramento's Client Liaison (direct contact)/Will streamline your transition with ease (requiring very little City personnel time), Medicare/Medi-Cal/Private Insurance/etc. applications and set-up/Main Point-of-Contact for GEMT, IGT, ETF and specialized reporting. Has daily and direct contact with the CEO and President to expedite decisions.
8. Individual's relevant education: (Degree(s)/Year/Specialization)
9. Individual's Certifications relevant to project (Type and Date Completed):
CMC (certified medical coder)
CACO (certified ambulance compliance officer)
CAPO (certified ambulance privacy officer)
10. Any relevant Specialized Training: (If applicable)
11. Individual's specific qualifications and experience relevant to this project: (Provide specific details, not general statements. Explain their relevance. Provide any other information pertaining to the qualifications of this person for this project not specifically addressed above that directly relates to this evaluation subfactor. A complete list of the individual's prior experience is neither required nor desired. Tailor the provided to this acquisition.)
Ms. Cooper-Noe leverages 21 years of experience with Wittman Enterprises and develops our Compliance and Documentation Training programs. She trains employees and monitors/audits their compliance with the company's HIPAA program. As Client Liaison she handles new client transitions from start to finish and after transition, remains the Liaison: continuing to work closely with the City with GEMT, IGT, Performance Metrics, New Services, Industry Updates, and Quarterly Client Connections to share current trends/program performance/special client needs.

Company and Personnel Information Worksheet

Qualifications of Individual(s) Proposed for Key Personnel Working on this Project Worksheet

1. Name and job title:
Heather Montano, Division Manager (Patient Services Team, Incoming/Outgoing Call Team)
2. Number of years individual has worked in the above position, as well as job title(s):
With this Firm: **14**
3. Individual's current status: (Current employee of the Proposer, prospective employee of the Proposer, key subcontractor employee, prospective employee of a key subcontractor, etc.)
Current Employee
4. Name and address of individual's current employer: (If other than the Proposer)
N/A
5. Individual's degree of commitment to accept the above position under the prospective contract: (If not currently working for either the Proposer or a proposed key subcontractor)
N/A
6. Individual's projected availability to work on the prospective contract: (Estimated percentage of time this person will be dedicated to working on the prospective contract)
Available 100% of the time as required by the project.
7. Individual's proposed role/assignment on this project: (Briefly describe the authorities, duties, and responsibilities this individual will have on the prospective contract)
As Division Manager, Ms. Montano directs the private follow-up and incoming call teams. She and her team work directly with patients to assist in the gathering of insurance information, answering trip and insurance questions, and assisting in the payment for their emergency service. She also works closely with client representatives to discuss account questions, patient concerns, payment and collection questions. Ms. Montano coordinates and manages liens with attorneys, payment arrangements with patients, and cooperation with collection agencies.
8. Individual's relevant education: (Degree(s)/Year/Specialization)
9. Individual's Certifications relevant to project (Type and Date Completed):
CAC (certified ambulance coder)
10. Any relevant Specialized Training: (If applicable)
11. Individual's specific qualifications and experience relevant to this project: (Provide specific details, not general statements. Explain their relevance. Provide any other information pertaining to the qualifications of this person for this project not specifically addressed above that directly relates to this evaluation subfactor. A complete list of the individual's prior experience is neither required nor desired. Tailor the provided to this acquisition.)
14 years ago, Ms. Montano started with Wittman Enterprises as a customer service representative, conducting patient calls and correspondence. Within two years she was identified as a supervisory candidate and later promoted to the Department Lead position soon after. Her expert knowledge of our ZOLL billing software and report writing module along with her leadership abilities led to her promotion to the Division Manager in charge of Patient Services.

Company and Personnel Information Worksheet

Qualifications of Individual(s) Proposed for Key Personnel Working on this Project Worksheet

1. Name and job title:
Nicole Powers, Division Manager (Support Services/Electronic Billing)
2. Number of years individual has worked in the above position, as well as job title(s):
With this Firm: **16**
3. Individual's current status: (Current employee of the Proposer, prospective employee of the Proposer, key subcontractor employee, prospective employee of a key subcontractor, etc.)
Current Employee
4. Name and address of individual's current employer: (If other than the Proposer)
N/A
5. Individual's degree of commitment to accept the above position under the prospective contract: (If not currently working for either the Proposer or a proposed key subcontractor)
N/A
6. Individual's projected availability to work on the prospective contract: (Estimated percentage of time this person will be dedicated to working on the prospective contract)
Available 100% of the time as required by the project.
7. Individual's proposed role/assignment on this project: (Briefly describe the authorities, duties, and responsibilities this individual will have on the prospective contract)
Ms. Powers oversees the receiving and importing of more than 500,000 patient care reports (PCRs), the document scanning system, claim submissions (paper and electronic) to all payers. She continuously streamlines electronic processes and updates automation where appropriate to ensure expected timelines are met, resulting in the most timely and efficient reimbursement for our 100+ clients.
8. Individual's relevant education: (Degree(s)/Year/Specialization)
9. Individual's Certifications relevant to project (Type and Date Completed):
10. Any relevant Specialized Training: (If applicable)
11. Individual's specific qualifications and experience relevant to this project: (Provide specific details, not general statements. Explain their relevance. Provide any other information pertaining to the qualifications of this person for this project not specifically addressed above that directly relates to this evaluation subfactor. A complete list of the individual's prior experience is neither required nor desired. Tailor the provided to this acquisition.)
Ms. Powers has been with Wittman Enterprises for 16 years, during which she built and established what later became our Support Services and Electronic Billing Team. Her expansive knowledge of our billing software made her an intricate part of numerous automated processes designed to continuously improve efficiency in all departments, to improve the overall performance and results for our EMS billing partners. Specifically, she helped design and implement our PCR scrubbing programs, our Collections Portal, coordination of patient correspondence, automatic check deposits, downloading of ERAs and other remittance notices, and the submission of claims to multiple payors.

Company and Personnel Information Worksheet

Qualifications of Individual(s) Proposed for Key Personnel Working on this Project Worksheet

1. Name and job title:
Jennifer Bump, Division Manager (Government and Private Insurance Payors)
2. Number of years individual has worked in the above position, as well as job title(s):
With this Firm: **14**
3. Individual's current status: (Current employee of the Proposer, prospective employee of the Proposer, key subcontractor employee, prospective employee of a key subcontractor, etc.)
Current Employee
4. Name and address of individual's current employer: (If other than the Proposer)
N/A
5. Individual's degree of commitment to accept the above position under the prospective contract: (If not currently working for either the Proposer or a proposed key subcontractor)
N/A
6. Individual's projected availability to work on the prospective contract: (Estimated percentage of time this person will be dedicated to working on the prospective contract)
Available 100% of the time as required by the project.
7. Individual's proposed role/assignment on this project: (Briefly describe the authorities, duties, and responsibilities this individual will have on the prospective contract)
Ms. Bump directs our insurance specialists working on all governmental and insurance payers. For the last 12 years, she has perfected the "fight" with Medicare, Medi-Cal, and all of the private insurers. She and her team of 20 fight for all monies due to our clients, demanding payment in full and collecting interest when warranted due to payor violations of various statutes and civil codes.
8. Individual's relevant education: (Degree(s)/Year/Specialization)
9. Individual's Certifications relevant to project (Type and Date Completed):
CAC (certified ambulance coder)
10. Any relevant Specialized Training: (If applicable)
11. Individual's specific qualifications and experience relevant to this project: (Provide specific details, not general statements. Explain their relevance. Provide any other information pertaining to the qualifications of this person for this project not specifically addressed above that directly relates to this evaluation subfactor. A complete list of the individual's prior experience is neither required nor desired. Tailor the provided to this acquisition.)
Ms. Bump began in our Patient Services team, working on private insurance accounts as a specialist, working incoming and outgoing calls, and ultimately as the lead over the revenue assurance team. Now, as a Division Manager, she oversees the quality assurance team over cash receipts and the customer service department, assisting in the coordination and execution of the company insurance team training programs.

Company and Personnel Information Worksheet

Qualifications of Individual(s) Proposed for Key Personnel Working on this Project Worksheet

1. Name and job title:
Jennifer Gentry, Client Liaison (ePCR/Billing Program Coordination and Special Projects)
2. Number of years individual has worked in the above position, as well as job title(s):
With this Firm: **20**
3. Individual's current status: (Current employee of the Proposer, prospective employee of the Proposer, key subcontractor employee, prospective employee of a key subcontractor, etc.)
Current Employee
4. Name and address of individual's current employer: (If other than the Proposer)
N/A
5. Individual's degree of commitment to accept the above position under the prospective contract: (If not currently working for either the Proposer or a proposed key subcontractor)
N/A
6. Individual's projected availability to work on the prospective contract: (Estimated percentage of time this person will be dedicated to working on the prospective contract)
Available 100% of the time as required by the project.
7. Individual's proposed role/assignment on this project: (Briefly describe the authorities, duties, and responsibilities this individual will have on the prospective contract)
Ms. Gentry manages client ePCR and electronic interfacing programs, ensuring that all payor-required information is properly captured and mapped to our billing system to generate accurate, clean claims. She has worked closely with HealthEMS, ImageTrend, ESO, and most of the major ePCR programs on the market today.
8. Individual's relevant education: (Degree(s)/Year/Specialization)
9. Individual's Certifications relevant to project (Type and Date Completed):
CAC (certified ambulance coder)
10. Any relevant Specialized Training: (If applicable)
11. Individual's specific qualifications and experience relevant to this project: (Provide specific details, not general statements. Explain their relevance. Provide any other information pertaining to the qualifications of this person for this project not specifically addressed above that directly relates to this evaluation subfactor. A complete list of the individual's prior experience is neither required nor desired. Tailor the provided to this acquisition.)
Ms. Gentry began in the billing department as data input/biller and eventually as the Division Manager for the Billing Team. As a Client Liaison, she now works with each client to ensure that we have the most complete information possible and co-moderates our Medicare Compliance Committee. She also regularly researches and trains on all Medicare-required documentation.

More Key Personnel

Corinne Wittman-Wong, CEO

Corinne has been with Wittman Enterprises, LLC for more than 22 years. As CEO she is responsible for the strategic planning and vision of the company. Her strong knowledge of the industry integrates completely with her experience of working in all departments of the company and provides her with a unique perspective on our company's philosophy and goals. She administers the supervision of our clients' accounts, and the adherence of policies and procedures set forth by the company, while facilitating and encouraging leadership qualities, innovativeness, and direction of our employees.

Walter Imboden, President/CFO

For 25 years Walter has worked in the EMS billing industry. He oversees all aspects of the day-to-day production and operations of the company, monitoring both production and personnel. He directs the billing and collection processes ensuring adherence to our clients' contract requirements. He develops office procedures that are designed to enhance and expedite workflow. Over the years while working in every department at Wittman Enterprises, LLC Walter has developed strategic, tactical, and short-term operations that enable him to provide invaluable guidance and training to our department managers.

Joe Balkema, Executive Director, IT

Joe brings 23 years of programming experience with C#, VB, ASP, JavaScript, and BBX, along with more than 15 years of SQL knowledge and reporting design. He has installed more than 30 billing systems nationwide. At Wittman he designs multiple client-focused programs and reporting mechanisms, and streamlined our working environment by designing a document management system to go paperless: scanning over 3,000 documents daily.

Russ Harms, Director of Business Development

Russ brings 26 years of management leadership, direction of progressive operations, and the building of strong client partnerships to Wittman Enterprises and our clients. He specializes in organizational development and management, strategic planning, performance management, continuous improvement, business development, leadership development, and change management. Education: Master of Arts, English; Bachelor of Arts, English.

Sub-Consulting Partners

InfoSend (Anaheim, CA):	Invoicing and Mailings exchanged through a secured and HIPAA-compliant method and fully executed Business Associate Agreements.
Technosoft (Southfield, MI):	Pre-billing and pre-cash receipt posting data processing exchanged through a secured and HIPAA-compliant method and fully executed Business Associate Agreements.
Change Healthcare (Nashville, TN):	Electronic insurance eligibility checker (formerly Emdeon, Capario)

TAB C: Client References

References

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

Sacramento Metropolitan Fire District, CA (EMS Billing Partners since 2001)

Randall Hein, Assistant Chief

(916) 859-4135

hein.randall@metrofire.ca.gov

City of Huntington Beach, CA (EMS Billing Partners since 1993)

Jane Cameron, Fire Medical Director

(714) 375-5097

jcameron@surfcity-hb.org

City of Folsom, CA (EMS Billing Partners since 2008)

Mark Piacentini, Division Chief

(916) 716.7434

mpiacentini@folsom.ca.us

City of Vacaville, CA (EMS Billing Partners since 1999)

Kris Concepcion, Fire Chief

(707) 449-5462

kris.concepcion@cityofvacaville.com

Cosumnes CSD Fire Department, CA (EMS Billing Partners since 2008) (transitioned from Intermedix)

Troy Bair, Deputy Chief

(916) 405-7131

troybair@csdfire.com

City of South San Francisco, CA (EMS Billing Partners since 2017) (transitioned from Intermedix)

Richard Walls, EMS Chief

(650) 877-8664

richard.walls@ssf.net

City of Euless, TX (EMS Billing Partners since 2017) (transitioned from Intermedix)

Jeff Morris, Assistant Chief/EMS

(817) 685-1602

jmorris@eulesstx.gov

Client Reference Worksheets

Client Reference Sheet

Reference Project (# 1 of 3) Recent and Relevant Past Performance

- A. IDENTIFICATION OF THE BUSINESS CONCERNS WHOSE PAST PERFORMANCE INFORMATION IS PROVIDED BELOW: (Provide Company Name, Business Unit/Division, if applicable, and Complete Address)

**Sacramento Metropolitan Fire Protection District
10545 Armstrong Avenue
Mather, CA 95655**

- B. GENERAL INFORMATION PERTAINING TO THE PROJECT/CONTRACT PROVIDED AS A REFERENCE:

1. Project Title and Location: **Sac Metro Fire Protection District, Headquarters**
2. Owner: **Sac Metro Fire Protection District**
3. Prime contractor: **Wittman Enterprises, LLC**
4. Prime contractor/reference number: **N/A**
5. Your Role: **PRIME**
6. Percentage and type of work you self-performed: **100%**
7. Percentage and type of work you subcontracted: **0%**
8. If you were a subcontractor, the name and address of the firm you were hired by and your contract/reference number: **N/A**

- C. SPECIFIC CONTRACT INFORMATION: (If you were a subcontractor on the above project, provide information pertaining to your subcontract, not the prime contract.)

1. Procurement methods: **Sealed Bid | Competitive**
2. Contract type: **Fixed percentage based on monthly net revenue collected**
3. Original contract \$ value: **\$910,581.96**
4. Current or final contract \$ value: **\$1,246,330**
5. If amounts for 3 and 4 above are different, explain: **efficiencies, rate increase, call volume**

- D. CURRENT STATUS OF CONTRACT: (Choose one)

- ✓ **Work continuing, on schedule**

E. PERIOD OF PERFORMANCE/COMPLETION DATE FOR YOUR CONTRACT:

1. Contract award date: **2000**
2. Original period of performance: **Contract in full force since 2000**
3. Dates performance: Started: Was completed: **Currently performing contract scope**
4. Explain primary causes of any slippage from original schedule: (explain, use separate page if necessary): **N/A**

F. REFERENCE/PRIMARY POINTS OF CONTACT: (For prime contractors, use the project owner. For subcontractors, use the business concerns that awarded your subcontract). If possible provide at least one reference from each category below.

1. Technical/Program Manager
Name: **Randall Hein, Assistant Chief**
Telephone: **916.859.4135**
Email: **hein.randall@metrofire.ca.gov**
2. Contracting Officer(s)
Name: **SAME AS ABOVE**
Telephone:
Email:

G. SPECIFICALLY EXPLAIN THE RELEVANCE OF THE WORK THAT YOU PERFORMED UNDER THIS PROJECT TO THE CURRENT ACQUISITION:

Conducted full-service ambulance billing and collection services

H. QUALITY AWARDS RECEIVED FOR THIS PROJECT: **N/A**

I. THE OVERALL PERFORMANCE RATING YOU RECEIVED FOR THIS PROJECT: (If you did not receive a written performance rating, so indicate. If an official performance rating/evaluation was received, attach a copy.): **N/A**

J. PERFORMANCE PROBLEMS: (Provide details if applicable. Tell your side of the story of any conflicts with the customer concerning which they may make adverse remarks about your performance. Describe any actions that you have taken or plan to take to correct any shortcomings in your performance. Describe any pending, on-going, or completed litigation.): **N/A**

Client Reference Sheet

Reference Project (# 2 of 3) Recent and Relevant Past Performance

- A. IDENTIFICATION OF THE BUSINESS CONCERNS WHOSE PAST PERFORMANCE INFORMATION IS PROVIDED BELOW: (Provide Company Name, Business Unit/Division, if applicable, and Complete Address)

**City of Huntington Beach
2000 Main Street
Huntington Beach, CA 92648**

- B. GENERAL INFORMATION PERTAINING TO THE PROJECT/CONTRACT PROVIDED AS A REFERENCE:

1. Project Title and Location: **Huntington Beach Ambulance Billing and Collections**
2. Owner: **City of Huntington Beach Fire Department**
3. Prime contractor: **Wittman Enterprises, LLC**
4. Prime contractor/reference number: **N/A**
5. Your Role: **PRIME**
6. Percentage and type of work you self-performed: **100%**
7. Percentage and type of work you subcontracted: **0%**
8. If you were a subcontractor, the name and address of the firm you were hired by and your contract/reference number: **N/A**

- C. SPECIFIC CONTRACT INFORMATION: (If you were a subcontractor on the above project, provide information pertaining to your subcontract, not the prime contract.)

