

2023-RFP-089
Ambulance
Billing Services for
The City of Pittsburgh
EMS Department

August 9, 2023



Quick Med Claims, LLC

Adam Patterson, CADS

Vice President of Sales

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August 9, 2023



Kathy Nieves
Sourcing Specialist
City of Pittsburgh
414 Grant Street Room 502
Pittsburgh, PA 15219

Dear Ms. Nieves,

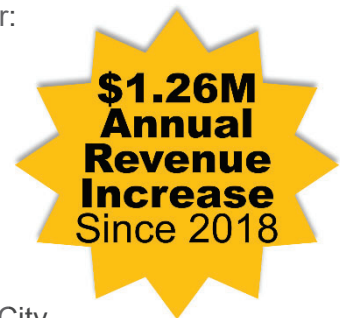
Quick Med Claims (QMC) respectfully submits our proposal to the City of Pittsburgh (the City) in response to its Request for Proposal #2023-RFP-089 for Ambulance Billing Services for Pittsburgh EMS.

→ Past Accomplishments

As your billing partner from 2005 to 2015 and 2017 to the present, we have always been committed to consistently delivering the highest quality service to the City of Pittsburgh, your citizens and visitors while capturing the maximum allowable reimbursement for the services you provide.

During the last five years, we have accomplished the following together:

- Proactively obtained Medicaid and Medicare credentials and **maintained validation status**
- Provided **extensive COVID-19 education and support resources**
- Procured and maintained field data collection hardware for the City – including its transition from Toughbooks to iPad devices
- **Average annual revenue increase for the City of \$1.26M**
- **Robust analytics and reporting with our proprietary Q-Bi business intelligence tool** featuring dashboards and reports with the ability to easily drill down into the data behind the charts
- **A dedicated 800 number for Pittsburgh EMS patients** that is answered by caring and professional Patient Care Specialists who understand ambulance billing and work with patients and their families every day
- **Expert coding by Billing Specialists that hold Certified Ambulance Coder** certificates with direct experience compliantly billing your trips





→ Proposed Value for Pittsburgh EMS

We're proud of the relationship we've built with Pittsburgh, but at the same time, we know that it's important for us to maintain our focus on the hard work that earned your business in the first place. If we are privileged to win your business again with this proposal, we will bring:

- **100% mitigation of the risks associated with transitioning to a new service** - ALL of the services and staff in place and already working for the City of Pittsburgh
- **EXISTING full integration between ESO and QMC's billing system** to electronically import your trips accurately and efficiently
- Insurance and demographics discovery and verification using multiple internal, external and **EXISTING local hospital and payer relationships to find information before we submit the claim**
- **Innovative AI and Billing Technology that "learns" with every bill processed to continuously improve billing efficiency and accuracy for Pittsburgh EMS**
- **Expert compliance and quality audit services** from our in-house team of accredited compliance professionals with a track record of compliance
- Provision of data and industry trends to support the City's finance and operations planning
- **Online Patient Satisfaction Survey** with enhanced customization and reporting capabilities
- **Apple+ iPad Insurance** for all new devices
- **Partnership with Public Consulting Group for additional revenue streams**

Thank you for including QMC in your proposal process and know that we look forward to continuing to build upon our partnership with the City of Pittsburgh for many years to come.

Sincerely,

S. Mark Talley,
Chief Executive Officer



1) QUALIFICATIONS, EXPERIENCE & REFERENCES

QMC is a proud Pittsburgh-based company that has served the EMS industry for 32 years with EMS billing services. Our qualifications include an intense focus on the City of Pittsburgh and Pittsburgh EMS that simply cannot be replicated by any other national vendor. Our company was founded in Pittsburgh and remains a local company with 197 local team members as we've grown with the City over the years. Today, we are 380 team members strong serving hundreds of clients across 42 states - yet the City still is our home and our flagship client relationship.

In 1991, Harry J. Sichi and Michael J. Lewis launched Quick Med Claims with a vision to provide superior service to ambulance transport companies that required specialized medical billing services. Since then, QMC has grown into a nationally recognized leader setting the bar for compliance, quality assurance and exemplary customer service.

Thirty-two years later, we maintain the same focus – to provide best in class billing services and reimbursement consulting for our EMS and Air Medical clients, so they can focus on patient care. QMC's entire business is focused on offering comprehensive revenue cycle management services for emergency medical transportation providers.

Today, we are 380 Team Members strong serving client **partners in 42 states – including 158 in Pennsylvania.**



**EMS
Billing
for
30+
YEARS**



QMC Qualifications

Quick Med Claims brings many value-added services to The City of Pittsburgh with our partnership:

Quarterly Charge Analyses

QMC provides PEMS with real time data highlighting industry charge trends. The database developed in close coordination with several other entities in the medical transport space to assist our clients with responsible financial planning.

Payor Interactions

QMC supports the City with payer interactions at many levels, from individual meetings to data gathering and contract discussions as we leverage the full depth and breadth of our experience on their behalf.

Proactive RCM Opportunity Identification

QMC tracks the City's RCM performance on a daily basis with an eye toward identifying challenges proactively. This effort may identify contract problems, patient triage decisions, payor issues, and other challenges that negatively impact reimbursement. Through this approach, we partner with you to pursue solutions before the challenge becomes a negative trend.

Process Improvement Opportunity Identification

The QMC team monitors and analyzes the billing process to identify opportunities for improvement. This effort may identify documentation problems, IT interface challenges, payor interface problems and other process issues that make the process less than effective. QMC works with the City to fashion mutually beneficial solutions.

Industry Service

QMC continues to be active in national, state and regional efforts to secure and maintain adequate reimbursement for medical care transport services for providers. Our efforts include everything from committee participation and direct advocacy to support of industry associations through guest speaking engagements, planning, and active communication.



Sponsorships and Support

QMC provides support to our clients and the industry at large for the benefit of the profession, including sponsorship fundraising events and educational offerings conducted by the client. QMC is an avid supporter of industry provided educational offerings. In addition, one of our executives has recently established an individual scholarship to fully underwrite attendance at the AAMS Medical Transport Leadership Institute (MTLI) through the MedEvac Foundation International.

Industry Innovation & Knowledge

QMC has a team with a tremendous amount of health care industry experience and a track record of innovation. Our team members are available to consult on matters that will contribute to the overall health of the medical transport organization.

Examples of client support have included, but are not limited to:

- Financial Performance Analysis
- ePCR Software Selection Consultation
- Operational Effectiveness Review
- Payor Contracting Support

Project Sub-Consultants

eServices Technologies, Inc. <https://www.eservicestech.com/>

QMC will continue to partner with eServices to provide credit card processing services, Patient Satisfaction Surveys and our Patient Access Portal where Pittsburgh EMS patients can view their account, update information and/or pay their balance.

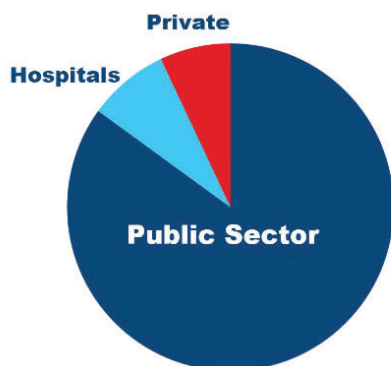
eServices Technology is an innovative, agile company built on the entrepreneurial spirit. Our cloud-based and user-friendly platform provides bolt-on solutions for Donation Management, Event Management, Invoicing, Medical Billing, and Membership Management, as well as Payment Processing Tools.



QMC Experience

QMC's entire business is focused on offering comprehensive revenue cycle management services for emergency medical transportation providers – **all our time, effort and resources are allocated for ambulance transport billing services.**

Our commitment to serving the public sector marketplace is borne out by the fact that 90% of our current client base is made up of municipal organizations.



Public Sector Experience Includes:

- Fire Departments
- Municipal EMS
- County EMS
- Tribal Nations

→ Experience with the City of Pittsburgh

QMC has served the City of Pittsburgh for 15 years between 2005 and 2023 with EMS billing services with consistent success throughout our partnership.

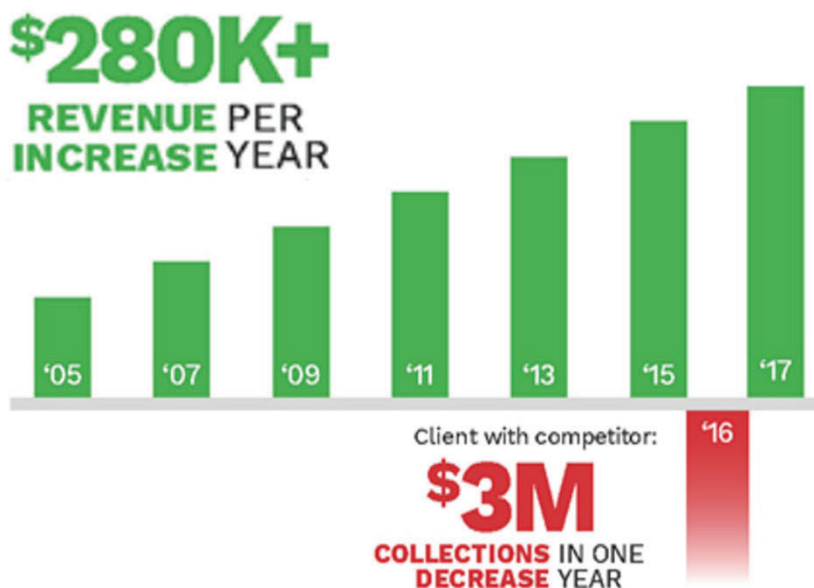
We were initially selected through a vigorous procurement process by RFP to perform EMS billing for this service in 2005. For the next 10 years, QMC consistently increased the client's collections and often received praise for our ability to work claims to their fullest potential. We worked closely with the department leadership to establish alternative strategies like accessing hospital face sheets through an interface with UPMC, databases, and insurance clearinghouses to gather patient demographic and insurance information, given the City's high transport volume and the difficulty medics often encounter with gathering data in the field. All of this was done compliantly in every case.

During this period, we achieved an average \$280k revenue increase each year for the City.

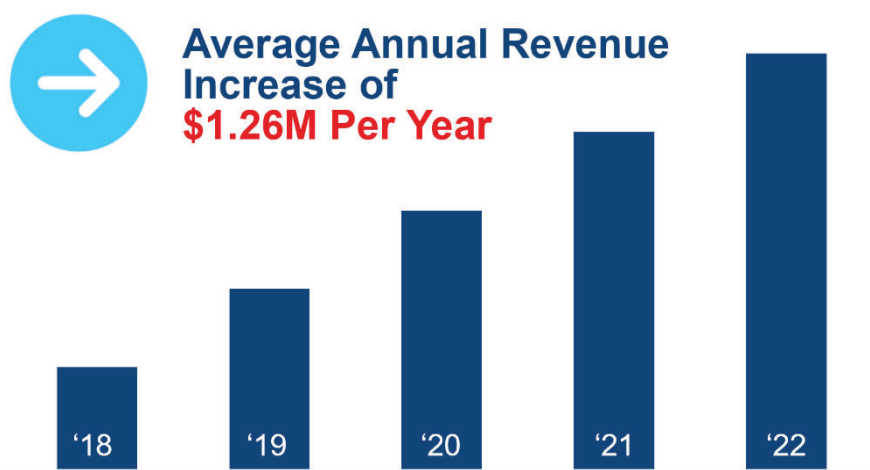
In 2015, procurement regulations required that the City go out to bid for these services which resulted in the selection of a huge national vendor that provides services to many sectors in the healthcare industry based on a 0.07% lower fee – an estimated cost savings of approximately \$84,000.



Over the course of 2016, though Pittsburgh EMS crews completed 3,000 MORE transports than the previous year, the City received approximately \$3 MILLION LESS REVENUE than the year prior. The initial intent to save money on the fee resulted in an approximate \$3 million loss, which again pushed the City out to RFP in 2017 when you returned to our partnership.



Since then, we are proud to report that we have increased revenue to the City by an average of 1.26M a year!





→ Our Regional Experience

QMC is the **TRUSTED PARTNER OF CHOICE** of **158 providers in Pennsylvania** for Ambulance Billing Services. Our footprint in the Pittsburgh area includes relationships with:



→ Local Experience Makes All the Difference

We bill more than 339k trips for EMS providers in Pennsylvania, which means our Billing Specialists truly understand the nuances of billing your payers. Our experience working hard for providers in PA demonstrates our ability to compliantly bill your payers according to the regulations and standards required of municipal EMS organizations.

We know your **PAYERS.**





References

QMC processes more than 1.3 million claims annually for our air and ground client partners who do anywhere from 50 to 60,000 transports. We're proud of our ability to form lasting partnerships while consistently performing at or above service benchmarks.

We offer the following carefully selected references as direct evidence of our ability to accomplish your goals:

Mutual Aid Ambulance Service

Gene Komondor, Executive Director

(724) 433-9284

Genek19@comcast.net or gkomondor@mutual-aid.com

Annual Transports: 60,000 ground

ePCR Integration: emsCharts

Life Flight Network

Adam Osborne, Chief Financial Officer

(503) 678-4364

aosborne@lifeflight.org

Annual Transports: 18,320 ground 10,908 air

ePCR Integration: emsCharts

Medical Rescue Team South Authority

Josh Worth, Chief of Operations

(412) 343-5111

jworth@mrtsa.com

Annual Transports: 7,390 ground

ePCR Integration: emsCharts



2) QUALIFICATIONS OF PROJECT TEAM

QMC Project Team

Our approach to ensuring successful Client Partnerships is to set up clear avenues of communication from the start. QMC's Client Success Team is comprised of a group of hand-picked medical transport billing professionals with extensive billing, compliance and clinical experience and excellent communication skills. The Team's primary goal is to be the conduit for all Client needs throughout the contract.

QMC EXECUTIVE LEADERSHIP TEAM



S. Mark Talley
Chief Executive Officer



Kandi Sigona
Chief Operating Officer



Anthony Rosich
Chief Financial Officer



Rich Boyde
Chief Technology Officer



Katherine Foy, CACO
Chief Compliance Officer



Ed Marasco, MPM, CMTE
VP of Business Development



Adam Patterson, CADS
VP of Sales



Gina Potenza
Chief Resource Officer



→ Executive Leadership Team

S. Mark Talley, Chief Executive Officer

As Chief Executive Officer (CEO) of Quick Med Claims, Mark Talley is responsible for driving innovation across the organization through effective leadership. Prior to joining the company, Mark served in a variety of chief leadership roles for large Healthcare RCM organizations, most recently serving as CEO of Revecore. His expertise encompasses all facets of revenue cycle management, including: driving operating efficiencies, building and maintaining strong and effective management teams, and rapidly scaling organizations for maximum potential. Mark has a Bachelor's in Accounting from Auburn University.

Kandi Sigona, Chief Operating Officer

As Chief Operating Officer (COO) of Quick Med Claims, Kandi is responsible for providing day-to-day leadership and development of QMC operations. Kandi has more than 20 years of experience in strategic planning and organizational development and is focused on ensuring that QMC's operational performance is consistently aligned with our core values.

Anthony Rosich, Chief Financial Officer

As Chief Financial Officer (CFO) of Quick Med Claims, Anthony Rosich is responsible for providing oversight of all accounting and financial operations, with a focus on corporate growth through strategic financial planning and execution. He has 20 years of experience in finance, including the last 10+ years in executive finance roles in the healthcare industry. Anthony's executive leadership and analytical acumen assist in leading QMC into the future of healthcare. He has a Bachelor's in Accounting from Iowa State University.

Gina Potenza, Chief Resource Officer

As Chief Resource Officer (CRO) at Quick Med Claims, Gina Potenza is responsible for all Human Capital-related initiatives. Gina has almost 30 years of leadership experience in Human Resources and Information Technology in the insurance and healthcare industries, which she uses to change the ways HR can and should provide services for organizations. Gina's expertise enables her to build upon what it takes to successfully grow the company and remain competitive as the employer of choice through leadership, technology, processes, compliance, and metrics. She has a Bachelor's degree from Syracuse University and a Masters from SUNY Institute of Technology.



Rich Boyde, Chief Technology Officer

As Chief Technology Officer (CTO) of Quick Med Claims (QMC), Rich Boyde is responsible for the technology infrastructure that enables QMC to focus on delivering internal and external excellence, reliability and consistency throughout our organization. Rich has almost 30 years of IT experience, including system design and architecture across multiple technology platforms. Rich has almost 30 years of IT experience, including system design and architecture across multiple technology platforms. He has worked in start-up companies, consulting firms and large healthcare companies, where he successfully implemented a new claims, enrollment and billing system to support growth initiatives. Rich has a Bachelor's degree in Computer Science from Geneva College.

Ed Marasco, Vice President of Business Development

In his role as Vice President of Business Development for Quick Med Claims (QMC), Ed Marasco is responsible for developing new business opportunities and service lines, providing consulting services to medical transportation organizations, and supporting existing QMC clients. Ed has been actively involved with the Association of Air Medical Services (AAMS) for more than 20 years, where he served as a member of the Fixed Wing Committee and the Finance and Reimbursement Committee.

He also serves on the Boards of several health care organizations, including Jefferson Regional Medical Center, West Penn Allegheny Health System and the Pittsburgh Emergency Medicine Foundation. Ed received his Bachelor's degree in Secondary Education from the University of Pittsburgh and his Master's degree in Public Management from the H.J. Heinz III School of Public Policy and Management at Carnegie Mellon University. He is a certified Master Project Manager, and Certified Medical Transport Executive. Ed is a retired flight paramedic.

Adam Patterson, Vice President of Sales

As Vice President of Sales at Quick Med Claims, Adam Patterson is responsible for developing new business opportunities and service lines, providing consulting services to medical transportation organizations, and supporting existing clients. Adam brings 15 years of healthcare revenue cycle management experience to his work. He has worked with hundreds of ambulance services on formation, enrollment, revenue analysis, patient care reporting, and revenue cycle management. Additionally, enjoys working with medics to understand the importance of patient care reporting requirements.

Adam is a Certified Ambulance Documentation Specialist with the NAAC.





Stephenie Tollett, Vice President of Client Operations, leads the Client Success and Operations teams to provide stronger, more efficient service for our Clients. Stephenie has been in the healthcare industry more than 25 years directing healthcare operations encompassing medical billing, practice management, network/payer contracting, and information management. She is focused on providing quality service based on predictability, timeliness, and meeting customer needs, resolving issues in initial stages, and executing implementations that result in excellent service for each and every QMC Client. She holds a Bachelor of Science from Oklahoma State University and an MBA from Oklahoma City University.

Kelly Campion, Vice President of Billing Operations is a billing, compliance, and revenue cycle management expert with 17+ years of experience managing numerous critical, highly complex revenue and compliance projects in the EMS industry. She has a deep background in the EMS industry, serving on the provider side before moving into her role at QMC, allowing her to view things from the new client's perspective as they move through the implementation process. She is a Lean Six Sigma Green Belt and a Certified Medical Transport Executive with the MTLI. Kelly holds a Bachelor's in Business Administration from the University of South Florida.

Kelly is a Certified Ambulance Compliance Officer and Certified Ambulance Coder with the NAAC.

Joy Curtis, Director of Implementation is a skilled project management and training expert with 17 years of experience in the healthcare industry. She has worked the last five years exclusively in the area of managing implementations for large projects, first at CVS Health and now at Quick Med Claims. Her expertise and commitment to her craft ensures that every new client is implemented effectively and set up for success from the start at QMC. She is a Certified Project Manager and holds a Bachelor's in Business Administration Masters of Business Administration from Texas Wesleyan University.

Laurie Iacobellis, Vice President of Post Billing Operations leads two key teams that interact with patients and payers: Patient Services and AR Management. For over 20 years, Laurie has gained extensive financial and operational experience at a variety of levels working as a director in UnitedHealthcare, AARP and Independence Blue Cross. She is committed to implementing process improvements that create efficiencies for the teams she leads, which results in better service for our clients and their patients. Laurie graduated from Northern Illinois University with a degree in Accounting.

She is a Certified Ambulance Coder with the NAAC.



Katherine “Kathy” Foy, Chief Compliance Officer serves QMC as a subject matter expert in the areas of corporate compliance and risk mitigation. She is committed to ensuring that QMC adheres to federal, state, and local regulations, as well as industry best practices. This includes: Medicare, Medicaid, HIPAA, insurance billing, and cybersecurity within the heightened regulatory environment of the medical transportation billing field. She received her Bachelor of Arts from Temple University and a Master’s degree from the University of Pennsylvania. Kathy has more than 25 years of experience working for the Federal government and nonprofit organizations. Kathy is a Certified Ambulance Compliance Officer with the NAAC.

Celeste Plunkett, Director of Clinical Quality and Risk provides clinical support to the organization, especially with writing appeals to support our AR Management Team. She also develops team member education and assists the Compliance Team with ongoing projects. She has a Masters of Nursing Education from Robert Morris University and has since spent 29 of her 32 years as a nurse in the Emergency Department of a Level 1 Burn/Trauma, Comprehensive Stroke Center. She has experience in EMS, critical care and flight nursing and leads a team of Compliance Specialists. Celeste is a Certified Ambulance Compliance Officer and Certified Ambulance Coder with the NAAC.

→ [Patient Services Bios](#)

Your patients are a priority at QMC.

Laurie Iacobellis, Vice President of Post Billing Operations, leads two key teams that interact with patients and payers: Patient Services and AR Management. For over 20 years, Laurie has gained extensive financial and operational experience at a variety of levels working as a director in United Healthcare, AARP and Independence Blue Cross. She is committed to implementing process improvements that create efficiencies for the teams she leads, which results in better service for our clients and their patients. Laurie graduated from Northern Illinois University with a degree in Accounting. She is a Certified Ambulance Coder with the NAAC.

Kelly Deegan, Director of Patient Services is responsible for leading a team of Patient Specialists who serve each client segment and region of the country. She provides real time supervision and call center monitoring as well as training and leading peer review – all to ensure we are giving each and every one of your citizens and visitors compassionate, effective service. Kelly is a Certified Ambulance Coder with the NAAC.



→ Client Service Team for Pittsburgh EMS

The City of Pittsburgh is served by our Client Success Team, comprised of:



Stephenie Tollett, Vice President of Client Operations, leads the Client Success and Operations teams to provide stronger, more efficient service for our Clients. Stephenie has been in the healthcare industry more than 25 years directing healthcare operations encompassing medical billing, practice management, network/payer contracting, and information management. She is focused on providing quality service based on predictability, timeliness, and meeting customer needs, resolving issues in initial stages, and executing implementations that result in excellent service for each and every QMC Client. She holds a Bachelor of Science from Oklahoma State University and an MBA from Oklahoma City University.



Kevin Carpenter, Director of Client Success, will oversee the activities of your dedicated Client Success Manager. He has a solid background in revenue cycle management and is respected for his comprehensive knowledge and expertise in reimbursement, EMS billing operations, and providing excellent service to QMC's Client Partners. Kevin has had a long career in EMS billing in facets of the business and his well-rounded professional background has proven invaluable in exceeding his clients' expectations. He is a Certified Ambulance Coder with the NAAC.



Haley Burk, Client Success Manager is your advocate and proactively monitors Pittsburgh EMS account performance across multiple areas including daily trip imports, daily deposits, outstanding AR, timing of payer remits, etc.– for anything that might affect your revenue. She is your go-to for reporting, hardware and software fulfillment and literally anything that you need. Should an issue arise, he has the authority to raise your needs to the Executive Leadership Team of QMC at any time.

“The City of Pittsburgh has been my heart and home for 30 years. I’ve gotten to witness the outstanding service that Pittsburgh EMS provides every day to myself, my family and my community. I’m honored to partner with a service so critical to our success as a City and I’m committed to providing the best RCM the US has to offer.”

Haley Burk, Pittsburgh EMS Client Success Manager



→ Client Service Team Responsibilities

Haley and our entire Client Success Team provides:

- **Proactive and Responsive Client Care** – Proactive information on trends and account activity of note. She is a phone call or email away when you need us. Our commitment to you is to respond to you as quickly as possible, but always within four business hours of your contact.
- **Scheduled Client Meetings** – Haley meets with the City every month to provide a forum for our teams to review monthly reports, billing activity, special projects, open items and any matter that is relevant to our partnership. The meeting always ends with the distribution of a list of action items for the next month.

She also conducts quarterly and annual meetings to provide a high-level look at our billing performance and an opportunity to assess program goals and areas of focus for the upcoming period.
- **Credentialing and Re-validation Monitoring and Assistance** – She works with the appropriate City representative(s) to obtain the information needed for credentialing and re-validation applications.
- **Fee Schedule Updates** – When updates are communicated to Haley in writing on your letterhead or an official email, she handles getting the charge master updated in our billing system and confirms when the update is complete. The process takes a couple of days from request to going live with your new rates.
- **Training Coordination** – She is the point person to coordinate annual documentation training and additional educational opportunities we offer throughout the year.
- **Quarterly Fee Schedule Analyses** – She also generates a Rate Schedule Comparison that shows your fees by Level of Service alongside high, low and average fees for other similarly structured ambulance providers in the region. Our database was developed in close coordination with several other entities in the medical transport space to assist our clients with responsible financial planning. Results are shared during our quarterly meeting.
- **Consulting Services Coordination** – She is also there to facilitate any requests for consultation services, including – but not limited to: ePCR Software Selection, ET3 Program Development, Operational Effectiveness Review, Payer Contracting Support, Professional Networking, Provider Contracting Support, Service Line Revenue Projections, Vehicle Procurement Advice, etc.



Sub-Consultant Qualifications

eServices Technologies, Inc. <https://www.eservicestech.com/>

QMC will continue to partner with eServices to provide credit card processing services, Patient Satisfaction Surveys and our Patient Access Portal where Pittsburgh EMS patients can view their account, update information and/or pay their balance.

eServices Technology is an innovative, agile company built on the entrepreneurial spirit. Our cloud-based and user-friendly platform provides bolt-on solutions for Donation Management, Event Management, Invoicing, Medical Billing, and Membership Management, as well as Payment Processing Tools.

→ eServices Leadership Bios

Jesse Siefert, CEO & Co-Founder

Jesse developed and chaired the Allegheny County EMS Technology Workgroup for nearly ten years, served as a board member of the Allegheny County EMS Council, and is a team leader for specialized medical response teams in Allegheny County for Hazmat and Swift Water Rescue. He is a Xennial and self-taught "techy" born in an analog world, growing up with DOS x86 computers. He has taken his experiences professionally and personally to bring technology innovation to EMS agencies, fire departments, nonprofits, and beyond.

When out of the office, Jesse can often be found at the local ball field, where he is the President of the Greater Baldwin Whitehall Athletic Association. Above all else, Jesse is a husband and father of three kiddos; he strives every day to love and serve his family well.

Charles Benscoter, VP of Sales & Implementation

Chuck began his technology career in 1990, working in main-frame processing for the State of Illinois. In 2013, Jesse Siefert and Chuck partnered and began developing a simple way to handle membership management. Like previously in Chuck's career, the system began to grow, adding our bolt-on solutions: donation management, bill payments, tax payments, POS, event management, and more. eServices continues to grow but always with the foundation of web-based data processing, analysis, and decision-making at its core. Today it is being used for many of the day-to-day functions of EMS, municipalities, school districts, and much more.

Outside of work, Chuck is active in his church and an avid tabletop game player. He plays the drums, enjoys small DIY projects in his shop, and travels with his wife of 30+ years.



3) PROJECT APPROACH & PLAN

Approach to Scope of Services

3.1. Contractor Responsibilities

1. *Assume management of open accounts and new accounts for the time period of April 1, 2024, through December 31, 2029, in accordance with the responsibilities outlined below.*

As your current provider, **QMC has everything in place today** to provide EMS Billing Services without interruption for Pittsburgh EMS.

2. *Assume management of all aspects of the EMS billing process (with the exception of those aspects specifically mentioned above as City of Pittsburgh/Pittsburgh EMS responsibilities) for all patients cared for by Pittsburgh EMS effective April 1, 2024, through the length of the contract.*

QMC is ready to continue serving the City of Pittsburgh without the risk of ramp up time, the recredentialing process and vendor integration setup.



3. *Comply with all Federal, state and local laws and regulations and insurance company requirements with respect to billing and collection of ambulance fees.*

Quick Med Claims complies with all applicable Federal, State, and local laws and regulations as they apply to the services being provided, including maintaining confidentiality for all medical and patient information in accordance with HIPAA.



We are committed to maintaining the highest level of professional and ethical standards across our business.

We have a dedicated, in-house team of EMS Compliance professionals who are dedicated to keeping QMC at the forefront of EMS industry legal and regulatory changes to ensure billing compliance for our company and our clients.

4. *Implement and comply with a Compliance Program consistent with the intent and activities included in the U.S. Office of Inspector General (OIG) Compliance Program Guidance for Third Party Medical Billing Companies, 62 F.R. 70138 of December 18, 1998.*

Quick Med Claims, LLC (QMC) is a privately held company offering billing services, revenue cycle management, and consulting advice to the emergency medical transportation industry, for both ground and air ambulance services. QMC provides services to medical transportation providers across the country which may have various and differing billing requirements based upon geographic location, insurance programs, state regulations, etc.

We place the utmost importance on earning and maintaining our reputation for honesty and integrity which can only be achieved through the actions and conduct of all personnel. QMC is committed to avoiding even the appearance of wrongdoing because such appearances, however innocent, may create a perception that a lower standard of ethical behavior is acceptable business practice.

The QMC Compliance and Ethics Program and its policies and procedures for detecting and preventing fraud, waste and abuse are designed to meet the seven (7) required elements of an effective compliance program as defined by the Office of Inspector General (OIG) for the U.S. Department of Health and Human Services (HHS).

[Click here to see a copy our Compliance Plan.](#)



5. Ensure compliance with HIPAA rules and regulations.

QMC takes a multi-pronged approach to raising and maintaining awareness regarding the need for confidentiality and HIPAA compliance within our organization. At the core of our efforts is an active education program upon hiring and annually thereafter. Annual compliance training covers HIPAA, the minimum necessary rule, red flag rules and disclosures, practical privacy issues, breach notification, patient rights, releasing PHI, ARRA, the Fair Debt Collections Act and the HITECH Act. Our program and its components are living documents and processes designed to help our Company and Team Members comply with Federal and State laws that apply to the healthcare industry and our business operations.

→ Quality Assurance

QMC has an active Quality Assurance (QA) program to support our internal processes that monitor individuals, teams and the overall organization's performance against a number of key performance indicators. Our Compliance Team provides a set of criteria against which each Client Team's performance is monitored and reviewed throughout the client relationship. QMC has also implemented a security plan that focuses on risk mitigation through system monitoring and preventative maintenance, including security, antivirus services, power protection, and software patches and updates that are backed up by comprehensive service and support agreements across the board. Our security policies are monitored and updated under the guidance of our Compliance Team that conducts regular audits of company processes.

Internal Audits include:

- Daily Billing Audits, performed by Compliance and Audit Department
- Daily Posting Audits, performed by Compliance and Audit Department

External Audits include:

- Annual Audit for Billing Compliance by Price, Wolfberg and Wirth
- Annual Audit for HIPAA Compliance
- Annual Audit of IT, including SOC 2 Type II Audit
- Quarterly IT Vulnerability Testing
- Quarterly and Annual Financial Audit





→ Compliance Services

QMC works with Pittsburgh's leadership to ensure compliance with Local, State and Federal regulations governing the ambulance billing industry by providing the following key services and training throughout our partnership:

- Quarterly comparative analysis of your fee schedule alongside other providers in the region
- Assistance negotiating/renegotiating payer contracts
- Pittsburgh EMS process reviews that include:
 - TNT/DOA procedures
 - Patient hardship policy
 - Facility billing requirements
 - At least five (5) PCRS for documentation accuracy
 - Assignment of Benefits (AOB), Physician Certification Statement (PCS), Certificate of Medical Necessity (CMN) and Signature Forms
 - MAC and State-specific Local Coverage Determinations (LCDs)
- Providing regulatory updates on new laws and billing/documentation requirements
- Offering industry education and updates on issues that affect ambulance providers (i.e.: ePCR software selection, COVID-19 assistance/payment programs, etc.)
- Compliance with Federal, State, Local and HIPAA Regulations

→ Audit Support & Results

We also assist the City with audit review and preparation and we're always available to participate in meetings or discussions with external auditors or health insurance payers. We will also prepare rebuttal information, when appropriate if we disagree with an auditor's findings or disagree with requests for overpayment demands.

Here are a few examples of audits we've appealed on your behalf over the last couple of years:

- **2021 Gateway Health Plan** – In 2021, we received a letter from Gateway Health Plan indicating an overpayment had occurred and requesting a \$10,937 refund. QMC's Compliance Team reviewed the request and prepared rebuttal documentation to support our billing practices to appeal their findings. **The final determination reduced the overpayment by \$10,198 to a mere \$739.00.**



- **2021 PA Medicaid** – We received a notification from Pennsylvania Medicaid in 2021 requesting a refund on several claims. Initially, Pittsburgh had submitted the initial documentation, which we then reviewed and attached what was required for the successful appeal of two complete claims.
- **2021 Medicare Post Pay Review** – This review in 2021 reviewed 20 claims were reviewed and 12 were returned because they were missing crew signatures. We appealed these claims, escalating it to Medicare Administration with a discussion on Local Coverage Determination, although Medicare upheld their denials. We also notified your administration for crew education to avoid the issue in the future.
- **2022 PA Medicaid** – In 2022, we received an overpayment notification from Pennsylvania Medicaid for \$9,600. Our review and appeal of mileage charges and Not Medically Necessary claims resulted in an overall reduction of \$1,500 to \$8,100. Initial overpayment listed at \$9,600. **After Compliance review/appeal, overpayment reduced to \$8,100.** The decision was upheld on the Not Medically Necessary claims.

We routinely share the results of our internal and external audits with the City during regular meetings with your leadership.

→ Team Member Certifications

QMC invests in our team members to receive education and certifications that apply to their functional area because we believe that an accredited team translates to fewer mistakes and better outcomes.

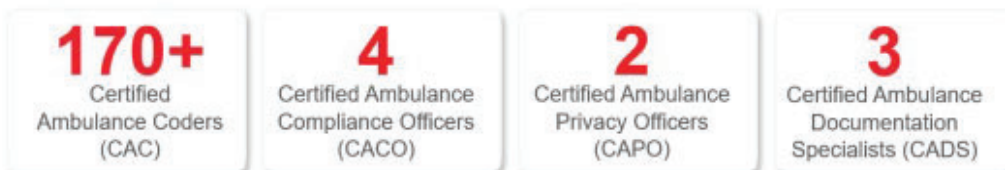
We know how critical properly coding claims is to obtaining payment for the services provided in the field, which is why our entire team of coders – and most of our billing staff - are Certified Ambulance Coders (CAC) with the National Academy of Ambulance Coding (NAAC).