1. Procurement methods: **Sealed Bid | Competitive**
2. Contract type: **Fixed percentage based on monthly net revenue collected**
3. Original contract \$ value: **\$287,162**
4. Current or final contract \$ value: **\$298,393**
5. If amounts for 3 and 4 above are different, explain: **efficiencies, rate increase, call volume**

- D. CURRENT STATUS OF CONTRACT: (Choose one)

✓ **Work continuing, on schedule**

- E. PERIOD OF PERFORMANCE/COMPLETION DATE FOR YOUR CONTRACT:

1. Contract award date: **1993**
2. Original period of performance: **Contract in full force since 1993**
3. Dates performance: Started: Was completed: **Currently performing contract scope**

4. Explain primary causes of any slippage from original schedule: (explain, use separate page if necessary): **N/A**
- F. REFERENCE/PRIMARY POINTS OF CONTACT: (For prime contractors, use the project owner. For subcontractors, use the business concerns that awarded your subcontract). If possible provide at least one reference from each category below.
 1. Technical/Program Manager
Name: **Jane Cameron, Fire Medical Director**
Telephone: **714.375.5097**
Email: **jcameron@surfcity-hb.org**
 2. Contracting Officer(s)
Name: **SAME AS ABOVE**
Telephone:
Email:
- G. SPECIFICALLY EXPLAIN THE RELEVANCE OF THE WORK THAT YOU PERFORMED UNDER THIS PROJECT TO THE CURRENT ACQUISITION:
Conducted full-service ambulance billing and collection services
- H. QUALITY AWARDS RECEIVED FOR THIS PROJECT: **N/A**
- I. THE OVERALL PERFORMANCE RATING YOU RECEIVED FOR THIS PROJECT: (If you did not receive a written performance rating, so indicate. If an official performance rating/evaluation was received, attach a copy.): **N/A**
- J. PERFORMANCE PROBLEMS: (Provide details if applicable. Tell your side of the story of any conflicts with the customer concerning which they may make adverse remarks about your performance. Describe any actions that you have taken or plan to take to correct any shortcomings in your performance. Describe any pending, on-going, or completed litigation.): **N/A**

Client Reference Sheet

Reference Project (# 3 of 3) Recent and Relevant Past Performance

- A. IDENTIFICATION OF THE BUSINESS CONCERNS WHOSE PAST PERFORMANCE INFORMATION IS PROVIDED BELOW: (Provide Company Name, Business Unit/Division, if applicable, and Complete Address)

**City of Vacaville
650 Merchant Street
Vacaville, CA 95688**

- B. GENERAL INFORMATION PERTAINING TO THE PROJECT/CONTRACT PROVIDED AS A REFERENCE:

1. Project Title and Location: **Vacaville Ambulance Billing and Collections**
2. Owner: **City of Vacaville Fire Department**
3. Prime contractor: **Wittman Enterprises, LLC**
4. Prime contractor/reference number: **N/A**
5. Your Role: **PRIME**
6. Percentage and type of work you self-performed: **100%**
7. Percentage and type of work you subcontracted: **0%**
8. If you were a subcontractor, the name and address of the firm you were hired by and your contract/reference number: **N/A**

- C. SPECIFIC CONTRACT INFORMATION: (If you were a subcontractor on the above project, provide information pertaining to your subcontract, not the prime contract.)

1. Procurement methods: **Sealed Bid | Competitive**
2. Contract type: **Fixed percentage based on monthly net revenue collected**
3. Original contract \$ value: **\$201,956**
4. Current or final contract \$ value: **\$225,117**
5. If amounts for 3 and 4 above are different, explain: **efficiencies, rate increase, call volume, ePCR hardware and software**

- D. CURRENT STATUS OF CONTRACT: (Choose one)

✓ **Work continuing, on schedule**

- E. PERIOD OF PERFORMANCE/COMPLETION DATE FOR YOUR CONTRACT:

1. Contract award date: **1999**
2. Original period of performance: **Contract in full force since 1999**
3. Dates performance: Started: Was completed: **Currently performing contract scope**

4. Explain primary causes of any slippage from original schedule: (explain, use separate page if necessary): **N/A**
- F. REFERENCE/PRIMARY POINTS OF CONTACT: (For prime contractors, use the project owner. For subcontractors, use the business concerns that awarded your subcontract). If possible provide at least one reference from each category below.
 1. Technical/Program Manager
Name: **Kris Concepcion, Fire Chief**
Telephone: **707.449.5462**
Email: **kris.concepcion@cityofvacaville.com**
 2. Contracting Officer(s)
Name: **SAME AS ABOVE**
Telephone:
Email:
- G. SPECIFICALLY EXPLAIN THE RELEVANCE OF THE WORK THAT YOU PERFORMED UNDER THIS PROJECT TO THE CURRENT ACQUISITION:
Conducted full-service ambulance billing and collection services
- H. QUALITY AWARDS RECEIVED FOR THIS PROJECT: **N/A**
- I. THE OVERALL PERFORMANCE RATING YOU RECEIVED FOR THIS PROJECT: (If you did not receive a written performance rating, so indicate. If an official performance rating/evaluation was received, attach a copy.): **N/A**
- J. PERFORMANCE PROBLEMS: (Provide details if applicable. Tell your side of the story of any conflicts with the customer concerning which they may make adverse remarks about your performance. Describe any actions that you have taken or plan to take to correct any shortcomings in your performance. Describe any pending, on-going, or completed litigation.): **N/A**


TAB D: Work Plan and Services

Scope of Services

1. Scope of Duties

- a. Provide complete ambulance billing services and accounts receivable management services for the City's Basic Life Support ("BLS"), Advanced Life Support ("ALS"), and non-transport services in compliance with federal, state, and local regulations.
 - Please see *Introduction* (p. 7)
- b. Must offer leading technology in electronic billing and insurance follow-up. Proposer must be able to interface with HealthEMS systems, the current SFD electronic patient care report (ePCR) vendor, without cost to the City.
 - Please see *Electronic Resources and Access to Records* (pp. 53-57)
 - Please see *Electronic Patient Care Records (ePCR) Interfacing and Uploading* (p. 53)
- c. Provide SFD EMS staff access to ambulance billing system and all electronic patient accounts so that SFD staff may conduct audits on patient accounts.
 - Please see *Client Portal and Electronic Dashboard* (pp. 54-56)
- d. Provide highly qualified staff with a background in pre-hospital billing to manage different aspects of ambulance billing to include the following:
 - i. Conduct quality assurance of Patient Care Reports ("PCRs").
 - Please see *Records Confirmed and Screened for Completeness* (p. 41)
 - ii. Manually review and clear patient accounts for the following:
 1. Treatments and treatment codes.
 2. Medical coding / ICD-9 and ICD-10 codes in compliance with federal guidelines.
 3. Medical necessity according to the PCR narrative and medical history.
 4. Claim summary submitted to insurances to reflect the information contained in the PCR narrative.
 5. Review hospital face sheets and update information on accounts.
 6. Charges for services appropriate to the services rendered.
 - Please see *Records Confirmed and Screened for Completeness* (p. 41)
 - Please see *Hospital Patient Records Systems* (p. 41)
 - iii. Review and update missing zip codes to complete the mailing process.
 - Please see *Follow-Up Protocols* (p. 42)
 - iv. Process claims to insurances, Medicare, Medi-Cal, and self-pay patients.
 - Please see *Medicare Billing* (p. 43)
 - Please see *Medi-Cal Billing* (p. 44)
 - Please see *Private Insurance Billing* (p. 45)
 - Please see *Self-Pay Accounts* (p. 48)
 - v. Contact patients in case of auto accident accounts to obtain auto insurance and/or attorney information.
 - Please see *Identification of Payment Sources* (p. 43)
 - vi. Send liens to attorneys and follow up with case settlements.
 - Please see *Identification of Payment Sources* (p. 43)
 - vii. Clear eligibility with the following:
 1. Medicare
 2. Medi-Cal
 - Please see *Locating and Verifying Insurance* (p. 41)

- viii. Conduct automatic and manual searches for previous accounts for same patient.
 - Please see **Patient Database (p. 42)**
- ix. Take all reasonable measures to ensure that patients are billed for services, including establishing contacts with local hospitals to obtain and/or verify patient insurance and demographic information, as necessary.
 - Please see **Hospital Patient Care Services (p. 41)**
 - Please see **Collection Practices (p. 51)**
- x. Generate and send invoice to patient/insurance/Medicare/Medi-Cal within five (5) days of account creation.
 - Understood and agreed to
- xi. Send invoices to patients on a 45 day cycle if identified as self-pay.
 - Understood and agreed to
- xii. Conduct reviews and send responses or appeals as required.
 - Please see **EMS Partner Satisfaction (p. 35)**
 - Please see **Denied or Disallowed Claims (p. 46)**
 - Please see **Medicare Denials (p. 46)**
 - Please see **Medi-Cal Denials (p. 47)**
 - Please see **Insurance Denials (p. 47)**
- xiii. Conduct schedule reviews of open accounts: 30 days, 6 months, and 12 months.
 - Understood and agreed to
- xiv. Conduct bad address reviews and update with new information if available.
 - Understood and agreed to
- xv. Conduct audit of returned mail no later than seven (7) days from receipt of returned mail from SFD EMS.
 - Understood and agreed to
- e. Modified Payments: For individuals unable to pay full balance due in one payment, proposer shall negotiate and arrange modified payment schedules for following SFD EMS payment plan requirements. Such payment plans shall be established in writing, with the record of the plan, installment invoices mailed every 30 days until paid in full, and all payments noted on the patient account. If, after a modified payment plan is arranged and no payments are received within 90 days, proposer shall refer the account to the City of action.
 - Please see **Installment Payments (p. 50)**
- f. Secondary Insurance: Secondary insurance provider claims shall be submitted after the primary insurance provider has paid.
 - Understood and agreed to
- g. Process refund requests to patients, insurances, Medicare, Medi-Cal.
 - Understood and agreed to
- h. Communication with Patients: All correspondence or phone calls shall identify the proposer's name and clearly state they are working on behalf of the City of Sacramento.
 - Understood and agreed to
- i. Delinquency Notice: All initial and subsequent invoices shall state the date on which the patient's account will become (or did become) delinquent.
 - Understood and agreed to
- j. Payments and Accounting: Generate monthly Cash Receipt Reports and conduct reconciliation of all deposits, receivables, billings, patient accounts, adjustments, dishonored checks, and refunds.
 - Please see **Reporting (pp. 58-59)**

- k. Generate monthly reconciliation report on calls from  database to proposer billing database.
 - *Understood and agreed to*
- l. Generate monthly report on Medicare signature requirement list.
 - *Understood and agreed to*
- m. Generate semi-annual reports for accounts considered for Collections.
 - *Understood and agreed to*
- n. Work with City contracted collections agency to resolve outstanding accounts.
 - *Understood and agreed to*
 - *Please see **Collections Portal** (p. 52)*
- o. Training: Keep City apprised of changes to industry regulations and periodically provide training as requested by City to City's EMS and/or City fire personnel regarding the gathering of necessary information and proper completion of run tickets.
 - *Please see **City of Sacramento Documentation Auditing and Training** (p. 39)*
- p. Monthly and Semi-annual Meetings: Proposer's Account Manager shall meet monthly with administrative staff from SFD EMS to process refunds, review open accounts, accounts referred to collections, accounts referred back to the City, and other related issues. Proposer is to conduct semi-annual meetings with EMS and SFD representatives to review prior year statistics, submit projections, and discuss other issues or items of importance to the organization.
 - *Understood and agreed to*
 - *Please see **Quarterly Connect** (p. 39)*
- q. Allow for suggestions or ideas to improve upon the existing ambulance billing system to meet the needs of SFD EMS.
 - *Understood and agreed to*
- r. Work with City to process payments through the City's Virtual Terminal System. City and proposer would utilize Chase Orbital Virtual Terminal.
 - *Understood and agreed to*

2. Performance Requirements/Penalty for Non-Performance

- a. Billing correspondence shall be submitted according to the timelines in the Scope of Duties. Failure to meet the standard with a minimum of 95% compliance in any month will result in a 2% reduction to the collection amount for the month in which the standard was not met. For example, if the proposer collection amount for a non-compliance month is \$1.5 million, the penalty for that month would be \$30,000. Commission will be recalculated at the lower net collections, resulting in lower commission payment to proposer. In this case, commission will be recalculated at \$1,470,000 x commission rate, rather than the usual \$1,600,000 x commission rate.
 - *Understood and agreed to*
- b. Proposer shall initiate follow-up action within 10 (ten) business days, to gather all necessary data when insufficient information exists on initial submission of an ePCR, to allow generation of an invoice. Failure to meet this standard with a minimum of 95% compliance will result in a 2.0% reduction to the month's collection amount.
 - *Understood and agreed to*

Organization

Main Point of Contact



Stephanie Cooper-Noe (CMC, CACO, CAPO), Client Liaison
11093 Sun Center Drive
Rancho Cordova, CA 95670
916.669.4607 direct line | scooper-noe@webillems.com

Contract Management Team

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

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

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

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

David Wittman, COO
(916) 669-4601 direct line
dwittman@webillems.com

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

Project Supervision Team

Jennifer Bump, Division Manager: Insurance
(916) 669-4612 direct line
jbump@webillems.com

Heather Montano, Division Supervisor: Patient Svs.
(916) 669-4627 direct line
hmontano@webillems.com

Pakou Vang, Division Supervisor: Cash Receipts
(916) 669-4617 direct line
pvang@webillems.com

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

Nicole Powers, Division Manager: Electronic Billing
(916) 669-4624 direct line
npowers@webillems.com

Kelly Burgess (CAC), Division Supervisor: Data Entry
(916) 669-4605 direct line
kburgess@webillems.com

Operations Team

Jessica Ceccato, Insurance Lead
12 years Wittman/industry experience
Rene Wittman, Cash Receipts Lead
21 years Wittman/industry experience
Rachel Troche, Patient Services Lead
14 years Wittman/industry experience
Jennifer Gentry (CAC), Client Liaison: ePCR
17 years Wittman/industry experience

Judy Vang (CAC), Client Liaison: Insurance
11 years Wittman/industry experience
Angelas Thao (CAC), Data Entry Lead
8 years Wittman/industry experience
Nina Rodriguez (CAC), Data Entry Lead
7 years Wittman/industry experience

Client Liaison Team

Wittman's Client Liaisons are the conduit between you and our operations. We look forward to meeting with City and EMS team personnel to discuss the goals of our business relationship, the services we provide, and any other topics required for the continued quality performance of EMS cost recovery on

behalf of the City of Sacramento. Stephanie Cooper-Noe (Client Liaison) is your main point of contact should any issues arise. Please consider too that Russ Harms (Director of Business Development), Corinne Wittman-Wong (CEO), and Walter Imboden (President) are also available to you at any time. We make ourselves accessible for meetings by teleconference, Skype, or in person as necessary. In tandem with the Customer Service group and as part of our comprehensive service the Client Liaison team provides:

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

Sacramento Insurance Team Specialists

Our team of insurance specialists are trained and experienced with their assigned client payors so that they can manage all aspects of submission, payments, and appeals. For our Sacramento Area partners the following specialists provide the practical experience necessary to get you your highest legal reimbursement possible:

Brittany Bump: *California commercial and government accounts specialist* (VA, Department of Corrections, Blue Shield/Blue Cross of California, Secure Horizons, Pacificare of California, Kaiser, etc.)

Christine Marshall: *Medi-Cal and Medi-Cal HMO accounts specialist*

Julia Robinson: *California Medicare and Medicare HMO accounts specialist*

Cicely Vera: *New Client Transition insurance specialist*

Managing Workload

Wittman Enterprises houses all our staff, coordinates all of our work, and provides services from our single location in the Sacramento, California area at 11093 Sun Center Drive in Rancho Cordova, California. Production and patient service activities are conducted at that single Sacramento-area location. All departments are dedicated to the personal attention of our clients and their patients' needs. Our staff is divided into teams to efficiently address workflow processes and are further divided

based upon your location. Wittman maintains our industry-leading lowest claims-per-staff-ratio (generally 30% lower than our competitors) based on upholding the standard of practice our clients expect. Through training, forecasting, hiring, and expansion of our EMS partner base, we constantly maintain that staffing ratio of approximately 4,000 claims per staff (compared to approximately 8,000 or more claims per staff for most of our competitors). The table following summarizes Wittman team members available as needed by our clients.

Job Title	Functions	Location
CEO (1)	Compliance and Company Leadership	Rancho Cordova, CA
President/CFO (1)	Policy, Operations, and Financial Leadership	Rancho Cordova, CA
Client Liaison (4)	Client bridge to Operations and Administration	Rancho Cordova, CA
Division Manager: Insurance (1)	Insurance Specialist and Staff Leadership	Rancho Cordova, CA
Division Lead: Insurance (2)	Insurance Team Day-to-Day Management	Rancho Cordova, CA
Insurance Team Staff (21)	Ensures that all Insurance/Medicare/Medi-Cal billing is properly billed and collected	Rancho Cordova, CA
Division Manager: Patient Svcs. (1)	Patient Services Staff and Procedure Leadership	Rancho Cordova, CA
Division Lead: Patient Services (1)	Performs administration duties involving client transactions, record-keeping and customer service. Provides direction to staff in the performance of their duties.	Rancho Cordova, CA
Patient Services Team Staff (12)	Identifies and resolves patient billing issues	Rancho Cordova, CA
Cash Receipts Supervisor (1)	Organizes work processes, methods, and procedures, ensuring efficient accounting of cash receipts	Rancho Cordova, CA
Cash Receipts Team Staff (9)	Ensures that cash is receipted properly and deposited in a timely manner, and that transactions are recorded accurately	Rancho Cordova, CA
Division Manager: Support Services (1)	Supervises and coordinates activities of staff in Support Services department	Rancho Cordova, CA
Support Services Staff (12)	Performs Electronic Billing to Medicare/Medi-Cal and other payors, mailing, scanning, and PCR processing functions	Rancho Cordova, CA
Billing Supervisor (2)	Supervises EMS billing staff, month-end closes and reconciliation of patient receivables, aging of collections	Rancho Cordova, CA
Billing Team Lead (2)	Oversees staff, workflows, and supports staff	Rancho Cordova, CA
Billing Team Staff (21)	Enters PCR information into database with proper medical protocol terminology to produce a clean statement or claim	Rancho Cordova, CA
Auditing Team Lead (1)	Organizes weekly focus and provides feedback to team leaders on areas of improvement or focus for ongoing training	Rancho Cordova, CA
Auditing Team Staff (7)	Audits and monitors workflows, ensuring processes and quality of work are maintained within each department	Rancho Cordova, CA

Certified Ambulance Coders

In addition to our internal training program, Wittman Enterprises is proud to offer staff members which have been certified by the National Academy of Ambulance Coding, a nationally recognized leader in Certified Ambulance Coding Training. Wittman Enterprises employs and provides regular training for Certified Ambulance Coders (“CACs”). Wittman staff is continually trained under the same exacting standards emphasized in the Coding Certifications. We budget funds annually to certify additional coders to ensure that we constantly have ample certified individuals available to assist with all accounts.

Multilingual Staff

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

We Value Customer Service

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

Customer Service Representatives are responsible for the follow-up on private insurance, private pay, and balance-billed accounts. They are responsible for over 10,000 calls weekly to and from patients while processing insurance payments and denials, patient insurance information, and patient disputes. Our Customer Service Representatives are available Monday through Friday from 9:00 AM to 4:30 PM PST to serve your patient needs. Our toll-free number has multiple lines available for patients, clients, insurance companies, attorneys, and third parties to call for information or to discuss account status. Our system accepts voice mail messages and routes calls to appropriate person and/or voicemail box 24 hours per day. Our phone system was recently upgraded ensuring the most effective solution and intuitive routing of calls for both the City and your patients.

Dedicated Response Time Commitment

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

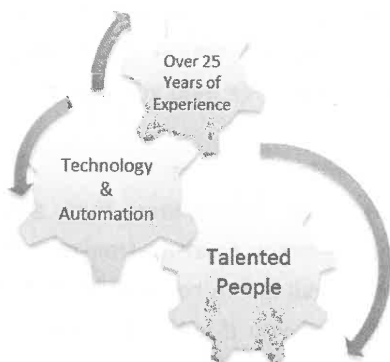
Project Approach

EMS Billing Experience

Wittman Enterprises was founded 26 years ago with the promise of providing expert and personal attention to our EMS partners and their EMS billing programs. This will never change. Wittman is dedicated exclusively to the EMS industry and chooses to be expert in that industry rather than diversify into other medical billing fields. Our excellent reputation is gained from professional relationships with providers and third-party payers, as well as from our sensitive yet collection-oriented communications with patients and their representatives. *Since our only business is EMS billing, our specialized staff is dedicated and expertly trained in this field.* We have a long and successful history of meeting and exceeding client expectations and service deadlines. From the beginning of your project, we anticipate and manage for you issues such as Medicare compliance and revalidation, reconciliation of payments from legacy billing accounts, responses to legal and other requests, and customization of a reporting program surpassing your specific needs.

Qualifications

Wittman Enterprises has customized service innovations for our partners in the EMS transport industry since 1991. **We serve more than 90 public EMS clients in California. We are the only California-based billing company with the client base, patient database, and experience with California departments and payors necessary for the most effective EMS billing program possible.** Our superior staff specializes in EMS ambulance transport billing, First Responder billing, and Assessment billing (Treat-No-Transport) and continually audits our work to ensure maintained high quality of billing and collection service.



The importance of these characteristics is that any number of claims will be handled with the same quality assurance. Wittman Enterprises fully embraces automated and technological advances and recognizes that our quality service is also reliant upon our talented people to provide you the best level of service. Wittman looks forward to forming an EMS partnership with Sacramento, providing what you want when you need it.

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


Customized Solutions

Since 1991 Wittman Enterprises has provided products and services specifically designed to assure that EMS transport, First Responder, and Fire Service providers like the City of Sacramento are reimbursed in a timely manner for services they provide. We get our EMS partners their maximum reimbursement available. Our services and proven performance include above-industry standards associated with facilitating cost recovery for emergency and preventative services. Services include:

- **Ambulance Transport Billing and Fire Service Fee Recovery**
We provide our clients complete Fire and EMS billing services in compliance with current local, state, and federal laws and statutes. Wittman follows and exceeds currently accepted standards for accurate, consistent, and best Fire/EMS billing practices while maximizing revenue: honoring your collection philosophy and treating each of your patients, citizens, and visitors as our own.
- **ePCR Integration**
We accept electronic files from most ePCR companies. At Wittman Enterprises we don't stop there. Our EMS Partners receive a customized import mapping each field to ensure the most accurate import possible from your ePCR provider.
- **Membership Program Support: Optional Service**
Wittman Enterprises can work with you on your membership administration and/or administer the program for you. While many of our clients simply send us their updated Membership lists for billing purposes only, several enjoy full-service administration of their programs which can include membership renewals, membership billing and collection, and mailing campaigns to reach new subscribers.
- **First Responder Billing and Collection: Optional Service**
In an effort to help recover the costs associated with deploying first responder personnel and emergency vehicles, agencies more and more are exploring the option of charging a first responder fee and recouping associated costs for the responses. We help you process, bill, and collect these reimbursement costs.
- **Treat-no-Transport Billing and Collection (Assessments): Optional Service**
When patients refuse transport, or an ambulance crew determines that ambulance transportation is not appropriate, many departments now employ treat-no-transport fees as a way to help offset reasonable and associated costs for providing the service. Wittman works with you and/or your ambulance provider to bill this fee for you if you retain your own NPI number.
- **Additional Services Available: Optional Services**
Wittman creates programs that meet your individual needs. We offer a variety of services that may be stand alone or combined with our ambulance billing services. If you need a service that is not listed in this response please contact us to discuss; because, our goal is always to provide you a suite of services that truly meets the needs of the City. Other options include:
 - Fire Inspection Billing
 - False Alarm Billing
 - Weed Abatement Billing
 - Survey Letters | HIPAA Notices of Privacy Practices

Performance

With a proven commitment to customer and patient service Wittman Enterprises conducts your business as if your patients were our own. This starts with **valuing** customer service with everything we have done as a Company since 1991 (*living up to our Dedicated Response Time Commitment; providing ongoing and comprehensive Staff Training; availability of our Bilingual Staff; meeting regularly with our partners quarterly, etc.*).

We also strive to provide up-to-the minute looks directly into our billing system and multiple ways to view records, reports, and other valuable information through our **Client Portal**. For ePCR interfacing and ultimate billing accuracy we work closely with most ePCR vendors like  HealthEMS to ensure the quality of data we receive on your behalf for the billing process.

Finally, from all of these important areas we constantly monitor the quality of our work on your program through a series of KPIs customized to ensure the success you should expect. We are transparent to the point that our EMS partners have as much access to data and trends as they need to evaluate the success of our team at meeting your goals.

EMS Partner Satisfaction

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

Quality Assurance: Training Program for New Hires

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

Initial Training

Employees begin with a *minimum* of four weeks training on general concepts required of their position including: our computerized billing system, office and position procedures, ambulance billing rules and

regulations, identifying key payers, medical billing best practices, HIPAA, industry standards, customer service, billing Medicare, Medi-Cal, and private insurance. Trainees are not advanced in the training program until they have shown competence in all required areas. If they are unable to show the required competence our clients expect from us, employees are provided extra training opportunities and/or dismissed if necessary.

Secondary Training

The next phase of training runs for at least four weeks, emphasizing the practical portion of the employee's job and preparing them to conduct their position under direct supervision. At this point in the training the employees "shadow" senior staff as they apply what they have learned in their first four weeks of training. More specialized concepts such as "ALS" and "BLS" are introduced and mastered along with workflow management (organizing and prioritizing), ambulance coding, data entry, translating common industry abbreviations, and working with first responder companies. There is significantly more hands-on training in this section than in the initial training period.

100% Auditing and Training

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

Specialist Program

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

Quality Assurance: Training Program for Continuous Improvement

Team Training

Each of our teams meet weekly to go over and document training topics, industry and job-specific updates, staff questions, and SOP reviews. Teams are required to provide an agenda for each meeting and take attendance to verify staff team training and participation for each team meeting. Agenda items typically include but are not limited to the following:

- Case Studies/Best Practices Training
- New Client Transition
- First Responder Clients
- Industry/Job Training and Updates
- CMS Updates
- Noridian, Novitas Updates

- Coding/ICD-10 Training
- Errors and Exceptions Reporting

Continuous Education

Wittman Enterprises requires employees to not only stay current on industry and individual job requirements, but to continue to push their learning curve through continuing education and bring our clients the best qualified staff in our industry. For in-house training, attendance is taken and individual HR files are updated to maintain a list of continuing education projects each employee has undertaken. Additionally, outside-house training is documented via program participation and/or CEU certification.

In-House Continuous Education Examples

- *Telephone Doctor*: Continuous Customer Service Training
- Business Communications
- The 7 Habits of Highly Effective Managers

Outside Continuous Education Examples

- Certified Ambulance Coders (CAC) Continuing Education
- New Manager Training
- Project Manager Training
- HIPAA Officer Training
- Medicare and Medi-Cal Billing

Quality Assurance: Key Performance Indicators

Tracking and examining accounts receivable, and *Payment Average* (revenue) are useful tools helping us judge how “quickly” and efficiently we are getting our clients their maximum and legal reimbursements. This doesn’t work as well as a snapshot in time but rather as a comparison tool from period to period. Additionally, *A/R Days* are monitored regularly to ensure the most consistent and effective results possible, analyzing how long it takes from the billing date to when we receive payment on your behalf.

In this example the account’s A/R Days are calculated by:

- Getting the Average Charge per Day: last 3 months charges divided by the number of days in those 3 months; and

February	March	April	Total Charges for the 3 Months	# of Days in this 3 Month Period
\$486,938	\$529,350	\$490,601	\$1,506,889	92

- Dividing the A/R Balance by the Average Daily Charge, giving us how many days of charges are outstanding.

Average Charge per Day	A/R Balance	A/R Days
\$16,379.23	\$1,022,531	62

When the work is being managed appropriately your outstanding A/R should not usually be more than three months of charges. Much of this key information will be provided in your Year-to-Date Revenue Report along with several other Key Performance Indicators (KPIs).

In addition to these reviews, our operations director uses department KPIs to analyze trends, performance, and to address any anomalies before they become issues.

Billing Department

- Trending of Transports
- Month-End Report Comparisons and Reconciliations

Customer Service Department Workflow Timeliness

- Hospital Data Exchange
- Mail Returns
- Private Mail
- Medicare Signatures
- Missing or incorrect phone numbers

Cash Receipts Department

- Payments monitored for timeliness and unusual trends
- Refunds Trending

Quality Assurance: Auditing

We perform audits continuously with seven independent auditors and a supervisor located in our office. They perform different audits including pre-billed claims, submitted claims, denied claims, etc. In addition to continuous training and quality control protocols, Wittman's auditing program scrutinizes our work to ensure records are not missing, minimum content criteria is preset, fee schedules are accurate and applied correctly, billing codes are appropriate and itemized charges are captured. Our auditing team reviews thoroughly a minimum 10% of the work that each employee completes during the week. Auditors randomly select accounts for audit based on production reports from the previous week. Our meticulous efforts are designed to ensure compliance (whether we are billing Medicare, Medi-Cal, private insurance, or patients) focusing on every step from initial billing, account follow up, and the posting of payments. Additionally, we audit charges, credits, level of service, schedules, payers, customer service quality and thoroughness, and provide key feedback to customer service representatives and management staff. Each Wittman Enterprises department is evaluated from their own specific auditing form in regards to job functions and their effectiveness at meeting quality, compliance and productivity standards. If any anomalies are identified through our auditing efforts, we devote the necessary resources to pinpoint areas for improvement and revise protocols, retrain staff, and test solutions to avoid future refrains. Finally, all new hire staff are continually audited until their audits regularly reach a consistent 95% success rate. Positive audit results are linked directly to our strong procedures and processes, training, and form our rigorous auditing program.

In our 26 years in business Wittman Enterprises, LLC has never received a negative audit. We keep accurate and up-to-date records of all bills, payments, and correspondence related to billing functions to ensure a positive outcome to any audit and encourage the City, Fire Department, and its authorized agents to inspect and audit all data and records relating to our performance under the contract. Wittman Enterprises is always at your disposal during any audit procedure, ensuring immediate compliance with request for information.

Quarterly Connect

Wittman Enterprises recently implemented a quarterly outreach program designed to provide regular industry updates, program performance summaries, contact information updates, and overall effective and regular communication between your Wittman partners and your City/Fire teams. Content might include area charge surveys, payer mix discussions, collection rate evaluations, and performance report analysis (from reports such as the Year-to-Date Revenue Report, Management Summary Report, Ticket Survey Report, and Ambulance Revenue for Fiscal Year Report). These connections may be a combination of in-person visits, Skype and Go-to-Meeting webinars, and conference calls between key participants from the entire team.

City of Sacramento Documentation Auditing and Training

As needed, we provide regular updates of changes to industry regulations and practices as well as revenue enhancement reviews with City EMS and Accounting staff. Documentation training for field personnel can be helpful in maintaining compliance with governmental requirements and helps in the developing of partnership perspective between the field crews and their billing office. We will plan conferences with you to discuss accurate run reports/charge tickets, specific codes, and other required documentation. Effective training also helps ensure Wittman Enterprises receives all material and information necessary for the effective collection on claims through a clean and accurate process. Trainings and program evaluations are done through in-person visits, quarterly contacts, internet, conference calls, go-to-meeting and Skype conferences, and whatever means necessary in maintaining cooperative excellence in our EMS partnership. For example, last year we completed a week-long series of webinars designed to explain and show examples of the new ICD-10 documenting requirements for Medicare. The training was accompanied by FAQ's, important industry links, and a variety of tools found on our website at <http://www.webillems.com/ICD-10-Code-Implementation/>.

Our training is customized to reflect audit areas such as crew documentation, billing, coding, eligibility, etc. Along with other performance and accuracy metrics, we regularly audit all of these areas in our PCR audits. For them, our billing team pulls a minimum of 100 random claims to establish a clear pattern of documentation compliance and/or deficiency. Your Client Liaison will review these numbers with you regularly and work closely with you to establish documentation training strategies to fit your program best. Additionally, depending on the ePCR you use, most of these areas are available for viewing on the **Client Portal**. Other trends identified will also be part of your Quarterly Client Connect meetings with Stephanie Cooper-Noe, your Client Liaison.

Standing Behind our Performance

Because we operate our business with industry-qualified people, there is always the chance that errors may occur. However, our error rate is statistically insignificant when compared against the number of runs we process and bill on a daily basis. In the unlikely event that errors occur, we will address them on an individual basis to affect a positive outcome for the City of Sacramento. We stand behind the work we conduct on behalf of our clients and work closely with each of them to make sure they are completely satisfied with our performance.

City of Sacramento Staff

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

Provider Scope of Work

We are a full-service billing agency that conducts effectively the full range of tasks associated with ambulance billing. As part of creating and maintaining the most efficient and effective billing system partnership between the provider (City of Sacramento) and Wittman Enterprises, the following are the basic provider responsibilities generally accepted as current standards of best practice. All programs are customized to meet and exceed the needs of our clients – following as many standards of best practice as practically possible. :

- Submit necessary transport information, including pay source information and patient condition, to Wittman Enterprises for billing purposes.
- Forward to Wittman all necessary information relating to patient transport services, payments and patient eligibility.
- Provide clarifications when questions arise regarding documentation.
- Notify Wittman Enterprises of any accounts that require special attention.
- Notification if addendums are made to a Patient Care Report after it has been submitted to Wittman Enterprises.
- Obtain signature of patient or guardian.
- Provide patient's social security number.

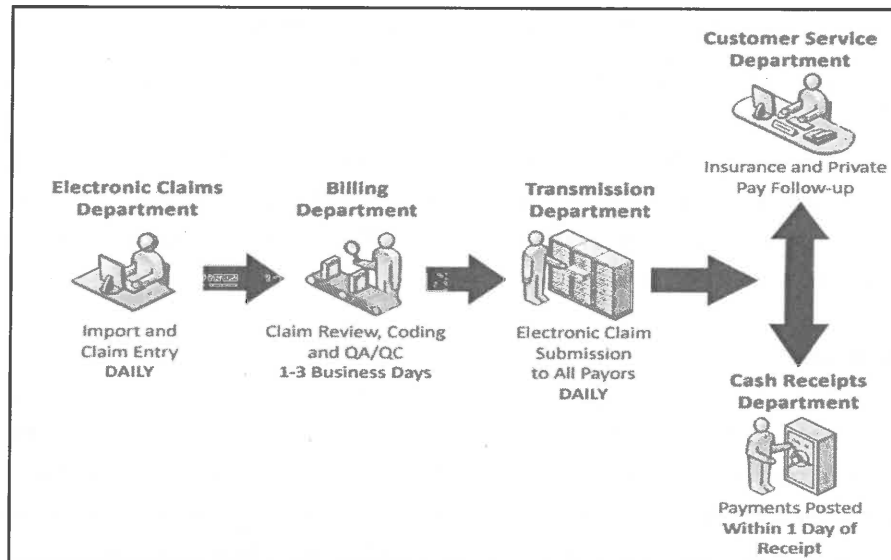
These are usually minimally time-consuming and can be typically accomplished via email or through our secure FTP site at your convenience. ***We strive to provide the highest level of service possible and minimize your time commitments to the process.***

Requests for Changes in City of Sacramento-Provided Data

We do not normally anticipate requesting any changes in data collection by the City/EMS Department, provided we receive the City's ePCRs and PCRs with appropriate documentation filled out completely—meeting industry, Medicare, Medi-Cal, HIPAA, and other billing standards and requirements. Over the

course of our partnership together we will work with the City and Fire/EMS staff, developing and maintain a collaborative process to obtain any missing data needed for billing if needed.

Billing to Payment Cycle



Records Confirmed and Screened for Completeness

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

Locating and Verifying Insurance

All insurance and third party payer information provided is verified online or by phone. By identifying the correct payer for a patient's claim before it is ever billed, we consistently keep our percentage of incorrect billings very low. In the event that the incorrect insurance is billed, our customer service representatives contact the patient or receiving hospitals for the correct insurance information. ***Denials are simply not acceptable.***

Hospital Patient Records Systems

Creating a mutually beneficial partnership with your destination hospitals is a key part of our transition schedule when we begin our work with you. Initial contact is usually started even before the contract

has been finalized. Initially, most hospitals elect to exchange data through a fax solution where Wittman submits an information request on a regular basis. Once the information is retrieved, the face sheets are faxed back to Wittman for further processing. This is an effective short-term solution; however, we then work with HIPAA compliance and IT teams at each hospital to attempt to establish a more efficient mode of information transfer. Typically, faxed requests will take a minimum of two working days before we might expect to receive the requested information from the hospital.

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

Follow-Up Protocols

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

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

Assignment Authorization

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

Patient Database

For 26 years we have compiled an extensive Patient Database containing thousands of patient records and pieces of demographic and patient historical data. Our California database has been growing since

1991 when we began our first 8 EMS partnerships. The database allows us to cross-reference accounts and streamline the billing process in a more efficient and thorough manner. We do this under the strictest HIPAA compliance regulations to ensure proper patient confidentiality.

Identification of Payment Sources

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

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

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

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

Medicare Billing

For incidents where no Medicare insurance information was noted by the paramedic, Wittman Enterprises requests insurance information and an authorization signature from the patient. Once a patient responds to our request(s) for Medicare insurance information, and/or if our electronic scrubber identifies patient Medicare insurance information, we complete the following steps:

- Step 1: Our billing team determines the level of service on every PCR we receive, then adds any applicable charges, and evaluates the incident for medical necessity per Medicare guidelines.
- Step 2: Our billing team electronically confirms Medicare eligibility and updates all newly-provided information to our billing system. We always check eligibility when the patient is over the age of 65 and we have been provided a Social Security Number or Medicare ID. We will also check for eligibility information on the PCR or hospital face sheet when the patient has been identified as a Medicare recipient.

- Step 3: Patient signature is added to their account once we have received it from them or if it is provided with the initial incident report.

The screenshot shows a dialog box titled "Add New CMS Signature". It has several input fields: "Company" with a dropdown menu showing "City of Hurst Ambulance", "Relationship" with an empty dropdown, "Name" with an empty text field, "Source" with a dropdown menu showing "Release/Assign", and "Release date" with a date picker showing "04/01/2016". On the right side, there are "OK" and "Cancel" buttons.

- Step 4: All available transport information is either uploaded automatically to the billing system or the biller manually enters/verifies transport information from the PCR.