The NAAC is recognized as the gold standard in EMS billing and compliance education in the ambulance industry. They have a continuing education relationship with the CMS Medicare Learning Network, with several Medicare Administrative Contractors, and numerous statewide ambulance associations. As a company, we decided to sponsor certification through the NAAC because it is the ONLY nationally recognized accreditation agency that is focused solely on ambulance coding, billing, and compliance.





Today, more than 170 of our billing staff are CAC certified and other key Team Members hold additional certifications offered by NAAC. We have found that these certifications serve our client base well through minimized denials which leads to a faster, more accurate revenue cycle. The QMC team holds the following professional certifications with the NAAC:



6. Arrange to accept EMS Charts databases and cover the annual fees for EMS Charts which shall include the base package and optional modules. The base package includes quality assurance, standard and custom reporting, continuing education, human resources and help desk support. Optional modules include geocoding (GIS), CAD imports, SyncPad, research, SyncPad transactions, and HL7 interface.

QMC has provided the City of Pittsburgh EMS with the ZOLL emsCharts ePCR software within our billing program cost proposal for 10 years and is pleased to include the following services package with this proposal:

SaaS				
Item	Lic. Type	Description	Qty	Unit
ZEMSC	HL	ZOLL emsCharts (Per PCR) Base NEMSIS Compliant, web-based prehospital documentation System. Includes: Automatic NEMSIS Submission, QA Module, Certification Tracking, Configuration Capabilities, Reporting and Analytics with email delivery, Billing Export; includes one day deployment.	6700	PCR
ZEMSC-CMZ	HL	ZOLL emsCharts - Core Modules w/ ZOLL Defibs (Per PCR) ZOLL Defib users. Includes: CAD Import, emsCharts NOW application, Mobile, EKG Web, EKG Mobile, Remote Downloader, Geocoding, Archiving.	6700	PCR
ZEMSC-SP	HL	ZOLL emsCharts - SyncPad Interface (Per PCR) Includes: SyncPad Interface. Additional fees from SyncPad required.	6700	PCR



7. Contractors may recommend PCR software other than EMS Charts to facilitate their billing operation. If the Contractor elects to do so, it must provide a written description of the reasons and advantages of this recommendation. Additionally, the Contractor must assume responsibility for the initial purchase of this software, must provide and cover the cost of periodic training of Pittsburgh EMS personnel in the use of this new software, and must identify to the City of Pittsburgh the monetary and non-monetary cost of on-going maintenance of this software. The contractor however will be responsible for all annual fees associated with the recommended PCR software as well as any fees associated with interfacing into the Allegheny County 911 CAD system and HL7 interface.

QMC is not offering an alternative ePCR software solution with our proposal because we believe the City's EMS department is happy with its current emsCharts solution.

8. Provide electronic patient tracking technology for special events, mass casualty incidents, triage tags, etc. The system must be capable of interfacing with patient care reporting system as well as the Allegheny County CAD system.

Per the City's third addendum, the current emsCharts configuration will meet your needs.

9. Maintain all billing records in electronic form for a period of seven (7) years, or in accordance with Federal, State, and Municipal record retention schedules, whichever is longer.

All data received under this contract is and will remain the property of the City of Pittsburgh and be provided upon request in a mutually agreed upon electronic format (whether during the contract for audit support or when the contract is fulfilled). There are no charges for access to your data during or after the contract term. Our system data is retained for a minimum of seven (7) years.

10. Maintain all data and billing records in a form permitting transfer to a new Contractor within thirty (30) days.

Should the City select a new Contractor for any reason, the parties agree to a Transition Period that shall commence on the termination date and end ninety (90) days thereafter. During the Transition Period, the City agrees not to forward any claims with dates of service after the termination date to the Contractor for processing. The Contractor agrees to continue to provide billing and reimbursement services for dates of service prior to the termination date as described herein for the entire Transition Period.



At the end of the Transition Period, the Contractor will present to the City a final set of reports, in a mutually agreed upon format (CSV, ASCII, etc.), including an invoice for services that details the work done during the Transition Period. The City shall pay all fees due to the Contractor within thirty (30) days of receiving a complete and correct invoice.

11. Deploy and maintain “mirror databases” locally.

QMC uses a combination of SAAS and on-premises infrastructure. Our billing platform is a SAAS solution hosted in AWS with several disaster recovery locations. Our analytics and portal solutions are hosted on premise in our state-of-the art data center built in April of 2020. We utilize an offsite vendor for disaster recovery and perform tests every year with an average full recovery time of under 24 hours. Our physical data centers all have UPS and diesel generators to withstand any power fluctuations which are also tested annually.

All QMC offices have redundant internet connections (multi-provider) as well as redundant firewalls, Active Directory and RAID devices to help mitigate any down time. All physical servers are virtualized and have redundancies built in such as CPU's, Disk, Memory, etc.

All data processed and contained with our system is encrypted at rest and in transit. Primary communication channeled through REDIS caching as well as API Interfaces. We utilize Microsoft Enterprise SQL our repository and is maintained in a multi-node cluster. Primary storage is with AWS high speed block level storage for EC2. We employ rigorous monitoring services that cover: Server availability, running services, data environmental conditions, server health, antivirus and Microsoft patches, web-filtering, intrusion detection, spam for desktops and servers and sentinelOne for ransomwar. We also track logging services, including, failed login attempts, NEMESIS 3 imports, user activity within the billing system, and data transfers.

The core structure of our billing system is based upon a multi-node database cluster combined with application servers maintained in auto-scale groups. The structure is deployed with AWS providing for complete US geographic coverage with the option to expand internationally. The AWS infrastructure provides for complete redundancy, regardless of geography. Incremental daily backups are encrypted with 256-bit AES encryption before being transferred offsite to bi-coastal redundant data centers which have the capability to rebuild a replica of the onsite backup server and ship the complete server and data set to the recovery site within 24 hours.



12. Allow twenty-four (24) hour, “read-only” online access to Pittsburgh EMS to the billing databases and standard reports.

The City has 24/7/365, on-demand access to your data on-demand with **Q-Bi Trip Search** which allows you to view charge and credit information for any patient/claim. The search field and a sample of a search results - complete with expanded charge and credit detail - is shown below:

TRIP SEARCH

Filters: No Search Criteria Specified

Trips per page: 100 Trips 1,201 to 1,300 of 261,132

Click on Charges and Credits

Search Filters

Filters Apply Clear

Patient Name: Last Name, First Name

Patient DOB: mm / dd / yyyy

Companies Selection: Click to select

Service Dates: Single Date: mm / dd / yyyy, Predefined Range: select days range, Custom Range

Destination Facility Name

Run Number

Incident Number

Trip Status: Update on Each Change? YES NO

SERVICE DATE	STATUS	RUN #	INCIDENT #	COMPANY	DESTINATION FACILITY	PATIENT NAME	TRIP DOB	CHARGES	CREDITS	BALANCE
06/29/2023	Open / No Payment	23-892360-PTEM	E230124137	Large Ground EMS - Saldaa,NY	UPMC MERCY	Name 2483216, Patient	01/01/1900	\$1,226.42	\$901.42	\$325.00

1 CHARGES

CHARGE CATEGORY	BILLING CHARGE DESCRIPTION	CHARGES	QTY	TOTAL CHARGES
Base Rate	A0429 BLS E	\$1,226.42	1	\$1,226.42

1 CREDITS

PAYOR	TYPE OF PAYOR	PAYOR CATEGORY LEVEL 1	CREDIT TYPE	CREDIT AMOUNT	DEPOSIT DATE
UPMC for You Medicaid HMO	PRIMARY / CURRENT	Medicaid	Contractual Allowance	\$901.42	07/03/2023

View Charge and Credit Detail

06/29/2023	Open / Incomplete	23-899659-MAASI	23-30431	Large Ground EMS - Saldaa,NY	BETHLEN COMMUNITIES	Name 2451461, Patient	01/01/1900	\$764.40	\$0.00	\$764.40
06/29/2023	Open / No Payment	23-894438-MAASI	23-30452	Large Ground EMS - Saldaa,NY	EXCELA HEALTH - LATROBE HOSPITAL	Name 2515327, Patient	01/01/1900	\$400.00	\$0.00	\$400.00
06/29/2023	Open / Incomplete	23-896516-PTEM	E230124305	Large Ground EMS - Saldaa,NY	UPMC MERCY	Name 2493323, Patient	01/01/1900	\$1,448.53	\$0.00	\$1,448.53
06/29/2023	Open / No Payment	94874	83858512	Small Ground EMS - Illian,PA	<NONE>	Name 2488318, Patient	01/01/1900	\$382.50	\$0.00	\$382.50
06/29/2023	Open / No Payment	23-893539-MAASI	23-30432	Large Ground EMS - Saldaa,NY	ST ANNE HOME	Name 2453416, Patient	01/01/1900	\$620.40	\$347.44	\$272.96
06/29/2023	Open / No Payment	23-895034-MAASI	23-30329	Large Ground EMS - Saldaa,NY	DIALYSIS CLINIC INC	Name 2511989, Patient	01/01/1900	\$716.40	\$373.76	\$342.64
06/29/2023	Open /	23-901259-	E230124021	Large Ground EMS	UPMC MAGEE - WOMENS HOSPITAL	Name 2507063, Patient	01/01/1900	\$1,430.82	\$0.00	\$1,430.82

14. Allow exporting of billing databases to Microsoft Excel or Microsoft Access for generation of ad hoc queries and reports by Pittsburgh EMS.

Remotely View, Print and Create Reports by clicking on the three dots at the right of any element on any dashboard or report to select how you want to download the content – as a PDF, an image or CSV file.

Hover Over Any Element to Click on the Three Dots

Download a PDF of the Whole Dashboard

Download an Image or CSV File of Your Data

Daily Snapshot

TRIP VOLUME BY TRIP CREATED DATE: 4,232

NET DEPOSITS: \$1,000,000

LAST PAYMENT POST DATE: 07/18/2023

LAST TRIP CREATED DATE: 07/18/2023

KPIs CURRENT MONTH

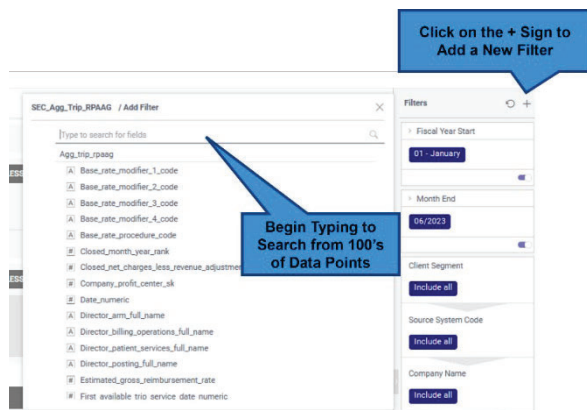
Download

Image

CSV File



Add Custom Fields easily using the **Filters Column** at the right of the **Q-Bi Portal** screen. You can also set predefined thresholds that will automatically generate notifications either via email or text when the condition is met.



Set up Custom Reports in Q-Bi with its user-intuitive report and dashboard customization tools.





15. Generate, at minimum, the following reports on a monthly, quarterly, and yearly basis. Differentiate between resident, non-resident, and combined totals. Variations to individual reports, or additions to the list, may occur through discussion between the Contractor and Pittsburgh EMS:

The City of Pittsburgh is able to monitor the performance of your billing program 24/7/365 in real-time through our **Q-Bi Client Portal**, a sophisticated platform built specifically for EMS professionals to provide transparency into the reimbursement health of your billing program. In it, you can:

- View dashboards and analytics
- View and share documents securely
- View patient account status
- Easily navigate interactive charts and tables
- View rolling 15-month summaries
- Drill-down into your data
- Apply multiple filters to your data



Send and Receive Files in a HIPAA Secure Environment in Q-Bi where you can upload files, comment on files, create multiple versions of files, receive notifications, etc. While this area is customizable for your team, there are several key spaces that every client will use:

The screenshot shows the Q-Bi Client Portal interface. On the left is a navigation menu with the following items: Home, Dashboards, Document Management, Trip Search, and Info (with sub-items: Online Access Policy, Privacy Policy, FAQ, User Guides, Document Management Dashboard). The main content area displays a folder named 'Large General EMS - Saldaea, NY'. Callouts point to several key features: 'View QMC Program Announcements' (pointing to a 'PRIORITY Memo from QMC' document), 'Send and Receive Documents' (pointing to 'Documents' and 'Reports' folders), 'View Payments, EOBs, and ERAs' (pointing to a 'Posting' folder), 'View Refund Requests w/ Backup Documentation' (pointing to a 'Refund Requests' folder), and 'Receive General and Month End Reports' (pointing to a 'Reports' folder). The interface also includes a search bar and an 'Add Folder +' button.



→ Month End Reporting Package

We provide the following standard reports and will work with your team to develop any additional reports you need during implementation.

- **Aging Summary by Current Payer** – Aged receivables in 30-day buckets broken down by payer category and top five (5) payers
- **Aging Detail** – Aged receivables detail by patient name and incident number
- **Charge Summary** – Number of trips/mileage and charged amounts for the current month, previous months of the current year and total
- **Charge Detail** – Charge detail by patient name and incident number
- **Closing Balance Summary** – Total charges and credits for the current month and previous months' contractals, payments, refunds, adjustments, write-offs, and closing balance
- **Deposit Detail** - Deposits by patient name and incident number
- **Credit Summary** – Total credits by contractual allowances, payments, refunds and adjustments for the current month, previous months and total
- **Credit Detail** - Credits by patient name, date of service, deposit date, postdate and category

If you need a new report at any point during our contract, you can simply ask your Client Success Manager to set up a new report or dashboard for you. New report development follows nearly the same process as initial report setup during implementation - understanding the purpose, planning layout and logistics and then getting your approval before going “live” with the new report. Once we have the parameters defined, report generation takes anywhere from a few hours for a simple query to a several days to set up a very complex report.

There are never any charges for reporting at QMC.

[Click here to view Sample Dashboards and Reports in the Attachments.](#)



→ Dashboards & Analytics

Q-Bi offers the following **On-Demand Dashboards**:

- **Daily Snapshot** – Pulls key elements including trip volume, deposits, payments, cash performance in aging buckets, and deposit trends from the other dashboards into a single “at-a-glance” view
- **Revenue Performance-at-a-Glance** – Monthly overview of annual revenue, payer mix, trip volume, gross and net collection rate for the current year against the previous year’s performance
- **Monthly Deposit Trend** – Monthly payments by deposit date and payer category for a rolling 15-month period
- **Deposit Detail** – Rolling 15-month detail of payments by deposit date and payer category in multiple views
- **Cash Performance-at-a-Glance** – Monthly breakdown of incoming cash and trip charges by deposit date and percentage of actual payments vs estimated reimbursement rate for a rolling 15-month period
- **My Trip Volume** – Monthly breakdown of trips by service date for a rolling 15-month period
- **Activity Summary Patient Detail** – Patient trip charge and payment detail by service date for the current and previous month
- **Activity Summary Primary Payer Category** – Trip charges, adjustments, payments, and balances by payer for the current and previous month
- **Aging Detail by Current Payer** – Outstanding trip balances by 30-day aging increments for the current and last three (3) quarters
- **Charge Analysis** – Charge detail for trips for the current and previous month
- **Payment Report by Payer** – Breakdown of payer payments by deposit date for the current and previous month
- **Cost Collection Data** – Total payments, payments by payer category source, trips by transport type, level of service and pick up zip code



• Acknowledgement Report for transport patients by date of service

Use our **Q-Bi My Trips Dashboard** to view imported trips on a daily or monthly basis:

1. My Trip Volume Jul 14, 2023 4:58:00 AM

ROLLING 15 MONTHS

Trip Volume by Service Date

Service Date	ALS	ALS2	BLS	Lift Assist	SCT	To Be Determined	Treat No Transport	Wheelchair
05/2022	571							
06/2022	584							
07/2022	1,482							
08/2022	1,224							
09/2022	1,229							
10/2022	1,169							
11/2022	1,294							
12/2022	1,838							
01/2023	1,945							
02/2023	1,807							
03/2023	2,247							
04/2023	2,331							
05/2023	3,466							
06/2023	5,937							
07/2023	2,411							

Trip Volume by Service Date & Call Type

Service Date	ALS	ALS2	BLS	Lift Assist	SCT	To Be Determined	Treat No Transport	Wheelchair
07/2023	979	15	1,014		3	13	299	84
06/2023	2,541	52	2,516		1	24	413	450

Right Click on Any Date to See the Trips Received on that Date

Choose Service Date Hierarchy to See Each Run Received That Day by Type

Download Your Data in Various Formats

• Collection Statistics – transports, gross charges, adjustments, net charges, receipts, balance, gross %, net %, and % paying patients

You can use the **Daily Snapshot Dashboard in Q-Bi** to see your trip volume, deposits, payments, cash performance in aging buckets, and deposit trends from the other dashboards into a single “at-a-glance” view.

KPIs

- TRIP VOLUME BY TRIP CREATOR DATE: 39,353
- NET DEPOSITS: \$17.56M
- LAST PAYMENT POST DATE: 06/14/2023
- LAST TRIP CREATOR DATE: 06/14/2023

KPIs

- NET COLLECTION RATE LAST DAY: 78%
- REVENUE PER TRIP: \$567
- % TRIPS CLOSED: 50%

Cash Performance

- 0 - 30 Days: 35% Collected
- 31 - 60 Days: 19% Collected
- 61 - 90 Days: 10% Collected
- 91 - 180 Days: 12% Collected
- After 180 Days: 24% Collected

1.35M (Monthly Average)

BY PRIMARY PAYER

- Government: 12%
- Self Pay: 17%
- Medicaid: 67%
- Other: 4%

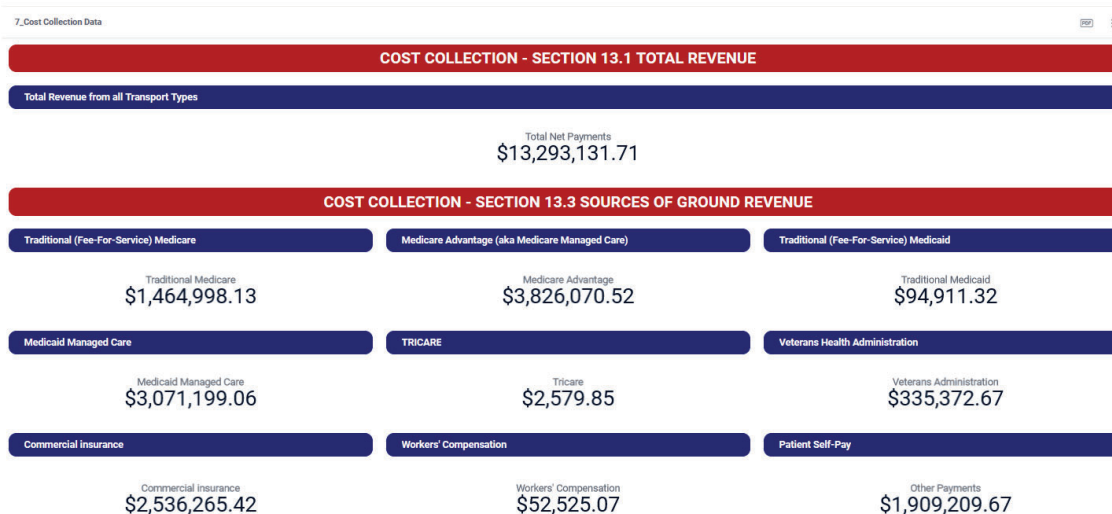


• **Collection Statistics – collections per month and % of total billed**

Use our **Q-Bi Account Analysis Dashboard** to view collections per month and net payments vs net charges:



You can also see collections by payer category by month and annually on our **Q-Bi Cost Collection Data Dashboard**:





• *Activity Report by zip code, listing payer and charges and receipts*

You can see activity by zip code in a couple of places in Q-Bi.

First, check out the **Trip Count by Pick-Up Zip Code** table in the **Q-Bi Cost Collection Data Dashboard**. Right click on an individual zip code to drill down into trips within that area by any available filter. The example below breaks down trips in zip code 88030 by transport type.

The other way to see trips by zip code is in the **Revenue Performance-at-a-Glance Dashboard**:

Revenue Performance at a Glance (Last update: Sat, July 29, 2023)

Fiscal year runs from 1/1/2023 to 12/31/2023. First available trip date is 5/28/2023. YTD numbers run through 4/30/2023.

KPIs
 TRIP VOLUME: 3,738 (ESTIMATED) | GROSS COLLECTION RATE: 31% | NET COLLECTION RATE LESS ADJ: 62% | REVENUE PER TRIP: \$446 | TRIPS CLOSED: 79%
 TRIP VOLUME: 1,869 | GROSS COLLECTION RATE: 31% | NET COLLECTION RATE LESS ADJ: 71% | REVENUE PER TRIP: \$439

YTD Payer Mix Trip Volume
 Commercial: 824 (44%), Medicare: 879 (46%), Misc Government: 46 (2%), Self Pay: 252 (13%), Other: 7 (0%)

YTD Closed Gross Collection Rate
 Commercial: 69%, Medicare: 34%, Misc Government: 26%, Self Pay: 43%

YTD Closed Revenue Per Trip
 Commercial: \$1,016, Medicare: \$463, Misc Government: \$399, Self Pay: \$568

Payor Category Detail

Run Number	Total Trips	Payer Mix %	Closed Trips	Closed Trip Gross Charges	Closed Trip Net Charges Less Adj	Net Payment...	Gross Collection Rate	Net Collect... Rate Less Ad...	Closed Trip Revenue Per Tr...	Open Trips	Open Tri Gross C
23-1	1	0.3%	1	\$1,526	\$1,526	\$1,526	100%	100%	\$1,526		
23-1	1	0.3%	1	\$981	\$225	\$225	23%	100%	\$225		
23-1	1	0.3%	1	\$1,507	\$1,507	\$0	0%	0%	\$0		
23-1	1	0.3%	1	\$1,301	\$400	\$400	31%	100%	\$400		
23-1	1	0.3%	1	\$1,079	\$1,079	\$1,079	100%	100%	\$1,079		

Summary Table:

Closed Trip Net Charges Less Adj	Net Payment...	Gross Collection Rate	Net Collect... Rate Less Ad...	Closed Trip Revenue Per Tr...	Open Trips	Open Trip Gross Charg...	Open Trip Net Charges Less Adj	Partial Net Payments	To Be Collected	Estimat... Revenue Per Trip...	Estimated Annual Revenue
\$1,526	\$1,526	100%	100%	\$1,526		\$0	\$0	\$0	\$0	\$1,526	\$3,051
\$225	\$225	23%	100%	\$225		\$0	\$0	\$0	\$0	\$225	\$450
\$1,507	\$0	0%	0%	\$0		\$0	\$0	\$0	\$0	\$0	\$0
\$400	\$400	31%	100%	\$400		\$0	\$0	\$0	\$0	\$400	\$800
\$1,079	\$1,079	100%	100%	\$1,079		\$0	\$0	\$0	\$0	\$1,079	\$2,157
\$0	\$0			\$0	1	\$1,143	\$1,143	\$697	\$697	\$1,396	\$2,796
\$0	\$0			\$0	1	\$1,272	\$1,272	\$112	\$982	\$1,094	\$2,188



• System Financial Summary – including listing of adjustment totals PTD and YTD

As described above, the Closing Balance Summary report shows total charges and credits for the current month and previous months' contractual allowances, payments, refunds, adjustments, write-offs, and your closing balance.

Closing Balance Summary

May 2023



Sample Ground EMS

Previous Balance						\$43,247,642.34
	Quantity	Current Month	Quantity	Prior Months		
Total Charges		\$10,841,187.21		\$7,374,089.35		\$18,215,276.56
Base Rate	368.0	\$3,563,269.37	228.0	\$2,615,690.21		\$6,178,959.58
Mileage	65,413.0	\$7,277,917.84	41,890.2	\$4,758,399.14		\$12,036,316.98
	Quantity	Current Month	Quantity	Prior Months		
Total Credits		(\$13,545,290.81)		(\$4,767,874.13)		(\$18,313,164.94)
Contractual	711.0	(\$7,693,207.53)	315.0	(\$4,216,755.30)		(\$11,909,962.83)
Payment	898.0	(\$4,406,356.94)	120.0	(\$17,384.48)		(\$4,423,741.42)
Refund	5.0	\$70,105.65	0.0	\$0.00		\$70,105.65
Revenue Adjustment	19.0	(\$303,123.25)	7.0	(\$7,235.69)		(\$310,358.94)
Write-off	105.0	(\$1,212,708.74)	29.0	(\$526,498.66)		(\$1,739,207.40)
Closing Balance						\$43,149,753.96

• Adjustment Detail Report – account number, name, DOS, adjustment, type, and amount adjusted

As described above, the Closing Balance Detail report shows total charges and credits for the current month and previous months' contractual allowances, payments, refunds, adjustments, write-offs, and your closing balance.

Profit Center	Check # Payment Reference	Incident Number	Run Number	PFI D	Service Date	Patient Name	Procedure Code	Payer Category Level	Credit Payer Name	Credit Type	Credit Description	Deposit Date	Post Date	Amount
DEMO-PC100	5706849502	7822769	578722		10/23/21	WZNE, DKAD		Commercial	AARP 740819	Payment	Payment-Check	12/21/21	12/21/21	\$1544.35
DEMO-PC100	62133300149445	7833463	783852		10/23/21	NDILLY, XLCAN		Commercial	Aetna -LMAK	Payment	Payment-Check	12/21/21	12/21/21	\$36,279.00
DEMO-PC100	621344000309361	68720452	703037		6/13/21	CZYLE, XEDD		Commercial	Aetna -LMAK	Payment	Payment-Check	12/21/21	12/21/21	\$32,333.32
DEMO-PC100	621349000488952	7049123	719388		8/21/21	LZNE, XWIC		Commercial	Aetna -LMAK	Payment	Payment-Check	12/21/21	12/21/21	\$1633.02
DEMO-PC100	61222210377079	7228114	142281		12/1/21	WZLINDY, XEJELER		Commercial	Aetna -LMAK	Payment	Payment-Check	12/21/21	12/21/21	\$33,367.30
DEMO-PC100	7895230	573750	101821		10/18/21	BLDD, NGAWIN		Commercial	Aetna-Comprehensive health ins assoc-1	Payment	Payment-Credit Card	12/21/21	12/21/21	\$1527.35
DEMO-PC100	63801401	262325	762421		10/21/21	MZEL, XDCR		Self Pay	Bill Patient	Payment	Payment-Check	12/21/21	12/21/21	\$328.58
DEMO-PC100	52673581	703656	101914		10/19/21	MZLUCE, XLLER		Self Pay	Bill Patient	Payment	Payment-Check	12/21/21	12/21/21	\$200.00
DEMO-PC100	42424940	747619	7276		7/21/21	FOJIN, EXTKIA		Self Pay	Bill Patient	Payment	Payment-Credit Card	12/21/21	12/21/21	\$330.00
DEMO-PC100	63936308	524833	101916		10/19/21	COCK, EXTEC		Self Pay	Bill Patient	Payment	Payment-Check	12/21/21	12/21/21	\$75.00
DEMO-PC100	68893363	568122	5921		10/18/21	HOCHMS, XGBERG		Self Pay	Bill Patient	Payment	Payment-Check	12/21/21	12/21/21	\$958.93
DEMO-PC100	62881666	777877	61230		10/23/21	I2PHEN, TXHAFI		Self Pay	Bill Patient	Payment	Payment-Credit Card	12/21/21	12/21/21	\$500.00
DEMO-PC100	57488076	717711	7419		10/19/21	MZDINI, XRTIN		Self Pay	Bill Patient	Payment	Payment-Credit Card	12/21/21	12/21/21	\$10.00
DEMO-PC100	64893382	296160	91230		10/23/21	NDNE, EXELY		Self Pay	Bill Patient	Payment	Payment-Credit Card	12/21/21	12/21/21	\$300.00
DEMO-PC100	6731708	63475562	251585		11/1/21	CZLEY, SXTH		Commercial	Kaiser Foundation of WA (30547)	Payment	Payment-Check	12/21/21	12/21/21	\$15,000.00
DEMO-PC100	62537802	7895572	680716		10/21/21	WZHEN, EXDRA		Medicaid	Medicaid AK LMAK	Payment	Payment-AK Medicaid	12/21/21	12/21/21	\$8,702.46
DEMO-PC100	62538424	71228973	357381		10/4/21	HONFEL, EXLBERG		Medicaid	Medicaid AK LMAK	Payment	Payment-AK Medicaid	12/21/21	12/21/21	\$8,468.76
DEMO-PC100	62541709	7163393	388071		10/19/21	CLEDD, LXAVEN		Medicaid	Medicaid AK LMAK	Payment	Payment-AK Medicaid	12/21/21	12/21/21	\$6,334.34
DEMO-PC100	62541709	6892304	790144		6/1/21	COLLIE, XEJANING		Medicaid	Medicaid AK LMAK	Payment	Payment-AK Medicaid	12/21/21	12/21/21	\$3,278.96
DEMO-PC100	62541709	68893368	367356		10/18/21	FZ NIKKI, NPGUCAN		Medicaid	Medicaid AK LMAK	Payment	Payment-AK Medicaid	12/21/21	12/21/21	\$7,011.93
DEMO-PC100	62542485	6818440	665307		5/1/21	AZSINDU, XDERCEN		Medicaid	Medicaid AK LMAK	Payment	Payment-AK Medicaid	12/21/21	12/21/21	\$7,011.21
DEMO-PC100	62542485	6818440	665307		5/1/21	AZSINDU, XDERCEN		Medicaid	Medicaid AK LMAK	Payment	Payment-AK Medicaid	12/21/21	12/21/21	\$4,674.14
DEMO-PC100	62542485	71857271	546589		9/29/21	WZCHULLES, XLIAMCEN		Medicaid	Medicaid AK LMAK	Payment	Payment-AK Medicaid	12/21/21	12/21/21	\$6,389.69
DEMO-PC100	62543888	72078996	598932		10/21/21	KZSSI, LXLEY		Medicaid	Medicaid AK LMAK	Payment	Payment-AK Medicaid	12/21/21	12/21/21	\$9,896.19
DEMO-PC100	62543888	72078996	598932		10/21/21	KZSSI, LXLEY		Medicaid	Medicaid AK LMAK	Payment	Payment-AK Medicaid	12/21/21	12/21/21	\$4,660.33
DEMO-PC100	62543888	72078996	598932		10/21/21	KZSSI, LXLEY		Medicaid	Medicaid AK LMAK	Payment	Payment-AK Medicaid	12/21/21	12/21/21	\$1,951.18
DEMO-PC100	62543888	72078996	598932		10/21/21	KZSSI, LXLEY		Medicaid	Medicaid AK LMAK	Payment	Payment-AK Medicaid	12/21/21	12/21/21	\$4,660.33
DEMO-PC100	62543888	72078996	598932		10/21/21	KZSSI, LXLEY		Medicaid	Medicaid AK LMAK	Payment	Payment-AK Medicaid	12/21/21	12/21/21	\$1,951.18
DEMO-PC100	62543888	72078996	598932		10/21/21	KZSSI, LXLEY		Medicaid	Medicaid AK LMAK	Payment	Payment-AK Medicaid	12/21/21	12/21/21	\$4,660.33
DEMO-PC100	62543888	72078996	598932		10/21/21	KZSSI, LXLEY		Medicaid	Medicaid AK LMAK	Payment	Payment-AK Medicaid	12/21/21	12/21/21	\$1,951.18
DEMO-PC100	62543888	72078996	598932		10/21/21	KZSSI, LXLEY		Medicaid	Medicaid AK LMAK	Payment	Payment-AK Medicaid	12/21/21	12/21/21	\$4,660.33
DEMO-PC100	62543888	72078996	598932		10/21/21	KZSSI, LXLEY		Medicaid	Medicaid AK LMAK	Payment	Payment-AK Medicaid	12/21/21	12/21/21	\$1,951.18
DEMO-PC100	62543888	72078996	598932		10/21/21	KZSSI, LXLEY		Medicaid	Medicaid AK LMAK	Payment	Payment-AK Medicaid	12/21/21	12/21/21	\$4,660.33
DEMO-PC100	62543888	72078996	598932		10/21/21	KZSSI, LXLEY		Medicaid	Medicaid AK LMAK	Payment	Payment-AK Medicaid	12/21/21	12/21/21	\$1,951.18
DEMO-PC100	62543888	72078996	598932		10/21/21	KZSSI, LXLEY		Medicaid	Medicaid AK LMAK	Payment	Payment-AK Medicaid	12/21/21	12/21/21	\$4,660.33
DEMO-PC100	62543888	72078996	598932		10/21/21	KZSSI, LXLEY		Medicaid	Medicaid AK LMAK	Payment	Payment-AK Medicaid	12/21/21	12/21/21	\$1,951.18
DEMO-PC100	62543888	72078996	598932		10/21/21	KZSSI, LXLEY		Medicaid	Medicaid AK LMAK	Payment	Payment-AK Medicaid	12/21/21	12/21/21	\$4,660.33
DEMO-PC100	62543888	72078996	598932		10/21/21	KZSSI, LXLEY		Medicaid	Medicaid AK LMAK	Payment	Payment-AK Medicaid	12/21/21	12/21/21	\$1,951.18
DEMO-PC100	62543888	72078996	598932		10/21/21	KZSSI, LXLEY		Medicaid	Medicaid AK LMAK	Payment	Payment-AK Medicaid	12/21/21	12/21/21	\$4,660.33
DEMO-PC100	62543888	72078996	598932		10/21/21	KZSSI, LXLEY		Medicaid	Medicaid AK LMAK	Payment	Payment-AK Medicaid	12/21/21	12/21/21	\$1,951.18
DEMO-PC100	62543888	72078996	598932		10/21/21	KZSSI, LXLEY		Medicaid	Medicaid AK LMAK	Payment	Payment-AK Medicaid	12/21/21	12/21/21	\$4,660.33
DEMO-PC100	62543888	72078996	598932		10/21/21	KZSSI, LXLEY		Medicaid	Medicaid AK LMAK	Payment	Payment-AK Medicaid	12/21/21	12/21/21	\$1,951.18
DEMO-PC100	62543888	72078996	598932		10/21/21	KZSSI, LXLEY		Medicaid	Medicaid AK LMAK	Payment	Payment-AK Medicaid	12/21/21	12/21/21	\$4,660.33
DEMO-PC100	62543888	72078996	598932		10/21/21	KZSSI, LXLEY		Medicaid	Medicaid AK LMAK	Payment	Payment-AK Medicaid	12/21/21	12/21/21	\$1,951.18
DEMO-PC100	62543888	72078996	598932		10/21/21	KZSSI, LXLEY		Medicaid	Medicaid AK LMAK	Payment	Payment-AK Medicaid	12/21/21	12/21/21	\$4,660.33
DEMO-PC100	62543888	72078996	598932		10/21/21	KZSSI, LXLEY		Medicaid	Medicaid AK LMAK	Payment	Payment-AK Medicaid	12/21/21	12/21/21	\$1,951.18
DEMO-PC100	62543888	72078996	598932		10/21/21	KZSSI, LXLEY		Medicaid	Medicaid AK LMAK	Payment	Payment-AK Medicaid	12/21/21	12/21/21	\$4,660.33
DEMO-PC100	62543888	72078996	598932		10/21/21	KZSSI, LXLEY		Medicaid	Medicaid AK LMAK	Payment	Payment-AK Medicaid	12/21/21	12/21/21	\$1,951.18
DEMO-PC100	62543888	72078996	598932		10/21/21	KZSSI, LXLEY		Medicaid	Medicaid AK LMAK	Payment	Payment-AK Medicaid	12/21/21	12/21/21	\$4,660.33
DEMO-PC100	62543888	72078996	598932		10/21/21	KZSSI, LXLEY		Medicaid	Medicaid AK LMAK	Payment	Payment-AK Medicaid	12/21/21	12/21/21	\$1,951.18
DEMO-PC100	62543888	72078996	598932		10/21/21	KZSSI, LXLEY		Medicaid	Medicaid AK LMAK	Payment	Payment-AK Medicaid	12/21/21	12/21/21	\$4,660.33
DEMO-PC100	62543888	72078996	598932		10/21/21	KZSSI, LXLEY		Medicaid	Medicaid AK LMAK	Payment	Payment-AK Medicaid	12/21/21	12/21/21	\$1,951.18
DEMO-PC100	62543888	72078996	598932		10/21/21	KZSSI, LXLEY		Medicaid	Medicaid AK LMAK	Payment	Payment-AK Medicaid	12/21/21	12/21/21	\$4,660.33
DEMO-PC100	62543888	72078996	598932		10/21/21	KZSSI, LXLEY		Medicaid	Medicaid AK LMAK	Payment	Payment-AK Medicaid	12/21/21	12/21/21	\$1,951.18
DEMO-PC100	62543888	72078996	598932		10/21/21	KZSSI, LXLEY		Medicaid	Medicaid AK LMAK	Payment	Payment-AK Medicaid	12/21/21	12/21/21	\$4,660.33
DEMO-PC100	62543888	72078996	598932		10/21/21	KZSSI, LXLEY		Medicaid	Medicaid AK LMAK	Payment	Payment-AK Medicaid	12/21/21	12/21/21	\$1,951.18
DEMO-PC100	62543888	72078996	598932		10/21/21	KZSSI, LXLEY		Medicaid	Medicaid AK LMAK	Payment	Payment-AK Medicaid	12/21/21	12/21/21	\$4,660.33
DEMO-PC100	62543888	72078996	598932		10/21/21	KZSSI, LXLEY		Medicaid	Medicaid AK LMAK	Payment	Payment-AK Medicaid	12/21/21	12/21/21	\$1,951.18
DEMO-PC100	62543888	72078996	598932		10/21/21	KZSSI, LXLEY		Medicaid	Medicaid AK LMAK	Payment	Payment-AK Medicaid	12/21/21	12/21/21	\$4,660.33
DEMO-PC100	62543888	72078996	598932		10/21/21	KZSSI, LXLEY		Medicaid	Medicaid AK LMAK	Payment	Payment-AK Medicaid	12/21/21	12/21/21	\$1,951.18
DEMO-PC100	62543888	72078996	598932		10/21/21	KZSSI, LXLEY		Medicaid	Medicaid AK LMAK	Payment	Payment-AK Medicaid	12/21/21	12/21/21	\$4,660.33
DEMO-PC100	62543888	720789												



- Refund Listing – patient number, name, address, service date, charges, payment, payment date, refund, and reason for refund

An AR Specialist thoroughly researches over-paid accounts or those with credit balances to ensure that every refund is warranted and appropriately documented before being processed. Documentation for each refund (i.e.: EOBs, copies of checks, complete mailing instructions, payer refund request form, etc.) is combined into a single PDF file and via our **Q-Bi** portal to issue the refund check.