The screenshot shows a dialog box titled "Answers to Ambulance Certification Questions for this Trip". It has two radio buttons: "Use Default Values" (selected) and "Use Override Values". Below the radio buttons, there are several questions with corresponding dropdown menus: "Medicare Required", "Bed Confined Before?", "Bed Confined After?", "Bed Confined During?", "Chair Confined During?", "Medically Necessary?", "Patient moved by Stretcher?", and "Transported To or For?" (with the selected value "To nearest facility for care of symptoms/complaints"). On the right side, there are "OK" and "Cancel" buttons.

- Step 5: The primary payor is updated in our billing system and Medicare is billed electronically.

The screenshot shows a dialog box titled "Change Primary Payor". It has three input fields: "Payor" with a dropdown menu showing "Medicare Southern CA", "Schedule" with a dropdown menu showing "Mcare Southern CA Electronic", and "Event" with a dropdown menu showing "No Bill Sent". On the right side, there are "OK" and "Cancel" buttons.

Medi-Cal Billing

The detailed steps for billing Medi-Cal are mostly the same as those for billing Medicare as previously detailed. There is an additional step that is taken in addition to the Medicare Standard Operating Procedure:

- As with Medicare, we check eligibility whenever we are provided the patient's Social Security Number or Medi-Cal ID. Our billers determine the level of service and add any applicable charges. Once we have received eligibility we clarify whether it is a straight Medi-Cal Plan, or a Medi-Cal HMO plan, and update the payor in our billing system to submit the claim to the proper Medi-Cal payor.

Private Insurance Billing

After a patient responds to our request(s) for insurance information, and/or if our electronic scrubber identifies patient private insurance information, we complete the following steps:

- Step 1: The patient writes their insurance information on the correspondence they are returning or; the patient sends a copy of their insurance card.
 - Billing team updates all newly-provided information in our billing system
 - Billing team electronically confirms eligibility of insurance
 - Billing team calls insurances when necessary to verify patient eligibility
- Step 2: If the patient is confirmed eligible we add the payor to the patient's account along with their coverage and insurance identification information.

Add New Payor

Payor:
 Address:
 Apt/Ste/Rm: ATTN : CLAIM SUBMISSIONS
 City:
 Contact:
 Position:
 Phone: (000) 000-0000 Ext.

Subscriber
 Patient Relationship to Guarantor/Subscriber:
 Name:
 Address:
 Apt/Ste/Rm:
 City:
 Phone: (000) 000-0000 Ext.

Coverage:
 Source:
 Identification:
 Group:
 Accept Assignment:
 Default Schedule:
 Secondary Schedule:
☐ Override Default Schedule:

☐ This payor is not valid for this customer for certain date ranges
 From Until
 Add Edit Delete

☐ Coverage verified
☐ Verification Expires

Prior Authorization Approval Numbers

Description	Date Range	Approval Range	Next Approval #

☐ Show inactive approval numbers

OK Cancel Notes

Payors

Description	Address	City
Kaiser Claims EMJ/853915	PO BOX 853915	RICHARDSON
Kaiser Engineers Retiree Gro.	60 BLVD OF THE ALLIES	PITTSBURGH
Kaiser Fresno Outside Referra	7300 N FRESNO STREET	FRESNO
Kaiser Hawaii Air Transport Cl.	80 MAHALANI ST	WAILUKU
Kaiser Hospice Pt Business Si	12200 BELL FLOWER BLVD	DOWNEY
Kaiser Hospice Pt Business Si	1425 S MAIN STREET	WALNUT CREEK
Kaiser Hospice Pt Business Si	2025 MORSE AVE FIRST FL	SACRAMENTO
Kaiser Hospice Pt Business Si	2345 FAIR OAKS BLVD	FAIR OAKS

☒ Show all ☒ Show inactive

Add

OK Cancel

Step 3: The billing department notates the account and changes the primary payor from self-pay to insurance.

The image shows two screenshots of a software dialog box titled "Change Primary Payor". The dialog box has a title bar with a question mark and a close button. It contains three dropdown menus: "Payor:", "Schedule:", and "Event:". To the right of the dropdowns are "OK" and "Cancel" buttons.

The top screenshot shows the following values:

- Payor: Bill Patient
- Schedule: Culver City Billing Pt
- Event: No Bill Sent

The bottom screenshot shows the following values:

- Payor: Medicare Colorado
- Schedule: Mcare Out of State Electronic
- Event: No Bill Sent

Step 4: After double-checking the primary payor, billing team submits bill via keystroke to the correct paying insurance (electronically for those companies providing that method of claim submission, or through the mail for all others).

Denied or Disallowed Claims

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

Medicare Denials

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

- Identifying the course of action based on the denial code
- Further researching Medicare Eligibility
- Verifying payer primacy between patient insurance and Medicare coverage
- Locating Medicare Advantage plan coverage
- Reviewing modifiers and codes for accuracy
- Checking EOBs for reported non-covered services or for no Part B coverage
- Billing secondary payers such as insurance and Medi-Cal as necessary

- Correcting information requested on denial and resubmission to Medicare, supplemental insurance, Medi-Cal, and the patient to reflect all necessary changes
- Scheduling a call-back date to follow up on resubmission
- Notating the account so that it reflects up-to-the-minute status of every claim

Medi-Cal Denials

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

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

Insurance Denials

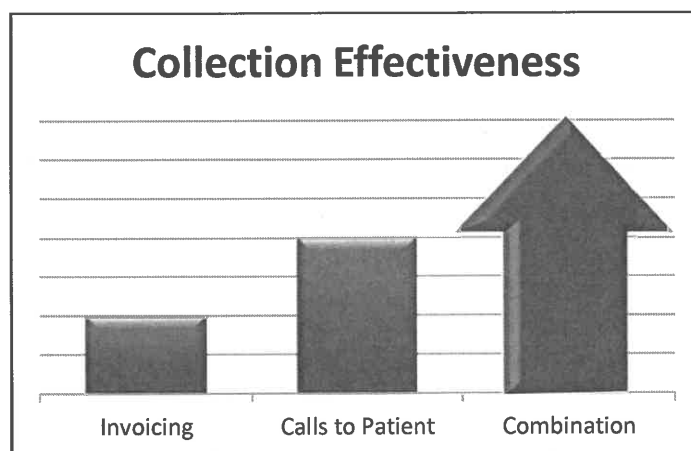
Health Plans and Medical Groups issue denials when all or parts of a claim are not paid. There are several types of denials. Some are issued correctly according to the patient's insurance policy and/or billing guidelines while others are incorrect due to an error by the health plan when processing the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

- Verifying whether the denial is based on "Not a Covered Benefit", "Not Eligible", "Unable to identify as a Member" or, "Primary Insurance Paid more than Allowed", for example.
- If there is another billable insurance on file, sending a claim to that insurance, attaching the denial received.
- If there is no other billable insurance on file, contacting the patient to inform them of the denial and request any other insurance information.
- When corrected information is received from the patient, updating the payer information and send a claim and a copy of the PCR to that insurance with the denial received attached.
- When there is no viable insurance policy to bill, no Member or Resident program, converting the claim to private pay and billing directly to the patient.

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

Self-Pay Accounts

Surveys from the *American Collectors Association* indicate that patients are more motivated to make payment from a telephone call than repeated collection notices. However, by combining telephone calls and collection notices, an agency can further increase the effectiveness. We have found this to be true through the personal attention given to our clients and their patients. Our first call to a private account occurs immediately after data entry of the incident into the system and automated and/or manual searches for previous accounts for the same patient have been completed. This verification call allow us to determine if the patient has insurance or any special circumstances that will make it difficult to pay the bill in a reasonable amount of time. The early establishment of contact with the patient is beneficial in establishing a working relationship with the patient on an individual level. We believe our system of invoices, statements, delinquency notices, and individual letters in conjunction with telephone follow up, is an industry best practice producing results for your organization.



Self-Pay Bill Schedule

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

No Insurance Information Provided – Example Schedule

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

Patient Signature Required – Example Schedule

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

Patient Portal

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

Patient Payment Options

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

Credit Card Portal

Based on your preferences, we provide credit card payment options for your patients who wish to have bill payments processed this way. Patients are informed through our correspondence and our customer service staff how they can make credit card payments to their accounts. Limited Wittman staff is authorized to accept credit card information over the phone and our automated Credit Card Portal allows patients to securely pay their bills using our online reporting module. Additionally, our IT team can provide seamless links so that patients may also connect to the Credit Card Portal through City of Sacramento's website. Alternatively, several clients provide virtual merchant terminals to us so that we can deposit credit card payments directly into their existing system. Like all of our services, this can be customized to fit the needs of your city and your program.

The screenshot shows a web form titled "Billing Department" with a header image. Below the header, the text reads "Submission of Credit Card Information." followed by the instruction "If you have your invoice, complete the three fields below and click Continue." The form contains three input fields: "Run Number" with a value of "123456789", "Incident Number" with a value of "12345678", and "Date of Service" with a value of "MM/DD/YYYY". A "Continue" button is located at the bottom right of the form.

Installment Payments

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

Processing Funds: Live Cash

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

Payments made by check are scanned and deposited remotely to your bank account (or directly at the bank by designated personnel if remote banking is not a service your bank provides). Cash payments are handled directly by the president of the company. For Electronic Funds Transfers ("EFT") required by federal insurance providers such as Medicare, we post Electronic Remittance Advices ("ERA") to patient accounts immediately upon receipt. Since requirements vary greatly from agency to agency regarding payments and funds received, Wittman Enterprises will work closely with the City of Sacramento to customize this function during the initial set-up process. This includes working with a lockbox-oriented program and "dead cash" based deposits depending on client preferences. We have over 100 clients of whom many use the lockbox deposit-based system.

Payments Processing

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

In the course of billing, patients without insurance are identified. If they are unable to make the payment in full, they are offered payment arrangements that can be made on a monthly, bi-monthly, or weekly schedule. Our customer service representative will set up the ***Time Pay*** within the system and

an initial letter is sent to the patient outlining the payment arrangements. There is no minimum monthly payment amount; however, we recommend to our clients that such accounts should be paid in full within 12 months of the agreement.

Accounting of Payments Received

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

Collection Practices

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

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

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

Hardships, Discounts, and Reductions

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

Patient Disputes

We recognize that most patients are citizens of your community so our goal is to function as an extension of the City of Sacramento. We provide extensive training and look for individuals with the

ability to be compassionate and empathetic while efficiently resolving calls. There are managers and directors available at all times to assist if customer issues cannot be resolved to the patients expectations by our customer service department. All customer service staff is located in our single Rancho Cordova facility.

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

If any complaint received by our customer service department involves care-related concerns, Wittman will contact the City and/or Fire Department directly for resolution.

Final Review: Delinquent Accounts

Once an account has gone through the billing cycle, an account representative will review the account one final time before placing on collection review. At that point a customer service lead will perform one last review of the entire account to ensure all SOPs were followed throughout the billing cycle. If all efforts have been made and process followed correctly, a write-off report will be submitted to the client contact and, if approved, electronically submitted to the City's contracted collection agency.

Reporting Uncollected/Delinquent Accounts

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

Collections Portal


As part of our Portal System, we have created a Collections Portal for the most commonly requested items from collection agencies based on input from our clients. This portal provides the commonly requested collection agency information, but limits access to only these items for security and HIPAA purposed. From the portal, a collection agency can:

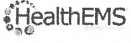
- Review accounts electronically
- Print invoices
- Print Patient Care Reports
- Print 1500 billing forms.

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

Electronic Resources and Access to Records

Electronic Patient Care Records (ePCR) Interfacing and Uploading

Wittman Enterprises provides extensive mapping of information with most ePCR systems to ensure that they correctly correspond to our billing system. There are no requirements or added costs for an electronic interface. We work with each client to determine the most effective way to transfer the care report from ePCR programs such as , ImageTrend, ESO, ZOLL, Field Saver, FireHouse, EMS Charts, Alpine, and High Plains to our ZOLL billing system. The process generally requires minimal input from your organization.

Our Electronic Billing Team reconciles the NEMSIS file with the batch listed on the ePCR system to detect any inconsistencies. Files are then uploaded to our billing system workflows and processed. We utilize ZOLL's RescueNet billing software and our IT team has worked extensively with ZOLL to ensure that all aspects of our processes operate efficiently with any ePCR system currently in operation. Our time-tested process allows seamless integration with the  platform or any ePCR program used by the City. Wittman Enterprises has successfully interfaced with many ePCR products for our clients and they are mapped into our ZOLL RescueNet billing program for complete integration and data transfer/delivery.

Billing System

ZOLL and its RescueNet software have long been recognized as one of the industry's powerful and comprehensive electronic patient care billing and reporting solutions. Wittman Enterprises has used ZOLL for our billing software since 2003. While we regularly evaluate the effectiveness of our billing software and of others on the market, there are currently no plans to make changes to our billing system. By utilizing third-party software, we receive the benefit of their full staff of programmers and IT staff to address issues when they arise. In addition, major changes such as the implementation of ICD-10 and ANSI 5010 do not create a strain on our internal resources as ZOLL effectively tests and implements similar changes in advance of the requirement. Our on-site IT team includes two certified coders who modify and/or make any programming changes required by customization of client records or for special ad-hoc reporting requests.

Billing System: Tracking All Insurance Carriers

Our ZOLL billing system stores data on all insurance carriers (primary, secondary, tertiary, etc.) including data on old insurance providers for which the patient is no longer eligible. Our system and our SOPs allow billing and customer service staff to properly track transports through all possible payors before turning to the patient to help with insurance information and/or self-pay installments.

Secure Email

We provide the City access to our Secure Email Program from Axway. It provides multiple tiers of security that can be used individually or in combination to block threats at the DMZ and within the enterprise network, and secure inbound and outbound email traffic at the content and network levels.

MailGate SC simplifies management with one comprehensive secure email solution for inbound, outbound and encryption, providing secure file delivery without impacting your current environment.

File Transfer Protocol (FTP) Access

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

Client Portal and Electronic Dashboard

Wittman Enterprises, LLC offers secured Internet access to our billing system via our Client Portal, 24 hours a day. No additional software is required for City of Sacramento to access the information through our secured website. It is accessed through a secured login that is password protected. ***Information accessed from the Portal is in real time, allowing authorized City and Fire personnel to view each claim wherever it is in the billing and collection process.*** This real time access to the Wittman billing system allows the City to view all accounts and any transactions performed as they occur, providing City of Sacramento with the most up-to-date information on any account.

Client Sign On

Please enter your Login and Password

Login ID:

Password:

[Forgot Password?](#)

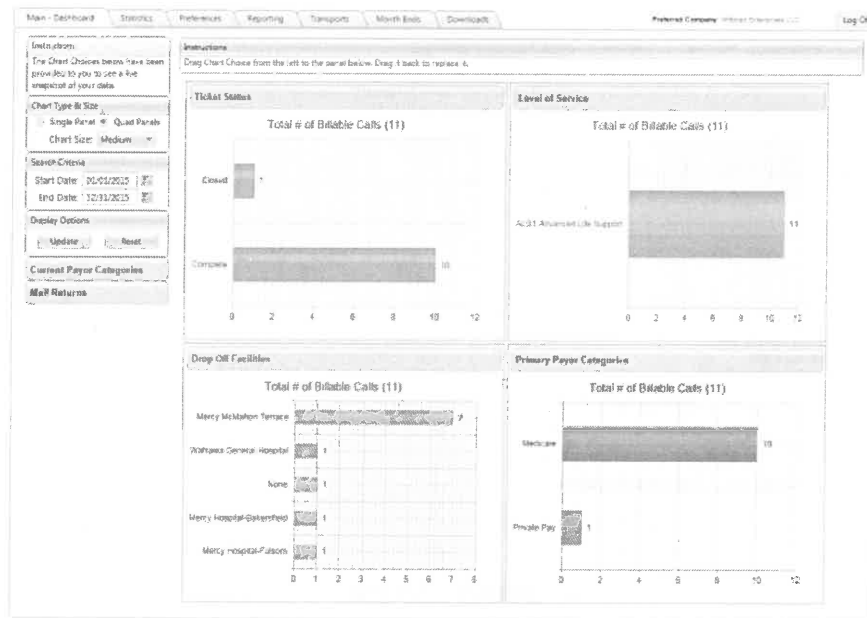


Having problems or want to create an account? Call (855) 611-0056.

Site optimized for 1024 x 768 Screen Resolution or Greater
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Access to the Client Portal is granted only to pre-authorized City and EMS personnel with permission to view such information and is strictly limited to City of Sacramento's information. All patients may be referenced by name, date of service, incident, and run number. Your staff can print invoices for patients and run reports for their own use. Additionally, the FPD's specialized reports can be made available through this site. Our billing software system is Microsoft Windows-based which enables data export by authorized staff for easy manipulation (***Excel, PDF, Crystal***, etc.). It also allows for a clear and traceable audit trail for initial client verification, billing notification, and phone contact. Moreover, our software automatically updates each individual account detailing date, change, or billing function. All history and noted entries become a permanent record and all charges are maintained for a complete payment history. Finally, the Portal provides an ***"electronic dashboard,"*** accessible 24 hours a day that provides a one-screen synopsis of the current state of the EMS billing operation, based on the preferences selected by each Client Portal authorized user.

Main Screen – Dashboard



Preferences Screen

Customer Information

Name: [Text Field] **Change**

Email-Login ID: [Text Field] **Change**

Password: [Text Field] **Update**

Default Title: [Text Field] **Update**

Default Ticket Search: [Text Field] **Update**

System Dates

Whitman Go Live: 8/22/2014 Account Created: 9/22/2014

Last Login: 7/13/2018 Last Password Reset: 4/16/2018

Access Levels

Section	Item	Value
Customer Information	View/Print Statement	Yes
	Main Tab	Yes
	Billing Information	Yes
Billing Information	View/Print Invoice	Yes
	Statistics Tab	Yes
	Reporting Tab	Yes
Trip Notes Information	View/Print Receipt	Yes
	Transport Tab	Yes
	Customer History Information	Yes
Customer History Information	View PCR	Yes
	Transport Tab	Yes
	Services Information	Yes
Services Information	View PCR Orig	No
	Month End Tab	Yes
	Diagnosis & Alerts Information	Yes
Diagnosis & Alerts Information	Collection Agency	No
	Download Tab	Yes
	Trip History Information	Yes
Trip History Information	Profit Centers Orig	No

Reporting Screen

Main - Dashboard Statistics Preferences **Reporting** Transports Month Ends Downloads Preferred Category: Wittman Enterprises, LLC Log Off

Instructions
Select a report to view below and then choose your options and then click Display Report.

Report Selector

- Activity Summary by Payer Category** ←
- Aging Detail by Current Payer
- Charge List
- Closing Balance Summary
- Credit Type Detail
- Ticket Survey by Payer Category

Report Description
This trip data-based accounting report, which is grouped by primary payer, displays all charges and credits, as well as balance and average totals.

Search Criteria

Starting Date: Required ←

Ending Date: Required ←

Display Options

Display Report Start Over ←

Report Viewer

Transports Screen

Main - Dashboard Statistics Preferences **Reporting** **Transports** Month Ends Downloads Preferred Category: Wittman Enterprises, LLC Log Off

Search Options

Date Of Service

☒ Customer Name

☐ Incident Number

☐ Run Number

☐ Social Security Number

☐ Date Of Birth

Search Criteria

First Name: Nicole

Last Name: Powers

Display Options

☒ Show Zero Balance Tickets

☐ Show Tickets Continuously

Display Tickets Reset

Search Results

Page size: 10 12 items on 2 pages

Job	Profit Center	Date of Service	Run Number	Incident Number	Customer Name (Last, First)	Date of Birth	Balance Due
0001-A		2015-10-26	295236	123145+7	POWERS, NICOLE	1982-01-22	\$0.00
0013-A		2009-01-21	7728	091234	POWERS, NICOLE	1982-01-22	\$0.00
0014-A		2009-01-21	7729	091234	POWERS, NICOLE	1982-01-22	\$0.00
0001-A		2015-10-01	316569	123456	POWERS, NICOLE	1982-01-22	\$0.00
0001-A		2015-10-02	293214	123456	POWERS, NICOLE	1982-01-22	\$0.00
0001-A		2015-10-03	316570	123456	POWERS, NICOLE	1982-01-22	\$0.00
0001-A		2015-10-06	316573	123456	POWERS, NICOLE	1982-01-22	\$0.00
0001-A		2015-10-16	293259	12345678	POWERS, NICOLE	1982-01-22	\$0.00
0001-A		2015-09-30	326028	123456	POWERS, NICOLE	1982-01-22	\$0.00
0001-A		2015-10-04	316571	123456	POWERS, NICOLE	1982-01-22	\$0.00

Page size: 10 12 items on 2 pages

Business Continuity Plan

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

Utilizing Veritas Backup Exec software, our electronic computing and storage capabilities are backed up redundantly by a Dell Power Vault 124T with 24 terabytes of storage capacity. Wittman's network consists of a redundant Raid Ten. Array Network Attached Storage, running on two Dell R720 Dual Processor eight core servers on Windows 2012 Server in an active/passive cluster mode. Wittman uses Rescue Net Billing by ZOLL Data Systems.

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

- Security: Encrypted transfer over SSH/SFTP, SSL/FTPS, and HTTP/HTTPS protocols
- Powerful management administrative control and enforcement
- Automation: Server events can generate alerts and launch workflows
- Compliance: Exceeds stringent security and privacy requirements for secure file transfer
- Ad hoc and schedule interaction: Supports impromptu as well as predefined transfers by people, systems, and processes

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

Reporting

Clear and Concise Reporting

Our month-end correspondence with you includes Cash Receipt Reports that reconcile all deposits, receivables, billings, patient accounts, adjustments, dishonest checks, and refunds. All other processes and functions at Wittman Enterprises, LLC are ongoing. Financial and performance reports are detailed and easy to read. On-Demand (ad hoc) reports are our specialty and are provided at a moment's notice at no additional charge. These reports provide detailed accounting for account adjustments of any type and track revenue by period. Our reports are **Accurate and Easy to Read**.

- ***A/R Aging Report:*** This report can be either a detail or summary report based on trip date (date of service), patient, or payer. It can be customized to track a specific payer or payers and date ranges and lists how many ambulance claims are still outstanding for any given time period.
- ***Ticket Survey Report:*** Detail or Summary can be run by date of service, payer or patient or combination thereof. Ticket Surveys are used to provide the number of accounts input into the system in a given month and under the payer mix category. This information provides revenue projection information and can be used to verify that all tickets sent have been received.
- ***Year-to-Date Revenue Report:*** This report provides a snapshot of the last twelve months at any time. It offers totals in all categories including Medicare and Medi-Cal write-downs, monthly amount of delinquent accounts and refund amounts. It is a very effective performance analysis tool in monitoring our performance as it reflects our ongoing collection rate, both gross and net, for a twelve-month period.
- ***Management Summary Report:*** The report is run by fiscal year. It provides an accounting by financial class of total trips and dollars billed each month, with a cumulative year-to-date tracking. It also provides an accounting of the dollars received each month by financial class with a cumulative year-to-date tracking.

Reports and Records

The City of Sacramento will have access to our [Client Portal](#) and client reporting system allowing authorized City and Fire personnel to obtain invoices, account balances, billing reports, and other hands-on account management tools. Daily, monthly, quarterly, annual, and special reporting can be provided in PDF and Excel format. Our reporting system allows interface with Crystal reporting software. For example, Sacramento's customized reporting program might include specific details such as:

- | | |
|---|---------------------------------|
| ✓ Number of Reports Received | ✓ Number Billed and Bill Type |
| ✓ Calls Not Billed | ✓ Gross Charges |
| ✓ Contributions Allowed or Write Down | ✓ Net Charges |
| ✓ Adjustments | ✓ Payments |
| ✓ Refunds | ✓ Balance Owed |
| ✓ Number of Bills and Amounts Sent to Collections | ✓ Pending Claims at Collections |
| ✓ Write Offs | ✓ Aging Reports |

Reporting Library

This is a small sample of our extensive reporting library. In fact we have well over 200 system-generated reports as well as more than 100 customized reports to meet the reporting needs of all of our clients. Utilizing our in-house programmers, we are able to design reporting programs to fit all of our clients' needs. ***Please see SAMPLE REPORTING (TAB F, pp. 64-86) for examples of some of our most commonly used reports.***

- | | |
|--|----------------------------------|
| ✓ Management Summary | ✓ Ticket Survey Summary by Payer |
| ✓ Incident Survey Summary by Trip Date | ✓ Year-To-Date Revenue |
| ✓ Aging: Current Payer (aging data) | ✓ Cash Receipts Summary |
| ✓ Credit Summary | ✓ Activity Summary by Vehicle |
| ✓ Activity Summary by Payer | ✓ Refund Report |

Compliance

Privacy and Security Statement

With the recent national news that a national ambulance billing company experienced a breach of their security protocols, resulting in the unauthorized attainment and alleged disclosure of HIPAA-protected personal patient information, Wittman Enterprises would like to reassure our valued EMS partners that as a matter of practice we exceed current HIPAA regulation requirements and take every possible precaution to maintain the integrity of private health information. With over 26 years of observable best industry practices (and from a single location) that include current operations manuals, standards of practice for each department and function, guidelines, training, regular evaluation, and continuous improvement, Wittman has in place, carries out, and constantly monitors and adjusts its internal processes and controls. ***Please see PRIVACY and SECURITY COMPLIANCE (TAB F, pp. 91-95) for a complete overview of our commitment to privacy and security.***

TAB E: Proposed Budget

Proposed Fee Schedule

Wittman Enterprises, LLC is pleased to offer the City of Sacramento all billing and collection functions, reporting requirements, and accounts receivable management (Ambulance Billing and Collection Services) described in this response based on the following fee schedule.

Cumulative Revenues Generated Each Contract Year	Contingency Fee
\$0.00 to \$999,999	3.75% of Received Revenue (net collections)
\$1,000,000 to \$1,999,999	3.75% of Received Revenue (net collections)
\$2,000,000 to \$2,999,999	3.75% of Received Revenue (net collections)
\$3,000,000 to \$3,299,999	3.75% of Received Revenue (net collections)
\$4,000,000 to \$4,000,000	3.75% of Received Revenue (net collections)
\$5,000,000 to \$5,999,999	3.75% of Received Revenue (net collections)
\$6,000,000 and above	3.75% of Received Revenue (net collections)

Optional Scopes of Service	Proposed Fee
Notice of Privacy Practices Note: Cost is a pass-through to the City for administration and mailing costs	~\$0.75-\$1.00/mailing
Surveys to Patients Note: the first 10% will be distributed at no charge. Subsequent costs to be levied only as a pass-through to the City and dependent on the size and format of the City's Survey.	~\$1.25/mailing (the first 10% are distributed at no charge)

Preliminary Projections

Based on the information provided in RFP No. P17121441011 and subsequent Q&A responses and Addenda, we confidently present the preliminary projections in the following table. We believe your current biller may not be collecting the maximum legal reimbursement for your program. Specifically:

- For the City's **41,915 transports** we estimate Wittman Enterprises would collect approximately **\$457 in average revenue collected per transport**.
- The City of Sacramento's current biller billed **41,915 transports** with **\$406 in average revenue collected per transport**.
- *Wittman Enterprises, LLC believes we can improve your performance based on the figures you have provided, our Sacramento and California experience, and our 26 years of EMS billing.*
- Projections based on information from the City's RFP and supplemental RFP information, and provided in this proposal, may increase or decrease, based on factors such as such as changes in number of transports, changes in payor mix, or changes in laws affecting EMS service collections.

Preliminary Projection Worksheet

Sacramento City Fire Department RFP 2017								
Total Runs	41,915							
ALS 53% of Total Runs	22,215							
BLSE 47% of Total Runs	19,700							
		Transports						
Average ALS Run Charge	\$1,850.00							
Average BLSE Run Charge	\$1,850.00							
PaySource	Run Percentage	ALS	BLSE	Charges		Payments		
				ALS	BLSE	ALS	BLSE	% of Charges
Insurance	14.00%	3,110	2,758	\$5,753,672.05	\$5,102,312.95	\$5,120,768.12	\$4,541,058.53	89%
Private	5.00%	1,111	985	\$2,054,882.88	\$1,822,254.63	\$123,292.97	\$109,335.28	6.0%
Medicare/Mcare HMO/COMP/VA	39.00%	8,664	7,683	\$16,028,086.43	\$14,213,586.08	\$3,846,740.74	\$2,842,717.22	22.0%
MediCal/Mcal HMO's	42.00%	9,330	8,274	\$17,261,016.15	\$15,306,938.85	\$1,380,881.29	\$1,224,555.11	8.0%
	100.00%	Sub-Total		\$41,097,657.50	\$36,445,092.50	\$10,471,683.13	\$8,717,666.13	
		Grand Total		\$77,542,750.00		\$19,189,349.26		
		Gross Percentage				24.75%		
Total Runs	7,587							
TNT 100% of Total Runs	7,587							
		Non Transports						
Average TNT Run Charge	\$225.00							
	\$225.00							
PaySource	Run Percentage	TNT		Charges		Payments		
				TNT		TNT		% of Charges
Insurance	14.00%	1,062	-	\$238,990.50	\$0.00	\$210,311.64	\$0.00	88%
Private	25.00%	1,897	-	\$426,768.75	\$0.00	\$64,015.31	\$0.00	15%
Medicare/Mcare HMO/COMP/VA	2.00%	152	-	\$34,141.50	\$0.00	\$23,899.05	\$0.00	70%
MediCal/Mcal HMO's	59.00%	4,476	-	\$1,007,174.25	\$0.00	\$483,443.64	\$0.00	48%
	100.00%	Sub-Total		\$1,707,075.00	\$0.00	\$781,669.64	\$0.00	
		Grand Total		\$1,707,075.00		\$781,669.64		
		Gross Percentage				45.79%		
Grand Total Collected	\$19,971,018.90							

- Assumption: no insurance contracts except for Medicare/Medi-Cal
- Assumption: no additional billing and collection program restrictions
- Assumption: no resident or membership program
- Assumption: Sacramento-area trends, demographics, and performance.

Client Performance Comparison

Client	Average Payment Per Transport (Wittman Enterprises, LLC)	Average Payment Per Transport (City of Sacramento Current Biller)
Vacaville	\$570	N/A
Sac Metro	\$556	N/A
Folsom	\$834	N/A
Cosumnes	\$683	N/A
South Placer	\$895	N/A
Petaluma	\$577	N/A
City of Sacramento	\$457 (projected)	\$406

Service

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

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

Maximizing Collections

Through streamlined efficiency, talented staff, automation, and continuous improvement, Wittman has a long track record of strong revenue returns for our clients. *We consider the net percentage collected from the amount billed to be the ultimate standard by which your ambulance billing company should be evaluated.* Net collections are those dollars eligible for collection after taking into account Medicare and Medi-Cal contractual write downs. The City of Sacramento can count on Wittman Enterprises to conduct diligent, regular, and uninterrupted billing and collection services in a professional businesslike manner with superior performance. We believe our personal approach and higher levels of service greatly exceed industry standards. Your expectations and overall satisfaction are attained through ongoing and regular training, continuous improvement, and our comprehensive auditing program.

Service Levels	Wittman Enterprises	National Competitor
Immediate availability to patients	✓	
No-cost reporting	✓	✓
Ad Hoc reporting for no additional fee	✓	
Instantaneous response to reporting needs	✓	
Technological automation	✓	✓
Hospital connectivity	✓	✓
Single location with tight HIPAA and compliance controls	✓	
Lowest claim-per- staff ratio	✓	
Full reconciliation and discrepancy research	✓	
Medicare Revalidations	✓	✓
Membership program support	✓	
Patient Satisfaction Survey Management	✓	

Reliable Internet-based Portal System: <ul style="list-style-type: none"> • Client Portal • Patient Portal • Credit Card Portal 	✓	
Dedicated Client Liaison and Division Manager to your account	✓	

TAB F: Additional Information

Sample Reporting

Our system has well over 200 system-generated reports as well as hundreds of customized reports to meet the reporting needs of our clients. Utilizing our in-house programmers, we are able to design reporting programs that fit your informational needs, ensuring that we can produce for you the specific reports you prefer for your EMS program. Please review the following pages for a small sampling of our most commonly utilized reports.

Year-to-Date Revenue Summary

FIRE DEPARTMENT YEAR TO DATE REVENUE REPORT FISCAL YEAR 2010-2011												
	REVENUE	MCARE WRITE DOWNS	MCAL WRITE DOWNS	OTHER CONTRACTUAL WRITE DOWNS	NET REVENUE	RECEIPTS	COLLECTION REFUNDS	REFUNDS	NET RECEIPTS	BAD DEBT WRITE OFFS	ADJUSTMENTS	NEW BALANCE A/R
JULY '10	\$ 295,106.06	\$ 94,104.06	\$ 19,091.08	\$ 623.64	\$ 181,287.28	\$ 144,490.20	\$ 1,503.36	\$ 145.68	\$ 142,841.16	\$ 10,062.57	\$ (504.50)	\$ 474,364.67
AUGUST '10	\$ 314,758.40	\$ 95,338.19	\$ 25,673.58	\$ 2,393.48	\$ 191,353.15	\$ 158,175.73	\$ 600.00	\$ 3,890.20	\$ 153,685.53	\$ 22,526.90	\$ (717.25)	\$ 488,788.14
SEPTEMBER '10	\$ 304,967.57	\$ 89,771.09	\$ 37,774.55	\$ 3,497.84	\$ 173,924.09	\$ 102,734.30	\$ 98.22	\$ 1,815.18	\$ 100,820.90	\$ 18,511.54	\$ (2,272.81)	\$ 541,106.98
OCTOBER '10	\$ 260,849.94	\$ 86,166.95	\$ 23,865.09	\$ 4,074.32	\$ 146,743.58	\$ 115,568.75	\$ 394.75	\$ 188.54	\$ 114,985.46	\$ 47,309.09	\$ (199.84)	\$ 525,356.17
NOVEMBER '10	\$ 275,298.09	\$ 88,374.72	\$ 12,876.83	\$ 3,260.04	\$ 170,786.50	\$ 174,843.42	\$ 421.70	\$ 250.00	\$ 174,171.72	\$ 22,020.54	\$ (860.67)	\$ 499,089.74
DECEMBER '10	\$ 287,681.56	\$ 93,766.93	\$ 31,720.87	\$ 2,488.84	\$ 159,538.14	\$ 93,047.83	\$ 82.20	\$ 1,481.38	\$ 91,566.45	\$ 27,388.36	\$ (1,638.71)	\$ 538,034.36
JANUARY '11	\$ 274,519.17	\$ 101,889.36	\$ 29,672.51	\$ 2,348.84	\$ 140,608.46	\$ 140,886.09	\$ 82.20	\$ 801.29	\$ 140,002.60	\$ 13,959.66	\$ 15.00	\$ 524,695.56
FEBRUARY '11	\$ 261,149.21	\$ 86,151.37	\$ 14,244.17	\$ 3,481.70	\$ 157,271.97	\$ 110,663.47	\$ 487.00	\$ 1,524.41	\$ 108,652.06	\$ 20,645.84	\$ 3.49	\$ 552,673.12
MARCH '11	\$ 303,848.39	\$ 107,601.75	\$ 27,340.96	\$ 3,074.45	\$ 165,831.23	\$ 126,904.54	\$ 300.00	\$ -	\$ 126,604.54	\$ 30,583.32	\$ (300.00)	\$ 561,016.49
APRIL '11	\$ 303,493.09	\$ 103,738.47	\$ 31,188.20	\$ 3,926.73	\$ 164,639.69	\$ 163,512.96	\$ 2,112.64	\$ 175.38	\$ 161,224.94	\$ 11,325.31	\$ (93.29)	\$ 553,012.64
MAY '11	\$ 335,885.48	\$ 119,087.32	\$ 22,842.17	\$ 2,259.66	\$ 191,696.33	\$ 126,324.95	\$ -	\$ 495.10	\$ 125,829.85	\$ 56,652.43	\$ (68.34)	\$ 562,158.35
JUNE '11	\$ 289,521.95	\$ 82,726.25	\$ 36,753.23	\$ 4,896.20	\$ 165,146.27	\$ 180,307.69	\$ 1,856.81	\$ 188.85	\$ 178,262.03	\$ 26,949.66	\$ (274.76)	\$ 521,818.17
YEAR TO DATE TOTALS	\$ 3,507,078.91	\$ 1,148,716.46	\$ 313,043.24	\$ 36,492.52	\$ 2,008,826.69	\$ 1,637,459.93	\$ 7,856.68	\$ 10,956.01	\$ 1,618,647.24	\$ 307,935.22	\$ (6,911.68)	
YTD PERCENTAGE OF REVENUE		32.75%	8.93%	1.04%	57.28%	46.69%	0.22%	0.31%	46.15%	8.78%	-0.20%	
YTD PERCENTAGE OF NET REVENUE												80.58%

Management Summary Report

Management Summary Report
Monthly and Fiscal Year to Date
Fire Department
April 2012