- Credit Balance Report – account number, name, and credit balance

The **Credit Summary and Detail** reports show total credits by contractual allowances, payments, refunds and adjustments for the current month, previous months and total.

Credit Summary

May 2023



Sample Ground EMS

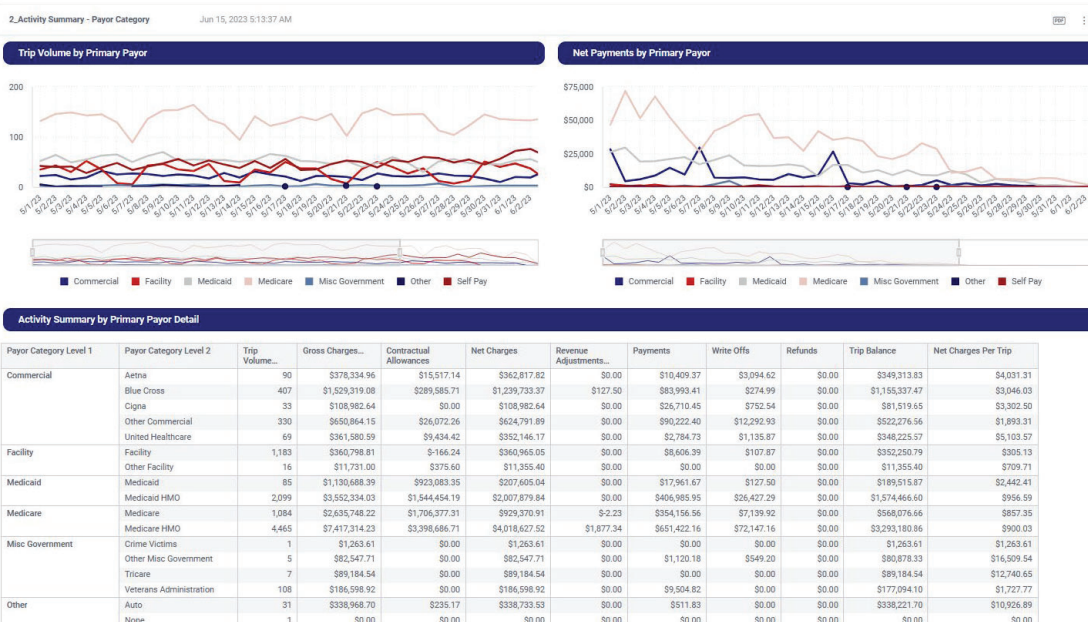
by Credit Type	Current Month	Prior Months	Total
Total	\$13,545,290.8	\$4,767,874.13	\$18,313,164.9
Contractual Allowance	\$7,693,207.53	\$4,216,755.30	\$11,909,962.8
Contractual Allow-Medicaid (M)	\$190,944.52	(\$213.18)	\$190,731.34
Contractual Allow-Medicaid (A)	\$3,566,113.98	\$2,950,304.89	\$6,516,418.87
Contractual Allow-Contract (A)	\$737,481.89	\$161,084.58	\$898,566.47
Contractual Allow-Contract (M)	\$463,919.92	(\$45,833.91)	\$418,086.01
Contractual Allow-Medicare (M)	\$245,606.19	\$3,603.60	\$249,209.79
Contractual Allow-Medicare (A)	\$2,489,141.03	\$1,147,809.32	\$3,636,950.35
Payment	\$4,406,356.94	\$17,384.48	\$4,423,741.42
Payment-AK Medicaid Secondary	\$18,463.52	\$0.00	\$18,463.52
Payment-Credit Card	\$76,267.83	\$1,125.95	\$77,393.78
Payment-AK Medicaid	\$939,811.85	\$0.00	\$939,811.85
Payment-Check	\$3,371,813.74	\$16,258.53	\$3,388,072.27
Refund	(\$70,105.65)	\$0.00	(\$70,105.65)
Refund	(\$70,105.65)	\$0.00	(\$70,105.65)
Revenue Adjustment	\$303,123.25	\$7,235.69	\$310,358.94
Adjustment Self Pay	\$34,277.46	\$7,078.30	\$41,355.76
Adjustment Tricare	\$224,470.63	\$0.00	\$224,470.63
Adjustment Interest	(\$7.89)	(\$15.33)	(\$23.22)
Adjustment Discount	\$47,997.46	\$0.00	\$47,997.46

Profit Center	Check Number	Payment Reference	Incident Number	Run Number	PRR ID	Service Date	Patient Name	Procedure Code	Payer Level 1	Category	Credit Payer Name	Credit Type	Credit Description	Deposit Date	Post Date	Amount
SC700	5098849502		71862789	718722	002021	03/22/21	W/NE, ROAD		Commercial	AAPP 740093	Payment	Payment-Check	12/21	12/21	\$1644.35	
SC700			70208199	704720	002021	03/22/21	COOK, BREATT		Commercial	Aetha-LMAX	Contractual Allow-Contract (A)	03/21	03/21	1441.54		
SC700			70208199	704720	002021	03/22/21	COOK, BREATT		Commercial	Aetha-LMAX	Contractual Allow-Contract (A)	03/21	03/21	155.25		
SC700	*0133300049445		71833883	718682	003021	03/21/21	NDLLEY, ALCAN		Commercial	Aetha-LMAX	Payment	Payment-Check	12/21	12/21	\$35,279.00	
SC700	*0133300049445		71833883	718682	003021	03/21/21	NDLLEY, ALCAN		Commercial	Aetha-LMAX	Payment	Payment-Check	12/21	12/21	\$35,279.00	
SC700	*01334000039361		82920452	703037	002021	03/21/21	CVYLE, NEDD	A0431	Commercial	Aetha-LMAX	Payment	Payment-Check	12/21	12/21	\$25,533.32	
SC700	*01334000039361		82920452	703037	002021	03/21/21	CVYLE, NEDD	A0431	Commercial	Aetha-LMAX	Payment	Payment-Check	12/21	12/21	\$25,533.32	
SC700			7289194	442281	019121	03/21/21	WZUNDY, JEELEER		Commercial	Aetha-LMAX	Contractual Allow-Contract (A)	03/21	03/21	\$1185.00		
SC700	*012418000488992		7029129	710380	019121	03/21/21	LINE, JOWE		Commercial	Aetha-LMAX	Payment	Payment-Check	12/21	12/21	\$441.54	
SC700	*012418000488992		7289194	442281	019121	03/21/21	WZUNDY, JEELEER		Commercial	Aetha-LMAX	Contractual Allow-Contract (A)	03/21	03/21	\$1185.00		
SC700	*0122219377073		7289194	442281	019121	03/21/21	WZUNDY, JEELEER		Commercial	Aetha-LMAX	Payment	Payment-Check	12/21	12/21	\$1185.00	
SC700			71850200	717370	009121	03/21/21	BOLDI, NAWAN		Commercial	Aetha-LMAX	Payment	Payment-Credit Card	12/21	12/21	\$1627.35	
SC700			8207401	820235	704021	03/21/21	MOEL, JOES		Self Pay	Bill Patient	Payment	Payment-Check	12/21	12/21	\$55.35	
SC700			82076219	820271	50721	03/21/21	POLEY, VICTAR		Self Pay	Bill Patient	White-off	White Off Collections	12/21	12/21	\$1627.87	
SC700			82076219	820271	50721	03/21/21	POLEY, VICTAR		Self Pay	Bill Patient	Payment	Payment-Check	12/21	12/21	\$200.00	
SC700	*01245740		74939	7076	001824	03/21/21	POIN, ECKHA		Self Pay	Bill Patient	Payment	Payment-Credit Card	12/21	12/21	\$100.00	
SC700	*01245740		74939	7076	001824	03/21/21	POIN, ECKHA		Self Pay	Bill Patient	White-off	White Off Collections	12/21	12/21	\$175.00	
SC700	*01245740		74939	7076	001824	03/21/21	POIN, ECKHA		Self Pay	Bill Patient	Payment	Payment-Check	12/21	12/21	\$175.00	



- *Number of Accounts by Carrier Category (Medicare, Medicaid, Commercial, HMO, Self-Pay, Collection Agency) – including posting month, total PCRs, total per month, total paid*

You can use our **Q-Bi Activity Summary – Payer Category Dashboard** to view accounts by payer category including the top five (5) payers in each category with the ability to drill down into all payers within each category.



- *Compliance Report for Paramedics/EMTs – including, but not limited to, number of patient signatures, employee identifier, and date of service*

A key feature of QMC’s proprietary billing system is the ability to build functionality that benefits our clients – and particularly the City of Pittsburgh, our hometown and one of our largest clients. With this contract, we will build these reports specifically for the City to view in Q-Bi.

- *Copies of all Medicare and Medicaid EOBs posted for the month.*

The City uses our **Q-Bi Document Management** tool to send and receive files in a HIPAA Secure Environment where you can receive files – including Medicare and Medicaid EOBs – upload files, comment on files, create multiple versions of files, receive notifications, etc.



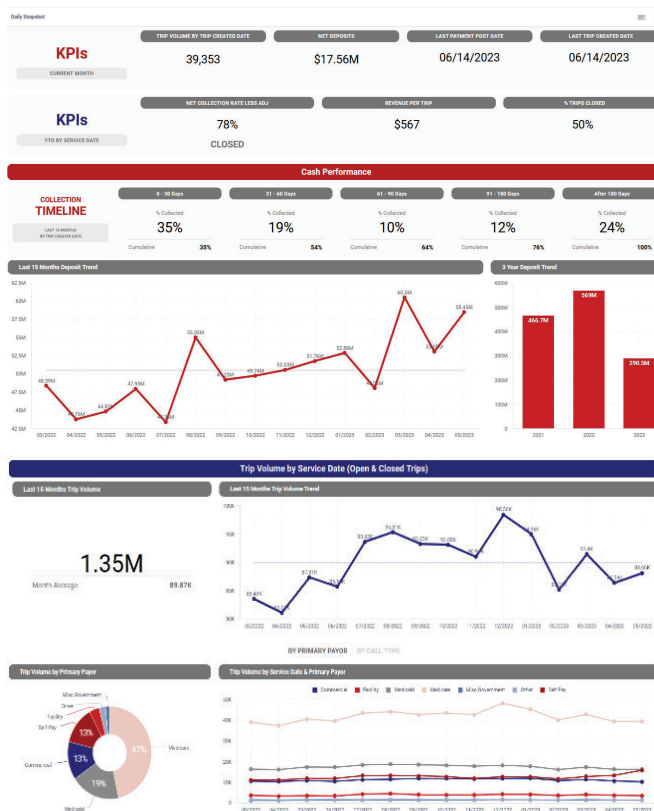
16. Develop an “electronic dashboard,” accessible daily by the Chief and the EMS Billing Contract Administrator that provides a one screen synopsis of the current state of the EMS billing operation.

You will continue to be able to monitor the performance of your billing program 24/7/365 in real-time through our **Q-Bi Client Portal**, a sophisticated platform built specifically for EMS professionals to provide transparency into the reimbursement health of your billing program. In it, you can:

- View dashboards and analytics
- View and share documents securely
- View patient account status
- Easily navigate interactive charts and tables
- View rolling 15-month summaries
- Drill-down into your data
- Apply multiple filters to your data



Pittsburgh EMS leadership uses the **Daily Snapshot Dashboard in Q-Bi** to see your trip volume, deposits, payments, cash performance in aging buckets, and deposit trends from the other dashboards into a single “at-a-glance” view.





17. Forward an invoice and Notice of Privacy Policy to each patient within three (3) business days of receipt of a completed PCR.

QMC will continue to mail a copy of the City's Notice of Privacy Policy with each new patient initial statement.

18. Submit all insurance claims for reimbursement, if applicable, within three (3) business days of receipt of adequate information to file a claim.

Our goal is to submit clean claims to your payers at every opportunity, which is why we have developed a detailed pre-bill process to gather and verify that the information on the claim is correct and complete. We've found that our extensive Pre-Bill process helps ensure that your claims will be paid faster with fewer denials. This process takes between 3-5 days, depending on the information included on the initial PCR.

Claims are submitted automatically by our billing system as soon as they are complete.

19. Forward statements to insured patients on a regular cycle not to exceed thirty (30) days between mailings from the initial invoice/request for information until the account is appropriately closed in accordance with agreed upon procedures.

Once the trip has been reviewed, coded, and submitted to the payer (if applicable), an initial statement is sent to the patient. Patients can make payments via our Patient Access Portal at our website, by calling the toll-free number printed on their invoice or by traditional mail.

After the initial bill, our system will generate patient invoices every 30 days that include progressive language appropriate to the status of the account to include: insurance and signature requests, instructions for providing information or payment via mail or online on our Patient Access Portal, all the way up to and including pre-collection letters encouraging the patient to set up a payment plan to avoid further action. Invoices will be customized with your insignia. **There are no charges for printing or mailing.**

[Click here to view Sample Patient Letters in the Attachments.](#)



20. Respond to requests from patients and payers within two (2) business days when additional information or documentation is requested to process a claim.


We provide Pittsburgh EMS with a dedicated “800” billing number for your patients to contact our Pittsburgh-based Patient Service Center with questions about their invoice. Our phones are answered during normal business hours at a minimum (8:00 am to 5:00 pm local time, Monday through Friday) by a Patient Specialist familiar with your account. If patients call afterhours, they are able to leave a message that is returned at the beginning of the next business day.

21. Obtain approval from Pittsburgh EMS for the content of all correspondence sent to patients.

The City of Pittsburgh has final approval on all patient letters and forms.

22. All written communication with patients must, at minimum, include: patient name, date of transport, amount of charges, form to request/authorize billing of insurance carrier, and patient identification/policy numbers or name and address of carrier billed and identification/policy numbers used, contact information for questions, and a return envelope.

We currently provide patient invoices, Notice of Privacy Practices, forms and return envelopes for each account received from Pittsburgh EMS. See an example below:

ONLINE OPTIONS	ACCOUNT INFORMATION
AMOUNT YOU OWE: \$1,632.00 Pay your bill online by visiting www.pghemsbill.com Update your insurance information by visiting www.emsbillpay.com Or scan the QR Code  Account Number: Date of Service: 06/17/2023 Company Code: B13	City of Pittsburgh EMS Patient Name 00001 Account Number Date of Call 06/17/2023 Statement Date 07/31/2023 DUE DATE: UPON RECEIPT

STATEMENT OF SERVICES

DESCRIPTION OF SERVICES	CHARGE	PAYMENTS	ADJUSTMENTS
Services rendered on 06/17/2023: Claim Number 23-878506-PTEM			
A0427 ALS Emergency Base	\$1,430.82		
A0425 Ground Mileage	\$15.94		
A0392 ALS EKG	\$132.30		
A0398 ALS Supplies Cervical Collar	\$52.94		
TOTALS	\$1,632.00	\$0.00	\$0.00

AMOUNT YOU OWE: \$1,632.00

Payment arrangements and financial assistance may be available to those who qualify. Please call our billing office at (412) 655-0437 with any questions.

City of Pittsburgh EMS
 c/o QMC – AC
 1400 Lebanon Church Rd
 Pittsburgh PA 15236-1455



PATIENT NAME	YOU OWE
	\$1,632.00
ACCOUNT NUMBER	DATE OF SERVICE
	06/17/2023
AMOUNT ENCLOSED	

Make Checks Payable And Remit To:

City of Pittsburgh EMS
 PO Box 2480
 Pittsburgh Pennsylvania 15230



23. *The following procedure for gathering information or obtaining payment from patients/payers is subject to negotiation with Pittsburgh EMS. Changes may be made based on feedback from Customer Satisfaction Surveys and complaints received. Pittsburgh EMS has the final say on the guidelines to be implemented throughout the length of the contract.*

- *Written notice;*
- *Telephone contact after thirty (30) days without response to the written notice; and*
- *Continued telephone and written contact to include – a cycle of five (5) attempted contacts by phone, including at least one (1) attempt after 5:00 PM, one (1) attempt on a weekend, and one (1) attempt before 2:00 PM and a cycle of five (5) letters/demands for information/payment mailed to the home address provided.*

→ Patient Research

Our goal is to submit clean claims to your payers at every opportunity, which is why we have developed a detailed pre-bill process to gather and verify that the information on the claim is correct and complete. We've found that the following processes help to ensure that your claims will be paid faster with fewer denials. This process takes between two (2) to five (5) days, depending on the information included in the initial PCR. **Claims are submitted automatically by our billing system as soon as they are complete.**

While field personnel generally assume primary responsibility for documenting patient care and tries to capture demographic and insurance information, sometimes circumstances intrinsic to an emergency get in the way.

Our Pre-Bill Team examines trip documents and collects and verifies patient demographics using the following resources:

- PCR
- Previous trip documentation in our billing system
- Receiving facility face sheets
- **Data gleaned through an integration with UPMC facilities**
- **HL7 data from emsCharts**
- PCS documents
- Any additional documentation included with the trip



→ PCR Review

PCRs and attachments are carefully **reviewed by a Certified Ambulance Coder** for:

- Pick-Up Location
- Drop-Off Location
- Patient Demographic Information
- Specified Condition for Transport
- Properly Documented Medical Necessity
- Compliant Physician Certification Statement
- Compliant Signature Authorization

Claims that are missing information will be automatically sent to the appropriate City representative with a link where they can log directly into our billing system's **Return to Ops Portal** and provide the required information and release it for billing. This feature allows QMC and your team to update PCR details efficiently and ensures the most up-to-date information is on every claim before it is submitted.

Expires	Crew	Patient	DOS	Incident #	PCR	Claim Nu	Primary Payer	Issue Type	Reason	Status	Charges	Action	Attachment
-379	765140	EXAMPLE,NEW CL...	01/31/20...	21-5387	66381454	21-0000...	Medicare TX	BTO	PCS Missi...	Open			
-7	536405	MOUSE,MICKEY	04/11/20...	82260654	82260654	23-3727...	Medicaid TX	BTO	Medical N...	Open	\$1,518.00		

Description	Obtained Date	Expiry Date	Time Stamp	Action
Billing Information	02/03/2021	12/31/9999	02/03/2021 07:42:48	
PCR	04/15/2021	12/31/9999	04/15/2021 12:03:30	
Supporting Documents	04/15/2021	12/31/9999	04/15/2021 12:04:01	
Other Chart Attachment-35CE8D86_6E9C_4028_85...	02/03/2021	12/31/9999	02/03/2021 08:39:05	
Other Chart Attachment-Vital_Signs_7.pdf	02/03/2021	12/31/9999	02/03/2021 08:39:10	
Other Chart Attachment-Start_Trend_Data_2.pdf	02/03/2021	12/31/9999	02/03/2021 08:39:15	
Other Chart Attachment-Vital_Signs_3.pdf	02/03/2021	12/31/9999	02/03/2021 08:39:16	
Other Chart Attachment-Vital_Signs_4.pdf	02/03/2021	12/31/9999	02/03/2021 08:39:08	



→ Insurance Discovery & Verification

We will perform insurance discovery and/or verify insurance submitted with the PCR. If no insurance information is received with the trip, we perform extensive insurance discovery by:

- Checking eligibility with your top commercial payers with Intelligent Eligibility
- **Electronic HL7 data through your emsCharts solution**
- **Electronic feed from UPMC hospitals for face sheets / updates**
- Rechecking HL7 data and facility face sheets for updated information
- Sending out a statement to the patient requesting insurance information and/or signatures

When we receive insurance information with the trip information, we take steps to verify coverage with the insurer through direct electronic connections with Medicare and Medicaid, clearinghouses and directly with commercial payers.

→ Coding

QMC works hard to ensure that every claim submitted has all required and pertinent information to process the claim correctly the first time. We utilize proprietary artificial intelligence (AI) to identify diagnosis codes, level of service, modifiers, etc. and Certified Ambulance Coders (CACs) review claims to ensure accuracy and consistency. Utilizing AI at this point in the process allows rules-based logic to code a claim quickly and accurately before our coding team performs a detailed review of the account before it is deemed ready to bill.

We will accurately and efficiently code trips and submit claims for payment according to trip documentation and your fee schedule. The system auto-calculates mileage using the GOOGLE API to calculate turn-by-turn directions and mileage between end points and adds state/and or geography-mandated codes to the trip.

Claims are as soon as they're complete.

→ Primary and Secondary Billing

Our billing software captures SSNs and MBIs/beneficiary numbers for all Medicare and Medicaid patients to ensure compliance with CMS regulations. The system is schedule-driven to ensure accountability throughout the life cycle of the claim, prompting workflow-based follow-up at pre-determined milestones, based on payer processing timelines and history. Follow-up and secondary billing are triggered automatically at key points to ensure that all reimbursement dollars due to the City are collected in a timely fashion and without missing deadlines.



→ Patient Invoicing

Once the trip has been reviewed, coded, and submitted to the payer (if applicable), an initial statement is sent to the patient. Patients can make payments via our Patient Access Portal at our website, by calling the toll-free number printed on their invoice or by traditional mail.

After the initial bill, our system will generate patient invoices every 30 days that include progressive language appropriate to the status of the account to include: insurance and signature requests, instructions for providing information or payment via mail or online on our Patient Access Portal, all the way up to and including pre-collection letters encouraging the patient to set up a payment plan to avoid further action. Invoices will be customized with your insignia. **There are no charges for printing or mailing.**

→ Patient Access Portal

Your patients will have **24/7/365** access to the QMC Patient Access Portal through our website at <https://www.quickmedclaims.com/patient-access-portal/>.

In the Portal, patients can:

- Pay a bill by e-check, credit card, Health Savings Account and virtual insurance card
- Set-up a recurring payment
- Update insurance information
- Submit an eSignature
- Update contact information

Patient Access Portal

What do you need to do today?

Pay Your Bill Online
Did you receive an invoice for emergency medical transportation services rendered?
[CLICK HERE](#)

Update Your Insurance Information
Has anything changed regarding your insurance coverage or provider?
[CLICK HERE](#)

Submit Your eSignature
Do you need to add an electronic signature to your account?
[CLICK HERE](#)

Update Your Contact Information
Are there any changes that we should know about?
[CLICK HERE](#)

To ensure a quick and easy process, please have your run number and date of service available. This information can be found on your most current invoice.

If you're having trouble finding it, perhaps taking a look at this sample invoice might help.

[Sample Invoice](#)

All submitted information is secure, compliant and encrypted with the industry's leading security standards using TLS 1.2 and 256-bit encryption.



→ Insurance Follow-Up

Once the reason for the denial or short pay is identified, we will determine whether we can correct it and file a new claim. When a claim has been denied without a valid reason, it is escalated to an AR Manager who works the appeal to completion. Reviewing the entire claim and the denial first allows us to call the payer to see if we can either (1) correct over the phone or (2) file a corrected claim which will then be paid within the payer's time frame.

Medical Necessity denials are appealed through our **Compliance Department where our Director of Quality and Risk, Celeste Plunkett, RN** who completes a full review of the claim prior to determining the best way to move forward with the appeal. If the claim is determined not to be covered, the account is changed to patient responsibility and an invoice is generated.

Throughout the AR Management Process, we will continue to:

- Process electronic and hardcopy payments received from payers and patients
- Review denials for accuracy and complete next steps
- Call payers to follow up 30 days after claim was submitted if no response is received
- Leverage payer portals to correct and resubmit claims
- Contact patients with responsibility (uninsured or after insurance, except CMS payers)
- Mail statements every 30 days with progressive messaging
- Call patients 15 days after a statement is sent if no response
- Set up payment plans or submit for hardship write-off, as appropriate

→ Self-Pay Follow-Up

We will bill patients for outstanding balances every 30 days and follow up with a phone call if no response is received 15 days after the invoice is sent.

We can also setup payment plans where the patient will enter into an agreement to make a monthly payment of a set amount until the balance is resolved. Patients can schedule a recurring payment that will automatically go to a credit or debit card to make it easier for them and more reliable for the client. Payment plans are recorded in the billing system so that accounts with consistent activity are not submitted for write-off or collections activity. If a patient misses a payment, the billing cycle is picked-up where it left off prior to entering the arrangement.



24. When efforts to obtain payment/information from the patient prove unsuccessful, a line-by-line accounting of the efforts made on each account shall be submitted to Pittsburgh EMS for review. Each review item must include the following: patient name, date of service, current balance, detailed notes as to the efforts taken, and results obtained.

We provide the City with a monthly report that delineates: Patient Name, Claim Number, Date of Service, Primary Payer, Current Payer, Billed Amount, Balance, Narrative/Notes, Invoice Status, Last Action Date, Patient Phone Number, SSN, Gender, Address, PCR Number, Incident Number, Response Mode to Scene, CMS Service Level, Type of Service, Transport Reason Code, Response Urgency, Complaint, Leg of Trip, Scene Type, Scene Address, Destination Type, Destination Name, Claim Status, and Last Statement Number.

25. Upon prior written approval from Pittsburgh EMS, account history forms shall be printed, and uncollectable balances shall be referred to a third-party collector. Any contract or agreement between the Contractor and a third-party collector must receive prior written approval by the City of Pittsburgh. The City of Pittsburgh reserves the right to accept or deny any such arrangement, in its sole discretion, or assume the collections function itself.

Only after every effort has been made to pursue payment within the confines of the primary billing cycle will an account be deemed eligible for write-off or transition to delinquent account collections. The final determination for moving a patient account from primary, third-party collections to post-billing debt collections is always made by the City of Pittsburgh. Upon reclassification to “collections” status, we currently send accounts for further activity to your current collection’s partner, Collection Service Center in Pittsburgh via an ASCII file transfer. Should the City choose to engage with an additional collections partner with this contract, the process would follow the same process.

26. Write off accounts submitted to a collection agency then post reimbursement as bad debt recovery.

Accounts that are written off for collections are pursued for payment by your collections vendor partner. When a payment is received, our billing system applies the payment to the correct account and tags the payment to notify the collections vendor with the received amount.



27. Provide detailed billing capabilities for all levels of ambulance transport to include itemized charges on patient invoices.

QMC compliantly bills for all levels of service provided by ambulance transport providers. Patient invoices reflect an itemized list of charges, including mileage and any unbundled supplementary charges (i.e.: oxygen, etc.). A sample of a Pittsburgh EMS patient invoice is provided above in item 22 above.

28. Secure and verify any and all information that may be required to complete a claim, including required signatures.

As described above in item 23, we understand that Pittsburgh EMS field personnel generally assume primary responsibility for documenting patient care and tries to capture demographic and insurance information, sometimes circumstances intrinsic to an emergency get in the way.

Our Pre-Bill Team examines trip documents and collects and verifies patient demographics using the following resources:

- PCR
- Previous trip documentation in our billing system
- Receiving facility face sheets
- **Data gleaned through our integration with UPMC hospital systems**
- **HL7 data through our emsCharts integration**
- PCS documents
- Any additional documentation included with the trip

29. Provide documentation of certification of medical necessity, patient's release of medical information, and payment of benefits.

Our billing system records and retains all patient data, including certificates of medical necessity, HIPAA releases, payments, EOB and any activity on the account to provide a compliant audit history of each patient account.



30. Provide local telephone access for patients to contact the Contractor with billing questions, Monday through Friday (excluding national holidays), from 9:00 AM through 5:00 PM Eastern Standard Time.

We recognize that the patients we serve are your neighbors and visitors – they’re also our Team Members and families – and as your billing partner, we will always remember that what we do directly reflects on you. Every Pittsburgh EMS patient is treated with compassion and respect in every interaction with QMC. We identify ourselves as a member of your team by using your name from the start to make it less confusing to the patient, their families, and representatives:



**Good Morning, this is Emily.
You’ve reached the City of
Pittsburgh EMS Billing Department.
How can I help you today?**



We provide the City of Pittsburgh’s patients and payers with a dedicated “800” billing number to contact our US-based Patient Service Center with questions about their transport. Our phones are answered during normal business hours at a minimum (8:00 am to 5:00 pm local time, Monday through Friday) by a Patient Specialist familiar with your account. Patients can also leave a message after hours and a QMC Patient Specialist will always answer them at the beginning of the next business day.

→ Live Interpreter Services

QMC utilizes a 24-hour service that provides on-demand access to professional interpreters who communicate in more than 300 languages. When a call is received that requires translation assistance, the QMC Patient Service Specialist will live-conference a translator into the call. The service we use provides 100% HIPAA compliant services in compliance with all government regulations and standards.

→ Patient Issue Resolution

Any patient-escalated issues will be raised immediately to appropriate leadership with the goal of resolving the issue during the initial contact or clear communication with the expected timeline for fixing the problem. **Our goal is to resolve patient inquiries within the first call;** however, when additional follow-up is required, we provide them with a timeframe for follow up that is no later than five (5) business days.



The details of the call, including disposition of the patient and future expectations are recorded in the patient account before next steps (if necessary) are taken. The issue and our interaction with the patient are reported to the City either immediately (if urgent) or during our monthly meeting with your leadership.

→ Call Center Quality Assurance

Quick Med Claims is committed to providing excellent customer service to our clients and their patients in keeping with **Our Vision - To be the trusted partner of choice that 100% of our clients and team members would recommend to a friend or colleague.**

Your patients and payers will contact QMC using a toll-free number that is a dedicated service line that will direct patients and payers to our Patient Call Center in Pittsburgh, PA. QMC's call center is equipped with key features that allow our team of Patient Service Specialists to serve our clients and their patients with best-in-class service. The system allows our trainers and Patient Service Managers to listen in to any phone call and provide the Patient Service Specialist handling the call with live coaching while the caller is on the line.

We routinely track and report upon the following metrics:

- Call volume
- When calls are received
- Percentage of answered calls
- Percentage of missed calls
- Time to answer
- Length of call
- List of calls answered by Patient Service Specialist
- Number of answered calls by Patient Service Specialist
- Voicemail messages answered within 24 hours

The table below shows our performance under the Patient Service Call Center against industry standards:

Metric	Industry Benchmarks	June 2023
Call Volume	NA	16,357
Percentage of Answered Calls	80%	83%
Percentage of Missed Calls	NA	0.05%
Time to Answer	20 seconds	10 seconds
Length of Call	NA	4:14
VM Messages Answered within 24 Hours	NA	100%



31. Post payments made to the Lockbox to patient accounts within twenty-four (24) hours.

QMC logs into the City's bank lockbox to receive copies of all checks, patient and payer correspondence for processing by a Posting Specialist. The Posting Specialist for your account will then post the payment to the correct patient account.