Financial Class	Number of Accounts	Percent of Total	Year to Date Total Accts.	Percent of Total YTD	Charges	Percent of Total	Year to Date Total Charges	Percent of Total YTD	Payments	Percent of Total	Year to Date Payments	Percent of Total YTD
Medicare	81	32.14%	808	31.80%	\$91,043.51	30.20%	\$908,549.46	30.11%	\$28,042.62	19.21%	\$279,254.24	20.53%
Medicare HMO	6	2.38%	47	1.85%	\$6,874.79	2.28%	\$53,999.96	1.79%	\$1,948.97	1.34%	\$17,855.68	1.31%
Medi-Cal	14	5.56%	160	6.30%	\$15,335.03	5.09%	\$175,817.23	5.83%	\$1,657.51	1.14%	\$23,053.07	1.69%
Medi-Cal HMO	15	5.95%	61	2.40%	\$16,105.98	5.34%	\$67,304.51	2.23%	\$1,185.57	0.81%	\$12,657.50	0.93%
Insurance	24	9.52%	218	8.58%	\$29,594.68	9.82%	\$257,276.68	8.52%	\$30,128.57	20.64%	\$333,537.57	24.52%
Private Pay	47	18.65%	573	22.55%	\$57,540.53	19.09%	\$673,444.65	22.31%	\$13,008.10	8.91%	\$134,921.53	9.92%
Kaiser	26	10.32%	257	10.11%	\$34,166.35	11.33%	\$329,795.12	10.93%	\$46,585.90	31.91%	\$372,556.64	27.39%
Kaiser M/CAL	0	0.00%	5	0.20%	\$0.00	0.00%	\$5,817.55	0.19%	\$413.41	0.28%	\$4,262.56	0.31%
Kaiser MCARE	39	15.48%	412	16.21%	\$50,809.09	16.85%	\$537,865.35	17.82%	\$23,007.97	15.76%	\$182,105.97	13.39%
Other	0	0.00%	0	0.00%	\$0.00	0.00%	\$0.00	0.00%	\$0.00	0.00%	\$0.00	0.00%
Prior Sales					-\$14.91	0.00%	\$8,042.15	0.27%				
Sub Total	252	100.00%	2541	100.00%	\$301,455.05	100.00%	\$3,017,912.66	100.00%	\$145,978.62	100.00%	\$1,360,204.76	100.00%
Dry Runs	0	0.00%	0	0.00%	\$0.00	0.00%	\$0.00	0.00%	\$0.00	0.00%	\$0.00	0.00%
Total	252	100.00%	2541	100.00%	\$301,455.05	100.00%	\$3,017,912.66	100.00%	\$145,978.62	100.00%	\$1,360,204.76	100.00%

Patient Account Report: By Incident Number

Ticket Survey Detail Report (Trip Date)

Trip Date IS BETWEEN 01/01/2012 AND 01/07/2012; AND Company is Fire Department

Date of Service	Incident #	Customer Name	From:	To:	Charges
01/01/12	12345	DOE, JOHN	HWY 123 JSO HIGHLANDS	Tahoe Forest Hospital	\$ 1,480.00
01/01/12	12345	UNAPPLIED CASH, NORTH	123 NO WHERE ST	<None>	\$ 1.00
Total ticket count for 01/01/12					2
Total charges for 01/01/12					\$ 1,481.00
01/02/12	12345	DOE, JANE	1234 SQUAW VALLEY RD	Tahoe Forest Hospital	\$ 1,399.00
Total ticket count for 01/02/12					1
Total charges for 01/02/12					\$ 1,399.00
01/03/12	12345	DOE, JANE	456 ALPINE MEADOWS RD	Tahoe Forest Hospital	\$ 1,507.00
01/03/12	000178	DOE, JANE	7890 UPLANDS ROAD	Tahoe Forest Hospital	\$ 1,740.90
01/03/12	000189	DOE, JOHN	2345 TROUT	Tahoe Forest Hospital	\$ 1,615.00
Total ticket count for 01/03/12					3
Total charges for 01/03/12					\$ 4,862.90
01/04/12	12345	DOE, JANE	1234 ALPINE MEADOWS	Tahoe Forest Hospital	\$ 1,560.00
01/04/12	12345	DOE, JANE	678 AGATE RDX 5800 N	Tahoe Forest Hospital	\$ 1,604.00
Total ticket count for 01/04/12					2
Total charges for 01/04/12					\$ 3,164.00
01/05/12	12345	DOE, JOHN	5678 POLARIS RD	Tahoe Forest Hospital	\$ 2,195.70
Total ticket count for 01/05/12					1
Total charges for 01/05/12					\$ 2,195.70
01/06/12	000387	DOE, JOHN	489 SQUAW CREEK RD	Tahoe Forest Hospital	\$ 1,334.00
Total ticket count for 01/06/12					1
Total charges for 01/06/12					\$ 1,334.00
Grand Total Ticket Count					10
Grand Total Charges					\$ 14,436.60

Ticket Survey: Summary

Ticket Survey Summary Report by Payor

Trip Date IS BETWEEN 04/01/2012 AND 04/30/2012

Payor	Number of Trips	% of Trips	Total Charges	% of Charges
Insurance	16	6.35%	\$ 20,463.02	6.79%
Insurance Electronic	7	2.78%	\$ 8,123.97	2.70%
Kaiser	26	10.32%	\$ 34,166.35	11.34%
Kaiser-Medicare	39	15.48%	\$ 50,809.09	16.86%
MCAL/MCAID	14	5.56%	\$ 15,335.03	5.09%
MCAL/MCAID HMO	15	5.95%	\$ 16,105.98	5.34%
Medicare	81	32.14%	\$ 90,982.02	30.19%
Medicare HMO	6	2.38%	\$ 6,874.79	2.28%
Private Pay	47	18.65%	\$ 57,540.53	19.09%
Workers	1	0.40%	\$ 1,007.69	0.33%

Grand Total Ticket Count	252
Grand Total Charges	\$ 301,408.47

Billing Report: Aging Summary

Aging Summary Report by Current Payor (Trip Date)

Aging as of 4/30/2012, and Trip Date IS BETWEEN 03/01/2012 AND 03/31/2012.

Fire Department									
Current Payor	Current	31-60	61-90	91-120	121-180	Over 180	Total		
<None>	1,840.88	250.75	0.00	0.00	0.00	0.00	2,091.63		
Aetna/14079	0.00	1,616.16	0.00	0.00	0.00	0.00	1,616.16		
BC of CA/00007	0.00	8,678.47	0.00	0.00	0.00	0.00	8,678.47		
Bill Patient	5,722.88	171,722.81	0.00	0.00	0.00	0.00	177,445.69		
Health Net Inc/14702	0.00	1,598.75	0.00	0.00	0.00	0.00	1,598.75		
Healthy Families Blue Cross/00007	0.00	1,714.86	0.00	0.00	0.00	0.00	1,714.86		
Kaiser Claims EM/833915	0.00	10,062.74	0.00	0.00	0.00	0.00	10,062.74		
Med HMO Blue Cross/00007	0.00	402.46	0.00	0.00	0.00	0.00	402.46		
Med HMO Community Health	0.00	284.03	0.00	0.00	0.00	0.00	284.03		
Med HMO LA Care/11580	0.00	298.05	0.00	0.00	0.00	0.00	298.05		
Med HMO BC of CA/00007	0.00	862.26	0.00	0.00	0.00	0.00	862.26		
Med HMO BS of CA 65+/27340	0.00	1,154.24	0.00	0.00	0.00	0.00	1,154.24		
Med HMO Care First Hth Plan/001	0.00	941.99	0.00	0.00	0.00	0.00	941.99		
Med HMO Care More/366	0.00	798.10	0.00	0.00	0.00	0.00	798.10		
Med HMO Kaiser EM/833915	481.54	2,788.42	0.00	0.00	0.00	0.00	3,269.96		
Med HMO Secure Horizons/20068	0.00	495.60	0.00	0.00	0.00	0.00	495.60		
Medicare Southern CA	0.00	1,835.61	0.00	0.00	0.00	0.00	1,835.61		
Medicare California	0.00	237.60	0.00	0.00	0.00	0.00	237.60		
Membership Monterey Park Fire Med	0.00	14,443.95	0.00	0.00	0.00	0.00	14,443.95		
United Health Care/20555	0.00	25,528.14	0.00	0.00	0.00	0.00	25,528.14		
		1,666.17	0.00	0.00	0.00	0.00	1,666.17		
Payors	21	8,045.30	247,428.16	0.00	0.00	0.00	256,473.46		

Payment Report: Activity Summary

Activity Summary by Payor - Detailed

The Date IS BETWEEN 04/01/2012 AND 04/30/2012

Payor	Ref Index	Gross Charges	Cont Allow	Net Charge	Rev Adj	Payments	With-Clms	Rebates	Balance	Average
FIRE DEPARTMENT										
Insurance	16	20,493.02	0.00	20,493.02	0.00	0.00	0.00	0.00	20,493.02	
BC of CA/60007	10	12,722.32	0.00	12,722.32	0.00	0.00	0.00	0.00	12,722.32	1,272.23
BCBS Out of State Residual/1505	2	2,390.25	0.00	2,390.25	0.00	0.00	0.00	0.00	2,390.25	1,195.13
UMR/20541	2	3,045.45	0.00	3,045.45	0.00	0.00	0.00	0.00	3,045.45	1,522.73
Veterans Admin N. California/201 Walnut Ave	1	1,514.82	0.00	1,514.82	0.00	0.00	0.00	0.00	1,514.82	1,514.82
Veterans Admin N. California/150 Clement St	1	790.18	0.00	790.18	0.00	0.00	0.00	0.00	790.18	790.18
Insurance Electronic	7	8,123.87	0.00	8,123.87	0.00	0.00	0.00	0.00	8,123.87	
Cigna/152223	1	1,382.15	0.00	1,382.15	0.00	0.00	0.00	0.00	1,382.15	1,382.15
Delta Health Systems/750	1	755.09	0.00	755.09	0.00	0.00	0.00	0.00	755.09	755.09
Pacificare Insurance HMO, POS/6019	1	1,231.26	0.00	1,231.26	0.00	0.00	0.00	0.00	1,231.26	1,231.26
Tricare WPS/77028	2	2,282.10	0.00	2,282.10	0.00	0.00	0.00	0.00	2,282.10	1,141.05
United Health Care/00555	2	2,473.37	0.00	2,473.37	0.00	0.00	0.00	0.00	2,473.37	1,236.69
Kaiser	26	34,166.35	0.00	34,166.35	0.00	0.00	0.00	0.00	34,166.35	
Kaiser Claims EM/053915	26	34,166.35	0.00	34,166.35	0.00	0.00	0.00	0.00	34,166.35	1,314.09
Kaiser-Medicare	39	50,609.09	31,370.35	19,438.74	0.00	0.00	0.00	0.00	19,438.74	499.43
MCARE HMO Kaiser EM/053915	39	50,609.09	31,370.35	19,438.74	0.00	0.00	0.00	0.00	19,438.74	499.43
MCAL/MCAID	14	15,335.03	12,398.07	2,936.96	0.00	117.78	0.00	0.00	2,819.18	208.76
CHSP Blue Cross/6007	8	5,137.95	4,195.53	942.42	0.00	117.78	0.00	0.00	824.64	189.48
MCAL HMO Partnership Health Plan/1359	8	9,178.31	7,333.92	1,844.39	0.00	0.00	0.00	0.00	1,844.39	230.55
Medical California	1	1,018.77	868.62	150.15	0.00	0.00	0.00	0.00	150.15	150.15
MCAL/MCAID HMO	15	16,105.88	13,053.12	3,052.76	0.00	0.00	0.00	0.00	3,052.76	203.52
Healthy Families Blue Cross/6007	1	1,178.56	0.00	1,178.56	0.00	0.00	0.00	0.00	1,178.56	1,178.56
MCAL HMO Blue Cross/6007	1	1,314.64	1,179.46	135.18	0.00	0.00	0.00	0.00	135.18	135.18
MCAL HMO Partnership Health Plan Solano/1348	1	802.65	673.80	128.85	0.00	0.00	0.00	0.00	128.85	128.85
MCAL HMO Partnership Health Plan Sonoma/1348	12	12,810.13	11,199.86	1,610.27	0.00	0.00	0.00	0.00	1,610.27	134.19
Medicare	81	91,043.51	55,793.29	35,250.22	0.00	0.00	0.00	0.00	35,250.22	435.19
Medicare Northern CA	81	91,043.51	55,793.29	35,250.22	0.00	0.00	0.00	0.00	35,250.22	435.19

Activity Summary

Trip Date IS BETWEEN 04/01/2012 AND 04/30/2012

PAID	# of TRIPS	GROSS CHARGE	CONF ALLOY	NET CHARGE	REV ADJ	EXPENSE	WRITE-OFF	REFUND	BILLING AMOUNT	AVERAGE
FIRE DEPARTMENT (cont)										
Medicare	61	01,043.51	65,763.29	36,250.22	0.00	0.00	0.00	0.00	36,250.22	435.19
Medicare HMO	6	6,674.79	3,690.83	3,213.96	0.00	0.00	0.00	0.00	3,213.96	535.66
MCARE HMO BC of CA/6007	2	2,282.19	1,391.77	890.42	0.00	0.00	0.00	0.00	890.42	445.21
MCARE HMO Health Net Ins/14703	1	1,113.38	657.66	455.50	0.00	0.00	0.00	0.00	455.50	455.50
MCARE HMO Kaiser Oregon/500 NE Multnomah	1	1,106.68	122.20	984.48	0.00	0.00	0.00	0.00	984.48	984.48
MCARE HMO Secure Horizon/20968	2	2,372.54	1,468.98	883.56	0.00	0.00	0.00	0.00	883.56	441.78
Private Pay	47	57,540.53	0.00	57,540.53	0.00	0.00	0.00	0.00	57,540.53	1,224.27
Bill Patient	47	57,540.53	0.00	57,540.53	0.00	0.00	0.00	0.00	57,540.53	1,224.27
Workers Compensation	1	1,007.69	0.00	1,007.69	0.00	0.00	0.00	0.00	1,007.69	1,007.69
Interstate Ins Service Work Comp/679	1	1,007.69	0.00	1,007.69	0.00	0.00	0.00	0.00	1,007.69	1,007.69
Grand Totals	232	301,486.96	115,275.68	185,194.30	0.00	117.78	0.00	0.00	185,076.52	794.80

Payment Report: Deposit

Cash Receipts Summary by Deposit Date for:

FIRE DEPARTMENT

Deposit Date	Payments	Contractual Allowance	Write-Offs	Refunds	Revenue Adjustment
04/01/12	\$0.00	\$3,223.38	\$0.00	\$0.00	\$0.00
04/02/12	\$2,985.11	\$5,875.86	\$0.00	\$0.00	\$15.12
04/03/12	\$0.00	\$2,282.09	\$0.00	\$0.00	\$0.00
04/04/12	\$15,319.63	\$3,175.73	\$6,431.63	\$0.00	\$78.30
04/05/12	\$0.00	\$6,488.09	\$0.00	\$0.00	\$0.00
04/06/12	\$14,932.98	\$3,825.80	\$0.00	\$0.00	\$0.00
04/07/12	\$0.00	\$2,096.06	\$0.00	\$0.00	\$0.00
04/08/12	\$0.00	\$1,251.91	\$0.00	\$0.00	\$0.00
04/09/12	\$14,240.05	\$4,103.71	\$0.00	\$0.00	\$268.83
04/10/12	\$0.00	\$2,741.67	\$0.00	\$0.00	\$0.00
04/11/12	\$10,937.96	\$6,432.57	\$0.00	\$0.00	\$0.00
04/12/12	\$0.00	\$3,346.95	\$0.00	\$0.00	\$0.00
04/13/12	\$5,346.31	\$7,352.79	\$0.00	\$-1,868.59	\$0.00
04/14/12	\$0.00	\$4,040.27	\$0.00	\$0.00	\$0.00
04/15/12	\$0.00	\$3,982.74	\$0.00	\$0.00	\$0.00
04/16/12	\$5,338.48	\$9,385.31	\$0.00	\$0.00	\$0.00
04/17/12	\$0.00	\$2,957.26	\$0.00	\$0.00	\$0.00
04/18/12	\$32,588.03	\$5,751.02	\$0.00	\$0.00	\$0.00
04/19/12	\$0.00	\$5,103.00	\$0.00	\$0.00	\$0.00
04/20/12	\$5,076.93	\$2,887.94	\$0.00	\$0.00	\$-0.09
04/21/12	\$0.00	\$2,936.45	\$0.00	\$0.00	\$0.00
04/22/12	\$0.00	\$3,230.72	\$0.00	\$0.00	\$0.00
04/23/12	\$1,186.55	\$6,003.42	\$0.00	\$-310.61	\$0.00
04/24/12	\$0.00	\$4,899.73	\$0.00	\$0.00	\$196.26
04/25/12	\$22,553.57	\$4,397.30	\$0.00	\$0.00	\$0.00
04/26/12	\$0.00	\$3,503.96	\$0.00	\$0.00	\$0.00
04/27/12	\$7,041.43	\$2,695.99	\$0.00	\$0.00	\$0.00
04/28/12	\$0.00	\$5,452.73	\$0.00	\$0.00	\$0.00
04/30/12	\$8,411.59	\$7,860.95	\$0.00	\$0.00	\$8.35
Totals:	\$145,978.62	\$127,285.43	\$6,431.63	\$-2,179.20	\$567.07

RescueNet™
IWZKMEBRESUENETREPORTS23CUSTOMCREDIT TYPE DETAIL BY PRIMARY PAYOR11.RPT

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Detail: Open Items

Aging Detail Report by Current Payor (Trip Date)
Trip Date IS BETWEEN 03/01/2012 AND 03/01/2012.