In all cases, receipts are reconciled against:

- Deposits reported by the bank
- Credit card reports
- Expected payment amounts (i.e.: payer contractual amounts)
- Any other documentation received

Use our on-demand **Q-Bi Financials – Payment Report by Payer Dashboard** to view imported trips on a daily or monthly basis:

Payer Name	Credit Description	Service Date	Patient Name	Run Number	Incident Number	Sequence Number	Post Date	Deposit Date	Check Number
66-NY City Medicaid	Contractual Allow-Medicaid (M)	07/2021	Name 2436212, Patient	256288	69518050	3	7/3/23	7/3/23	N/A
AARP Medicare Advantage	Payment	05/2023	Name 2500445, Patient	23-853843-PTEMS	E230102648	N/A	7/6/23	7/3/23	9928485460
Aetna	Contractual Allowance - Prepayment	06/2023	Name 2500297, Patient	23-890935-MAASI	23-30136	N/A	7/3/23	7/3/23	N/A
			Name 2521525, Patient	23-889106-MAASI	23-29652	N/A	7/3/23	7/3/23	N/A
			Name 2525542, Patient	23-875143-MAASI	23-28522	N/A	7/3/23	7/3/23	N/A
	Contractual Allowance - Prepayment Total		Name 2471516, Patient	23-768057-PTEMS	E230064488	N/A	7/6/23	7/3/23	832179000247
Aetna Total	Payment - ACH	04/2023	Name 2471516, Patient	23-768057-PTEMS	E230064488	N/A	7/6/23	7/3/23	832179000247
AETNA (Comm)	Payment-Credit Card	05/2023	Name 2456816, Patient	78109	83262052	1	7/5/23	7/3/23	832318000801
	Payment-Credit Card Total		Name 2456816, Patient	78109	83262052	2	7/5/23	7/3/23	832318000801
AETNA (Comm) Total									



32. Provide error adjustment and on-demand rebilling capabilities.

As described in item 23 of this section, once the reason for the denial or short pay is identified, we will determine whether we can correct it and file a new claim. When a claim has been denied without a valid reason, it is escalated to an AR Manager who works the appeal to completion. Reviewing the entire claim and the denial first allows us to call the payer to see if we can either (1) correct over the phone or (2) file a corrected claim which will then be paid within the payer's time frame.

Medical Necessity denials are appealed through our **Compliance Department where our Director of Quality and Risk, Celeste Plunkett, RN** who completes a full review of the claim prior to determining the best way to move forward with the appeal. If the claim is determined not to be covered, the account is changed to patient responsibility and an invoice is generated.

Throughout the AR Management Process, we will continue to:

- Process electronic and hardcopy payments received from payers and patients
- Review denials for accuracy and complete next steps
- Call payers to follow up 30 days after claim was submitted if no response is received
- Leverage payer portals to correct and resubmit claims
- Contact patients with responsibility (uninsured or after insurance, except CMS payers)
- Mail statements every 30 days with progressive messaging
- Call patients 15 days after a statement is sent if no response
- Set up payment plans or submit for hardship write-off, as appropriate

33. Provide verification of billing and insurance information for patients with multiple transports.

As described in our answer to item 23, our Pre-Bill Team examines trip documents and collects and verifies patient demographics using the following resources:

- PCR
- **Previous trip documentation in our billing system**
- Receiving facility face sheets
- **Data gleaned through an integration with UPMC facilities**
- **HL7 data from emsCharts**
- PCS documents
- Any additional documentation included with the trip



34. Document and retain a record of patient contacts, both written and verbal, including letters sent, claims sent, responses received, denials, claims pending, phone conversations, payments, and requests for information.

Our billing system maintains a full audit trail of all activity on every patient account from initial import to final resolution and everything in between.

35. Analyze denials received and file appropriate appeals to Medicaid, Medicare, and others according to regulations and processes (including an administrative judge's orders/instructions). Contractor shall be responsible for filing appeals to denied claims or partially denied claims when an internal review shows justification for reimbursement of the claims. This shall occur within twenty (20) business days of notification of denial. The Contractor shall also be responsible for all costs of appeals and hearings unless the City of Pittsburgh agrees in a prior writing to pay a portion of the cost.

QMC's powerful proprietary billing platform includes many robust features that support an efficient and accurate billing process that will result in maximized revenue for the City of Pittsburgh. Our billing software captures SSNs and MBIs/beneficiary numbers for all Medicare and Medicaid patients to ensure compliance with CMS regulations.

Key features include, but are not limited to:

- **Automated NEMESIS Imports** from emsCharts create ready-to-bill claims with one-click. Our billing system can hold at least five supplemental insurances for each patient.
- **SSN and MBIs/beneficiary Number Capture** for all Medicare and Medicaid patients to ensure compliance with CMS regulations.
- **Scheduled workflow-based follow up at pre-determined milestones** based on payer processing timelines and history to ensure accountability throughout the life cycle of the claim.
- **Follow-up and secondary billing are triggered automatically** at key points to ensure that all reimbursement dollars are collected in a timely fashion and without fear of missing deadlines.
- **Clearinghouse Integrations** provide real-time automated patient demographics (full SSN and vital patient information) and insurance searches/verification with one-click.
- **Auto-Population** technology eliminates human error in claims processing by automatically populating base rates, mileage codes, and medical necessity selections.



- **Automatic Claims Submission** through fully integrated clearinghouses with built-in connections to more than 3,000 government and private payers to process claims.
- **Stored Fee Schedules** with expected payments for each procedure codes helps to prevent lost fees on claims and capture legitimate fees that fell through the cracks.
- **HIPAA, ICD-10, and HITECH Compliance** is guaranteed, as well as uptime as the system runs on Amazon Web Services (AWS), the same enterprise-grade, secure and stable platform used by hospitals and major insurance carriers.

36. Maintain the total days in accounts receivable at less than ninety (90) days or show documentation justifying to Pittsburgh EMS to explain why this level is exceeded due to specific payer or processing issues.

We utilize automated and manual reporting tools to pull claims that are 30 days past the billing date where there has been no response. When a claim is identified by the system or manually by an AR Manager, the trip is put into a queue for our AR Specialists to research the claim and resubmit within timely filing deadlines.

Our billing system is schedule-driven to ensure accountability throughout the life cycle of the claim, prompting workflow-based follow-up at pre-determined milestones, based on payer processing timelines and history. For example, there are payers that take longer to pay like the VA or commercial insurers, whereas CMS will consistently pay within two to three weeks after the claim is dropped.

Follow-up and secondary billing are triggered automatically at key points to ensure that all reimbursement dollars due to the City are collected in a timely fashion.

37. Assist patients with appeals to denials from third party insurers.

As described in items 23 and 32, we evaluate every denial or short pay for the potential to provide a corrected claim or appeal.

38. Maintain documentation of patient's release of medical information and assignment of benefits.

As described in item 34 above, our billing system maintains a full audit trail of all activity on every patient account from initial import to final resolution and everything in between.



39. Make no telephone inquiries to patients at their residence beyond 8:00 PM, Eastern Standard Time. Contractor shall always identify itself as “City of Pittsburgh EMS Billing” during all telephone conversations.

QMC is proud to serve your citizens and visitors with compassionate care with every call as described in much greater detail in item 30 of this section. We will NEVER contact your patients after 8:00 pm their local time.

40. Implement Customer Satisfaction Surveys for the EMS Billing operation and shall work with Pittsburgh EMS to develop, distribute, and report a similar Customer Satisfaction Survey regarding the patient’s care and interaction with Pittsburgh EMS.

Quick Med Claims, in collaboration with our strategic partner eServices Technologies, is offering a solution to enhance patient satisfaction and improve Emergency Medical Services (EMS) care and billing experiences. With our customizable and comprehensive Patient Clinical and Billing Experience Surveys, we are committed to helping you achieve excellence in patient care.

- **Easy Access:** Patients will receive a prompt to complete the survey conveniently from the patient portal. This portal grants them access to their account information, ensuring a seamless and hassle-free survey experience.
- **Simple Communication:** Patients will find a link to the survey on their medical invoices and will also receive a text message containing the survey link. This approach maximizes response rates and allows patients to provide feedback effortlessly.
- **Comprehensive Insights:** Our survey gathers valuable data to gauge customer satisfaction with both the emergency medical services care and billing experience. By capturing patient feedback, we aim to identify areas for improvement and optimize your overall service quality.
- **Monthly Reporting:** Survey results will be compiled and delivered monthly through the Q-BI portal to the City. This reporting feature ensures you stay informed and empowered to make data-driven decisions to enhance your organization's performance continually.

Our Patient Clinical and Billing Experience Surveys enable you to understand your patients' needs better, provide improved care, and streamline billing processes for enhanced customer satisfaction.



41. Provide, at its own expense, an annual audit of its billing and collection operation by an independent company selected by Pittsburgh EMS.

QMC engages the following external audits from respected and accredited industry experts and will continue to provide these and their results to the City of Pittsburgh at your request:

- Annual Audit for Billing Compliance by Price, Wolfberg and Wirth
- Annual Audit for HIPAA Compliance
- Annual Audit of IT, including SOC 2 Type II Audit
- Quarterly IT Vulnerability Testing
- Quarterly and Annual Financial Audit

42. *If a bill is denied due to failure to bill in a timely fashion, Contractor shall accept all financial responsibility for administrative costs concerning the patient's account. Contractor shall be responsible for all Pittsburgh EMS billing mail and correspondence returned or rejected by the United States Postal Service. Contractor shall provide all administrative mailing and handling costs at their expense.*

QMC's billing process includes the strategic application of innovative technology and seasoned EMS billing professionals, technology and automation to the phases of the process where they can be most beneficial to the revenue cycle, including the following built-in safeguards to help ensure that claims are filed within timely filing deadlines:

- **Automated Billing Schedules & Review Queuing** – The billing system automatically schedules activities required at specific intervals during the billing process (Medicare claim generally pays in 14-21 days, etc.). If payment is not received within the expected time frame, the system will flag it for follow-up by a billing specialist.
- **Automated Tiered Filing** – The system sequentially files claims to secondary, tertiary etc. payers as soon as payment is received from the higher-tiered payer.
- **Audit Programs** – Audits are conducted to ensure claims include appropriate signatures, documentation, level-of-service, units billed and more.
- **Denial and Short-Pay Response Standards** – We have established internal standards that all follow-up must be complete within five days (max) after a denial or short-pay is received.
- **Scheduled Follow-up for Unpaid Claims** – Regular follow-up is completed at 30, 60 and 90-day intervals with 90 days addressed first.

We will continue to provide all of the personnel, technology and services to provide comprehensive EMS revenue cycle management services for the City of Pittsburgh.



43. At the end of the contract term, Contractor shall be allowed to exercise collection efforts on any existing accounts in Contractor's possession. Contractor shall bring to conclusion all patient accounts in their possession in accordance with procedures outlined in the contract. This will be done in an expedient manner and shall not exceed six (6) months after the termination date. Accounts in possession of Contractor at the end of the six (6) month time frame will be deemed uncollectable and returned to the City of Pittsburgh for further action at its discretion. Account information shall be provided in an electronic format and shall provide key claim information that is listed in Attachment A.

Should the City select a new Contractor for any reason, the parties agree to a Transition Period that shall commence on the termination date and end ninety (90) days thereafter. During the Transition Period, the City agrees not to forward any claims with dates of service after the termination date to the Contractor for processing.

The Contractor agrees to continue to provide billing and reimbursement services for dates of service prior to the termination date as described herein for the entire Transition Period. At the end of the Transition Period, the Contractor will present to the City a final set of reports, in a mutually agreed upon format (CSV, ASCII, etc.), including an invoice for services that details the work done during the Transition Period. The City shall pay all fees due to the Contractor within thirty (30) days of receiving a complete and correct invoice.

44. In the event Contractor is found to be in default of the contract and the contract is terminated, all patient account information and billing will be immediately turned over to the City of Pittsburgh. This shall include, but is not limited to all active, inactive, or resolved patient accounts. Account information shall be provided in an electronic format and shall provide key information that is listed in Attachment A.

As described immediately above, we will provide the City's data in a mutually agreeable format (CSV, ASCII, etc.) when the contract ends.

45. Supply all equipment, space, and materials needed to provide the abovementioned services.

QMC will continue to provide all the equipment, space and materials needed to provide comprehensive EMS revenue cycle management.



46. The Contractor will be required to assume primary responsibility for follow up on any open accounts (“Old Accounts Receivable”) that remain active following the prescribed transition period with the incumbent contractor. The old Accounts Receivable will be limited to claims with a date of service from 1/1/2023 through 3/31/24. It is anticipated that the incumbent contractor will work all claims in the defined date range until 5/31/2024 and forward the key claim information to the Contractor at that time. The Contractor will be expected to manage those claims until they are each fully adjudicated.

As described above in item 44, QMC will continue to work open accounts during a Transition Period that shall commence on the termination date and end ninety (90) days thereafter. During the Transition Period, the City agrees not to forward any claims with dates of service after the termination date to the Contractor for processing. We agree to continue to provide billing and reimbursement services for dates of service prior to the termination date as described herein for the entire Transition Period.

47. Contractor and the Pittsburgh EMS Billing Contract Administrator shall meet monthly for the first twelve (12) months of the contract and quarterly thereafter, in person, to review the status of the billing operation.

As your current provider, **QMC has everything in place today** to support the City’s EMS Billing program without interruption for Pittsburgh EMS. Members of our leadership team, billing operations and your Client Success Manager Haley Burke meet with your team for scheduled monthly calls to review important items that affect your patients as well as your billing revenue.



3.2. Technology

The Contractor shall provide a technology interface for field data collection. Pittsburgh EMS requires the supplier to maintain a technical solution for field data collection process for thirty (30) devices, fifteen (15) medic units, three (3) ambulances, three (3) District Chief vehicles, seven (7) special event units, and two (2) spares. This technical solution would be provided at the Contractor's sole expense and would include, at a minimum:

1. Mobile computing hardware that is:

- Ruggedized case;*
- Apple IOS;*
- Capable of LTE/5G wireless transfer of data to emsCharts;*

QMC has successfully provided field data collection hardware for the City of Pittsburgh EMS for the last 10 years through your move from Panasonic Toughbooks to Apple iPad devices. With this contract, we will provide:

- 30 Apple iPads
- 30 OtterBox Cases
- 2 spare Apple iPads
- Unlimited LTE/5G wireless data plan through Verizon
- Repair and replacement of damaged devices with no deductible for the City

[Click here for iPad Specifications.](#)

2. Software that:

- Possesses either the ability to integrate EMS Charts, or any other software currently used by Pittsburgh EMS, into the proposed solution, or another software program capable of collecting data elements required by and having the approval of the Emergency Medical Services Office of the Pennsylvania Department of Health; and*
- Capable of providing software updates (for the Contractor's software, if used) as they become necessary.*

We are proposing the City's current iPad hardware with the Apple OS that integrates perfectly with your proposed emsCharts ePCR software.



3. Installation and Maintenance

- *Contractor shall provide all services regarding system design, hardware and software procurement, installation and testing, and on-going, daily maintenance (including provision of loaner devices during repair and replacement of malfunctioning or inoperative equipment) of the system.*

QMC is well-practiced at providing exactly these services for Pittsburgh EMS and we are committed to continuing to meet your technology requirements well into the future.

4. Repair and Replacement from Damage • *The Contractor should provide an insurance plan to cover damaged or lost devices and cover any deductibles associated with the replacement.*

We are currently facilitating hardware repair and placement with Asurion insurance who repairs or replaces damaged devices within two (2) days of request by the City.

Going forward, all new hardware will be insured through AppleCare+ <https://www.apple.com/support/products/ipad/>.

5. Connectivity

- *The Contractor should provide unlimited wireless data connectivity to the device. The connectivity will be LTE/5G or better.*

Our proposal includes continued unlimited wireless data connectivity at LTE/5G or better through Verizon.

6. Replacement Schedule

- *Contractor will be required to replace all mobile computer hardware systems during the term of this agreement at a time specified by the City.*

As described in item 4 above, we currently replace field data collection hardware for the City upon request and will facilitate a fleet-wide hardware refresh with this contract at a mutually agreed upon schedule.



3.3. Collection Services for Delinquent Accounts

1. *While the City does not make extensive use of a third-party collection agency, delinquent accounts will require transfer to a collection agency. The Contractor will be required to identify at least two (2) qualified collection agencies for use by the City that shall be sub-contracted and managed by the selected provider of our billing services.*

We are proud to present two (2) experienced collections providers with proven results with EMS collections in the Midwest, many QMC clients and even (in one case) for the City of Pittsburgh:

1. Collections Services Center (CSC)

CSC, based in New Kensington, PA, is the collections vendor currently used for City of Pittsburgh EMS delinquent accounts billing. We have a great working relationship with their team and send and receive information seamlessly to support both ends of the process – from ensuring that they are receiving the necessary data to pursue further payment all the way to recording payments in the patient account.

<https://www.collectionservicecenter.com/>

2. Wakefield & Associates

We are also pleased to present Wakefield & Associates as an alternative or co-delinquent account billing partner for this contract. Our long history of working with Wakefield on behalf of our clients makes them an outstanding collections partner for your accounts. <https://wakeassoc.com/>

The cost of delinquent account collections is included in our all-inclusive Cost Proposal regardless of whether you decide to use one or both contractors.

2. *The City may select one or both of these agencies to be the assigned collection agency for delinquent accounts.*

We understand and will be ready to execute upon your decision.



3. *The subcontractor/collection agency shall charge the patients' directly for collection costs. This shall include, but not be limited to, software, hardware, interfaces, personnel, telephone, mail, and associated resources necessary to perform collections services in a manner consistent with the intent of Pittsburgh EMS.*

We have provided a detailed description of each vendor's products, services and personnel in the attachments to support your review.

[Click here for an Overview of Collection Services Center \(CSC\).](#)

[Click here for an Overview of Wakefield & Associates.](#)

4. *The Contractor will be required to work with the selected agency(s) and the City to transition any referral information in an orderly fashion and determine the timeline for delinquent accounts to be turned over for collections.*

As described above, we are working with CSC for Pittsburgh EMS and Wakefield for several other QMC clients to accomplish a seamless transition of patient account information out to them and then document the final resolution of the account as payments are received.



Proposed Work Schedule

Include a proposed work schedule to accomplish all of the required tasks within the desired timeline. Identify the staff roles who would be assigned to each major task, including sub-consultants.

As your current provider **everything is in place today to continue providing Ambulance Billing Services for the City of Pittsburgh without interruption** or any of the hiccups that could arise during a new partner implementation.

We will continue to provide:

- Comprehensive EMS Billing Services
- Automated Electronic Data Import from Your emsCharts ePCR Software
- ZOLL emsCharts ePCR Software
- Apple iPad Devices for Field Data Reporting
- iPad Repair & Replacement Insurance
- Unlimited Wireless Data at LTE/5G from Verizon
- Patient Online Portal
- Payment Processing with Your Bank Lockbox
- HIPAA Notice Mailing
- Patient Satisfaction Surveys
- Dedicated Account Team helmed by Haley Burk, your Client Success Manager
- Crew Documentation Training
- Compliance Services & Regulatory Updates
- Internal & External Billing & Process Audits
- Scheduled & Ad hoc Reporting Services
- Client Team Meetings & Analytical Services
- 24/7/365 Q-Bi Business Intelligence & Analytics System
- Compassionate Billing & Patient Services
- HIPAA Compliant Interpretation Services
- Online Patient Access Portal available 24x7x365
- Invoice and Correspondence Printing & Postage
- Data Export to Collections Service Center (CSC)
- Posting Payments from CSC Back to the Patient Account
- Industry Benchmarking
- Access to Industry Experts
- Supplemental Education Opportunities – Webinars, podcasts, presentations, etc.



→ New Services with This Contract

We are also pleased to offer the following services with the new contract for Pittsburgh EMS:

- **Hardware Refresh**

We are prepared to refresh your hardware at a time that's beneficial to the City.

- **PCG Supplemental Payment Program Evaluation**

We're excited to provide access to our partnership with Public Consulting Group (PCG), an industry leader in Ambulance Supplemental Payment Programs and Medicare Cost Data Reporting with this contract. They anticipate being able to recover \$3-5 million for the City if you choose to access their services.

- **Multiple Collections Providers**

We have a great relationship in place with the City's collections provider, CSC, and in accordance with the requested services in this RFP, we offer an additional provider, Wakefield & Associates, should you opt to implement their services as well.

- **Satisfaction Surveys**

Quick Med Claims, in collaboration with our strategic partner eServices Technologies, is offering an enhanced patient satisfaction survey solution leveraging online access and simplified communication using text messaging to make it easy for your patients. Surveys will then be tabulated and reported back to the City with insights regarding the patient's care and billing experience.



4) COST PROPOSAL

Provide a total cost proposal for all services to be delivered, and a breakdown of costs delineated by major phase and/or deliverable as described in your project plan. Include a schedule of hourly rates for all proposed staff and the amount of time each person will be devoted to this project. Define any reimbursable expenses (e.g., travel) requested to be paid by the City. Note: If travel expenses are included, the rate assumptions generally should not exceed the United States General Services Administration (GSA) rates for Pittsburgh.

Quick Med Claims, LLC will provide Ambulance Billing Services for the City of Pittsburgh as described in this proposal at an all-inclusive rate of:

→ EMS Billing Services 4.75% of net collected revenue

- emsCharts Software
- Apple iPad Devices
- Unlimited Wireless LTE/5G Data Services
- HIPAA Notices
- Patient Satisfaction Surveys

→ Collection Services:

Collection Service 25.00%

Wakefield & Associates 25.00%

→ PCG Supplemental Payment Program Evaluation TBD

Fees are billed as a percentage of net collections during a given month, less refunds. The amount billed will reconcile with your monthly reports.



5) DEMONSTRATION OF GOOD FAITH EFFORT

Include statements of assurance regarding the following requirements detailed in the Equal-Opportunity section of this solicitation:

QMC dedicated to exploring diversity in our purchasing and outsourcing opportunities and have several contracts in place with Minority and Women-owned Business Enterprises in the regular course of business.

As you will see below, we contacted each of the vendors provided by Ms. Goswami and evaluated their services and ability to enhance the services proposed for the City of Pittsburgh.

→ Solicitation Efforts

Solicit certified MBE/WBE/Veteran-Owned companies for various service categories where opportunities exist to subcontract within their company's business model.

Our strategy for contracting with any vendor partner is to do so when it will not only ensure the utmost security and compliance, but when they demonstrate the ability to enhance the services we are contracted to provide.

For this contract, we contacted Upasna Goswami, Business Diversity Coordinator at the Office of the Mayor for a list of eligible certified MBE/WBE/Veteran owned Pittsburgh businesses.

We contacted all of the companies she provided, documented our efforts, their responses and whether their services could effectively enhance our offering for the City, if appropriate.



→ MWDBEVOSB Forms

Complete MWDBEVOSB Commitment Form to document good faith effort. Please provide the scope of services to be delivered by each subcontractor. If a subcontractor is not chosen, a justification is required describing why services could not be rendered by a subcontractor.

GOOD FAITH EFFORT CHECKLIST

The following checklist must be included with your proposal, however it is not intended intended to be inclusive or exhaustive. **Please provide documentation for each box checked.**

- Held pre-bid or pre-proposal meetings to discuss upcoming opportunities at least two weeks in advance of solicitation due date.
- Advertised and conducted outreach with minority and women-owned businesses at least two weeks in advance of solicitation due date.
- Identified and designated economically feasible portions of the work to be performed by M/WBEs. This may include breaking down the contract into sub-contracts to ensure participation.
- Utilized the Pennsylvania Unified Certification Program (PAUCP) Directory and/or other resources to locate and identify potential firms to subcontract with.
- Provided a reasonable number of M/WBEs written notice via email or mail regarding subcontracting and/or supplier opportunities.
- Followed up with M/WBEs who were solicited to determine interest.
- Provided interested M/WBEs with plans, specifications, scope of work, and requirements of the contract.
- Entered into a formal contract, or signed letters of commitment with M/WBEs.
- Provided feedback to M/WBEs when bids and/or price quotations are rejected.
- Made efforts to assist interested M/WBEs obtain bonding, lines of credit, insurance, equipment, materials, supplies, or other project-related components.



CITY OF PITTSBURGH EORC PARTICIPATION STATEMENT

This form must be completed and submitted with your bid or proposal

List below all M/WBE and VOSBs that were solicited whether or not commitment was obtained.

Name of Prime or Bidder: Quick Med Claims, LLC

Contact Person: Adam Patterson, VP of Sales

Address: 1105 Lebanon Church Rd, Pittsburgh, PA 15236

Email: apatterson@quickmedclaims.com

Phone Number: P 412-710-2057
M 404-414-6334

Is Your Firm M/WBE/VOSB Certified? Yes No

Certification Type: MBE WBE VOSB Certifying Entity:

M/WBE/VOSB Sub Vendor Firm Name: EIM Services, Inc.			Contact Person: S. Bakoua	
Address: 6057 Dewayne Dr, Verona, PA 15147		Phone Number: 412-301-1781	Email: sbakoua@eimservicesinc.com	
Certification Type: <input checked="" type="radio"/> MBE <input type="radio"/> WBE <input type="radio"/> VOSB Certifying Entity:		Types of Subcontract Work or Materials: IT Consulting		
Date Solicited: 7/21/23	Solicitation Method: <input type="radio"/> Phone <input checked="" type="radio"/> Email	Quote Received: <input type="radio"/> Yes <input checked="" type="radio"/> No	Commitment Made: <input type="radio"/> Yes - Date: <input checked="" type="radio"/> No	Amount Committed: \$ Amount: % Of Total Bid:
Give Reason(s) If No Commitment Made: No response from provider				

M/WBE/VOSB Sub Vendor Firm Name: Koryak Consulting			Contact Person: Suresh Ramanathan	
Address: 2003 Kinvara Dr, Pittsburgh, PA 15237		Phone Number: 412-364-6600	Email: sramanathan@koryak.com	
Certification Type: <input checked="" type="radio"/> MBE <input type="radio"/> WBE <input type="radio"/> VOSB Certifying Entity:		Types of Subcontract Work or Materials: IT consulting		
Date Solicited: 7/21/23	Solicitation Method: <input checked="" type="radio"/> Phone <input checked="" type="radio"/> Email	Quote Received: <input type="radio"/> Yes <input checked="" type="radio"/> No	Commitment Made: <input type="radio"/> Yes - Date: <input checked="" type="radio"/> No	Amount Committed: \$ Amount: % Of Total Bid:
Give Reason(s) If No Commitment Made: Services on their website do not support an enhanced service offering for the City at this time.				

Signature:

S. Mark Talley
Chief Executive Officer

Date: August 1, 2023

Copy this form as necessary.



M/WBE/VOSB Sub Vendor Firm Name: Marinus Analytics, LLC			Contact Person: C. Jones	
Address: 100 S Commons, #102 Pittsburgh, PA 15212		Phone Number: 866-945-2803	Email: cara@marinusanalytics.com	
Certification Type: <input type="radio"/> MBE <input checked="" type="radio"/> WBE <input type="radio"/> VOSB Certifying Entity:		Types of Subcontract Work or Materials: IT, AI Consulting		
Date Solicited: 7/21/23	Solicitation Method: <input type="radio"/> Phone <input checked="" type="radio"/> Email	Quote Received: <input type="radio"/> Yes <input checked="" type="radio"/> No	Commitment Made: <input type="radio"/> Yes - Date: <input checked="" type="radio"/> No	Amount Committed: \$ Amount: % Of Total Bid:
Give Reason(s) If No Commitment Made: No response received				

M/WBE/VOSB Sub Vendor Firm Name: Multi-Lynx Companies, Inc.			Contact Person: General info online contact	
Address: 120 Golden Gate Dr, Verona, PA 15147		Phone Number: 412-798-4113	Email: info@multi-lynz.com	
Certification Type: <input checked="" type="radio"/> MBE <input type="radio"/> WBE <input type="radio"/> VOSB Certifying Entity:		Types of Subcontract Work or Materials: IT Services		
Date Solicited: 7/21/23	Solicitation Method: <input type="radio"/> Phone <input checked="" type="radio"/> Email	Quote Received: <input type="radio"/> Yes <input checked="" type="radio"/> No	Commitment Made: <input type="radio"/> Yes - Date: <input checked="" type="radio"/> No	Amount Committed: \$ Amount: % Of Total Bid:
Give Reason(s) If No Commitment Made: No response received				

M/WBE/VOSB Sub Vendor Firm Name: Stuck on Smart Services, LLC			Contact Person: P Smith	
Address: 313 Elias Drive Pittsburgh, PA 15235		Phone Number: 412-405-1315	Email: perismith@stuckonsmartsolutions.com	
Certification Type: <input type="radio"/> MBE <input type="radio"/> WBE <input type="radio"/> VOSB Certifying Entity: UNKNOWN		Types of Subcontract Work or Materials: IT Consulting		
Date Solicited: 7/21/23	Solicitation Method: <input type="radio"/> Phone <input type="radio"/> Email	Quote Received: <input type="radio"/> Yes <input type="radio"/> No	Commitment Made: <input type="radio"/> Yes - Date: <input type="radio"/> No	Amount Committed: \$ Amount: % Of Total Bid:
Give Reason(s) If No Commitment Made: I believe they are not in business anymore - no working email, phone or online presence.				

M/WBE/VOSB Sub Vendor Firm Name: Triumphant Data Solutions			Contact Person: Marvin Green	
Address: 1421 Eckert St, Pittsburgh, PA 15212		Phone Number: 412-295-8225	Email: mgreen@triumphantdatasolutions.com	
Certification Type: <input checked="" type="radio"/> MBE <input type="radio"/> WBE <input type="radio"/> VOSB Certifying Entity:		Types of Subcontract Work or Materials: IT Services		
Date Solicited: 7/21/23	Solicitation Method: <input checked="" type="radio"/> Phone <input checked="" type="radio"/> Email	Quote Received: <input type="radio"/> Yes <input checked="" type="radio"/> No	Commitment Made: <input type="radio"/> Yes - Date: <input type="radio"/> No	Amount Committed: \$ Amount: % Of Total Bid:
Give Reason(s) If No Commitment Made: There is not an opportunity to subcontract services with them at this time, though we will keep them in mind for the future.				



M/WBE/VOSB Sub Vendor Firm Name: Vena Technologies, LLC			Contact Person: Sylvester Kaunda	
Address: 560 McKean Ave, #A Donora, PA 15033		Phone Number: 724-823-8062	Email: sylvestk@venatchnologies.com	
Certification Type: <input checked="" type="radio"/> MBE <input type="radio"/> WBE <input type="radio"/> VOSB Certifying Entity:		Types of Subcontract Work or Materials: IT Consulting		
Date Solicited: 7/21/23	Solicitation Method: <input type="radio"/> Phone <input checked="" type="radio"/> Email	Quote Received: <input type="radio"/> Yes <input checked="" type="radio"/> No	Commitment Made: <input type="radio"/> Yes - Date: <input checked="" type="radio"/> No	Amount Committed: \$ Amount: % Of Total Bid:
Give Reason(s) If No Commitment Made: No response received				

M/WBE/VOSB Sub Vendor Firm Name: Virtix Consulting, LLC			Contact Person: Leon Robinson	
Address: 228 Fox Meadow Dr, Wexford, PA 15090		Phone Number: 412-440-6263	Email: leon.robinson@virtixit.com	
Certification Type: <input checked="" type="radio"/> MBE <input type="radio"/> WBE <input type="radio"/> VOSB Certifying Entity:		Types of Subcontract Work or Materials: IT Consulting		
Date Solicited: 7/21/23	Solicitation Method: <input type="radio"/> Phone <input checked="" type="radio"/> Email	Quote Received: <input type="radio"/> Yes <input checked="" type="radio"/> No	Commitment Made: <input type="radio"/> Yes - Date: <input checked="" type="radio"/> No	Amount Committed: \$ Amount: % Of Total Bid:
Give Reason(s) If No Commitment Made: No response received				

M/WBE/VOSB Sub Vendor Firm Name: Visvero, Inc.			Contact Person: Arvind Handuu	
Address: 2121 Noblestown Rd, #106, Pittsburgh, PA 15205		Phone Number: 412-539-0800	Email: ahandu@visveroc.com	
Certification Type: <input checked="" type="radio"/> MBE <input type="radio"/> WBE <input type="radio"/> VOSB Certifying Entity:		Types of Subcontract Work or Materials: Technology Consulting		
Date Solicited: 7/21/23	Solicitation Method: <input type="radio"/> Phone <input checked="" type="radio"/> Email	Quote Received: <input type="radio"/> Yes <input checked="" type="radio"/> No	Commitment Made: <input type="radio"/> Yes - Date: <input checked="" type="radio"/> No	Amount Committed: \$ Amount: % Of Total Bid:
Give Reason(s) If No Commitment Made: No response received				

→ Email Documentation

Provide email documentation of solicitation correspondence with MBE/WBE/Veteran-Owned companies.

Due to the amount of documentation, we have provided copies of our correspondence as an attachment.

[Click here for copies of our MBE/WBE/Veteran Owned Business Correspondence.](#)



6) ATTACHMENTS



QMC Compliance Plan

QUICK MED CLAIMS, LLC (QMC)

Corporate Compliance & Ethics Program

Prior Revision Date: 3-4-2021

Current Revision Date: 5-2-2022 **PENDING APPROVAL**

Introduction:

This document is a statement of the Compliance Plan of Quick Med Claims, LLC (QMC), a privately- held company offering billing services, revenue cycle management (RCM), and consulting advice to the emergency medical transportation industry, for both ground and air ambulance services.

Questions about the QMC Compliance & Ethics Program may be directed to the Chief Compliance Officer (CCO).

Quick Med Claims, LLC (QMC) is a privately held company offering billing services, revenue cycle management, and consulting advice to the emergency medical transportation industry, for both ground and air ambulance services. QMC provides services to medical transportation providers across the country which may have various and differing billing requirements based upon geographic location, associated insurance programs, state regulations, etc.

QMC is committed to maintaining the highest level of professional and ethical standards in the conduct of its business. QMC places the utmost importance on its reputation for honesty and integrity. These standards can only be achieved and sustained through the actions and conduct of all team members. QMC is committed to avoiding even the appearance of wrongdoing because such appearances, however innocent, may create a perception that a lower standard of ethical behavior is an acceptable business practice.

The QMC Corporate Compliance and Ethics Program and its policies and procedures for detecting and preventing fraud, waste and abuse are designed to meet the 7 required elements of an effective compliance program as defined by the Office of Inspector General (OIG) for the U.S. Department of Health and Human Services (HHS). These 7 elements include:

- Written Code of Conduct
- Designation of a Compliance Officer and Oversight Committee
- Education and Awareness Training
- Effective Lines of Communication (including anonymous reporting options)
- Auditing and Monitoring to Identify and Address Risk Areas
- Policies and Procedures
- Consistent Disciplinary Action for Non-Compliance

This program and its components are living documents and the processes are designed to help QMC comply with Federal and state laws that apply to the healthcare industry and to our business operations.

QMC outlines how it meets each of the 7 elements on the following pages.

1. Written Code of Ethical Conduct:

QMC's Code of Ethical Conduct provides standards of conduct for all team members and clearly states the policies of the organization regarding adherence to all guidelines and regulations. The intent of the Code of Ethical Conduct is to make these standards readily available and in an understandable format. Every team member receives an overview and copy of the Code of Conduct during the orientation process and when revisions are made. The Code of Conduct is embedded in the QMC Team Member Handbook and is also readily accessible via the internal QMC SharePoint site.

In addition to new hire training, all team members are reminded of the importance of the Code of Conduct during annual compliance training. Examples of ethical dilemmas are covered during the training as well as each person's duty to report actual, or potential, issues, or concerns.

The Code of Ethical Conduct is reviewed periodically by the CCO or designee. If there are any revisions recommended, the revisions are reviewed and approved by the members of QMC's Compliance Committee prior to the document being updated. The Board is also apprised of any changes to the Code of Ethical Conduct.

Should an individual believe that actions have occurred that are inconsistent with the QMC Compliance Plan, the Code of Ethical Conduct or with state or Federal laws, he/she has a duty to report the concern promptly and provide sufficient detail for a meaningful investigation to proceed. QMC provides a number of ways for individuals to report actual or potential misconduct, including a toll-free hotline that is manned 24/7 by a third-party vendor.

2. Designation of a Compliance Officer & Oversight Committee:

QMC has a designated CCO, who reports directly to the Chief Executive Officer, with a dotted line to a member of the Board of Directors. The CCO provides program oversight and manages the Compliance Plan for the organization.

The CCO is the head of the Compliance Department, which provides compliance guidance to the rest of the organization, conducts regular audits of company processes,

provides general compliance training for all employees, creates targeted training for client partners and team members as needed, investigates, and responds to reports of actual or potential compliance incidents, and responds to external audit requests.

QMC also has a Compliance Committee in place. The CCO is the Chairperson of the Compliance Committee. The Committee's charter states that it will meet a minimum of 4 times a year and provide oversight of the Compliance Program.

The Committee is comprised of members who represent a cross-section of functional areas across the organization (such as HR, IT, Finance, Operations, etc.) and includes senior leaders, including Directors and above. The responsibilities of the Compliance Committee include, but are not limited to, the following items:

- Assist and advise the CCO on all aspects of the 7 elements of an effective Compliance Program
- Assist in monitoring the effectiveness of the overall Compliance Program
- Assist with identifying compliance risk areas, developing risk plans and risk mitigation
- Approve new compliance policies and assess and advise on proposed changes to existing compliance policies and procedures
- Oversee and ensure completion of required new hire, annual compliance refresher training and any new mandatory compliance training programs
- Ensure that a Code of Ethical Conduct is formalized in written format, is readily available to team members and is reviewed periodically by the Committee (or more frequently if regulatory changes are required).
- Ensure that the Compliance Program document is reviewed annually, revised as appropriate and that all QMC team members review & attest to having reviewed this document on an annual basis
- Ensure that QMC conducts an annual Conflict of Interest (COI) disclosure process and that the Chief Compliance Office presents an overview of the disclosures to the Committee and to the Board
- Support and participate in QMC's annual Compliance & Ethics Week activities
- Monitor internal and external audits and investigations for the purpose of identifying troublesome or repetitive issues as well as potential opportunities for improvement
- Assess and advise on reported compliance concerns, industry trends, compliance dashboard reports, etc.
- Ensure that a Code of Ethical Conduct is formalized in written format, is readily available to team members and is reviewed annually by the Committee (or more frequently if regulatory changes are required)
- Review the organization's procedures for reporting actual, or potential, concerns and ensure there are multiple methods to report, including the ability to report anonymously and via a 24/7 hotline
- Review any reports of alleged fraud and request the investigation of any significant instances of fraud or noncompliance that it believes warrants further investigation or an external subject matter's expertise

- In addition to the CCO, QMC has designated HIPAA Privacy and Security Officers, who are responsible for maintaining compliance with privacy and security practices in accordance with HIPAA regulations and serve as the point of contact for privacy and security matters. This information is located on QMC's SharePoint home page.

3. Education & Awareness Training

QMC believes in the value of ongoing compliance education and awareness training for all of its team members, client partners and Board of Directors. Training is provided using a variety of modalities including, but not limited to: instructor-led training sessions, audio conference, written materials and web-based training.

New Hires

All new hires receive compliance training during their orientation and must also complete specific courses that are assigned through the on-line learning management system. The training modules cover the Code of Conduct, relevant policies, duty to report issues or concerns, HIPAA, compliance with laws and regulations, etc. Team members are also required to take tests to measure their comprehension of the materials and sign an acknowledgement that they will abide by the Code of Ethical Conduct and Compliance Plan. This acknowledgement is maintained by the Human Resources Department.

Mandatory Annual Training

All team members are required to attend annual compliance refresher training to seek to assure that all individuals fully comprehend the implications for failing to comply with QMC's Code of Ethical Conduct, Compliance Plan and/or applicable laws and regulations and health care program requirements, such as Medicare and Medicaid. Team members are reminded of key policies, including their duty to report issues or concerns and the different ways available for them to report. The annual training program also requires each team member to pass a test demonstrating their comprehension of the materials.

Mandatory Billing Refresher Training Course

Certain team members are also required to attend a separate day-long focused billing training program sponsored by QMC. In the past, the training has been conducted by Compliance leadership, external experts, and legal entities well-versed in the industry and HIPAA regulations.

Additional Training

As new laws are enacted or as new risk areas are identified, training will be provided to those affected team members.

Ongoing Learning & Awareness

For current team members, training can be assigned via the on-line learning system among a variety of compliance topics such as: general compliance, HIPAA, HR, Cybersecurity, etc. Modules can also be created, customized, and assigned to reach target audiences.

In addition, the CCO provides an educational compliance topic at each quarterly leadership business review meeting and issues periodic email awareness messages to all team members on a variety of compliance topics.

Client Training

Training is provided as needed or requested and can cover a variety of topics. Some examples have included: HIPAA and Financial Risks of Non-Compliance, COVID-19 regulatory changes, documentation training, etc.

Board of Directors

Training is provided several times a year and covers topics such as: Corporate Governance, HIPAA, Cybersecurity, rules and regulations, relevant stories in the news, risk areas, industry trends, etc.

4. Effective Lines of Communication:

An open line of communication between the Chief Compliance Officer (CCO) and all team members is critical to the successful operation of the Corporate Compliance and Ethics Program. QMC encourages its team members not to guess, but to ask, if there is confusion, ambiguity or questions related to a compliance or ethical issue.

The CCO presents a compliance overview and educational topic at quarterly leadership business review meetings which allows for ongoing dialogue with management level employees.

The CCO is available to attend meetings or conference calls to remain visible and build rapport and trust with team members. The CCO will also periodically visit QMC locations that are located external to the Corporate Office site.

Team members are reminded via posters, during new hire and annual training, in policies, in articles in company newsletters, in the Code of Ethical Conduct and through periodic email awareness messages of their duty to report issues or concerns and mechanisms to report.

Team members are given multiple ways to contact the CCO including: via email, by phone (412) 532-2425, via US mail or inter-office mail, and/or in person.

QMC also provides the ability to report issues or concerns via a toll-free hotline service (855) 216-8730) which is manned by an external third party 24 hours a day, 7 days a week.

All of the ways to report are widely communicated and the information is readily accessible on QMC's intranet SharePoint site.

QMC has a no-retaliation policy for confidential reporting of compliance concerns. The CCO or designee will investigate allegations and take appropriate action as needed.

Conversations and reports to the CCO will be held in confidence to the extent possible. Team members should be aware that the information they provide may be shared with legal counsel to the organization or with the VP of Human Resources. There is no guarantee of confidentiality where immediate action is necessary to report to law enforcement or to prevent personal injury, property damage or bodily harm or environmental damage.

The CCO also prepares a compliance status report for every Board meeting. The Board is apprised of educational initiatives, audits, compliance reports, risk areas, etc.

5. Auditing and Monitoring:

A successful Compliance & Ethics Program requires thorough monitoring of its implementation and regular reporting to the Compliance Committee, Executive Leadership, and members of the Board.

Risk assessments and audits shall be utilized to ensure compliance with QMC's Corporate Compliance & Ethics Program, payor billing requirements and all relevant Federal and state laws. When errors or deficiencies are found, subsequent assessments or reviews shall be performed to ensure that the recommended corrective actions have been implemented and are successful.

QMC evaluates risk factors, including but not limited to: results of audits (both internal and external), review of recent litigation or settlements, review of compliance reports and trended data, information from team member exit interviews, industry, or enforcement trends, etc.

QMC has effective mechanisms in place for successful audits. Audits are conducted by both internal resources and external organizations.

Four types of assessments or audits may be utilized:

Self-Assessments

Self-assessments will be completed, as appropriate, by departmental team members to monitor work. These assessments are less formal and are reported to the Compliance department when requested or when clarification or guidance is needed.

Internal Risk Assessments/Audits

Internal risk assessments/audits are generally conducted by the Compliance Department team members and may be initiated through general work assignments, identified trends, potential risk areas, or at the direction of the CCO, Compliance Committee or Board.

The results of these audits/assessments are tracked and shared with appropriate management. If a trend or unacceptable error rate is found, a follow-up review or corrective action plan may be initiated. If necessary, appropriate re-education will be provided.

External Risk Assessments/Audits

QMC has utilized external parties to conduct risk assessments/audits to verify compliance with regulations, sound business practices, billing requirements, SOC 2 Compliance, HIPAA compliance, IT Vulnerability Testing, Financial audits, etc. QMC can request these be conducted on set timelines (i.e., annually) or as new requirements emerge, or as risks or trends are identified. All findings are reported to the Compliance Committee and the Board.

Client Requested or Required Assessments/Audits

QMC has conducted risk assessments/audits based upon a client's request to audit certain parameters, to validate a client's third-party auditor's findings, and/or as a result of a contractual or regulatory requirement.

6. Policies & Procedures:

The Compliance Policies are intended to support the Compliance Plan by providing detailed, specific guidance on individual topics which have been identified as areas of higher risk for errors and non-compliance.

The Compliance Department develops and posts written policies and procedures on all matters of compliance within the organization, including QMC's Code of Ethical Conduct. The Compliance Department creates and manages all HIPAA compliance related policies and may be asked to provide input on policies issued by other departments, including HR, IT, Finance, and others.

All company policies are standardized to a common format, which includes: policy title, dates the policy is issued, effective and revised. Policies are stored in a central location available to all team members, and additions or changes to policies are communicated.

Team members are encouraged to ask for clarification on any policy they do not fully understand or request guidance if unsure how to comply with a policy.

At times, the Compliance Committee may be asked to review and comment on newly proposed company-wide policies.

7. Consistent Disciplinary Action for Non-Compliance

QMC has guidelines and standards for disciplinary actions, which are well-publicized for team members. Information is provided in the Employee Handbook as well as in company policies that are easily accessible on QMC's SharePoint site.

QMC imposes and enforces these standards consistently.

Corrective and/or disciplinary actions may be taken with those team members who fail to comply with QMC's Code of Ethical Conduct, Compliance & Ethics Program, Employee Handbook & Policies, state, or Federal laws, etc. Appropriate response to team member compliance lapses may include, but are not limited to: reduction or elimination of performance incentives, re-education, additional audits or assessments, disciplinary measures up to and including termination of employment, reporting to law enforcement or governmental agencies, etc.

Actions may also be taken against those who have engaged in wrongdoing that has the potential of impairing QMC's status as a reliable, honest, and trustworthy partner.

QMC also performs exclusion/sanction checks prior to hiring individuals and conducts monthly screening reports on all team members. If a potential issue is identified, the CCO or designee will conduct further investigation to substantiate or refute the finding. If necessary, the CCO will work with the VP of Human Resources to address a substantiated finding with the team member. If appropriate, disciplinary action will be taken up to and including termination of the individual's employment.

Concluding Statement:

QMC considers compliance with its Corporate Compliance & Ethics Program to be important for several reasons. First, it supports the ethical principles of our organization's mission and values. Second, it is a concrete statement to the employees and community at large of our commitment to responsible corporate conduct. Third, it increases the likelihood of identifying and minimizing unlawful and/or unethical behavior. Fourth, this document is one of the required seven elements of an effective Compliance Program. Fifth, it is a requirement for participation in federally funded programs such as Medicare and Medicaid.

Document Review History

2019 Review & Approval Date: 03.28.2019

2020 Review & Approval Date: 04.03.2020

2021 Review & Approval Date: 03.04.2021

2022 Review & Approval Date: 05.2.2022

2023 Review & Approval Date:

2024 Review & Approval Date:

2025 Review & Approval Date:



| Patient Letters

ONLINE PAYMENT OPTIONS

AMOUNT YOU OWE: \$1,164.80

Update your insurance information or
pay your bill online by visiting
www.emsbillpay.com

Or scan the QR Code

Account Number: 22-421775-QMCEMS
Date of Service: 12/13/2022
Company Code: QMEMS



SCAN ME

ACCOUNT INFORMATION

QMC EMS Inc
Patient Name
BRUCE, WAYNE
Account Number
22-421775-BMEMS
Date of Call
12/13/2022
Statement Date
01/31/2023



00010

DUE DATE: UPON RECEIPT

REQUEST FOR INSURANCE AND AUTHORIZATION

Our records indicate you were treated by QMC EMS Inc on the above date. We do not have on record any information to forward this claim to your insurance carrier. Please provide your insurance information to us online using the options listed above, or by sending this completed form to our billing office. If you are providing us with your insurance information, no payment is due at this time.

If you do not have insurance, the balance due is your responsibility and payment is due upon receipt of this form.

DESCRIPTION OF SERVICES	CHARGE	PAYMENTS ADJUSTMENTS	BALANCE
Services rendered on 12/13/2022: Claim Number 22-421775-QMCEMS			
A0425 Ground Mileage	\$64.80	\$0.00	\$64.80
A0429 BLS Emergency Base	\$1,100.00	\$0.00	\$1,100.00
			AMOUNT YOU OWE: \$1,164.80



*Payment arrangements and financial assistance may be available to those who qualify.
Please call our billing office at (866) 502-1936 with any questions.*

BRYANTEST11-0000068-0000000-13552504-001-000010-#000221-0000

NEED_INS

QMC EMS Inc
c/o QMC - AC
1400 Lebanon Church Rd
Pittsburgh PA 15236-1455

PATIENT NAME		YOU OWE
BRUCE, WAYNE		\$1,164.80
ACCOUNT NUMBER	DATE OF SERVICE	AMOUNT ENCLOSED
22-421775-QMCEMS	12/13/2022	

00010



WAYNE BRUCE
275 Curry Hollow Rd
Pittsburgh PA 15236

Make Checks Payable And Remit To:

00010

QMC EMS INC
PO Box 18230
Pittsburgh Pennsylvania 15236

Patient Name: BRUCE, WAYNE

DOS: 12/13/2022

Account Number: 22-421775-QMCEMS

Primary Health Insurance

Ins. Company: _____

Claims Address: _____

City/State/Zip: _____

Phone #: _____

Subscriber ID#: _____

Group #: _____

Subscriber Date of Birth: _____

Secondary Health/Motor Vehicle/Work Comp Insurance

Ins. Company: _____

Claims Address: _____

City/State/Zip: _____

Phone #: _____

Subscriber ID#: _____

Group #: _____

Subscriber Date of Birth: _____

I authorize the submission of a claim to Medicare, Medicaid, or any other payer for any services provided to me by QMC EMS Inc now, in the past, or in the future, until such time as I revoke this authorization in writing. I understand that I am financially responsible for the services and supplies provided to me by QMC EMS Inc, regardless of my insurance coverage, and in some cases, may be responsible for an amount in addition to that which was paid by my insurance. I agree to immediately remit to QMC EMS Inc any payments that I receive directly from insurance or any source whatsoever for the services provided to me and I assign all rights to such payments to QMC EMS Inc. I authorize QMC EMS Inc to appeal payment denials or other adverse decisions on my behalf without further authorization. I authorize and direct any holder of medical, insurance, billing or other relevant information about me to release such information to QMC EMS Inc and its billing agents, the Centers for Medicare and Medicaid Services, and/or any other payers or insurers, and their respective agents or contractors, as may be necessary to determine these or other benefits payable for any services provided to me by QMC EMS Inc, now, in the past, or in the future. I also authorize QMC EMS Inc to obtain medical, insurance, billing and other relevant information about me from any party, database or other source that maintains such information

SIGNATURE OF PATIENT: _____

DATE: _____

If the patient is unable to sign, please complete the following information:

STATE REASON PATIENT UNABLE TO SIGN FOR SELF: _____

SIGNATURE OF PATIENT REPRESENTATIVE: _____

DATE: _____

RELATIONSHIP TO PATIENT: _____

PRINTED NAME OF REPRESENTATIVE: _____

ADDRESS OF REPRESENTATIVE: _____

BILLING AUTHORIZATION SIGNATURE REQUEST

**** Update your account online ****

Visit www.emsbillpay.com or scan the QR Code

Account Number: REDACT-ACAMB
Date of Service: 04/28/2023 ACAMB
Company Code:



ACCOUNT INFORMATION

EMC EMS
Patient Name
REDACTED
Account Number
REDACTED
Date of Call
04/28/2023
Statement Date
05/12/2023

00001

Dear REDACTED,

In compliance with Medicare regulations, your signature is required before we can submit this claim to Medicare. **No payment is due at this time.**

For your convenience, you can submit your signature electronically using the online options listed above. Otherwise, please complete the signature section on the back and return the entire form to our office in the envelope provided. Upon receipt we will submit a claim to your insurance.

Please call our billing office at (833) 888-1730 with any questions. Thank you.



QMCADVC1-0000582-0000000-13925347-001-000060-#000001-0000

NEED_SIG

QMC EMS

c/o QMC – AC
1400 Lebanon Church Rd
Pittsburgh PA 15236-1455



PATIENT NAME		
REDACTED		
ACCOUNT NUMBER	DATE OF SERVICE	STATEMENT DATE
REDACTED	4/28/2023	05/12/2023

Return Completed Form To:

REDACTED
REDACTED
Auburn NY 13021-5428

QMC EMS
c/o QMC – AC
1400 Lebanon Church Rd Pittsburgh
PA 15236-1455

Patient Name: REDACTED

DOS: 4/28/2023

Account Number: REDACTED-ACAMB

I authorize the submission of a claim to Medicare, Medicaid, or any other payer for any services provided to me by QMC EMS Inc now, in the past, or in the future, until such time as I revoke this authorization in writing. I understand that I am financially responsible for the services and supplies provided to me by QMC EMS Inc, regardless of my insurance coverage, and in some cases, may be responsible for an amount in addition to that which was paid by my insurance. I agree to immediately remit to QMC EMS Inc any payments that I receive directly from insurance or any source whatsoever for the services provided to me and I assign all rights to such payments to QMC EMS Inc. I authorize QMC EMS Inc to appeal payment denials or other adverse decisions on my behalf without further authorization. I authorize and direct any holder of medical, insurance, billing or other relevant information about me to release such information to QMC EMS Inc and its billing agents, the Centers for Medicare and Medicaid Services, and/or any other payers or insurers, and their respective agents or contractors, as may be necessary to determine these or other benefits payable for any services provided to me by QMC EMS Inc, now, in the past, or in the future. I also authorize QMC EMS Inc to obtain medical, insurance, billing and other relevant information about me from any party, database or other source that maintains such information

SIGNATURE OF PATIENT: _____

DATE: _____

If the patient is unable to sign, please complete the following information:

STATE REASON PATIENT UNABLE TO SIGN FOR SELF: _____

SIGNATURE OF PATIENT REPRESENTATIVE: _____

DATE: _____

RELATIONSHIP TO PATIENT: _____

PRINTED NAME OF REPRESENTATIVE: _____

ADDRESS OF REPRESENTATIVE: _____



Reports & Dashboards

Q-Bi Dashboards

Q-Bi Daily Snapshot Dashboard

Daily Snapshot

PDF

KPIs

CURRENT MONTH

39,353

TRIP VOLUME BY TRIP CREATED DATE

\$17.56M

NET DEPOSITS

06/14/2023

LAST PAYMENT POST DATE

06/14/2023

LAST TRIP CREATED DATE

KPIs

YTD BY SERVICE DATE

78%

NET COLLECTION RATE LESS ADJ

\$567

REVENUE PER TRIP

50%

% TRIPS CLOSED

Cash Performance

COLLECTION TIMELINE

LAST 15 MONTHS BY TRIP CREATED DATE

35%

% Collected

19%

% Collected

10%

% Collected

12%

% Collected

24%

% Collected

Cumulative

35%

Cumulative

54%

Cumulative

64%

Cumulative

76%

Cumulative

100%

0 - 30 Days

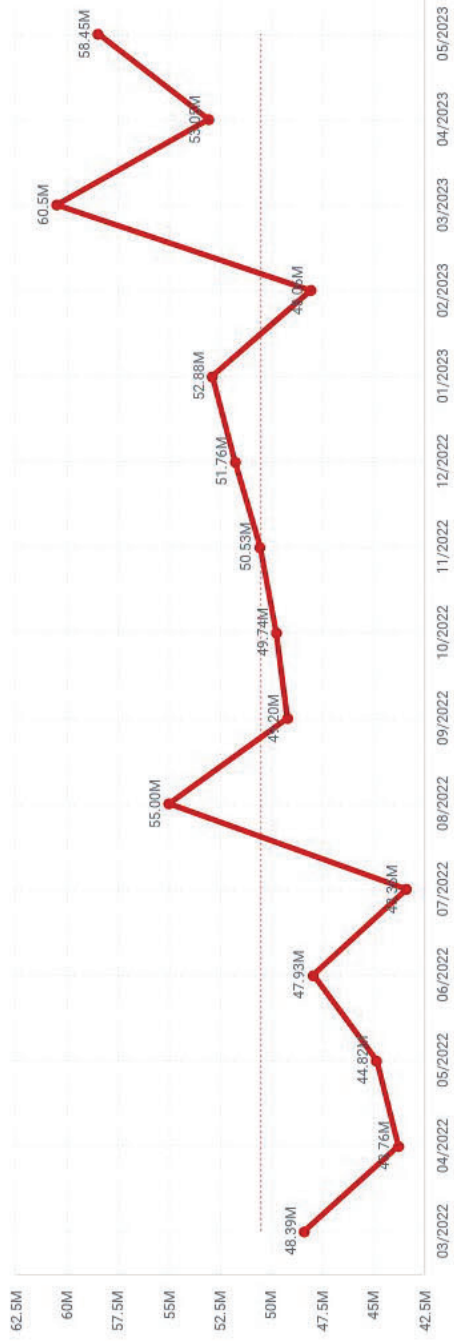
31 - 60 Days

61 - 90 Days

91 - 180 Days

After 180 Days

Last 15 Months Deposit Trend



Q-Bi Daily Snapshot Dashboard, Continued

Last 15 Months Trip Volume

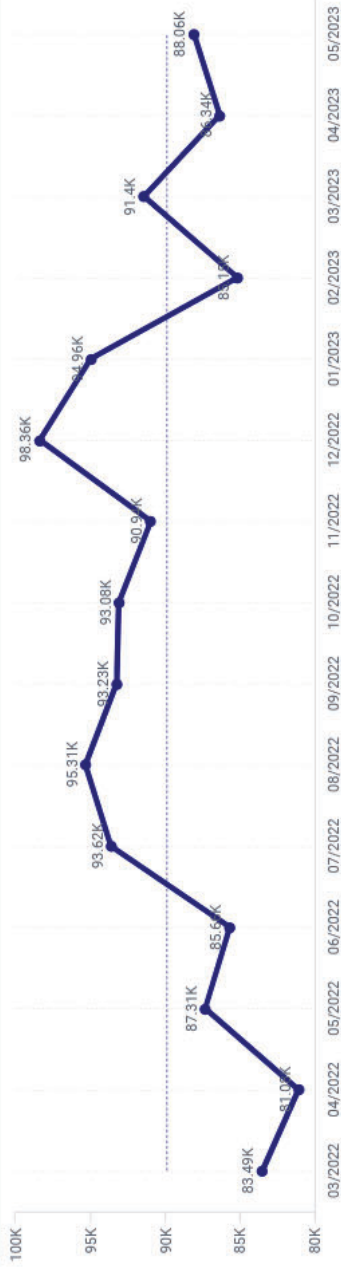
1.35M

Month Average

89.87K

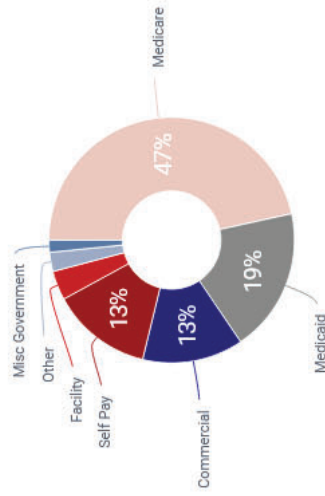
Trip Volume by Service Date (Open & Closed Trips)

Last 15 Months Trip Volume Trend

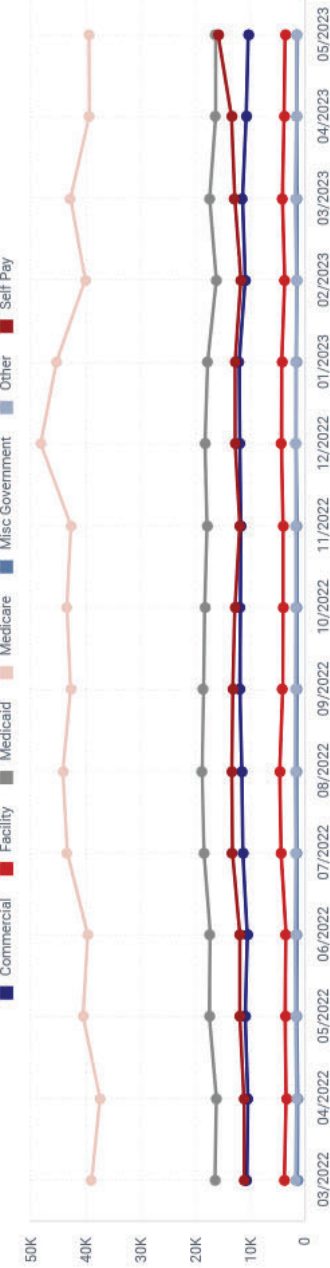


BY PRIMARY PAYOR | BY CALL TYPE

Trip Volume by Primary Payor



Trip Volume by Service Date & Primary Payor



Q-Bi Revenue-at-a-Glance Dashboard

1_Revenue Performance at a Glance

Jun 15, 2023 5:13:40 AM

Fiscal year runs from 1/1/2023 to 12/31/2023. First available trip date is 3/1/2016. YTD numbers run through 5/31/2023.

Year Over Year (YOY)

KPIS

ESTIMATED

TRIP VOLUME

6,259

% Change ▲ 15.1%

GROSS COLLECTION RATE

40%

% Change ▲ 6.9%

NET COLLECTION RATE LESS ADJ

79%

% Change ▼ -5.1%

REVENUE PER TRIP

\$545

% Change ▬ 2.8%

ANNUAL REVENUE

\$3.41M

% Change ▲ 18.30%

Year to Date (YTD)

KPIS

TRIP VOLUME

2,608

GROSS COLLECTION RATE

41%

NET COLLECTION RATE LESS ADJ

93%

CLOSED

REVENUE PER TRIP

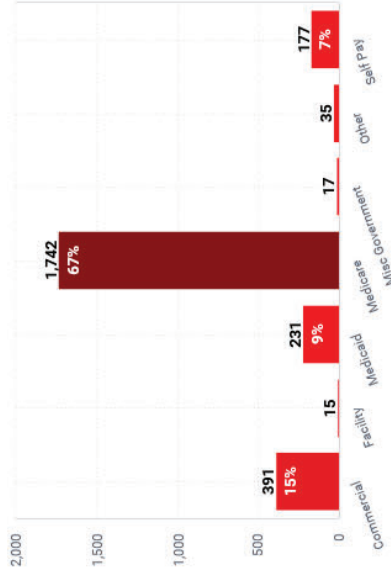
\$550

% TRIPS CLOSED

47%

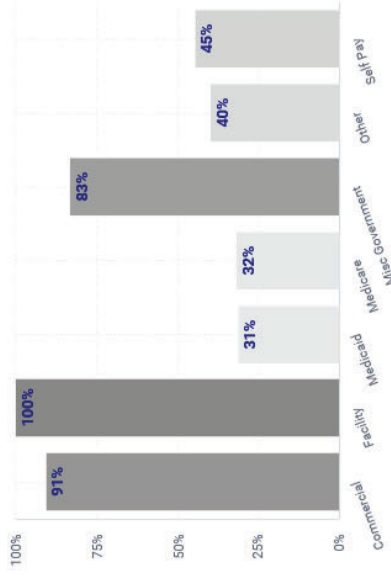
What's my trip volume by payor mix?

YTD Payor Mix Trip Volume



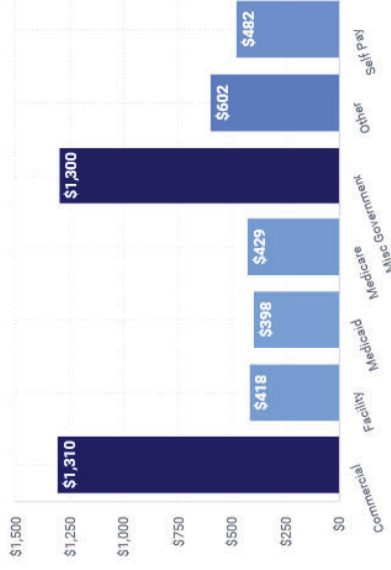
What % of Gross Charges is being paid by Primary Payor category?

YTD Closed Gross Collection Rate



What's my Revenue Per Trip for each Primary Payor category?

YTD Closed Revenue Per Trip



Payor Category Detail

Payor Category Level 1...	Total Trips	Payor Mix %	Closed Trips	Closed Trip Gross Charges	Closed Trip Net Charges Less Adj	Net Payment...	Gross Collection Rate	Net Collecti... Rate Less Ad...	Closed Trip Revenue Per Tri...	Open Trips	Open Trip Gross Charg...	Open Trip Net Charges Less Adj	Partial Net Payments	To Be Collected	Estimat... Revenue Per Trip...	Estimated Annual Revenue
Misc Government	17	0.7%	4	\$6,237	\$5,199	\$5,199	83%	100%	\$1,300	13	\$19,163	\$19,163	\$0	\$14,108	\$1,136	\$46,336
Facility	15	0.6%	1	\$418	\$418	\$418	100%	100%	\$418	14	\$7,211	\$7,203	\$231	\$3,277	\$262	\$9,419
Other	35	1.3%	16	\$23,992	\$9,633	\$9,633	40%	100%	\$602	19	\$29,052	\$29,052	\$2,037	\$13,406	\$716	\$60,181
Medicaid	231	8.9%	197	\$250,146	\$79,889	\$76,483	31%	98%	\$398	34	\$41,191	\$15,638	\$900	\$6,609	\$381	\$211,180
Commercial	391	15.0%	168	\$242,598	\$231,430	\$220,104	91%	95%	\$1,310	223	\$330,555	\$325,890	\$74,061	\$188,836	\$1,235	\$1,159,204
Medicare	1,742	66.8%	829	\$1,109,893	\$386,623	\$355,517	32%	92%	\$429	913	\$1,228,007	\$470,515	\$191,907	\$184,663	\$420	\$1,757,057
Self Pay	177	6.8%	8	\$8,631	\$8,631	\$5,855	45%	45%	\$475	169	\$221,220	\$221,220	\$475	\$475	\$475	\$168,529
Grand Total	2,608	100.0%	1,223	\$1,641,915	\$721,822	\$673,208	41%	93%	\$550	1,385	\$1,876,399	\$1,088,680	\$289,611	\$478,809	\$545	\$3,411,906

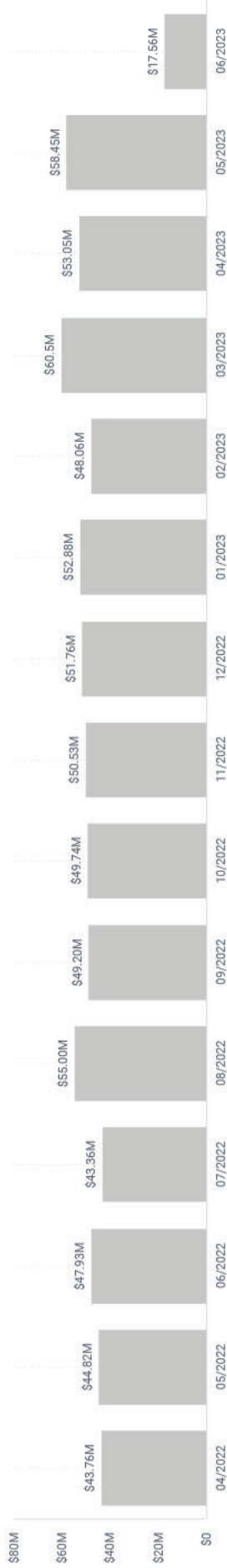
Q-Bi Cash-Monthly Deposit Trends Dashboard