Fire Department									
Customer Name	SSN	Current	31-60	61-90	91-120	121-180	Over 180	Total	
Payor									
DOE, JANE	000-00-0000	0.00	0.00	85.75	0.00	0.00	0.00	85.75	
Totals For Aetna/14079		0.00	0.00	85.75	0.00	0.00	0.00	85.75	
Payor									
BC of CA60007									
Totals For BC of CA60007		0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Payor									
Bill Patient									
DOE, JOHN	000-00-0000	0.00	0.00	1,617.64	0.00	0.00	0.00	1,617.64	
DOE, JOHN	000-00-0000	0.00	0.00	1,262.64	0.00	0.00	0.00	1,262.64	
DOE, JOHN	000-00-0000	0.00	0.00	1,541.93	0.00	0.00	0.00	1,541.93	
DOE, JANE	000-00-0000	0.00	0.00	1,276.50	0.00	0.00	0.00	1,276.50	
Totals For Bill Patient		0.00	0.00	5,698.21	0.00	0.00	0.00	5,698.21	
Payor									
BS of CA/272540									
DOE, JANE	000-00-0000	0.00	0.00	1,332.72	0.00	0.00	0.00	1,332.72	
Totals For BS of CA/272540		0.00	0.00	1,332.72	0.00	0.00	0.00	1,332.72	
Payor									
Cigna/12047									
DOE, JONATHAN	000-00-0000	0.00	0.00	1,285.95	0.00	0.00	0.00	1,285.95	
Totals For Cigna/12047		0.00	0.00	1,285.95	0.00	0.00	0.00	1,285.95	
Payor									
MCARE HMO Memorial Hospital/6270									

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WVZCMEVMBRESOUENETREPORTS32BILILINGGAGING DETAIL BY

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Aging Detail Report by Current Payor (Trip Date)

Trip Date IS BETWEEN 03/01/2012 AND 03/01/2012

Fire Department

Customer Name	SSN	Current	31-60	61-90	91-120	121-180	Over 180	Total
Totals For MCARE HMO Memorial								
		0.00	0.00	0.00	0.00	0.00	0.00	0.00
Payor MCARE HMO Kaiser EMI/853915								
DOE JOHN	000-00-0000	0.00	0.00	516.41	0.00	0.00	0.00	516.41
Totals For MCARE HMO Kaiser								
		0.00	0.00	516.41	0.00	0.00	0.00	516.41
Payor MCARE HMO One Care/11065								
Totals For MCARE HMO One Care/11065								
		0.00	0.00	0.00	0.00	0.00	0.00	0.00
Payor MCARE HMO Scan Ins/22698								
Totals For MCARE HMO Scan Ins/22698								
		0.00	0.00	0.00	0.00	0.00	0.00	0.00
Payor Medicare Northern CA								
DOE LAURA	000-00-0000	0.00	0.00	434.78	0.00	0.00	0.00	434.78
DOE JOHN	000-00-0000	0.00	0.00	355.96	0.00	0.00	0.00	355.96
Totals For Medicare Southern CA								
		0.00	0.00	790.74	0.00	0.00	0.00	790.74
Payor Membership								
Totals For Membership								
		0.00	0.00	0.00	0.00	0.00	0.00	0.00
Payor CIMISP AMM/30248								
DOE JOHN	000-00-0000	0.00	0.00	135.18	0.00	0.00	0.00	135.18
DOE JANE	000-00-0000	0.00	0.00	135.95	0.00	0.00	0.00	135.95

Aging Detail Report by Current Payor (Trip Date)

Trip Date IS BETWEEN 03/01/2012 AND 03/01/2012

Fire Department

Customer Name	SSN	Current	31-60	61-90	91-120	121-180	Over 180	Total
Totals For MSI								
		0.00	0.00	271.13	0.00	0.00	0.00	271.13
Payor								
Tricare for Life Ins/7890								
Totals For Tricare for Life Ins/7890								
		0.00	0.00	0.00	0.00	0.00	0.00	0.00
Payor								
Tricare WPS/77028								
Totals For Tricare WPS/77028								
		0.00	0.00	0.00	0.00	0.00	0.00	0.00
Customers								
12		0.00	0.00	9,981.91	0.00	0.00	0.00	9,981.91

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WVAK3M61RESCUENETREPORTS32BILLINGAGINGDETAIL BY

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Charge Report: Detail by Zone

CHARGE TYPE DISTRIBUTION REPORT

TRIP DATE 07/01/2011 to 07/31/2011

FIRE DEPARTMENT

Non Resident

<u>Charge Type</u>	<u>Count</u>	<u>Dollars</u>
Base Rate		
ALS1 Non Resident	53	\$57,027.47
ALS1 Resident	0	\$0.00
BLSE1 Non Resident	27	\$22,560.93
BLSE1 Resident	0	\$0.00
Mileage		
MILE1	568	\$10,587.52
Oxygen		
Oxygen	47	\$4,728.67
Misc. Supplies		
Bio Hazard Clean Up	4	\$61.68
Blood Glucose Check	39	\$641.55
BLS Bandaging	14	\$107.94
C-Collar	17	\$471.92
Cold Heat Packs	5	\$10.30
Headbed	17	\$301.58
Responder Protection	81	\$1,249.02
Soft Restraints	2	\$20.56
Spider Straps	17	\$1,398.42
Splinting	1	\$82.26
Tape	13	\$23.40
IV Supplies		
IV Piggyback Infusion	2	\$37.42
IV Saline Lock	12	\$345.48
IV Start & Dnp	38	\$2,930.56
EKG Monitoring Supplies		
12-Lead EKG Pads	11	\$169.62
EKG Electrodes	66	\$407.22
Airway Supplies		
CPAP	1	\$154.23
Nasal Cannula	32	\$98.56

CHARGE TYPE DISTRIBUTION REPORT

TRIP DATE 07/01/2011 to 07/31/2011

Airway Supplies		
Nebulizer ABT	3	\$23.13
Non Rebreather Mask	13	\$120.25
Medication		
Albuterol 2.5mg pillows	3	\$7.47
Atrovent .5mg	1	\$4.50
Benadryl 50mg preload/vial	1	\$4.50
Dextrose 50% 25gm preload	1	\$25.48
Morphine 10mg/1 ml	5	\$119.25
Morphine 10mg/10ml	1	\$23.85
NTG Spray multi dose	6	\$66.00
Versed	1	\$12.34
Zofran 4mg Oral Tablets	6	\$37.62
Zofran 4mg Vial	5	\$63.75
Medication Supplies		
ASA multi dose	7	\$7.21
Total for Non Resident	1,120	\$ 103,931.66

Resident

<u>Charge Type</u>	<u>Count</u>	<u>Dollars</u>
Base Rate		
ALS1 Resident	106	\$97,777.58
ALSM Resident	2	\$830.30
BLSE1 Resident	56	\$40,032.16
Mileage		
MILE1	1,058	\$19,711.80
Oxygen		
Oxygen	89	\$8,954.29
IV Supplies		
IV Piggyback Infusion	1	\$18.71
IV Saline Lock	7	\$201.53
IV Start & Drip	83	\$6,400.96
Misc. Supplies		
Bio Hazard Clean Up	7	\$107.94

CHARGE TYPE DISTRIBUTION REPORT

TRIP DATE 07/01/2011 to 07/31/2011

<hr/>		
Total for Resident	2,041	\$ 182,434.14
<hr/>		
Grand Total for FIRE DEPARTMENT	3,161	\$ 286,365.80

Delinquent Accounts

Collection List - Summary

FIRE DEPARTMENT - Trip Date IS BETWEEN 04/01/2012 AND 04/01/2012, AND Status IS NOT Closed

FIRE DEPARTMENT

<u>Customer Name</u>	<u>Trip Date</u>	<u>Run #</u>	<u>Incident #</u>	<u>Balance</u>
DOE, JOHN	4/1/2012	12345	54321	\$572.12
DOE, JANE	4/1/2012	12345	65432	\$431.49
DOE, JOHN	4/1/2012	123456	76543	\$482.94

Totals for City of Petaluma Ambulance
Service :

Trip Count: 3

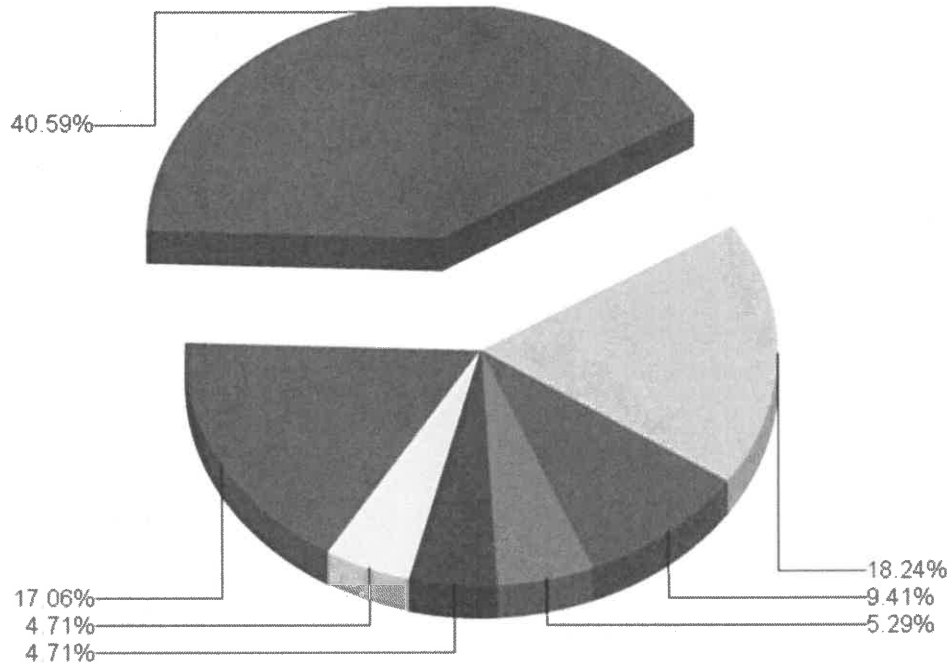
Balance: \$1486.55

Sample Ad Hoc Report

Top 6 Denial Reasons with Percentages

Trip Date IS BETWEEN 07/01/2010 AND 08/30/2011

	RescueNet™ Reporting	
	Total Denials in this Category	% of Total Denial Reasons
FIRE DEPARTMENT		
This service/equipment/drug is not covered under the patient's current benefit plan	69	40.59%
Patient/Insured health identification number and name do not match.	31	18.24%
Claim not covered by this payer/contractor. You must send the claim to the correct payer/contractor	16	9.41%
This (these) service(s) is (are) not covered.	9	5.29%
Deductible Amount	8	4.71%
Payment made to patient/insured/responsible party.	8	4.71%
Others	29	17.06%
Total	170	



Trip Count: Call Type

Date IS BETWEEN 07/01/2010 AND 06/30/2011

FIRE DEPARTMENT

Trip Count of Call Type by Patient Age

	0 to 17 years	18 to 30 years	31 to 40 years	41 to 50 years	51 to 60 years	61 to 70 years	71 to 80 years	81 to 90 years	91 years or older	DOB not Recorded	Total
ALS1 Advanced Life Support	0	0	0	0	0	0	0	0	0	1	1
ALS1 Code 2	6	9	7	11	12	5	2	1	0	0	53
ALS1 Code 3	32	102	46	86	84	66	54	36	8	0	484
ALS1 Hosp to Hosp Code 2	0	0	0	0	2	4	5	2	0	0	13
ALS2 Code 3	2	3	0	2	13	4	3	0	0	0	27
BLS Code 1	0	0	0	1	1	4	7	7	0	0	20
BLSE Code 2	4	13	2	5	4	3	3	1	1	0	36
BLSE Code 3	45	48	22	17	29	17	13	9	0	1	201
CCT/SCT Code 2	0	0	0	0	2	3	0	0	0	0	5
Total	89	175	77	102	147	108	87	56	7	2	850

Trip Count of Call Type by Patient Sex

	Female	Male	Unknown	Total
ALS1 Advanced Life Support	0	0	1	1
ALS1 Code 2	22	31	0	53
ALS1 Code 3	225	269	0	494
ALS1 Hosp to Hosp Code 2	3	10	0	13
ALS2 Code 3	8	19	0	27

Company IS North Tahoe Fire District; AND Date IS BETWEEN 07/01/2010 AND 06/30/2011; AND Status IS Assigned OR Billed OR Closed OR Complete OR NetTransit New Call OR NetTransit New Will Call OR NetTransit Review OR NetTransit Will Call OR Not...

	Female	Male	Unknown	Total
BLS Code 1	12	8	0	20
BLSE Code 2	11	25	0	36
BLSE Code 3	87	113	1	201
CCT/SCT Code 2	1	4	0	5
Total	369	479	2	850

GEMT, IGT, and Specialty Reporting

With the recent implementation of the California GEMT program, Wittman Enterprises provided leadership throughout the process, working closely with the designers of the program, providing several training opportunities for our clients and designing reports specifically related to the information needed when applying for GEMT and IGT monies.

GEMT Support Timeline: Pre-GEMT Rollout

- Worked with Sac Metro and the State, providing transport numbers and calculations to them as they worked on their cost sheets
- After the bill passed (AB 678) and became GEMT officially, we worked with our California clients through the entire set-up process: attending State-sponsored GEMT instruction meetings; helping provide rough projections of potential GEMT income based on Medi-Cal transport information; sponsored a webinar where Chief Scott Clough answered the most frequently asked questions from our clients about the GEMT
- Set up a section of our website for easy-to-find links and references associated with the GEMT program (please see www.webillems.com/GEMT-Program-Resources/).
- The unofficial “rough” projections required by the State were needed to estimate what each provider was likely going to submit when the official program began. We provided the following unofficial formula to help clients get a rough idea of their numbers:
 - Take the total amount of your direct EMS cost and add that to your indirect cost
 - Divide that number by your total number of Medi-Cal transports.
 - This would give you an average cost of transport
 - Multiply the average cost by the number of Medi-Cal transports and submit that as your estimate.

GEMT Support Timeline: Post-GEMT Rollout

- Provided customized GEMT reports for participating clients as they filled out their required cost reports.
- Fielded calls with questions regarding the cost reports and how to use the Wittman reports to help them complete the GEMT cost reports.
- Provided regular email and phone call updates reminding clients when their first cost reports were due and providing them their customized transport reports to help them complete the reports.

Sample GEMT Reports

Medi-Cal fee for Service GEMT Transports

Medi-Cal Fee For Service GEMT Transports

Company IS City of Pasadena

<u>Payer</u>	<u>DOS</u>	<u># of Trips</u>	<u>Payments</u>
City of Pasadena			
Fiscal Year:	(2015-2016)	630	75,824.12
Quarter: 1	(07/01/2015-09/30/2015)	169	19,540.34
Medi-Cal California		169	19,540.34
Quarter: 2	(10/01/2015-12/31/2015)	170	23,160.17
Medi-Cal California		170	23,160.17
Quarter: 3	(01/01/2016-03/31/2016)	175	20,212.04
Medi-Cal California		175	20,212.04
Quarter: 4	(04/01/2016-06/30/2016)	116	12,911.57
Medi-Cal California		116	12,911.57

Medi-Cal Fee For Service GEMT Transports Detail

Payer	DOS	# of Trips	Gross Charges	Contr Allow	Net Charges	Rev Adj	Payments
City of Pasadena							
Fiscal Year:	(2015-2016)	630	901,034.66	827,218.17	73,816.49	-0.02	75,824.12
Quarter:	1 (07/01/2015-09/30/2015)	169	244,283.55	224,620.90	19,662.65	-0.02	19,540.34
Customer Name	MediCal ID#	Date of Service	Gross Charges	Contr Allow	Payments		
		7/2/2015	\$2,956.50	\$2,711.82	\$122.35		
		7/1/2015	\$1,239.75	\$1,120.59	\$119.16		
		7/2/2015	\$1,413.00	\$1,277.87	\$135.13		
		7/2/2015	\$1,209.75	\$1,100.18	\$109.57		
		7/10/2015	\$1,750.88	\$1,632.42	\$118.46		
		7/10/2015	\$1,716.88	\$1,597.72	\$119.16		
		7/8/2015	\$1,209.75	\$1,100.18	\$109.57		
		7/10/2015	\$1,258.75	\$1,136.40	\$122.35		
		7/7/2015	\$1,705.88	\$1,593.11	\$112.77		
		7/7/2015	\$1,705.88	\$1,593.11	\$112.77		
		7/7/2015	\$1,266.75	\$1,147.59	\$119.16		
		7/7/2015	\$1,762.88	\$1,640.53	\$122.35		
		7/10/2015	\$97.00	\$9.70	\$87.30		
		7/11/2015	\$1,743.88	\$1,624.72	\$119.16		
		7/7/2015	\$1,239.75	\$1,120.59	\$119.16		
		7/10/2015	\$1,762.88	\$1,640.53	\$122.35		
		7/5/2015	\$1,757.32	\$1,638.16	\$119.16		
		7/13/2015	\$1,715.69	\$1,599.73	\$115.96		
		7/15/2015	\$1,182.75	\$1,073.18	\$109.57		
		7/17/2015	\$1,717.62	\$1,630.65	\$86.97		
		7/15/2015	\$1,182.75	\$1,073.18	\$109.57		
		7/17/2015	\$1,239.75	\$1,120.59	\$119.16		
		7/12/2015	\$1,247.75	\$1,131.79	\$115.96		
		7/13/2015	\$1,746.19	\$1,627.03	\$119.16		
		7/15/2015	\$1,724.88	\$1,608.92	\$115.96		
		7/13/2015	\$1,758.39	\$1,636.73	\$121.66		
		7/18/2015	\$1,746.44	\$1,627.28	\$119.16		
		7/16/2015	\$1,766.00	\$1,643.65	\$122.35		
		7/20/2015	\$1,743.88	\$1,624.72	\$119.16		
		7/25/2015	\$1,640.75	\$1,527.98	\$112.77		
		7/22/2015	\$1,697.92	\$1,588.35	\$109.57		
		7/20/2015	\$1,742.75	\$1,614.70	\$128.05		
		7/25/2015	\$1,228.75	\$1,115.98	\$112.77		
		7/23/2015	\$1,239.75	\$1,120.59	\$119.16		
		7/19/2015	\$1,239.75	\$1,120.59	\$119.16		
		7/24/2015	\$1,670.75	\$1,548.40	\$122.35		
		7/22/2015	\$1,277.75	\$1,152.20	\$125.55		
		7/24/2015	\$1,239.75	\$1,120.59	\$119.16		
		7/20/2015	\$1,277.75	\$1,152.20	\$125.55		
		7/21/2015	\$1,266.75	\$1,147.59	\$119.16		
		7/22/2015	\$1,239.75	\$1,120.59	\$119.16		
		7/28/2015	\$1,750.88	\$1,632.42	\$118.46		

RescueNet™ Reporting

Medi-Cal Fee For Service GEMT Transports Detail

Payer	DOS	# of Trips	Gross Charges	Contr Allow	Net Charges	Rev Adj	Payments
City of Pasadena							
Quarter: 4 (04/01/2016-06/30/2016)		116	163,330.55	149,683.33	13,647.22	0.00	12,911.57
Customer Name	MediCal ID#	Date of Service	Gross Charges	Contr Allow	Payments		
		6/5/2016	\$1,228.75	\$1,115.98	\$112.77		
		6/10/2016	\$1,674.75	\$1,565.18	\$109.57		
		6/7/2016	\$1,743.88	\$1,624.72	\$119.16		
		6/9/2016	\$1,935.00	\$1,790.28	\$144.72		
		6/5/2016	\$1,296.75	\$1,168.01	\$128.74		
		6/6/2016	\$1,239.75	\$1,120.59	\$119.16		
		6/10/2016	\$1,857.88	\$1,719.55	\$138.33		
		6/18/2016	\$1,748.75	\$1,629.59	\$119.16		
		6/16/2016	\$1,266.75	\$1,147.59	\$119.16		
		6/18/2016	\$1,746.19	\$1,627.03	\$119.16		
		6/13/2016	\$1,640.75	\$1,527.98	\$112.77		
		6/12/2016	\$1,201.75	\$1,088.98	\$112.77		
		6/12/2016	\$1,746.44	\$1,627.28	\$119.16		
		6/17/2016	\$1,705.88	\$1,593.11	\$112.77		
		6/14/2016	\$97.00	\$0.00	\$0.00		
		6/14/2016	\$1,928.26	\$1,790.63	\$137.63		
		6/25/2016	\$1,182.75	\$1,073.18	\$109.57		
		6/25/2016	\$1,258.75	\$1,136.40	\$122.35		
		6/20/2016	\$1,323.75	\$1,195.01	\$128.74		
		6/23/2016	\$1,247.75	\$1,131.79	\$115.96		
		6/25/2016	\$1,817.69	\$1,686.45	\$131.24		
		6/25/2016	\$1,697.75	\$1,575.40	\$122.35		
		6/22/2016	\$1,866.52	\$1,728.19	\$138.33		
		6/25/2016	\$1,698.07	\$1,575.72	\$122.35		
		6/25/2016	\$1,467.75	\$1,310.25	\$157.50		
		6/21/2016	\$1,678.75	\$1,559.59	\$119.16		
		6/25/2016	\$1,731.75	\$1,612.59	\$119.16		
		6/25/2016	\$1,201.75	\$1,088.98	\$112.77		
		6/25/2016	\$1,247.75	\$1,131.79	\$115.96		
		6/24/2016	\$1,864.00	\$1,735.95	\$128.05		
		6/27/2016	\$97.00	\$9.70	\$87.30		
		6/27/2016	\$1,756.75	\$1,553.50	\$96.88		
		6/27/2016	\$1,683.30	\$1,564.14	\$119.16		