1_Monthly Deposit Trend | Jun 14, 2023 4:54:53 AM

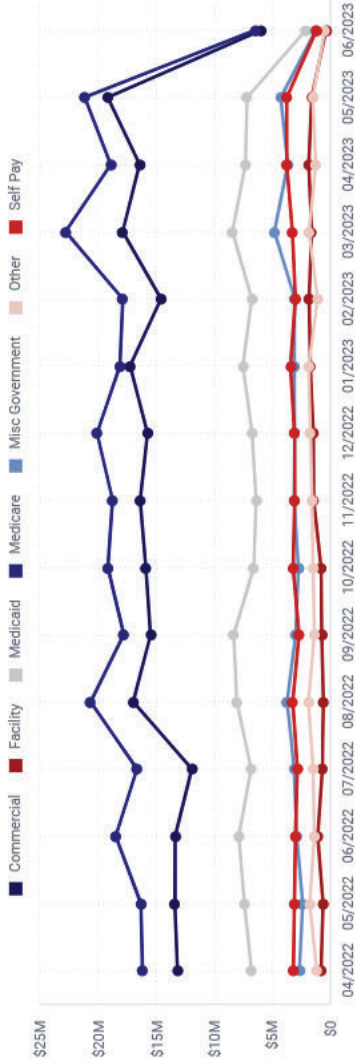
PDF

ROLLING 15 MONTHS

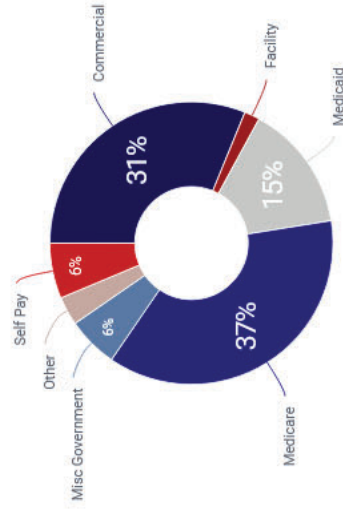
Payments by Deposit Date



Payments by Deposit Date & Payor Category



Payments by Payor Category



Q-Bi Cash-Performance-at-a-Glance Dashboard, Continued

Trending based on Current 15 Months

Trending by Service Date



Trending by Deposit Date



Q-Bi My Trip Volume Dashboard

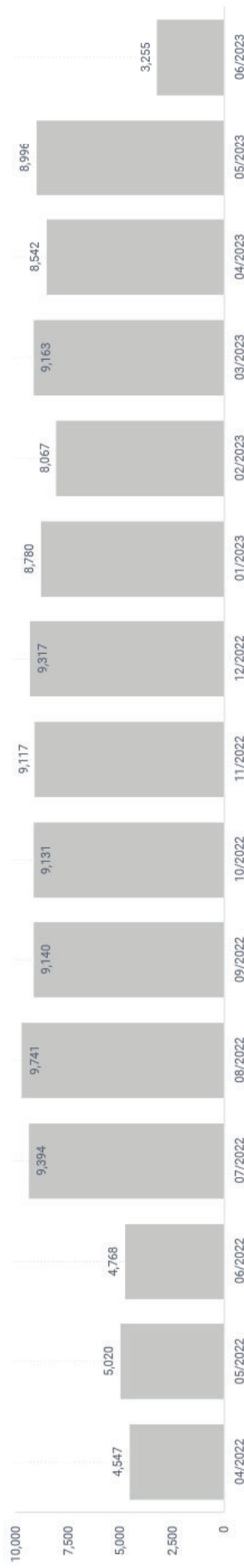
1_My Trip Volume

Jun 15, 2023 5:13:37 AM

PDF

ROLLING 15 MONTHS

Trip Volume by Service Date

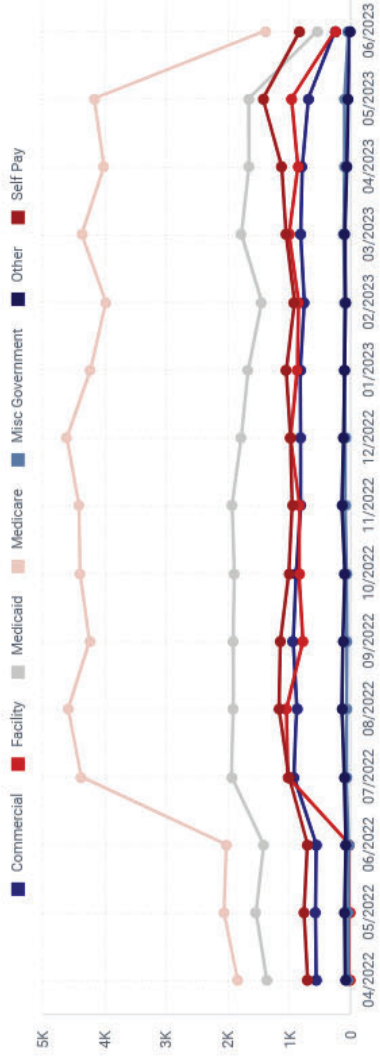


Trip Volume By Service Date & Call Type

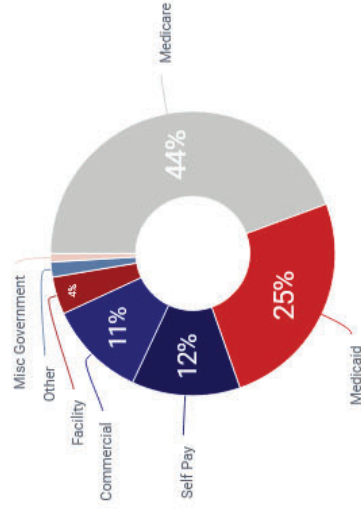
Service Date	Trip Volume									
	ALS	ALS2	BLS	Fixed Wing	Lift Assist	Rotor	SCT	To Be Determined	Treat No Transport	Wheelchair
04/2022	2,081	41	1,621		27	213		1	546	17
05/2022	2,212	38	1,892		32	216	1		618	11
06/2022	2,176	48	1,720		10	237		2	560	15
07/2022	3,744	46	3,970		35	201		16	797	585
08/2022	3,762	50	4,095	1	32	223		27	848	703
09/2022	3,588	76	3,830		24	189		34	784	615
10/2022	3,725	84	3,720		19	245		22	673	643
11/2022	3,699	69	3,798		42	225		25	677	582
12/2022	3,795	56	3,944		60	164		28	700	570
01/2023	3,637	68	3,683		37	142		29	698	486
02/2023	3,342	58	3,346		39	215		19	598	450
03/2023	3,726	73	3,896		47	243		24	634	520
04/2023	3,537	54	3,549		63	206		29	637	467
05/2023	3,613	55	3,728		53	268	1	43	724	511
06/2023	1,000	10	1,074		10	67	5	26	410	100

Q-Bi My Trip Volume, Continued

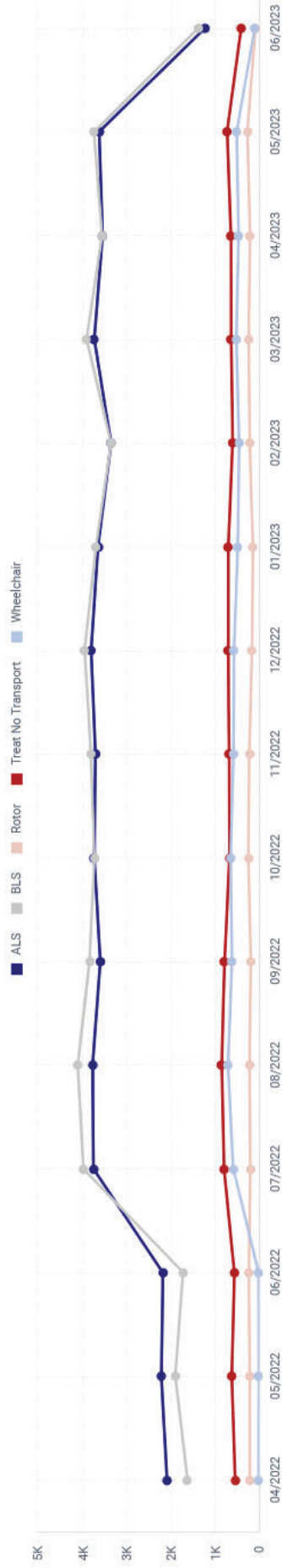
Trip Volume by Service Date & Primary Payor



Trip Volume by Primary Payor



Top 5 Call Types By Trip Volume & Service Date



Q-Bi On-Demand Financial Reports

Q-Bi On-Demand – Activity Summary / Patient Detail

1_Activity Summary - Patient Detail

Jun 15, 2023 5:13:37 AM

Activity Summary by Patient Detail

Serv... Date	Trip Crea... Date	Patient Name	Run Number	Job Id	Incident Number	Primary Payor Cate... Level 1	Gross Char... 	Contractual Allowances	Net Char... 	Revenue Adjustments	Payments	Refu... 	Write Offs	Trip Bala... 	Mile...
6/14/23	6/14/23	Name 2459091, Patient	23-869045-MAASI		23-27791	Medicare	\$748.20	\$0.00	\$748.20	\$0.00	\$0.00	\$0.00	\$0.00	\$748.20	6.1
6/14/23	6/14/23	Name 2347574, Patient	23-869231-PTEMS		E230113513	Medicaid	\$100.00	\$0.00	\$100.00	\$0.00	\$0.00	\$0.00	\$0.00	\$100.00	0
6/14/23	6/14/23	Name 2466687, Patient	23-869736-PTEMS		E230113747	Self Pay	\$1,226.00	\$0.00	\$1,226.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,226.00	0
6/14/23	6/14/23	Name 2472117, Patient	23-869481-PTEMS		E230113534	Self Pay	\$1,430.00	\$0.00	\$1,430.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,430.00	0
6/14/23	6/14/23	Name 2479841, Patient	23-869018-MAASI		23-27809	Misc Gov...	\$715.80	\$0.00	\$715.80	\$0.00	\$0.00	\$0.00	\$0.00	\$715.80	3.4
6/14/23	6/14/23	Name 2476022, Patient	23-869025-MAASI		23-27800	Medicare	\$1,150.00	\$0.00	\$1,150.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,150.00	27.1
6/14/23	6/14/23	Name 2459024, Patient	23-869117-PTEMS		E230113444	Self Pay	\$1,430.00	\$0.00	\$1,430.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,430.00	0
6/14/23	6/14/23	Name 2441645, Patient	23-869808-PTEMS		E230113634	Medicaid	\$1,430.00	\$0.00	\$1,430.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,430.00	0
6/14/23	6/14/23	Name 2441999, Patient	23-868996-MAASI		23-27785	Medicare	\$1,107.00	\$0.00	\$1,107.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,107.00	23.5
6/14/23	6/14/23	Name 2438450, Patient	23-869726-SHEMS		E230113427	Self Pay	\$1,369.00	\$0.00	\$1,369.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,369.00	3.5
6/14/23	6/14/23	Name 2459614, Patient	23-868957-MAASI		23-27794	Self Pay	\$816.00	\$0.00	\$816.00	\$0.00	\$0.00	\$0.00	\$0.00	\$816.00	18
6/14/23	6/14/23	Name 2478111, Patient	23-868993-MAASI		23-27792	Medicaid	\$906.60	\$0.00	\$906.60	\$0.00	\$0.00	\$0.00	\$0.00	\$906.60	6.8
6/14/23	6/14/23	Name 2425598, Patient	23-869807-PTEMS		E230113523	Medicaid	\$1,430.00	\$0.00	\$1,430.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,430.00	0
6/14/23	6/14/23	Name 2406351, Patient	23-869728-SHEMS		E230113488	Self Pay	\$1,411.00	\$0.00	\$1,411.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,411.00	5.7
6/14/23	6/14/23	Name 2443327, Patient	23-869724-SHEMS		E230113427	Self Pay	\$1,369.00	\$0.00	\$1,369.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,369.00	3.5
6/14/23	6/14/23	Name 2440865, Patient	23-869833-PTEMS		E230113657	Self Pay	\$1,430.00	\$0.00	\$1,430.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,430.00	0
6/14/23	6/14/23	Name 2348833, Patient	23-869547-PTEMS		E230113637	Medicare	\$1,430.00	\$0.00	\$1,430.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,430.00	0
6/14/23	6/14/23	Name 2413564, Patient	23-869232-PTEMS		E230113571	Self Pay	\$1,226.00	\$0.00	\$1,226.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,226.00	0
6/14/23	6/14/23	Name 2441187, Patient	23-869735-PTEMS		E230113373	Medicare	\$1,430.00	\$0.00	\$1,430.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,430.00	0
6/14/23	6/14/23	Name 2452615, Patient	23-869950-PTEMS		E230113845	Medicaid	\$1,226.00	\$0.00	\$1,226.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,226.00	0
6/14/23	6/14/23	Name 2465086, Patient	23-869089-MAASI		23-27807	Commer...	\$720.00	\$0.00	\$720.00	\$0.00	\$0.00	\$0.00	\$0.00	\$720.00	10
6/14/23	6/14/23	Name 2462805, Patient	23-869725-SHEMS		E230113427	Self Pay	\$1,369.00	\$0.00	\$1,369.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,369.00	3.5
6/14/23	6/14/23	Name 2414710, Patient	23-869095-MAASI		23-27790	Self Pay	\$1,087.00	\$0.00	\$1,087.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,087.00	7.3
6/14/23	6/14/23	Name 2440891, Patient	23-869034-PTEMS		E230113452	Self Pay	\$100.00	\$0.00	\$100.00	\$0.00	\$0.00	\$0.00	\$0.00	\$100.00	0
6/14/23	6/14/23	Name 2466904, Patient	23-869480-PTEMS		E230113332	Medicare	\$1,226.00	\$0.00	\$1,226.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,226.00	0

Q-Bi On-Demand – Aging Detail by Current Payer (Aging Date)

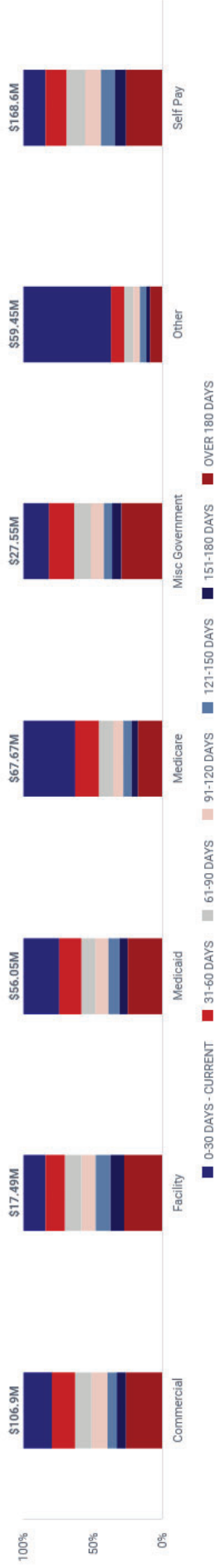
3_Aging Detail by Current Payer (Aging Date)

Jun 14, 2023 4:54:52 AM

PDF

Aging calculated by Service Date.

Aging by Current Payer Category for Trips with Outstanding Balances



Aging Detail by Current Payer (Service Date)

Current Payer Name	Patient	Incident Number	Trip Service Date	Days Outstanding	Total Trip Balance Amount									
					0-30 DAYS - CURRENT	31-60 DAYS	61-90 DAYS	91-120 DAYS	121-150 DAYS	151-180 DAYS	OVER 180 DAYS			
02-Allegany Co Medicaid			6/8/23	6	\$5,885.44									
07-Chemung Co Medicaid			6/1/23	13	\$6,912.24									
1199 National Benefit Fund			3/19/23	87			\$1,896.00							
			12/27/22	169										
			4/8/23	67			\$990.00							
			5/19/23	26										
			2/3/23	131										
			7/21/22	328					\$1,077.00					
			5/19/23	26										\$1,110.00
			5/31/23	14										
			4/25/23	50		\$1,050.00								
			4/16/23	59		\$1,500.80								
			1/28/23	137						\$1,338.00				
			4/17/23	58										
			1/11/23	154										
			2/9/23	125									\$1,044.00	
			2/16/23	118				\$1,092.00						

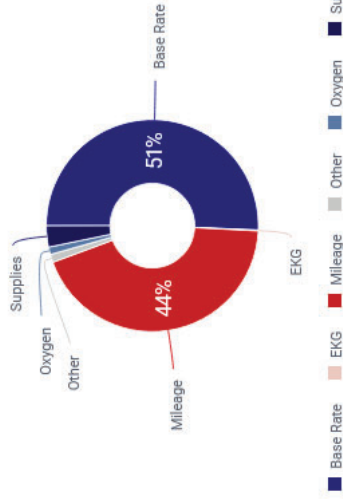
Q-Bi On-Demand – Charge Analysis

4_Charge Analysis

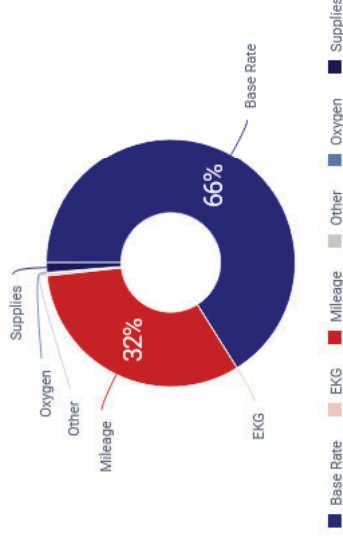
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Trip Volume by Charge Category



Gross Charges by Charge Category



Charges Detail

Charge Category 1	Charge Category 2	Charge Description	Trip Count	% of Trips	Total Mileage...	Total Charge Amount	% of Gross Charges	Avg Gross Charges Per Tri...
Base Rate		A0130 WC BASE	9,827	0.95%	91,974.60	\$625,982.72	0.04%	\$63.70
		A0130 WC BASE NON-SUB ONE WAY	102	0.01%		\$12,240.00	0.00%	\$120.00
		A0130 WC BASE NON-SUB ROUND TRIP	8	0.00%		\$1,160.00	0.00%	\$145.00
		A0130 WC BASE SUB ONE WAY	12	0.00%		\$900.00	0.00%	\$75.00
		A0130 WC BASE SUB ROUND TRIP	28	0.00%		\$2,800.00	0.00%	\$100.00
		A0130 Wheelchair Base After Hours	144	0.01%	989.2	\$15,488.00	0.00%	\$107.56
		A0420 Standby Event per Hour	1	0.00%		\$375.00	0.00%	\$375.00
		A0420 Standby Event per Hour - Raceway	3	0.00%		\$360.00	0.00%	\$120.00
		A0426 ALS NE	16,657	1.62%	486,408.3	\$24,745,541.37	1.56%	\$1,485.59
		A0426 ALS NE - CONTRACT	7	0.00%	51	\$1,928.78	0.00%	\$275.54
		A0426 ALS NE - NonResident	96	0.01%	7,521.7	\$108,680.00	0.01%	\$1,132.08
		A0426 ALS NE One Way	1	0.00%		\$225.00	0.00%	\$225.00
		A0426 ALS Non E Int-Fac BITF	645	0.06%	7,040.8	\$785,692.00	0.05%	\$1,218.13
		A0427 ALS Assist AKP	607	0.06%	1	\$45,525.00	0.00%	\$75.00
		A0427 ALS Clear BLS Transport	11	0.00%	106.3	\$21,098.00	0.00%	\$1,918.00
		A0427 ALS E	147,085	14.28%	797,593.20	\$179,613,374.38	11.33%	\$1,221.15
		A0427 ALS E - CONTRACT	8	0.00%	169.7	\$3,031.85	0.00%	\$378.98

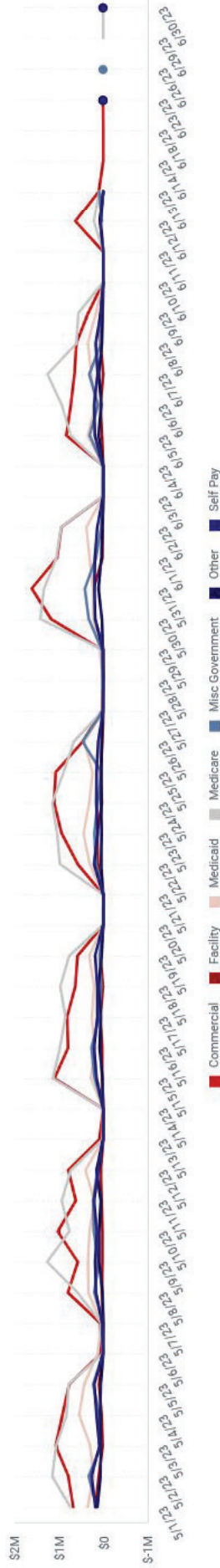
Q-Bi On-Demand – Payment Report by Payer

5_Payment Report by Payor

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Payments Trend by Deposit Date



Payments by Payor Detail

Payor Name	Credit Description	Service Date	Patient Name	Run Number	Incident Number	Sequence Number	Post Date	Deposit Date	Check Number	Total Net Payment Amount
02-Allegany Co Medicaid	Contractual Allow-Medicaid (A)	06/2023				1	6/13/23	6/8/23	N/A	\$0.00
	Contractual Allow-Medicaid (A) Total					2	6/13/23	6/8/23	N/A	\$0.00
	Contractual Allow-Medicaid (M)	04/2023				1	5/25/23	5/18/23	021300072995910	\$0.00
	Contractual Allow-Medicaid (M) Total					2	5/25/23	5/18/23	021300072995910	\$0.00
	Payment-Medicaid	04/2023				1	5/25/23	5/18/23	021300072995910	\$5,067.92
	Payment-Medicaid Total					2	5/25/23	5/18/23	021300072995910	\$849.75
										\$5,917.67
02-Allegany Co Medicaid Total										\$5,917.67
06-Chautauqua Co Medicaid	Adjustment Medicaid Secondary	02/2022				1	6/5/23	5/31/23	N/A	\$0.00
	Write Off Out of State MA	06/2022				1	6/6/23	5/31/23	N/A	\$0.00
06-Chautauqua Co Medicaid Total										\$0.00
07-Chemung Co Medicaid	Contractual Allow-Medicaid (A)	06/2023				1	6/8/23	6/1/23	N/A	\$0.00
	Contractual Allow-Medicaid (A) Total					2	6/8/23	6/1/23	N/A	\$0.00
07-Chemung Co Medicaid Total										\$0.00
1199 National Benefit Fund	Contractual Allowance	02/2023				N/A	6/6/23	5/25/23	24607475	\$0.00
						N/A	6/7/23	5/1/23	2450812	\$0.00
		03/2023				N/A	6/7/23	5/1/23	245573834	\$0.00
						N/A	6/7/23	5/1/23	2451007	\$0.00

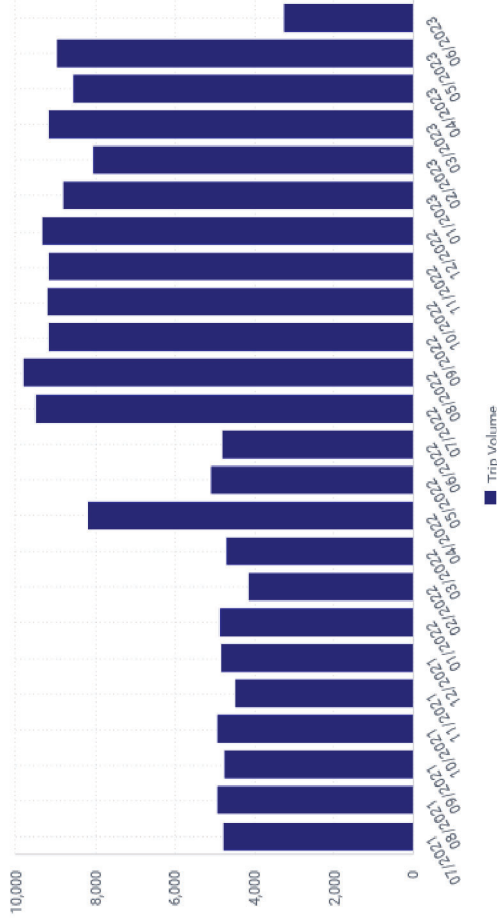
Q-Bi On-Demand – Account Analysis

6_Account Analysis

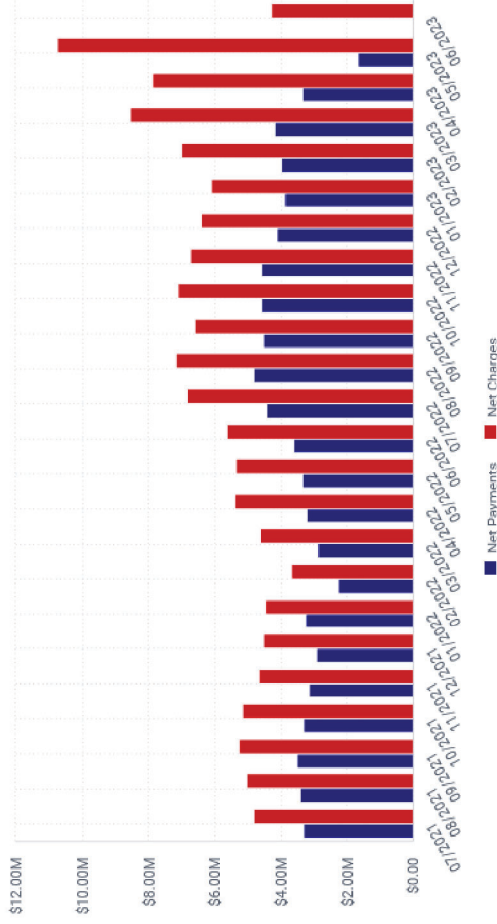
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Trip Volume



Net Payments Vs Net Charges



Activity Summary by Month

Service Month	Trip Volume	Gross Charges	Contractual Allowances	Net Charges	Revenue Adjustments	Payments	Write Offs	Refunds	Trip Balance	Gross Charges Per Trip	Net Charges Per Trip	Payment
07/2021	4,815	\$11,666,826.13	\$6,827,408.91	\$4,839,417.22	\$325,924.60	\$3,318,058.19	\$1,135,519.78	\$6,218.93	\$66,133.58	\$2,423.02	\$1,005.07	\$1,005.07
08/2021	4,936	\$11,538,289.73	\$6,499,484.14	\$5,038,805.59	\$359,527.79	\$3,417,276.71	\$1,196,278.80	\$3,435.43	\$69,157.72	\$2,337.58	\$1,020.83	\$1,020.83
09/2021	4,770	\$12,378,779.84	\$7,132,267.91	\$5,246,511.93	\$331,951.49	\$3,559,503.12	\$1,279,498.03	\$50,682.72	\$126,242.01	\$2,595.13	\$1,099.90	\$1,099.90
10/2021	4,946	\$11,965,004.33	\$6,806,434.83	\$5,158,569.50	\$480,942.56	\$3,326,314.89	\$1,257,197.73	\$1,222.82	\$95,337.14	\$2,419.13	\$1,042.98	\$1,042.98
11/2021	4,485	\$11,609,897.71	\$6,952,611.10	\$4,657,286.61	\$323,383.34	\$3,140,848.08	\$1,087,593.75	\$776.56	\$106,238.00	\$2,588.61	\$1,038.41	\$1,038.41
12/2021	4,872	\$11,098,220.97	\$6,588,056.11	\$4,510,164.86	\$358,395.21	\$2,903,723.45	\$1,142,646.15	\$-8,156.11	\$97,243.94	\$2,277.96	\$925.73	\$925.73
01/2022	4,900	\$9,656,327.66	\$5,414,712.61	\$4,441,615.05	\$115,663.12	\$3,261,324.46	\$914,736.76	\$234.14	\$152,124.85	\$2,011.50	\$906.45	\$906.45
02/2022	4,171	\$8,891,892.02	\$5,210,093.26	\$3,681,798.76	\$290,534.02	\$2,273,307.77	\$933,366.12	\$-77.25	\$184,513.60	\$2,131.84	\$882.71	\$882.71
03/2022	4,712	\$10,707,819.93	\$6,087,060.19	\$4,620,759.74	\$349,324.88	\$2,889,079.72	\$1,072,139.11	\$120.00	\$310,336.03	\$2,272.46	\$980.64	\$980.64
04/2022	8,217	\$12,487,059.57	\$7,091,283.02	\$5,395,776.55	\$229,481.53	\$3,205,238.52	\$1,281,285.28	\$1,835.19	\$681,606.41	\$1,519.66	\$555.66	\$555.66
05/2022	5,121	\$13,208,587.19	\$7,862,048.45	\$5,346,538.74	\$207,501.94	\$3,405,738.65	\$1,084,450.06	\$45,971.69	\$694,819.78	\$2,579.30	\$1,044.04	\$1,044.04
06/2022	4,836	\$13,775,334.95	\$8,160,762.32	\$5,614,572.63	\$263,080.84	\$3,665,122.77	\$993,825.70	\$43,627.91	\$736,171.23	\$2,848.50	\$1,161.00	\$1,161.00

Q-Bi On-Demand – Cost Collection Data

7_Cost Collection Data

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COST COLLECTION - SECTION 13.1 TOTAL REVENUE

Total Revenue from all Transport Types

Total Net Payments
\$13,293,131.71

COST COLLECTION - SECTION 13.3 SOURCES OF GROUND REVENUE

Traditional (Fee-For-Service) Medicare

Traditional Medicare
\$1,464,998.13

Medicare Advantage (aka Medicare Managed Care)

Medicare Advantage
\$3,826,070.52

Traditional (Fee-For-Service) Medicaid

Traditional Medicaid
\$94,911.32

Medicaid Managed Care

Medicaid Managed Care
\$3,071,199.06

TRICARE

Tricare
\$2,579.85

Veterans Health Administration

Veterans Administration
\$335,372.67

Commercial Insurance

Commercial Insurance
\$2,536,265.42

Workers' Compensation

Workers' Compensation
\$52,525.07

Patient Self-Pay

Other Payments
\$1,909,209.67

Q-Bi On-Demand – Cost Collection Data, Continued

COST COLLECTION - SECTION 6 SERVICE MIX

Trip Count By Transport Type

Call Type	Priority	Trip Volum...	Percentage
ALS	Emergency	20,818	51.71%
	Non-Emergency	1	0.00%
ALS2	Emergency	400	0.99%
BLS	Emergency	19,036	47.29%
	Non-Emergency	3	0.01%

COST COLLECTION - SECTION 3 SERVICE AREA

Trip Count By Pick-Up Zip Code

Pick-up Zip Cod...	Trip Volum... #
15210	4,418
15206	4,148
15219	3,813
15222	3,028
15213	2,329
15217	2,135
15208	2,101
15203	1,770
15207	1,697

QMC Month End Reports

Month End Reports – Aging Summary by Current Payer

Aging Summary by Current Payor

May 2023



Sample Ground EMS

by Payor Category

	Current 0 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	121 - 150 Days	151 - 180 Days	181 - 365 Days	366+ Days	Total
Total	\$3,994,359.11	\$5,624,362.81	\$3,898,190.93	\$5,043,162.42	\$4,968,970.95	\$4,865,267.93	\$9,052,064.21	\$5,855,369.00	\$43,149,753.96
Commercial	\$1,417,584.78	\$1,608,617.57	\$1,071,521.04	\$1,244,835.67	\$1,319,051.97	\$1,489,651.03	\$2,807,049.25	\$2,229,229.04	\$13,185,540.38
Aetna	\$142,882.02	\$522,688.45	\$169,907.84	\$343,126.72	\$122,278.17	\$149,587.55	\$172,891.75	\$496,110.87	\$2,119,254.17
Blue Cross	\$461,388.34	\$437,756.15	\$450,701.95	\$705,735.57	\$497,099.00	\$718,168.06	\$1,661,588.86	\$1,001,801.26	\$5,934,248.19
Cigna	\$234,022.13	\$109,293.09	\$1,492.72	\$0.00	\$0.00	\$0.00	\$29,896.10	\$679.49	\$375,393.53
Other Commercial	\$579,294.30	\$334,435.30	\$447,925.81	\$169,517.05	\$387,968.53	\$621,894.42	\$698,721.88	\$531,343.49	\$3,739,100.58
United Healthcare	\$0.00	\$202,464.58	\$1,492.72	\$26,456.33	\$331,705.27	\$0.00	\$255,940.86	\$199,294.13	\$1,017,353.89
Facility	\$305,980.75	\$187,468.78	\$137,608.75	\$62,407.51	\$129,637.98	\$68,670.21	\$68,480.72	\$112,017.39	\$1,070,472.09
Facility	\$305,980.75	\$84,407.41	\$137,608.75	\$62,407.51	\$129,431.98	\$68,670.21	\$9,797.86	\$72,911.26	\$849,415.53
Other Facility	\$0.00	\$123,061.37	\$0.00	\$0.00	\$206.00	\$0.00	\$58,683.06	\$39,106.13	\$221,056.56
Medicaid	\$1,010,894.05	\$1,392,642.46	\$1,158,666.31	\$1,507,498.16	\$992,333.30	\$854,068.99	\$2,101,841.09	\$685,843.28	\$9,813,776.64
Medicaid	\$1,002,001.28	\$1,380,103.55	\$1,156,526.78	\$1,507,123.16	\$990,592.74	\$851,976.43	\$1,998,153.77	\$689,290.75	\$9,851,770.46
Medicaid HMO	\$8,892.77	\$6,538.91	\$2,129.53	\$375.00	\$1,740.56	\$2,092.56	\$103,687.32	\$6,552.53	\$132,006.18
Medicare	\$213,020.88	\$587,388.57	\$394,577.93	\$635,041.32	\$251,441.53	\$191,105.67	\$471,889.81	\$213,652.61	\$2,958,121.12
Medicare	\$207,830.54	\$536,399.93	\$222,006.82	\$634,565.32	\$48,720.59	\$89.00	\$413,007.91	\$205,789.96	\$2,268,220.17
Medicare HMO	\$5,390.14	\$50,988.64	\$172,571.01	\$476.00	\$202,720.94	\$191,009.67	\$58,881.90	\$7,862.65	\$689,900.95
Misc Government	\$530,491.40	\$1,103,729.48	\$500,648.21	\$302,833.78	\$753,917.03	\$127,807.47	\$767,422.63	\$1,005,263.59	\$5,092,113.59
Indian Health Services	\$49,594.22	\$312,648.41	\$95,452.54	\$174,009.59	\$204,694.93	\$54,919.20	\$625,847.88	\$959,335.01	\$2,476,501.77
Other Misc Government	\$0.00	\$22,102.07	\$0.00	\$27,585.09	\$0.00	\$0.00	\$12,356.63	\$3,057.08	\$65,100.87
Tricare	\$446,836.65	\$650,591.06	\$135,792.06	\$97.54	\$292,363.89	\$72,807.27	\$56,014.05	\$4,331.61	\$1,658,853.13
Veterans Administration	\$34,061.53	\$118,387.94	\$269,403.61	\$101,141.57	\$256,838.21	\$81.00	\$73,204.07	\$38,539.89	\$891,657.82
Other	\$3,136.25	\$186,102.84	\$6,620.10	\$103,717.89	\$604,968.84	\$778,062.21	\$734,947.76	\$298,174.32	\$2,868,730.21
Auto	\$1,595.53	\$63,499.74	\$6,620.10	\$103,717.89	\$214,539.72	\$190,311.50	\$155,506.14	\$108,534.08	\$834,324.70
Hospice	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,237.12	\$15,055.36	\$18,292.48
Workers Compensation	\$1,540.72	\$112,603.10	\$0.00	\$0.00	\$390,429.12	\$587,750.71	\$576,204.50	\$175,584.88	\$1,844,113.03
Self Pay	\$513,251.19	\$580,413.11	\$626,562.59	\$1,186,828.09	\$947,620.30	\$1,077,699.35	\$2,100,432.95	\$1,300,189.37	\$8,332,869.85
Self Pay Insurance	\$38,835.35	\$0.00	\$0.00	\$148,533.81	\$63,861.89	\$0.00	\$48,134.29	\$0.00	\$269,365.34
Self Pay Uninsured	\$474,415.84	\$580,413.11	\$626,562.59	\$1,038,294.28	\$883,758.41	\$1,077,699.35	\$2,052,298.66	\$1,300,189.37	\$8,063,504.51

Month End Reports – Charge Summary

Charge Summary

May 2023



Sample Ground EMS

	Current Month			Prior Months			Total		
	Quantity	% of Quantity	Amount	Quantity	% of Quantity	Amount	Quantity	% of Quantity	Amount
Base Rate	368.0		\$3,563,269.37			\$2,615,690.21	596.0		\$6,178,959.58
AL2 Rate A0433	4.0	1.1%	\$6,797.60	0.0		\$0.00	4.0		\$6,797.60
ALS Emergency A0427	93.0	25.3%	\$146,896.29	41.0		\$64,760.73	134.0		\$211,657.02
ALS Non Emergency A0426	0.0		\$0.00	0.0		\$0.00	0.0		\$0.00
BLS Emergency Rate A0429	36.0	9.8%	\$52,585.92	20.0		\$29,214.40	56.0		\$81,800.32
BLS Non Emergency Rate A0428	0.0		\$0.00	0.0		\$0.00	0.0		\$0.00
Fixed Wing Rural- A0430	147.0	39.9%	\$2,620,582.23	114.0		\$2,032,288.26	261.0		\$4,652,870.49
Fixed Wing Urban- A0430	21.0	5.7%	\$374,368.89	6.0		\$106,962.54	27.0		\$481,331.43
Lift Assist A0998	12.0	3.3%	\$900.00	3.0		\$225.00	15.0		\$1,125.00
Rotor Wing Rural- A0431	16.0	4.3%	\$355,613.44	17.0		\$377,839.28	33.0		\$733,452.72
TNT ALS 1 A0998	4.0	1.1%	\$1,500.00	4.0		\$1,500.00	8.0		\$3,000.00
TNT BLS 1 A0998	20.0	5.4%	\$2,500.00	8.0		\$1,000.00	28.0		\$3,500.00
TNT UPMC A0998	5.0	1.4%	\$625.00	9.0		\$1,125.00	14.0		\$1,750.00
Treat no Tran BLS A0998	0.0		\$0.00	1.0		\$175.00	1.0		\$175.00
WC Base Plus A0130	3.0	0.8%	\$450.00	3.0		\$450.00	6.0		\$900.00
WC Van - MEMBER A0130	3.0	0.8%	\$150.00	0.0		\$0.00	3.0		\$150.00
WC Van - NON Member A0130	4.0	1.1%	\$300.00	2.0		\$150.00	6.0		\$450.00
Mileage	65,413.0		\$7,277,917.84	41,890.		\$4,758,399.14	107,303.2		\$12,036,316.98
ALS Mileage	663.7	1.0%	\$10,619.20	279.8		\$4,497.20	943.5		\$15,116.40
BLS Mileage	203.7	0.3%	\$3,259.20	136.4		\$2,180.60	340.1		\$5,439.80

Month End Reports – Charge Detail (Excel)

Profit Center	Service	Incident	Run	PRI	Patient Name	Primary Payor Category Level	Primary Payor Name	Current Payor Name	Charge	Procedure	Charge Description	Charge Post	Quantit	Charge	Charge
DEMO-PC136	11/21/21	7255307	442564		AZ COLI, OXARACA	Medicare	UPMC FOR LIFE (Medicare HMO)	UPMC FOR LIFE (Medicare HMO)	Base Rate	A0429	BLS Emergency Rate A0429	12/04/21	1.0	\$1,460.72	\$1,460.72
DEMO-PC136	12/01/21	7255307	442564		AZ COLI, OXARACA	Medicare	UPMC FOR LIFE (Medicare HMO)	UPMC FOR LIFE (Medicare HMO)	Mileage	A0425	BLS Mileage	12/04/21	2.0	\$16.00	\$32.00
DEMO-PC38	12/11/21	72683464	442445		AZ HENLY, XDERCAN	Medicare	Medicare AK LMAK	Medicare AK LMAK	Base Rate	A0430	Fixed Wing Rural-A0430	12/14/21	1.0	\$17,827.09	\$17,827.09
DEMO-PC38	12/09/21	72683464	442445		AZ HENLY, XDERCAN	Medicare	Medicare AK LMAK	Medicare AK LMAK	Base Rate	A0435	Fixed Miles H-800 Rural A0435	12/14/21	66.0	\$114.80	\$7,576.80
DEMO-PC38	12/09/21	72683464	442445		AZ JOHN, LXANWAR	Misc Government	TriCare West Clines (02/11/21)	TriCare West Clines (02/11/21)	Base Rate	A0435	Fixed Wing Rural-A0430	12/12/21	1.0	\$17,827.09	\$17,827.09
DEMO-PC38	12/09/21	72683464	442445		AZ JOHN, LXANWAR	Misc Government	TriCare West Clines (02/11/21)	TriCare West Clines (02/11/21)	Base Rate	A0435	Fixed Miles H-800 Rural A0435	12/12/21	274.0	\$114.80	\$31,455.20
DEMO-PC38	12/10/21	72683464	444971		AZ LILLY, FXMGJFF	Medicaid	Medicaid AK LMAK	Medicaid AK LMAK	Base Rate	A0430	Fixed Wing Rural-A0430	12/17/21	1.0	\$17,827.09	\$17,827.09
DEMO-PC136	12/12/21	73069004	444971		AZ LILLY, FXMGJFF	Self Pay	Membership Discount 50;	Membership Discount 50;	Base Rate	A0556	LT Assistant A0556	12/30/21	1.0	\$75.00	\$75.00
DEMO-PC136	12/12/21	73069004	444971		AZ THOMIS, LXCARWELL	Self Pay	Membership Discount 50;	Membership Discount 50;	Base Rate	A0556	LT Assistant A0556	12/30/21	1.0	\$75.00	\$75.00
DEMO-PC136	12/12/21	73069004	444971		AZ THOMIS, LXCARWELL	Self Pay	Membership Discount 50;	Membership Discount 50;	Base Rate	A0556	LT Assistant A0556	12/30/21	1.0	\$75.00	\$75.00
DEMO-PC37	11/19/21	72497277	442301		AZ SETH, UXAREZDK	Medicare	Medicare AK LMAK	Medicare AK LMAK	Base Rate	A0430	Fixed Wing Rural-A0430	12/03/21	1.0	\$17,827.09	\$17,827.09
DEMO-PC37	11/19/21	72497277	442301		AZ SETH, UXAREZDK	Medicare	Medicare AK LMAK	Medicare AK LMAK	Base Rate	A0430	Fixed Wing Rural-A0430	12/03/21	1.0	\$17,827.09	\$17,827.09
DEMO-PC36	12/07/21	72819780	440348		AZ BELT, LXFRED	Medicaid	Medicaid AK LMAK	Medicaid AK LMAK	Mileage	A0435	Fixed Miles H-800 Rural A0435	12/02/21	170.0	\$114.80	\$19,516.00
DEMO-PC36	12/07/21	72819780	440348		AZ BELT, LXFRED	Medicaid	Medicaid AK LMAK	Medicaid AK LMAK	Mileage	A0435	Fixed Wing Rural-A0430	12/02/21	1.0	\$17,827.09	\$17,827.09
DEMO-PC37	12/14/21	72947669	446860		AZ BLENDI, XAYCUC	Medicare	Medicare AK LMAK	Medicare AK LMAK	Base Rate	A0430	Fixed Wing Rural-A0430	12/16/21	404.0	\$114.80	\$46,379.20
DEMO-PC37	12/14/21	72947669	446860		AZ BLENDI, XAYCUC	Medicare	Medicare AK LMAK	Medicare AK LMAK	Base Rate	A0430	Fixed Wing Rural-A0430	12/16/21	1.0	\$17,827.09	\$17,827.09
DEMO-PC32	12/14/21	72954381	448376		AZ BLENDI, XAYCUC	Medicare	Medicare AK LMAK	Medicare AK LMAK	Base Rate	A0435	Fixed Miles H-800 Rural A0435	12/22/21	77.7	\$114.80	\$8,919.96
DEMO-PC32	12/14/21	72954381	448376		AZ BLENDI, XAYCUC	Medicare	Medicare AK LMAK	Medicare AK LMAK	Base Rate	A0435	Fixed Miles H-800 Rural A0435	12/22/21	1.0	\$17,827.09	\$17,827.09
DEMO-PC37	11/14/21	72416325	408846		AZ DLEW, KEXE	Medicare	Medicare AK LMAK	Medicare AK LMAK	Base Rate	A0430	Fixed Wing Rural-A0430	12/01/21	400.0	\$114.80	\$45,920.00
DEMO-PC37	11/14/21	72416325	408846		AZ DLEW, KEXE	Medicare	Medicare AK LMAK	Medicare AK LMAK	Base Rate	A0430	Fixed Wing Rural-A0430	12/01/21	1.0	\$17,827.09	\$17,827.09
DEMO-PC185	12/10/21	72860940	445396		AZ DLEY, XNVT	Medicare	Medicare AK LMAK	Medicare AK LMAK	Base Rate	A0435	Fixed Miles H-800 Rural A0435	12/22/21	42.4	\$114.80	\$4,867.52
DEMO-PC185	12/10/21	72860940	445396		AZ DLEY, XNVT	Medicare	Medicare AK LMAK	Medicare AK LMAK	Base Rate	A0435	Fixed Miles H-800 Rural A0435	12/22/21	1.0	\$17,827.09	\$17,827.09
DEMO-PC185	12/10/21	72860940	445396		AZ DLEY, XNVT	Medicare	Medicare AK LMAK	Medicare AK LMAK	Base Rate	A0435	Fixed Miles H-800 Rural A0435	12/22/21	1.0	\$17,827.09	\$17,827.09
DEMO-PC185	12/10/21	72860940	445396		AZ DLEY, XNVT	Medicare	Medicare AK LMAK	Medicare AK LMAK	Base Rate	A0435	Fixed Miles H-800 Rural A0435	12/22/21	1.0	\$17,827.09	\$17,827.09
DEMO-PC185	11/30/21	72691622	431652		AZ EBOLUH, XDERCAN	Medicare	Humana Medicare HMO	Humana Medicare HMO	Base Rate	A0130	Fixed Miles H-800 Rural A0435	12/07/21	606.0	\$114.80	\$69,568.80
DEMO-PC185	11/30/21	72691622	431652		AZ EBOLUH, XDERCAN	Medicare	Humana Medicare HMO	Humana Medicare HMO	Base Rate	A0130	Fixed Miles H-800 Rural A0435	12/07/21	1.0	\$75.00	\$75.00
DEMO-PC185	11/30/21	72691622	431652		AZ EBOLUH, XDERCAN	Medicare	Humana Medicare HMO	Humana Medicare HMO	Base Rate	A0130	Fixed Miles H-800 Rural A0435	12/07/21	1.0	\$75.00	\$75.00
DEMO-PC185	11/30/21	72691622	431652		AZ EBOLUH, XDERCAN	Medicare	Humana Medicare HMO	Humana Medicare HMO	Base Rate	A0130	Fixed Miles H-800 Rural A0435	12/07/21	1.0	\$75.00	\$75.00
DEMO-PC185	11/30/21	72691622	431652		AZ EBOLUH, XDERCAN	Medicare	Humana Medicare HMO	Humana Medicare HMO	Base Rate	A0130	Fixed Miles H-800 Rural A0435	12/07/21	1.0	\$75.00	\$75.00
DEMO-PC36	11/04/21	72204382	423172		AZ EWIN, XBERT	Medicaid	Medicaid AK LMAK	Medicaid AK LMAK	Base Rate	A0430	Fixed Wing Rural-A0430	12/01/21	16.0	\$3.60	\$57.60
DEMO-PC36	11/04/21	72204382	423172		AZ EWIN, XBERT	Medicaid	Medicaid AK LMAK	Medicaid AK LMAK	Base Rate	A0430	Fixed Wing Rural-A0430	12/01/21	1.0	\$17,827.09	\$17,827.09
DEMO-PC36	11/04/21	72204382	423172		AZ EWIN, XBERT	Medicaid	Medicaid AK LMAK	Medicaid AK LMAK	Base Rate	A0430	Fixed Wing Rural-A0430	12/01/21	1.0	\$17,827.09	\$17,827.09
DEMO-PC36	11/04/21	72204382	423172		AZ EWIN, XBERT	Medicaid	Medicaid AK LMAK	Medicaid AK LMAK	Base Rate	A0430	Fixed Wing Rural-A0430	12/01/21	1.0	\$17,827.09	\$17,827.09
DEMO-PC37	12/05/21	72738163	444353		AZ HINE, XSAAK	Medicaid	Medicaid AK LMAK	Medicaid AK LMAK	Base Rate	A0435	Fixed Miles H-800 Rural A0435	12/18/21	380.0	\$114.80	\$43,634.00
DEMO-PC37	12/05/21	72738163	444353		AZ HINE, XSAAK	Medicaid	Medicaid AK LMAK	Medicaid AK LMAK	Base Rate	A0435	Fixed Miles H-800 Rural A0435	12/18/21	1.0	\$17,827.09	\$17,827.09
DEMO-PC186	12/02/21	72710136	430562		AZ I, KEITH, LXETULLA	Commercial	Higmar ECBS (693062)	Higmar ECBS (693062)	Base Rate	A0427	ALS Emergency A0427	12/06/21	76.0	\$1579.53	\$11,975.33
DEMO-PC186	12/02/21	72710136	430562		AZ I, KEITH, LXETULLA	Commercial	Higmar ECBS (693062)	Higmar ECBS (693062)	Mileage	A0425	ALS Mileage	12/06/21	1.0	\$6.00	\$6.00
DEMO-PC36	11/19/21	72409362	411449		AZ ICHOLIS, XCHERMAN	Medicaid	Medicaid AK LMAK	Medicaid AK LMAK	Base Rate	A0430	Fixed Wing Rural-A0430	12/03/21	6.0	\$17,827.09	\$107,562.00
DEMO-PC36	11/19/21	72409362	411449		AZ ICHOLIS, XCHERMAN	Medicaid	Medicaid AK LMAK	Medicaid AK LMAK	Base Rate	A0430	Fixed Wing Rural-A0430	12/03/21	1.0	\$17,827.09	\$17,827.09
DEMO-PC186	12/22/21	73036129	458613		AZ IE, DXTA	Self Pay	BiPatient	BiPatient	Mileage	S0209	Wheelchair Mileage	12/30/21	25.0	\$3.00	\$75.00
DEMO-PC186	12/22/21	73036129	458613		AZ IE, DXTA	Self Pay	BiPatient	BiPatient	Base Rate	A0130	Fixed Wing Rural-A0430	12/30/21	1.0	\$75.00	\$75.00
DEMO-PC36	12/06/21	72801214	437769		AZ ILO, DDXK	Medicaid	Medicaid AK LMAK	Medicaid AK LMAK	Base Rate	A0430	Fixed Wing Rural-A0430	12/01/21	1.0	\$17,827.09	\$17,827.09
DEMO-PC36	12/06/21	72801214	437769		AZ ILO, DDXK	Medicaid	Medicaid AK LMAK	Medicaid AK LMAK	Base Rate	A0435	Fixed Miles H-800 Rural A0435	12/01/21	94.3	\$114.80	\$10,825.64
DEMO-PC37	11/19/21	72460247	413685		AZ ITHUL, XLETUCK	Medicaid	Medicaid AK LMAK	Medicaid AK LMAK	Base Rate	A0430	Fixed Wing Rural-A0430	12/03/21	1.0	\$17,827.09	\$17,827.09
DEMO-PC37	11/19/21	72460247	413685		AZ ITHUL, XLETUCK	Medicaid	Medicaid AK LMAK	Medicaid AK LMAK	Base Rate	A0435	Fixed Miles H-800 Rural A0435	12/03/21	81.2	\$114.80	\$9,321.76
DEMO-PC36	11/19/21	72463329	411571		AZ ITHUL, XLETUCK	Medicaid	Medicaid AK LMAK	Medicaid AK LMAK	Base Rate	A0430	Fixed Wing Rural-A0430	12/02/21	1.0	\$17,827.09	\$17,827.09
DEMO-PC36	11/19/21	72463329	411571		AZ ITHUL, XLETUCK	Medicaid	Medicaid AK LMAK	Medicaid AK LMAK	Base Rate	A0430	Fixed Wing Rural-A0430	12/02/21	1.0	\$17,827.09	\$17,827.09
DEMO-PC38	12/03/21	72745886	435531		AZ IY, XTLA	Misc Government	Tanana Chiefs Conference	Tanana Chiefs Conference	Base Rate	A0430	Fixed Wing Rural-A0430	12/09/21	632.0	\$114.80	\$72,553.60
DEMO-PC38	12/03/21	72745886	435531		AZ IY, XTLA	Misc Government	Tanana Chiefs Conference	Tanana Chiefs Conference	Base Rate	A0430	Fixed Wing Rural-A0430	12/09/21	1.0	\$17,827.09	\$17,827.09
DEMO-PC38	12/03/21	72745886	435531		AZ IY, XTLA	Misc Government	Tanana Chiefs Conference	Tanana Chiefs Conference	Mileage	A0435	Fixed Miles H-800 Rural A0435	12/09/21	779.0	\$114.80	\$89,194.40

Month End Reports – Closing Balance Summary

Closing Balance Summary

May 2023



Sample Ground EMS

	<u>Quantity</u>	<u>Current Month</u>	<u>Quantity</u>	<u>Prior Months</u>	
Previous Balance					\$43,247,642.34
<u>Total Charges</u>		\$10,841,187.21		\$7,374,089.35	\$18,215,276.56
Base Rate	368.0	\$3,563,269.37	228.0	\$2,615,690.21	\$6,178,959.58
Mileage	65,413.0	\$7,277,917.84	41,890.2	\$4,758,399.14	\$12,036,316.98
<u>Total Credits</u>		(\$13,545,290.81)		(\$4,767,874.13)	(\$18,313,164.94)
Contractual	711.0	(\$7,693,207.53)	315.0	(\$4,216,755.30)	(\$11,909,962.83)
Payment	898.0	(\$4,406,356.94)	120.0	(\$17,384.48)	(\$4,423,741.42)
Refund	5.0	\$70,105.65	0.0	\$0.00	\$70,105.65
Revenue Adjustment	19.0	(\$303,123.25)	7.0	(\$7,235.69)	(\$310,358.94)
Write-off	105.0	(\$1,212,708.74)	29.0	(\$526,498.66)	(\$1,739,207.40)
Closing Balance					\$43,149,753.96

Month End Reports – Deposit Detail (Excel)

Profit Center	Check / Payment Reference Number	Incident Number	Run Number	PRI D	Service Date	Patient Name	Procedure Code	Payer Category Level	Credit Payer Name	Credit Type	Credit Description	Deposit Date	Post Date	Amount
DEMD-PC100	9706949502	7182769	378722		10/23/21	WZNE, IXAD		Commercial	AARP 740819	Payment	Payment-Check	12/31/21	12/31/21	\$1,644.35
DEMD-PC100	82133400049445	71833463	378852		10/20/21	NZLLY, XLKAN		Commercial	Aetna - LMAK	Payment	Payment-Check	12/31/21	12/31/21	\$36,279.00
DEMD-PC100	82134000309361	68720452	203037		6/12/21	CZYLE, XEDO		Commercial	Aetna - LMAK	Payment	Payment-Check	12/31/21	12/31/21	\$32,933.32
DEMD-PC100	821349000488992	7049529	310368		6/13/21	LZINE, XVIC		Commercial	Aetna - LMAK	Payment	Payment-Check	12/31/21	12/31/21	\$1,630.02
DEMD-PC100	161222210377079	7289114	142281		12/12/21	WZLINDY, XEELER		Commercial	Aetna - LMAK	Payment	Payment-Check	12/31/21	12/31/21	\$10,167.10
DEMD-PC100		71860390	373750		10/18/21	BZLDI, NXAVN		Commercial	Alaska Comprehensive Health Ins Assoc- LMAK	Payment	Payment-Credit Card	12/31/21	12/31/21	\$1,627.16
DEMD-PC100		6980401	262325		7/24/21	MZELI, XDCER		Self Pay	Bill Patient	Payment	Payment-Check	12/31/21	12/31/21	\$326.98
DEMD-PC100		32579381	103856		10/15/21	MZLUC, XLLER		Self Pay	Bill Patient	Payment	Payment-Check	12/31/21	12/31/21	\$200.00
DEMD-PC100		41249740	74918		7/21/21	RZLN, BXTKA		Self Pay	Bill Patient	Payment	Payment-Credit Card	12/31/21	12/31/21	\$100.00
DEMD-PC100		53516008	204933		10/19/18	CZCK, EXTEC		Self Pay	Bill Patient	Payment	Payment-Check	12/31/21	12/31/21	\$75.00
DEMD-PC100		68893963	158122		5/9/21	HZHMIS, XGBERG		Self Pay	Bill Patient	Payment	Payment-Check	12/31/21	12/31/21	\$516.93
DEMD-PC100		6389566	177877		6/12/20	ZPHEN, TXHAFF		Self Pay	Bill Patient	Payment	Payment-Credit Card	12/31/21	12/31/21	\$50.00
DEMD-PC100		57468076	177111		7/4/19	MZJNNI, XRTIN		Self Pay	Bill Patient	Payment	Payment-Credit Card	12/31/21	12/31/21	\$10.00
DEMD-PC100		64095362	290130		9/12/20	NZINE, EXELY		Self Pay	Bill Patient	Payment	Payment-Credit Card	12/31/21	12/31/21	\$100.00
DEMD-PC100	8731709	69476562	251265		7/17/21	CZLEY, SXITH		Commercial	Kaiser Foundation of WA (30547)	Payment	Payment-Check	12/31/21	12/31/21	\$15,000.00
DEMD-PC100	82537802	71609572	360716		10/7/21	WZHEN, EXDRA		Medicaid	Medicaid AK LMAK	Payment	Payment-AK Medicaid	12/31/21	12/31/21	\$8,702.46
DEMD-PC100	82539424	71039879	357381		10/4/21	HZNFEI, EXLBERG		Medicaid	Medicaid AK LMAK	Payment	Payment-AK Medicaid	12/31/21	12/31/21	\$8,468.76
DEMD-PC100	82541109	71063990	366871		10/15/21	CZLEDO, LXAVEN		Medicaid	Medicaid AK LMAK	Payment	Payment-AK Medicaid	12/31/21	12/31/21	\$6,934.34
DEMD-PC100	82541109	68823514	190144		6/12/21	CZLLUE, LXENNING		Medicaid	Medicaid AK LMAK	Payment	Payment-AK Medicaid	12/31/21	12/31/21	\$9,378.86
DEMD-PC100	82541109	71868298	367356		10/13/21	FZNNKI, NXFLUCAN		Medicaid	Medicaid AK LMAK	Payment	Payment-AK Medicaid	12/31/21	12/31/21	\$7,001.99
DEMD-PC100	82542485	88769440	165307		9/12/21	AZSINDUJ, XDERCEN		Medicaid	Medicaid AK LMAK	Payment	Payment-AK Medicaid	12/31/21	12/31/21	\$7,011.21
DEMD-PC100	82542485	88769440	165307		9/12/21	AZSINDUJ, XDERCEN		Medicaid	Medicaid AK LMAK	Payment	Payment-AK Medicaid	12/31/21	12/31/21	\$4,674.14
DEMD-PC100	82542485	71865271	346858		9/28/21	WZCHILLES, XLJANCEN		Medicaid	Medicaid AK LMAK	Payment	Payment-AK Medicaid	12/31/21	12/31/21	\$6,988.69
DEMD-PC100	82543888	72070896	390332		10/27/21	KZSSJ, XLBY		Medicaid	Medicaid AK LMAK	Payment	Payment-AK Medicaid	12/31/21	12/31/21	\$8,896.19
DEMD-PC100	83243896	72403029	408799		11/4/21	BZLDI, NXAVN		Medicare	Medicare AK LMAK	Payment	Payment-Check	12/31/21	12/31/21	\$4,660.33
DEMD-PC100	83243896	72403028	408799		11/4/21	BZLDI, NXAVN		Medicare	Medicare AK LMAK	Payment	Payment-Check	12/31/21	12/31/21	\$3,524.69
DEMD-PC100	83243896	72403028	408799		11/4/21	BZLDI, NXAVN		Medicare	Medicare AK LMAK	Payment	Payment-Check	12/31/21	12/31/21	\$1,633.71
DEMD-PC100	83243896	72403028	408799		11/4/21	BZLDI, NXAVN		Medicare	Medicare AK LMAK	Payment	Payment-Check	12/31/21	12/31/21	\$4,660.33
DEMD-PC100	83271419	72403137	417473		11/4/21	JZJ, EDEL, IXCKE, WICZ		Medicare	Medicare AK LMAK	Payment	Payment-Check	12/31/21	12/31/21	\$1,851.18
DEMD-PC100	83271419	72403137	417473		11/4/21	JZJ, EDEL, IXCKE, WICZ		Medicare	Medicare AK LMAK	Payment	Payment-Check	12/31/21	12/31/21	\$4,660.33
DEMD-PC100	83205276	72819599	438789		12/7/21	CZLOL, XLBER		Medicare	Medicare AK LMAK	Payment	Payment-Check	12/31/21	12/31/21	\$2,174.99
DEMD-PC100	83205276	72819599	438789		12/7/21	CZLOL, XLBER		Medicare	Medicare AK LMAK	Payment	Payment-Check	12/31/21	12/31/21	\$4,546.91
DEMD-PC100		7284688	401489		10/18/21	DZBELT, LXNNIC		Commercial	Mutual of Omaha (Sup)	Payment	Payment-Check	12/31/21	12/31/21	\$1,625.01
DEMD-PC100	202121810056400	68442357	184181		5/27/21	LZINE, EXFCH		Commercial	Premier Blue Card Host - LMAK	Payment	Payment-Credit Card	12/31/21	12/31/21	\$38,806.55
DEMD-PC100	202121810056400	83216002	178077		5/27/21	AZSILY, XMAND		Commercial	Premier Blue Card Host - LMAK	Payment	Payment-Check	12/31/21	12/31/21	\$40,508.35
DEMD-PC100	70710741810076310	69584816	263834		7/9/21	AZTTHY, IXFARY		Commercial	Premier Plus Card Host - LMAK	Payment	Payment-Check	12/31/21	12/31/21	\$21,331.61

Month End Reports – Credit Summary

Credit Summary

May 2023



Sample Ground EMS

	Current Month	Prior Months	Total
by Credit Type			
Total	\$13,545,290.8	\$4,767,874.13	\$18,313,164.9
Contractual Allowance	\$7,693,207.53	\$4,216,755.30	\$11,909,962.8
Contractual Allow-Medicaid (M)	\$190,944.52	(\$213.18)	\$190,731.34
Contractual Allow-Medicaid (A)	\$3,566,113.98	\$2,950,304.89	\$6,516,418.87
Contractual Allow-Contract (A)	\$737,481.89	\$161,084.58	\$898,566.47
Contractual Allow-Contract (M)	\$463,919.92	(\$45,833.91)	\$418,086.01
Contractual Allow-Medicare (M)	\$245,606.19	\$3,603.60	\$249,209.79
Contractual Allow-Medicare (A)	\$2,489,141.03	\$1,147,809.32	\$3,636,950.35
Payment	\$4,406,356.94	\$17,384.48	\$4,423,741.42
Payment-AK Medicaid Secondary	\$18,463.52	\$0.00	\$18,463.52
Payment-Credit Card	\$76,267.83	\$1,125.95	\$77,393.78
Payment-AK Medicaid	\$939,811.85	\$0.00	\$939,811.85
Payment-Check	\$3,371,813.74	\$16,258.53	\$3,388,072.27
Refund	(\$70,105.65)	\$0.00	(\$70,105.65)
Refund	(\$70,105.65)	\$0.00	(\$70,105.65)
Revenue Adjustment	\$303,123.25	\$7,235.69	\$310,358.94
Adjustment Self Pay	\$34,277.46	\$7,078.30	\$41,355.76
Adjustment Tricare	\$224,470.63	\$0.00	\$224,470.63
Adjustment Interest	(\$7.89)	(\$15.33)	(\$23.22)
Adjustment Discount	\$42,997.46	\$0.00	\$42,997.46



| iPad Specifications

iPad Pro (10.5-inch) - Technical Specifications



Finish

- Space Gray

Capacity¹

- 256GB

Size and Weight²

- **Wi-Fi models**
 - Height: 9.8 inches (250.6 mm)
 - Width: 6.8 inches (174.1 mm)
 - Depth: 0.24 inch (6.1 mm)
 - Weight: 1.03 pounds (469 grams)

- **Wi-Fi + Cellular models**
 - Height: 9.8 inches (250.6 mm)
 - Width: 6.8 inches (174.1 mm)
 - Depth: 0.24 inch (6.1 mm)
 - Weight: 1.05 pounds (477 grams)

Buttons and Connectors

- Smart Connector
- 3.5 mm headphone jack
- Four speaker audio
- On/Off — Sleep/Wake
- Home/Touch ID sensor
- Lightning connector
- Nano-SIM tray
- Volume up/down
- Dual microphones

In the Box

- iPad Pro
- Lightning to USB Cable
- USB Power Adapter

Display

- Retina display
- 10.5-inch (diagonal) LED-backlit Multi-Touch display
- 2224-by-1668 resolution at 264 pixels per inch (ppi)
- ProMotion technology
- Wide color display (P3)
- True Tone display
- Fingerprint-resistant oleophobic coating
- Fully laminated display
- Antireflective coating

Chip

- A10X Fusion chip with 64-bit architecture
- Embedded M10 coprocessor

Camera

- 12-megapixel camera
- $f/1.8$ aperture
- Digital zoom up to 5x
- Optical image stabilization
- Six-element lens
- Quad-LED True Tone flash

- Panorama (up to 63 megapixels)
- Sapphire crystal lens cover
- Backside illumination sensor
- Hybrid IR filter
- Autofocus with Focus Pixels
- Tap to focus with Focus Pixels
- Live Photos with stabilization
- Wide color capture for photos and Live Photos
- Improved local tone mapping
- Body and face detection
- Exposure control
- Noise reduction
- Auto HDR for photos
- Auto image stabilization
- Burst mode
- Timer mode
- Photo geotagging

Video Recording

- 4K video recording at 30 fps
- 1080p HD video recording at 30 fps or 60 fps
- 720p HD video recording at 30 fps
- Optical image stabilization for video
- Quad-LED True Tone flash
- Slo-mo video support for 1080p at 120 fps and 720p at 240 fps
- Time-lapse video with stabilization
- Cinematic video stabilization (1080p and 720p)
- Continuous autofocus video
- Body and face detection
- Noise reduction
- Playback zoom
- Video geotagging

FaceTime HD Camera

- 7-megapixel photos
- 1080p HD video recording
- Retina Flash
- $f/2.2$ aperture
- Wide color capture for photos and Live Photos
- Auto HDR
- Backside illumination sensor
- Body and face detection
- Auto image stabilization
- Burst mode
- Exposure control
- Timer mode

Video Calling³

- FaceTime video
- iPad to any FaceTime-enabled device over Wi-Fi or cellular

Audio Calling³

- FaceTime audio
- iPad to any FaceTime-enabled device over Wi-Fi or cellular

Speakers

- Four speaker audio

Microphones

- Dual microphones for calls, video recording, and audio recording

Cellular and Wireless

- **All models**
Wi-Fi (802.11 a/b/g/n/ac); dual band (2.4GHz and 5GHz); HT80 with MIMO
Bluetooth 4.2 technology
- **Wi-Fi + Cellular models**
UMTS/HSPA/HSPA+/DC-HSDPA (850, 900, 1700/2100, 1900, 2100 MHz); GSM/EDGE (850, 900, 1800, 1900 MHz)
CDMA EV-DO Rev. A and Rev. B (800, 1900 MHz)
LTE Advanced (Bands 1, 2, 3, 4, 5, 7, 8, 11, 12, 13, 17, 18, 19, 20, 21, 25, 26, 27, 28, 29, 30, 38, 39, 40, 41)⁴
Data only⁵
Wi-Fi calling⁴
Embedded Apple SIM⁶

SIM Card

- Nano-SIM (supports Apple SIM)
- Embedded Apple SIM⁶

Location

- **All models**
 - Digital compass
 - Wi-Fi
 - iBeacon microlocation
- **Wi-Fi + Cellular models**
 - Assisted GPS and GLONASS
 - Cellular

Sensors

- Touch ID
- Three-axis gyro
- Accelerometer
- Barometer
- Ambient light sensor

Touch ID

- Unlock iPad
- Secure personal data within apps
- Make purchases from the iTunes Store, the App Store, and Apple Books

Apple Pay

- Pay with your iPad using Touch ID within apps and on the web
- Send and receive money in Messages

Siri⁷

- Use your voice to send messages, set reminders, and more
- Get proactive suggestions
- Use hands-free
- Listen and identify songs

Power and Battery⁸

- **10.5-inch iPad Pro**
 - Built-in 30.4-watt-hour rechargeable lithium-polymer battery
- **All models**
 - Up to 10 hours of surfing the web on Wi-Fi, watching video, or listening to music
 - Charging via power adapter or USB to computer system
- **Wi-Fi + Cellular models**
 - Up to 9 hours of surfing the web using cellular data network

Operating System

iOS 12

iOS is the world's most personal and secure mobile operating system, packed with powerful features that help you get the most out of every day.

[See what's new in iOS](#)

Accessibility

Accessibility features help people with disabilities get the most out of their new iPad Pro. With built-in support for vision, hearing, physical and motor skills, and learning and literacy, you can create and do amazing things. [Learn more about Accessibility](#)

Features include:

- VoiceOver
- Zoom
- Magnifier
- Siri and Dictation
- Switch Control
- Closed Captions
- AssistiveTouch
- Speak Screen

Built-in Apps

- Camera
- Photos
- Messages
- FaceTime
- Mail
- Music
- Safari
- Maps
- Siri
- Calendar
- iTunes Store
- App Store
- Notes
- Voice Memos
- Contacts
- Books
- Home
- Reminders
- Stocks
- Clock
- TV
- News
- Photo Booth
- Podcasts
- Measure
- Find My iPhone
- Find My Friends
- Files

Free Apps from Apple

Pages, Numbers, Keynote, iMovie, GarageBand, iTunes U, Clips, and Apple Store app are preinstalled on iPad.