RescueNet™ Reporting

Medi-Cal HMO GEMT Transports

Medi-Cal HMO GEMT Transports

Company IS City of Pasadena

Payer	DOS	# of Trips	Payments
City of Pasadena			
Fiscal Year: (2015-2016)		1,774	193,011.02
Quarter: 1 (07/01/2015-09/30/2015)		510	58,727.47
Mcal HMO Adventist Health Behav/16237		3	349.07
Mcal HMO Allied Physicians of CA/1680 S Garfield		1	0.00
Mcal HMO Beverly Hospital/571598		13	1,374.78
Mcal HMO Beverly Hospital/Medpoint/571537		1	61.70
Mcal HMO Blue Cross/60007		40	4,994.19
Mcal HMO Brand New Day/794		1	145.83
Mcal HMO Caloptima/11037		2	257.70
Mcal HMO Cap Management Systems/261040		24	2,906.06
Mcal HMO Care First Health Plan/601 Potrero Grande		33	3,144.80
Mcal HMO Cencal Original Health Authority/948		1	115.96
Mcal HMO Community Health Plan/1000 S Fremont Ave		5	703.84
Mcal HMO Eastland Medical Group/371390		1	123.40
Mcal HMO Gold Coast Health Plan/9152		1	132.40
Mcal HMO Health Care LA IPA/570590		2	132.40
Mcal HMO Health Net/14598		65	7,347.85
Mcal HMO Health Plan of San Joaquin/839		1	119.16
Mcal HMO Health Plan of San Mateo/801 Gateway		1	123.52
Mcal HMO Health Source /100 N. Stoneman		37	4,645.51
Mcal HMO IEHP Inland Empire Health Plan/4349		4	526.05
Mcal HMO Inland Faculty Medical Group/869002		1	279.00
Mcal HMO LA Care/811580		205	24,381.55
Mcal HMO Maverick Medical Group/11466		1	103.87
Mcal HMO Molina Healthcare/22702		27	1,947.62
Mcal HMO Providence St Joseph/9650		1	0.00
Mcal HMO Rady Child Hosp of San Diego/3020		1	128.85
Mcal HMO Regal Medical Group/371330		4	474.31
Mcal HMO Synermed/2002		34	4,208.05
Quarter: 2 (10/01/2015-12/31/2015)		459	49,507.17
Mcal HMO Adventist Health Behav/16237		3	393.65
Mcal HMO Allied Physicians of CA/1680 S Garfield		1	0.00
Mcal HMO Beverly Hospital/571598		8	972.32
Mcal HMO Blue Cross/60007		40	4,846.41
Mcal HMO Brand New Day/794		3	268.35
Mcal HMO Cal Viva Health/14598		1	84.57
Mcal HMO Cap Management Systems/261040		8	773.20
Mcal HMO Care First Health Plan/601 Potrero Grande		29	3,305.79
Mcal HMO Cencal Original Health Authority/948		1	122.35
Mcal HMO Community Health Plan/1000 S Fremont Ave		3	260.24
Mcal HMO Eastland Medical Group/371390		1	127.30
Mcal HMO Gold Coast Health Plan/9152		1	128.85
Mcal HMO Health Net/14598		49	5,439.99
Mcal HMO Health Plan of San Mateo/801 Gateway		1	122.22

RescueNet™ Reporting

Medi-Cal HMO GEMT Transports

Company IS City of Pasadena

<u>Payer</u>	<u>DOS</u>	<u># of Trips</u>	<u>Payments</u>
City of Pasadena			
Mcal HMO Health Source /100 N. Stoneman		27	3,513.88
Mcal HMO IEHP Inland Empire Health Plan/4349		7	937.45
Mcal HMO LA Care/811580		204	23,459.45
Mcal HMO LA Community Hospital/572978		1	0.00
Mcal HMO Lakeside Medical Group/371390		1	121.75
Mcal HMO Molina Healthcare/22702		41	635.54
Mcal HMO Providence St Joseph/9650		1	149.25
Mcal HMO Regal Medical Group/371330		2	286.10
Mcal HMO Synermed/2002		25	3,416.23
Mcal HMO Universal Care/438		1	142.28
Quarter: 3 (01/01/2016-03/31/2016) 452 49,231.48			
Mcal HMO Accountable HP/2525 Cherry Ave Ste 225		1	125.30
Mcal HMO Beverly Hospital/571598		5	656.90
Mcal HMO Beverly Hospital/Medpoint/571537		3	0.00
Mcal HMO Blue Cross/60007		51	5,724.98
Mcal HMO Brand New Day/794		6	393.65
Mcal HMO Caloptima/11037		2	278.23
Mcal HMO Cap Management Systems/261040		17	2,124.83
Mcal HMO Care First Health Plan/601 Potrero Grande		19	2,270.59
Mcal HMO Community Health Plan/1000 S Fremont Ave		2	227.70
Mcal HMO Eastland Medical Group/371390		2	223.00
Mcal HMO Employee Health Systems/2002		1	134.59
Mcal HMO Gold Coast Health Plan/9152		4	504.75
Mcal HMO Health Net/14598		79	9,406.43
Mcal HMO Health Source /100 N. Stoneman		27	3,087.23
Mcal HMO IEHP Inland Empire Health Plan/4349		6	750.80
Mcal HMO Kern Family Health Care/25003		1	132.40
Mcal HMO LA Care/811580		173	20,242.65
Mcal HMO Maverick Medical Group/11466		1	135.95
Mcal HMO Molina Healthcare/22702		36	796.98
Mcal HMO Regal Medical Group/371330		2	268.35
Mcal HMO Synermed/2002		13	1,746.19
Mcal HMO Vantage Medical Group/2115 Compton Ave		1	0.00
Quarter: 4 (04/01/2016-06/30/2016) 353 35,544.90			
Mcal HMO Beverly Hospital/571598		2	249.40
Mcal HMO Beverly Hospital/Medpoint/571537		1	0.00
Mcal HMO Blue Cross/60007		32	3,392.30
Mcal HMO Brand New Day/794		1	132.40
Mcal HMO Caloptima/11037		2	278.23
Mcal HMO Cap Management Systems/261040		10	769.55
Mcal HMO Care First Health Plan/601 Potrero Grande		25	2,991.47
Mcal HMO Community Health Group/1237		1	139.50

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Medi-Cal HMO GEMT Transports

Company IS City of Pasadena

<u>Payer</u>	<u>DOS</u>	<u># of Trips</u>	<u>Payments</u>
City of Pasadena			
Mcal HMO Community Health Plan/1000 S Freemont Ave		1	0.00
Mcal HMO Eastland Medical Group/371390		2	120.80
Mcal HMO Employee Health Systems/2002		1	131.08
Mcal HMO Gold Coast Health Plan/9152		1	121.75
Mcal HMO Health Care LA IPA/570590		1	125.30
Mcal HMO Health Net/14598		71	7,878.59
Mcal HMO Health Source /100 N. Stoneman		24	1,667.95
Mcal HMO IEHP Inland Empire Health Plan/4349		16	2,017.18
Mcal HMO LA Care/811580		128	14,150.92
Mcal HMO Logisticare Solutions/2552 W Erie		7	0.00
Mcal HMO Molina Healthcare/22702		24	1,101.01
Mcal HMO Partnership Health Plan/1368		1	125.30
Mcal HMO Scan Ins/22816		1	0.00
Mcal HMO Synemed/2002		1	152.17

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Medi-Cal HMO GEMT Transports Detail

Payer	DOS	# of Trips	Gross Charges	Contr Allow	Net Charges	Rev Adj	Payments
City of Pasadena							
Fiscal Year:	(2015-2016)	1,774	2,392,755.44	2,144,999.22	247,756.22	-24.41	193,011.02
Quarter:	1 (07/01/2015-09/30/2015)	510	679,817.73	610,140.05	69,677.68	-9.41	58,727.47
Customer Name	MediCal ID#	Date of Service	Gross Charges	Contr Allow	Payments		
		7/3/2015	\$1,209.75	\$1,087.94	\$121.81		
		8/19/2015	\$1,705.88	\$1,580.58	\$125.30		
		9/13/2015	\$1,258.75	\$1,156.79	\$101.96		
		9/10/2015	\$97.00	\$0.00	\$0.00		
		7/17/2015	\$1,239.75	\$1,107.35	\$132.40		
		7/25/2015	\$1,814.32	\$1,687.02	\$127.30		
		7/29/2015	\$1,678.75	\$1,544.70	\$134.05		
		7/27/2015	\$1,239.75	\$1,178.05	\$61.70		
		8/2/2015	\$1,239.75	\$1,116.35	\$123.40		
		8/11/2015	\$1,239.75	\$1,140.45	\$99.30		
		8/21/2015	\$2,506.50	\$2,274.80	\$231.70		
		8/25/2015	\$1,750.81	\$1,627.41	\$123.40		
		8/25/2015	\$1,209.75	\$1,090.25	\$119.50		
		9/7/2015	\$1,266.75	\$1,134.35	\$132.40		
		9/22/2015	\$1,686.88	\$1,597.25	\$89.63		
		9/27/2015	\$166.77	\$0.00	\$0.00		
		8/10/2015	\$1,266.75	\$1,205.05	\$61.70		
		7/9/2015	\$1,228.75	\$1,103.45	\$125.30		
		7/8/2015	\$1,239.75	\$1,107.35	\$132.40		
		7/11/2015	\$1,266.75	\$1,134.35	\$132.40		
		7/9/2015	\$1,724.88	\$1,596.03	\$128.85		
		7/6/2015	\$1,228.75	\$1,103.45	\$125.30		
		7/18/2015	\$1,239.75	\$1,107.35	\$132.40		
		7/18/2015	\$1,266.75	\$1,127.72	\$139.03		
		7/20/2015	\$1,746.44	\$1,615.36	\$131.08		
		7/24/2015	\$2,840.14	\$2,596.64	\$246.55		
		7/20/2015	\$1,795.13	\$1,662.73	\$132.40		
		7/25/2015	\$1,727.44	\$1,598.59	\$128.85		
		7/22/2015	\$1,781.88	\$1,643.77	\$138.11		
		7/23/2015	\$1,277.75	\$1,138.25	\$139.50		
		8/1/2015	\$1,220.75	\$1,091.90	\$128.85		
		7/26/2015	\$1,182.75	\$1,061.00	\$121.75		
		8/8/2015	\$1,731.75	\$1,599.35	\$132.40		
		8/5/2015	\$1,862.75	\$1,709.05	\$153.70		
		8/3/2015	\$1,748.43	\$1,616.03	\$132.40		
		8/4/2015	\$1,808.52	\$1,666.24	\$142.28		
		8/8/2015	\$97.00	\$0.00	\$97.00		
		8/10/2015	\$1,743.88	\$1,611.48	\$132.40		
		8/21/2015	\$1,800.88	\$1,657.83	\$143.05		
		8/22/2015	\$1,239.75	\$1,107.35	\$132.40		
		8/29/2015	\$1,239.75	\$1,107.35	\$132.40		
		8/24/2015	\$1,285.75	\$1,149.80	\$135.95		

RescueNet™ Reporting

Medi-Cal HMO GEMT Transports Detail

Payer	DOS	# of Trips	Gross Charges	Contr Allow	Net Charges	Rev Adj	Payments
City of Pasadena							
Quarter: 4	(04/01/2016-06/30/2016)	353	485,359.94	429,686.81	55,673.13	0.00	35,544.90
Customer Name	MediCal ID#	Date of Service	Gross Charges	Contr Allow	Payments		
		6/24/2016	\$1,724.88	\$1,597.33	\$127.55		
		6/24/2016	\$97.00	\$0.00	\$97.00		
		6/30/2016	\$1,776.13	\$1,648.58	\$127.55		
		6/29/2016	\$1,705.88	\$1,568.45	\$0.00		
		6/30/2016	\$1,821.13	\$1,687.21	\$133.92		
		6/27/2016	\$1,678.75	\$1,547.69	\$131.06		
		4/1/2016	\$97.00	\$0.00	\$0.00		
		4/20/2016	\$1,239.75	\$0.00	\$0.00		
		4/25/2016	\$1,753.31	\$0.00	\$0.00		
		4/27/2016	\$1,228.75	\$0.00	\$0.00		
		5/5/2016	\$1,432.00	\$0.00	\$0.00		
		5/14/2016	\$1,228.75	\$0.00	\$0.00		
		6/26/2016	\$1,743.88	\$0.00	\$0.00		
		4/3/2016	\$1,716.75	\$1,577.25	\$0.00		
		4/12/2016	\$1,686.88	\$1,565.13	\$0.00		
		4/15/2016	\$1,239.75	\$1,107.35	\$0.00		
		4/21/2016	\$97.00	\$0.00	\$97.00		
		4/19/2016	\$1,228.75	\$1,104.70	\$124.05		
		4/26/2016	\$1,228.75	\$1,103.45	\$0.00		
		4/26/2016	\$1,748.75	\$1,617.67	\$131.08		
		5/1/2016	\$1,859.13	\$1,731.10	\$0.00		
		5/12/2016	\$97.00	\$0.00	\$97.00		
		5/21/2016	\$1,738.93	\$1,607.85	\$131.08		
		5/18/2016	\$1,678.75	\$1,546.35	\$0.00		
		5/23/2016	\$1,753.05	\$1,621.97	\$131.08		
		5/26/2016	\$1,182.75	\$1,073.18	\$0.00		
		6/4/2016	\$1,765.44	\$1,626.93	\$0.00		
		6/8/2016	\$1,702.30	\$1,561.80	\$0.00		
		6/10/2016	\$1,296.75	\$1,153.70	\$0.00		
		6/7/2016	\$1,678.75	\$1,547.67	\$131.08		
		6/13/2016	\$1,277.75	\$1,138.25	\$0.00		
		6/20/2016	\$1,678.75	\$1,547.67	\$131.08		
		6/19/2016	\$97.00	\$3.00	\$0.00		
		6/20/2016	\$1,228.75	\$1,103.45	\$0.00		
		6/25/2016	\$1,201.75	\$1,076.45	\$0.00		
		6/29/2016	\$1,247.75	\$1,120.19	\$127.56		
		6/27/2016	\$1,697.75	\$1,561.80	\$0.00		
		6/10/2016	\$1,228.75	\$1,103.45	\$125.30		
		6/17/2016	\$97.00	\$0.00	\$0.00		
		4/6/2016	\$1,797.30	\$1,645.13	\$152.17		

RescueNet™ Reporting

Privacy and Security Compliance

Privacy and Security Statement

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

HIPAA Compliance

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

HIPAA-Required Safeguards for Health Information

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

Exceeding HIPAA Safeguard Requirements

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

Adherence to Privacy Laws

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

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

Wittman Enterprises Privacy Policies

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

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

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

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

Cell phones and other electronic devices capable of recording or taking pictures are prohibited on the work floor.

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

Storage and Disposition of Paperwork:

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

Destruction of Paperwork:

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

Electronic Access and Storage Security:

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

OIG Compliance Program Guidance

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

Seven Key Elements OIG Compliance Program:

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

- (1) Wittman Enterprises maintains written standards of conduct that have been developed for and are continually updated to reflect clear compliance rules, expectations, training, monitoring, and address potential fraud.
- (2) Stephanie Cooper-Noe is our chief compliance officer along with Corinne Wittman-Wong. They chair the Compliance Committee that meets quarterly or more frequently as needed addressing changes in compliance policies and recommended standards of practice.

- (3) All new employees participate in a detailed HIPAA and privacy training program. Additionally, employees receive regular training updates to remain current on all policies and standards of practice.
- (4) Wittman follows the "Red Flag Rules" which require "whistleblower" protections that encourages the submissions of complaints and observations, with appropriate levels of protection from retaliation for the employee.
- (5) The Compliance Officers and Committee are tasked with responding immediately to any allegations of improper/illegal activities and the enforcement of appropriate disciplinary action against employees who have violated internal compliance policies, applicable statutes, regulations or federal, state, or private payer health care program requirements. Any such investigations also include the participation of Wittman's Director of Human Resources.
- (6) Wittman Enterprises, LLC uses a comprehensive auditing program to regularly monitor individual employee compliance as well as Wittman control policy compliance to identify any deviation from the required policies and procedures.
- (7) As stated in #5, Stephanie Cooper-Noe and Corinne Wittman-Wong lead the Compliance Committee and lead any appropriate investigations through correction of any systemic problems if they should be discovered.

Wittman Enterprises Standards of Conduct

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

- Wittman Enterprises, LLC *Compliance Policies*
 - Corporate Compliance Standards
 - Management and Organization Policy
 - Employee Education Policy
 - Employee/Vendor Screening Policy
 - Enforcement and Discipline Policy
 - Monitoring and Auditing Policy
 - Policy on Reporting, Investigating, and Correcting Compliance Problems
- Wittman Enterprises, LLC Medicare and Medi-Cal Billing Compliance Procedures
 - Billing Compliance Audits
 - New Employee Billing Compliance Audits
- Syllabus for Compliance Training
- HIPAA Business Associate Agreement

Access to Records

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

of PHI that we use, disclose, or request to the Minimum Necessary to accomplish the intended purpose of the use, disclosure or request.

Internal Use

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

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

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

Routine Disclosure to Third Parties

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

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

Non-Routine Disclosure to Third Parties

All disclosures that are not routine and recurring must be reviewed on an individual basis in accordance with this section. The Privacy Officer, together with the compliance committee, shall be responsible for developing criteria to be applied to analyze non-routine disclosures to determine the Minimum Necessary PHI that can appropriately be disclosed. All non-routine disclosures must be forwarded to the Privacy Officer for review and approval prior to making the disclosure. The Privacy Officer shall be responsible for reviewing each such non-routine disclosure and determining the Minimum Necessary PHI that can be included in the disclosure. Finally, the PHI requested for disclosure by the following entities shall be deemed to be the Minimum Necessary for the stated purpose and do not require individual review by the Privacy Officer:

- Disclosures to a public official in accordance with applicable law, if the public official represents that the information requested is the Minimum Necessary;

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

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