- Pages
- Numbers
- Keynote
- iMovie

- GarageBand
- iTunes U
- Apple Store
- Trailers
- Remote
- Music Memos
- Clips
- Swift Playgrounds
- Shortcuts

System Requirements

- Apple ID (required for some features)
- Internet access⁹

Syncing with iTunes on a Mac or PC requires:

- Mac: OS X 10.9.5 or later
- PC: Windows 7 or later
- iTunes 12.5 or later (free download from www.itunes.com/download)

Languages

- **Language support**
English (Australia, UK, U.S.), Chinese (Simplified, Traditional, Traditional Hong Kong), French (Canada, France), German, Italian, Japanese, Korean, Spanish (Latin America, Mexico, Spain), Arabic, Catalan, Croatian, Czech, Danish, Dutch, Finnish, Greek, Hebrew, Hindi, Hungarian, Indonesian, Malay, Norwegian, Polish, Portuguese (Brazil, Portugal), Romanian, Russian, Slovak, Swedish, Thai, Turkish, Ukrainian, Vietnamese
- **QuickType keyboard support**
English (Australia, Canada, India, Singapore, UK, U.S.), Chinese - Simplified (Handwriting, Pinyin, Stroke), Chinese - Traditional (Cangjie, Handwriting, Pinyin, Stroke, Sucheng, Zhuyin), French (Belgium, Canada, France, Switzerland), German (Austria, Germany, Switzerland), Italian, Japanese (Kana, Romaji), Korean, Spanish (Latin America, Mexico, Spain), Arabic (Modern Standard, Najdi), Armenian, Azerbaijani, Belarusian, Bengali, Bulgarian, Catalan, Cherokee, Croatian, Czech, Danish, Dutch, Emoji, Estonian, Filipino, Finnish, Flemish, Georgian, Greek, Gujarati, Hawaiian, Hebrew, Hindi (Devanagari, Transliteration), Hinglish, Hungarian, Icelandic, Indonesian, Irish, Kannada, Latvian, Lithuanian, Macedonian, Malay, Malayalam, Maori, Marathi, Norwegian, Odia, Persian, Polish, Portuguese (Brazil, Portugal), Punjabi, Romanian, Russian, Serbian (Cyrillic, Latin), Slovak, Slovenian, Swahili, Swedish, Tamil (Script, Transliteration), Telugu, Thai, Tibetan, Turkish, Ukrainian, Urdu, Vietnamese, Welsh
- **QuickType keyboard support with predictive input**
English (Australia, Canada, India, Singapore, UK, U.S.), Chinese (Simplified, Traditional), French (Belgium, Canada, France, Switzerland), German (Austria, Germany, Switzerland), Italian, Japanese, Korean, Russian, Spanish (Latin America, Mexico, Spain), Portuguese (Brazil, Portugal), Thai, Turkish
- **Siri languages**
English (Australia, Canada, India, Ireland, New Zealand, Singapore, South Africa, UK, U.S.), Spanish (Chile, Mexico, Spain, U.S.), French (Belgium, Canada, France, Switzerland), German (Austria, Germany, Switzerland), Italian (Italy, Switzerland), Japanese, Korean, Mandarin (China

mainland, Taiwan), Cantonese (China mainland,, Hong Kong), Arabic (Saudi Arabia, United Arab Emirates), Danish (Denmark), Dutch (Belgium, Netherlands), Finnish (Finland), Hebrew (Israel), Malay (Malaysia), Norwegian (Norway), Portuguese (Brazil), Russian (Russia), Swedish (Sweden), Thai (Thailand), Turkish (Türkiye)

- **Dictation languages**

English (Australia, Canada, India, Indonesia, Ireland, Malaysia, New Zealand, Philippines, Saudi Arabia, Singapore, South Africa, United Arab Emirates, UK, U.S.), Spanish (Argentina, Chile, Colombia, Costa Rica, Dominican Republic, Ecuador, El Salvador, Guatemala, Honduras, Mexico, Panama, Paraguay, Peru, Spain, Uruguay, U.S.), French (Belgium, Canada, France, Luxembourg, Switzerland), German (Austria, Germany, Luxembourg, Switzerland), Italian (Italy, Switzerland), Japanese, Korean, Mandarin (China mainland, Taiwan), Cantonese (China mainland, Hong Kong, Macao), Arabic (Kuwait, Qatar, Saudi Arabia, United Arab Emirates), Catalan, Croatian, Czech, Danish, Dutch (Belgium, Netherlands), Finnish, Greek, Hebrew, Hindi (India), Hungarian, Indonesian, Malaysian, Norwegian, Polish, Portuguese (Brazil, Portugal), Romanian, Russian, Shanghainese (China mainland), Slovakian, Swedish, Thai, Turkish, Ukrainian, Vietnamese

- **Definition dictionary support**

English, Chinese (Simplified, Traditional), Danish, Dutch, French, German, Hebrew, Hindi, Italian, Japanese, Korean, Norwegian, Portuguese, Russian, Spanish, Swedish, Thai, Turkish

- **Thesaurus**

English (UK, U.S.)

- **Bilingual dictionary support**

Arabic, Chinese (Simplified), Dutch, French, German, Hindi, Italian, Japanese, Korean, Portuguese, Russian, Spanish

- **Spell check**

English, French, German, Italian, Spanish, Danish, Dutch, Finnish, Korean, Norwegian, Polish, Portuguese, Russian, Swedish, Turkish

Audio Playback

- Audio formats supported: AAC (8 to 320 Kbps), Protected AAC (from iTunes Store), HE-AAC, MP3 (8 to 320 Kbps), MP3 VBR, Dolby Digital (AC-3), Dolby Digital Plus (E-AC-3), Audible (formats 2, 3, 4, Audible Enhanced Audio, AAX, and AAX+), Apple Lossless, AIFF, and WAV
- User-configurable maximum volume limit

TV and Video

- AirPlay Mirroring, photos, audio, and video out to Apple TV (2nd generation or later)
- Video mirroring and video out support: Up to 1080p through Lightning Digital AV Adapter and Lightning to VGA Adapter (adapters sold separately)
- Supports Dolby Vision and HDR10 content
- Video formats supported: H.264 video up to 4K, 30 frames per second, High Profile level 4.2 with AAC-LC audio up to 160 Kbps, 48kHz, stereo audio or Dolby Audio up to 1008 Kbps, 48kHz, stereo or multichannel audio, in .m4v, .mp4, and .mov file formats; MPEG-4 video up to 2.5 Mbps, 640 by 480 pixels, 30 frames per second, Simple Profile with AAC-LC audio up to 160 Kbps per channel, 48kHz, stereo audio or Dolby Audio up to 1008 Kbps, 48kHz, stereo or multichannel audio, in .m4v, .mp4, and .mov file formats; Motion JPEG (M-JPEG) up to 35 Mbps, 1280 by 720 pixels, 30 frames per second, audio in ulaw, PCM stereo audio in .avi file format

Mail Attachment Support

- **Viewable document types**
.jpg, .tiff, .gif (images); .doc and .docx (Microsoft Word); .htm and .html (web pages); .key (Keynote); .numbers (Numbers); .pages (Pages); .pdf (Preview and Adobe Acrobat); .ppt and .pptx (Microsoft PowerPoint); .txt (text); .rtf (rich text format); .vcf (contact information); .xls and .xlsx (Microsoft Excel); .zip; .ics

Environmental Requirements

- Operating ambient temperature: 32° to 95° F (0° to 35° C)
- Nonoperating temperature: -4° to 113° F (-20° to 45° C)
- Relative humidity: 5% to 95% noncondensing
- Operating altitude: tested up to 10,000 feet (3000 m)

-
1. Available space is less and varies due to many factors. A standard configuration uses approximately 10GB to 12GB of space (including iOS and preinstalled apps) depending on the model and settings. Preinstalled apps use about 4GB, and you can delete these apps and restore them.
 2. Size and weight vary by configuration and manufacturing process.
 3. FaceTime calling requires a FaceTime-enabled device for the caller and recipient and a Wi-Fi connection. Availability over a cellular network depends on carrier policies; data charges may apply.
 4. Data plan required. LTE Advanced, LTE, and Wi-Fi calling are available in select markets and through select carriers. Speeds are based on theoretical throughput and vary based on site conditions and carrier. For details on LTE support, contact your carrier and see www.apple.com/ipad/LTE.
 5. Cellular data plan is sold separately. The model you purchase is configured to work with a particular cellular network technology. Check with your carrier for compatibility and cellular data plan availability.
 6. Embedded Apple SIM in iPad Pro may be disabled when purchased from some carriers. See your carrier for details. Apple SIM and embedded Apple SIM not available in China mainland.
 7. Siri may not be available in all languages or in all areas, and features may vary by area. Internet access required. Cellular data charges may apply.
 8. Testing conducted by Apple in May 2017 using preproduction iPad Pro (10.5-inch) and iPad Pro (12.9-inch) (2nd generation) units and software. Testing consisted of full battery discharge while performing each of the following tasks: video playback, audio playback, and Internet browsing using Wi-Fi or cellular data network. Video content was a repeated 2-hour 23-minute movie purchased from the iTunes Store. Audio content was a playlist of 358 unique audio tracks purchased from the iTunes Store. Internet over Wi-Fi and cellular data network tests were conducted using dedicated web and mail servers, browsing snapshot versions of 20 popular web pages, and receiving mail once an hour. All settings were default except: Wi-Fi was associated with a network (except for Internet browsing over cellular data network); the Wi-Fi feature Ask to Join Networks and Auto-Brightness were turned off; Brightness was set to 50%; and WPA2 encryption was enabled. Battery life depends on device settings, usage, and many other factors. Battery tests are conducted using specific iPad units; actual results may vary.
 9. Wireless broadband recommended; fees may apply.



MBE/WBE/Veteran Owned Business Correspondence

From: [Kate Goodby](#)
To: [Erin Coggins](#)
Subject: FW: Quick Med Claims Inquiry
Date: Tuesday, August 1, 2023 3:48:18 PM
Attachments: [image001.png](#)

From: Kate Goodby
Sent: Friday, July 21, 2023 12:25 PM
To: sbakoua@EIMservicesInc.com
Subject: Quick Med Claims Inquiry

Good afternoon,

My name is Kate Goodby and I represent Quick Med Claims, LLC (QMC), a leader in emergency medical transportation billing and reimbursement, headquartered right here in Pittsburgh. Right now, we're in the process of developing a proposal in response to the City's Request for Proposal (RFP) for EMS Billing Services. As part of the proposal process, they've asked that we reach out to other local businesses that are certified as MBE/WBE/Veteran-Owned companies to see if there are opportunities to work together to fulfill the contract.

We received your contact information from the City's Equal Opportunity Review Commission to see if your company could enhance our service offering for Pittsburgh EMS. While we have an in-house IT team led by our Chief Technology Officer, we are open to working with local vendors for project planning and the like.

Thank you for considering our request for more information about your company, its certifications and most importantly, the services you provide. Feel free to reach out to me directly with any questions about this project. I look forward to hearing from you soon.

Best,

Kate Goodby
Sales Coordinator

Cell: 402.968.4712
Direct: 412.710.2010
KGoodby@quickmedclaims.com
www.quickmedclaims.com

From: [Kate Goodby](#)
To: [Erin Coggins](#)
Subject: FW: Quick Med Claims Inquiry
Date: Tuesday, August 1, 2023 10:37:52 AM
Attachments: [image001.png](#)

From: Suresh Ramanathan <sramanathan@koryak.com>
Sent: Friday, July 21, 2023 1:30 PM
To: Kate Goodby <KGoodby@quickmedclaims.com>
Cc: Dilip Kuchipudi <dkuchipudi@koryak.com>; Deepa Pattuswami <dpattuswami@koryak.com>
Subject: Re: Quick Med Claims Inquiry

Hi Kate,

If you are still in the early phases and not ready for a conversation, the best place to start with is our website: www.koryak.com.

If you still want to go ahead, please share some information (RFP and/or Proposal) and we can set up some time to talk.

Hope you have a wonderful weekend!

On Fri, Jul 21, 2023 at 2:26 PM Kate Goodby <KGoodby@quickmedclaims.com> wrote:

This message was sent securely using Zix[®]

Hi Suresh,

Super, thank you for your quick response! At this point, we are in the information gathering stage and excited to learn more about your services to evaluate for future partnership opportunities. If you have any material that provides an overview scope of your services that would be great!

Thank you and have a wonderful weekend,

Kate Goodby

Sales Coordinator

Cell: 402.968.4712

Direct: 412.710.2010

KGoodby@quickmedclaims.com

www.quickmedclaims.com



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Secure from QMC*

From: Suresh Ramanathan <sramanathan@koryak.com>

Sent: Friday, July 21, 2023 12:56 PM

To: Kate Goodby <KGoodby@quickmedclaims.com>

Cc: Dilip Kuchipudi <dkuchipudi@koryak.com>; Deepa Pattuswami <dpattuswami@koryak.com>

Subject: Re: Quick Med Claims Inquiry

You don't often get email from sramanathan@koryak.com. [Learn why this is important](#)

Hi Kate,

I just called you on your cell and left you voicemail. We would be interested in working with you.

If you have an RFP and/or a proposal you would like to share so that we understand the scope of the project that would be very helpful.

Kindly let me know.

Look forward to hearing from you.

On Fri, Jul 21, 2023 at 1:33 PM Kate Goodby <KGoodby@quickmedclaims.com> wrote:

This message was sent securely using Zix[®]

Good afternoon,

My name is Kate Goodby and I represent Quick Med Claims, LLC (QMC), a leader in emergency medical transportation billing and reimbursement, headquartered right here in Pittsburgh. Right now, we're in the process of developing a proposal in response to the City's Request for Proposal (RFP) for EMS Billing Services. As part of the proposal process, they've asked that we reach out to other local businesses that are certified as MBE/WBE/Veteran-Owned companies to see if there are opportunities to work together to fulfill the contract.

We received your contact information from the City's Equal Opportunity Review Commission to see if your company could enhance our service offering for Pittsburgh EMS. While we have an in-house IT team led by our Chief Technology Officer, we are open to working with local vendors for project planning and the like.

Thank you for considering our request for more information about your company, its certifications and most importantly, the services you provide. Feel free to reach out to me directly with any questions about this project. I look forward to hearing from you soon.

Best,

Kate Goodby

Sales Coordinator

Cell: 402.968.4712

Direct: 412.710.2010

KGoodby@quickmedclaims.com

www.quickmedclaims.com



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Secure from QMC*

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--

Thanks,

Suresh

(Suresh C. Ramanathan)

KORYAK

www.koryak.com

Office: 412-364-6600

Cell: 412-417-3791

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--

Thanks,

Suresh

(Suresh C. Ramanathan)

KORYAK

www.koryak.com

Office: 412-364-6600

Cell: 412-417-3791

This email message is for the exclusive use of the recipient (s) and may contain confidential and privileged information. Any unauthorized review, use, disclosure, copying, action taken in reliance on the contents or distribution is strictly prohibited. If you received this email in error, contact the sender by reply email and destroy all copies of the original message. Thank you.

From: [Kate Goodby](#)
To: [Erin Coggins](#)
Subject: FW: Quick Med Claims Inquiry
Date: Tuesday, August 1, 2023 3:49:17 PM
Attachments: [image001.png](#)

From: Kate Goodby
Sent: Friday, July 21, 2023 12:41 PM
To: cara@marinusanalytics.com
Subject: Quick Med Claims Inquiry

Good afternoon, Cara,

My name is Kate Goodby and I represent Quick Med Claims, LLC (QMC), a leader in emergency medical transportation billing and reimbursement, headquartered right here in Pittsburgh. Right now, we're in the process of developing a proposal in response to the City's Request for Proposal (RFP) for EMS Billing Services. As part of the proposal process, they've asked that we reach out to other local businesses that are certified as MBE/WBE/Veteran-Owned companies to see if there are opportunities to work together to fulfill the contract.

We received your contact information from the City's Equal Opportunity Review Commission to see if your company could enhance our service offering for Pittsburgh EMS. While we have an in-house IT team led by our Chief Technology Officer, we are open to working with local vendors for AI, technology project planning and the like.

Thank you for considering our request for more information about your company, its certifications and most importantly, the services you provide. Feel free to reach out to me directly with any questions about this project. I look forward to hearing from you soon.

Best,

Kate Goodby
Sales Coordinator

Cell: 402.968.4712
Direct: 412.710.2010
KGoodby@quickmedclaims.com
www.quickmedclaims.com

From: [Kate Goodby](#)
To: [Erin Coggins](#)
Subject: FW: Quick Med Claims Inquiry
Date: Tuesday, August 1, 2023 3:50:13 PM
Attachments: [image001.png](#)

From: Kate Goodby
Sent: Friday, July 21, 2023 12:42 PM
To: info@multi-lynx.com
Subject: Quick Med Claims Inquiry

Good afternoon,

My name is Kate Goodby and I represent Quick Med Claims, LLC (QMC), a leader in emergency medical transportation billing and reimbursement, headquartered right here in Pittsburgh. Right now, we're in the process of developing a proposal in response to the City's Request for Proposal (RFP) for EMS Billing Services. As part of the proposal process, they've asked that we reach out to other local businesses that are certified as MBE/WBE/Veteran-Owned companies to see if there are opportunities to work together to fulfill the contract.

We received your contact information from the City's Equal Opportunity Review Commission to see if your company could enhance our service offering for Pittsburgh EMS. While we have an in-house IT team led by our Chief Technology Officer, we are open to working with local vendors for IT services, project planning and the like.

Thank you for considering our request for more information about your company, its certifications and most importantly, the services you provide. Feel free to reach out to me directly with any questions about this project. I look forward to hearing from you soon.

Best,

Kate Goodby
Sales Coordinator

Cell: 402.968.4712
Direct: 412.710.2010
KGoodby@quickmedclaims.com
www.quickmedclaims.com

From: [Kate Goodby](#)
To: [Erin Coggins](#)
Subject: FW: Quick Med Claims Inquiry
Date: Tuesday, August 1, 2023 3:51:16 PM
Attachments: [image001.png](#)

From: Kate Goodby
Sent: Friday, July 21, 2023 12:48 PM
To: perismith@stuckonsmartsolutions.com
Subject: Quick Med Claims Inquiry

Good afternoon,

My name is Kate Goodby and I represent Quick Med Claims, LLC (QMC), a leader in emergency medical transportation billing and reimbursement, headquartered right here in Pittsburgh. Right now, we're in the process of developing a proposal in response to the City's Request for Proposal (RFP) for EMS Billing Services. As part of the proposal process, they've asked that we reach out to other local businesses that are certified as MBE/WBE/Veteran-Owned companies to see if there are opportunities to work together to fulfill the contract.

We received your contact information from the City's Equal Opportunity Review Commission to see if your company could enhance our service offering for Pittsburgh EMS. While we have an in-house IT team led by our Chief Technology Officer, we are open to working with local vendors for IT services, project planning and the like.

Thank you for considering our request for more information about your company, its certifications and most importantly, the services you provide. Feel free to reach out to me directly with any questions about this project. I look forward to hearing from you soon.

Best,

Kate Goodby
Sales Coordinator

Cell: 402.968.4712
Direct: 412.710.2010
KGoodby@quickmedclaims.com
www.quickmedclaims.com

From: [Kate Goodby](#)
To: [Erin Coggins](#)
Subject: FW: Quick Med Claims Inquiry
Date: Tuesday, August 1, 2023 10:39:57 AM
Attachments: [image001.png](#)

Last correspondence with Triumphant.

From: Kate Goodby
Sent: Friday, July 21, 2023 1:25 PM
To: Marvin Green <mgreen@triumphantds.com>
Subject: RE: Quick Med Claims Inquiry

Hi Marvin,

Super, thank you for your quick response! At this point, we are in the information gathering stage and excited to learn more about your services to evaluate for future partnership opportunities. If you have any material that provides an overview scope of your services that would be great!

Thank you and have a wonderful weekend,

Kate Goodby
Sales Coordinator

Cell: 402.968.4712
Direct: 412.710.2010
KGoodby@quickmedclaims.com
www.quickmedclaims.com



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Secure from QMC

From: Marvin Green <mgreen@triumphantds.com>
Sent: Friday, July 21, 2023 1:07 PM
To: Kate Goodby <KGoodby@quickmedclaims.com>
Subject: Re: Quick Med Claims Inquiry

You don't often get email from mgreen@triumphantds.com. [Learn why this is important](#)

Good afternoon,

Thank you for reaching out, and it was a pleasure speaking with you on the call today. I appreciate the opportunity to collaborate on the proposal for the City's EMS Billing Services.

I'm excited about the prospect of working with Quick Med Claims, LLC (QMC). As a local IT services provider, we are fully committed to delivering top-notch solutions and contributing to the success of the project.

Our company, Triumphant Data Solutions, LLC. , holds the necessary certifications as an MBE-Owned business, and we take pride in our ability to provide efficient and effective IT services. Our team is experienced in project planning, implementation, and ongoing support, ensuring seamless integration with QMC's existing processes.

I have two quick questions: I locate a [direct link](#) but want to be certain it is the correct version of the Opportunity Document; In short, can you provide the document via email or at least validate the direct link? And, most importantly, can you explain what may be the next step in the collaborative process?

Once again, thank you for considering our partnership. I look forward to working together to bring success to this project.

Best regards,

Marvin Green

Marvin Green

Technology Solutions Provider

Triumphant DS

mgreen@triumphantds.com | P.O. Box 6856 | Pittsburgh, PA 15212
Help Desk & Main Line 4124609055

"It starts with a relationship and ends with results." ~ TDS

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From: Kate Goodby <KGoodby@quickmedclaims.com>

Sent: Friday, July 21, 2023 1:55:12 PM

To: Marvin Green <mgreen@triumphantds.com>

Subject: Quick Med Claims Inquiry

Good afternoon, Marvin,

Thank you for your time on our call today. As discussed, I am following up via email so that you have my direct contact and additional information.

Quick Med Claims, LLC (QMC), a leader in emergency medical transportation billing and reimbursement, headquartered right here in Pittsburgh. Right now, we're in the process of developing a proposal in response to the City's Request for Proposal (RFP) for EMS Billing Services. As part of the proposal process, they've asked that we reach out to other local businesses that are certified as MBE/WBE/Veteran-Owned companies to see if there are opportunities to work together to fulfill the contract.

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Thank you for considering our request for more information about your company, its certifications and most importantly, the services you provide. Feel free to reach out to me directly with any questions about this project. I look forward to hearing from you soon.

Best,

Kate Goodby

Sales Coordinator

Cell: 402.968.4712

Direct: 412.710.2010

KGoodby@quickmedclaims.com

www.quickmedclaims.com



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Secure from QMC*

From: [Kate Goodby](#)
To: [Erin Coggins](#)
Subject: FW: Quick Med Claims Inquiry
Date: Tuesday, August 1, 2023 4:09:38 PM
Attachments: [image001.png](#)

From: Kate Goodby
Sent: Friday, July 21, 2023 12:59 PM
To: sylvestk@venatechnologies.com
Subject: Quick Med Claims Inquiry

Good afternoon,

My name is Kate Goodby and I represent Quick Med Claims, LLC (QMC), a leader in emergency medical transportation billing and reimbursement, headquartered right here in Pittsburgh. Right now, we're in the process of developing a proposal in response to the City's Request for Proposal (RFP) for EMS Billing Services. As part of the proposal process, they've asked that we reach out to other local businesses that are certified as MBE/WBE/Veteran-Owned companies to see if there are opportunities to work together to fulfill the contract.

We received your contact information from the City's Equal Opportunity Review Commission to see if your company could enhance our service offering for Pittsburgh EMS. While we have an in-house IT team led by our Chief Technology Officer, we are open to working with local vendors for IT consulting, project planning and the like.

Thank you for considering our request for more information about your company, its certifications and most importantly, the services you provide. Feel free to reach out to me directly with any questions about this project. I look forward to hearing from you soon.

Best,

Kate Goodby
Sales Coordinator

Cell: 402.968.4712
Direct: 412.710.2010
KGoodby@quickmedclaims.com
www.quickmedclaims.com

From: [Kate Goodby](#)
To: [Erin Coggins](#)
Subject: FW: Quick Med Claims Inquiry
Date: Tuesday, August 1, 2023 3:52:57 PM
Attachments: [image001.png](#)

From: Kate Goodby
Sent: Friday, July 21, 2023 1:03 PM
To: leon.robinson@virtixit.com
Subject: Quick Med Claims Inquiry

Good afternoon,

My name is Kate Goodby and I represent Quick Med Claims, LLC (QMC), a leader in emergency medical transportation billing and reimbursement, headquartered right here in Pittsburgh. Right now, we're in the process of developing a proposal in response to the City's Request for Proposal (RFP) for EMS Billing Services. As part of the proposal process, they've asked that we reach out to other local businesses that are certified as MBE/WBE/Veteran-Owned companies to see if there are opportunities to work together to fulfill the contract.

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Kate Goodby
Sales Coordinator

Cell: 402.968.4712
Direct: 412.710.2010
KGoodby@quickmedclaims.com
www.quickmedclaims.com

Erin Coggins

To: Kate Goodby
Subject: RE: Quick Med Claims Inquiry

Erin Coggins
Director of Business Development
(321) 315-5491

CONFIDENTIALITY NOTICE: This message, including any attachments, is for the sole use of the intended recipient(s) and may contain confidential and privileged information. Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient, please contact me by reply email and destroy all copies of the original message.

From: Kate Goodby <KGoodby@quickmedclaims.com>
Sent: Tuesday, August 1, 2023 3:55 PM
To: Erin Coggins <ECoggins@quickmedclaims.com>
Subject: FW: Quick Med Claims Inquiry

Following up with the non-deliverable response.

From: Kate Goodby
Sent: Friday, July 21, 2023 1:07 PM
To: ahandu@visveroc.com
Subject: Quick Med Claims Inquiry

Good afternoon,

My name is Kate Goodby and I represent Quick Med Claims, LLC (QMC), a leader in emergency medical transportation billing and reimbursement, headquartered right here in Pittsburgh. Right now, we're in the process of developing a proposal in response to the City's Request for Proposal (RFP) for EMS Billing Services. As part of the proposal process, they've asked that we reach out to other local businesses that are certified as MBE/WBE/Veteran-Owned companies to see if there are opportunities to work together to fulfill the contract.

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Best,

Kate Goodby
Sales Coordinator

Cell: 402.968.4712
Direct: 412.710.2010



CSC: Collections Partner Overview



CSCI Proposal for Collections Services for the City of Pittsburgh EMS

Brief Company Overview

Collection Service Center, Inc. (CSCI) has been a leader in revenue cycle management for over 90 years based in Western Pennsylvania and specializes in full-service debt collection and custom-designed revenue cycle solutions for the medical industry and healthcare related services.

Our experienced telephone staff uses the latest secure technology to ensure your accounts will be worked diligently and patients are always treated with respect.

CSCI is fully compliant with HIPAA, TCPA (Telephone Consumer Protection Act), FDCPA (Fair Debt Collection Practices Act) and the FCRA (Fair Credit Reporting Act). Our server is ISO 9001 certified.

Pittsburgh EMS Experience

CSCI has provided a variety of debt collection and custom-designed revenue cycle solutions for several Pittsburgh area hospitals and hundreds of physician practices. We currently provide full-service debt collection for about 35 area EMS/ambulance transport services.

CSCI has served Pittsburgh EMS since October 2017 and recovered approximately \$897,000 for the City during that time!

"We value our relationship with CSCI. They are committed to providing excellent customer service and collection results. They have been a partner of ours for over 25 years!"

- Jodi Braden, Business Office Manager, Washington Health System

COLLECTION **SERVICE** CENTER, INC.

Process Overview

Upon referral from QMC, the City's accounts are uploaded to multiple information databases and screened for updated address information and phone numbers.

A standardized "first notice" that includes all disclosures required by state and federal law is mailed to each patient account and calls are made to all accounts with active phone numbers. Additional notices may follow the initial mailing depending on the status of the account notifying the patient that credit bureau reporting will begin 60 days after the initial referral is received. We continue to follow up on each account if we determine there is an opportunity to collect the outstanding balance.

References

Feel free to contact the following Pittsburgh area references:

UPMC CCP Central Billing Office

Lori Schlifer
(888) 857-7646

Fenner Physician Billing Office

Amanda Phillips
(412) 788-4995 ext 106

Washington Health System

Jodi Braden
(724) 223-3555

Price Proposal

CSCI will provide debt collection services for the City of Pittsburgh at the following percentage of collections:

Debt Collection Services	25.00%
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COLLECTION**SERVICE CENTER, INC.**

Staff Bios

Jim Simmermon

- President, Chief Compliance Officer & Partner/Owner, Collection Service Center, Inc.
- Entered collection industry in 1978
- Active in various industry trade associations; Three Rivers AAHAM, HFMA, ACA International and Mid-Atlantic Collectors Association, currently serving as Treasurer

Tom Simmermon

- CEO & Partner/Owner, Collection Service Center, Inc.
- Entered collection industry in 1977
- Previous employment includes Greater Pittsburgh Credit Service and The Credit Bureau, Inc. – Pittsburgh, PA
- Advantage Consumer Credit Counseling Service – Director Emeritus and Past Chairperson
- International Credit Association of Greater Pittsburgh – Past President
- Certified Collection Agency Executive

Debbie Holm

- Director of Operations, Collection Service Center, Inc.
- Entered collection industry in 1999
- Certified Collector, ACA International, Inc.

Kathy Chelko

- Data Systems Coordinator
- Entered the collection industry in 1977

Sarah Mechling

- Collector/Account Representative
- Entered the collection industry in 2013

Brandy Jones

- Collector/Account Representative
- Entered the collection industry 2013

Anemarie Campise

- Accounts Receivable Specialist/Collector
- Entered the collection industry 2005



Wakefield & Associates: Collection Partner Overview



Wakefield & Associates Proposal for Collections Services for the City of Pittsburgh EMS

Brief Company Overview

Wakefield & Associates has been providing receivables management services since 1948. By working with our clients on an ongoing basis to identify and stay apprised of changing needs, **Wakefield** has been able to develop long-term quality partnerships with our clients based upon and customized to their specific needs and requirements.

At **Wakefield**, we believe our longevity and continued success is a result of our **People, Process, and Technology**

- **People:** Our teams are active in HFMA, AAHAM, American Ambulance Association, and ACA. We provide customized classroom training to our staff, new hire training, and continually training to improve processes. Also, we are a *Certified Application Counselor Organization through CMS*.
- **Our Collection process:** has evolved over our past 70 years by benchmarking results coupled with our:
- **Technology:** This drives our Workflow, which we continue to enhance, monitor, and to provide our clients with superior collection results.

Our Executive Team has, on average, more than 30 years of healthcare AR experience. Our Teams are active in HFMA, AAHAM, and ACA. **Wakefield** has eight locations and **970 experienced associates in the healthcare Receivables Management Services**. **Wakefield** has been providing services in over 350 hospitals in a variety of capacities. Also, **Wakefield** has 500 ground and air transport clients, which gives us an intimate knowledge of the EMS marketplace and what it takes to be successful in billing and collecting.



At **Wakefield & Associates**, we invest in our **People**. **Wakefield** has created a Talent Development Program, it is an organizational commitment and a human resource initiative to attract, hire, retain, and develop employees' skills in alignment with **Wakefield's** Core Values and Mission Statement. The focus of our Talent Development program is to increase and polish hidden employees' skills and competencies so that they can help **Wakefield** to achieve its goals and objectives and, ultimately, those of our clients. **Wakefield's** Talent Development Program is in addition to our new hire training, and monthly and quarterly training clusters for collectors.

Wakefield Collection **Process** allows us to become a seamless extension of our client's business office. We deliver a high-quality, comprehensive program that incorporates our facility's core values. Our associates are not only trained on all federal, state, and local regulations but each facility's specific policies. In addition, our training department provides classroom training on call scripting, one call resolution with a focus on balance in full, problem-solving, customer service, de-escalation, along with system use and documentation.

Our Compliance department performs monthly audits on all Associates to ensure quality standards are met, including customer service levels. Specific ongoing continuing education is designed and provided as part of our continuing education program. Our patient accounting system allows us to build in our client-specific requirements to ensure contract compliance; our Project manager continues to audit, review, and enhance the overall process with our KPI's.

Wakefield is committed to providing, customized service, which is built on the following:

- Understanding each clients' specific needs and requirements
 - Training on our clients: Vision, Mission, and Values, patient population, policies and procedures, systems, etc.
 - This Training ensures our Associate's ability to give our client's patients and payers a positive patient experience.
- Ongoing evaluation and Training to maintain service levels in keeping with those needs and requirements.
 - **Wakefield's** standard operating procedure (SOP) is to be an extension of your business office; our compliance department audits our Associates monthly to ensure compliance to all state, federal, local rules and regulations, but also to the hospital's policies and procedures but patient service.
 - Management optimization reviews, real-time associate activity reviews
- Controlled growth
- Low collector-to-manager ratios
- Patient Friendly collection techniques
- Intense ongoing collector training and support
- Maintaining up-to-date information and Training regarding all changes in billing codes and regulations
- Ongoing research and development recovery products and workflows
- Achieving the highest possible recovery rates in the shortest time frame



Wakefield & Associates' primary focus is on healthcare receivables, we partner with facilities to provide exceptional Accounts Receivable Management Services that augment their internal practices, improve customer service, and increase collections.

To say it simply, using **Wakefield & Associates People, Process, and Technology**, we provide:

- Virtually a Complaint-free Performance
- Outstanding Client Service and Performance
- Positive Patient Experience

Our commitment is solid. We provide our clients with a variety of services, from billing and collection of patient accounts to customized pre-collection programs. We have more than a vested interest in our clients. Our survival is dependent on the quality of our reputation in the medical receivables industry.

Collection Process Overview

Wakefield understands to maintain a positive, patient, effective self-pay collection program, it is necessary to have dedicated and focused staff on ensuring quality results. **Wakefield** delivers a high-quality, comprehensive program that incorporates our facility's core values. Our Associates are not only trained on all federal, state, and local regulations but each hospital's specific policies, vision, mission, and core values. In addition, our training department provides classroom and virtual training on call scripting, one call resolution with a focus on balance in full, problem-solving, customer service, de-escalation, and system use and documentation.

People, Process, and Technology

Wakefield & Associates has and continues to make significant investments in People, Processes, and Technologies that allow us to develop and implement quality solutions that accelerate cash flow and liquidations. **Wakefield & Associates** has developed effective collection techniques that result in positive patient experience.

- **People:** Our EBO executive team has on average more than 30 years in healthcare AR experience. Our teams are active in HFMA, AAHAM, AAA, and ACA. We provide customized classroom and virtual training to our staff, new hire training, and have a continuing education program to improve processes.
 - New Hire Training Includes: System Use, Compliance, Client Specific Training, Call Scripting, One Call Resolution, Problem-Solving and System Documentation. Policies and Procedures (which includes training materials from HFMA [Certified Patient Account Representative training and Reference Manual] and ACA.
 - New Client Staff Training: Systems, facility mission, and locations, hospital-specific processes



- Compliance Training: All state, federal, and local laws and regulations. Specific ongoing up-training is designed and provided as part of our regular education program.
- Updates: whether it is insurance updates or new payment guidelines, our staff utilize the tools necessary to get the job done
- **Process:** Workflow designed to enhance our staff's ability to recognize and address:
 - Payer specific issues
 - Underpayments
 - Denials
 - Problem claims
 - Changes in financial classes
- **Technology:** **Wakefield's** Quantrax's collection platform, Receivables Management Expert (RMEx), allows us the ability to capture and report data. Easy to use desktop allows staff to find the information they need to follow up on accounts quickly. We can report on any data mapped in our placement files.

LifeVox: is our dialer system it seamlessly integrates Omnichannel Communications, CRM, and Workforce Optimization to create better customer experiences and improve agent performance while achieving the highest levels of risk mitigation and data security. LiveVox Omnichannel allows us to meet our patient's needs on their channels of choice, including Voice, Email, SMS, and Webchat. Our systems easily create multichannel inbound and outbound engagement based on both customer attributes and previous interaction history.

Our implementation process is designed to set realistic expectations and outline needs and responsibilities and timelines.

References

Feel free to contact the following Pittsburgh area references:

Empress Ambulance

Jahaira Gomez, Director of Revenue Cycle
(914) 965-5040 ext. 3016

AMR-Nationwide

Sandy McManis, Manager Contracts Administration
(303) 495-1732

Sandy.mcmanis@amr.net

Superior Ambulance (IN, IL, WI, MI)

John Moloney

jmoloney@superiorambulance.com



Price Proposal

Wakefield & Associates will provide debt collection services for the City of Pittsburgh at the following percentage of collections:

Debt Collection Services	25.00%
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Staff Bios

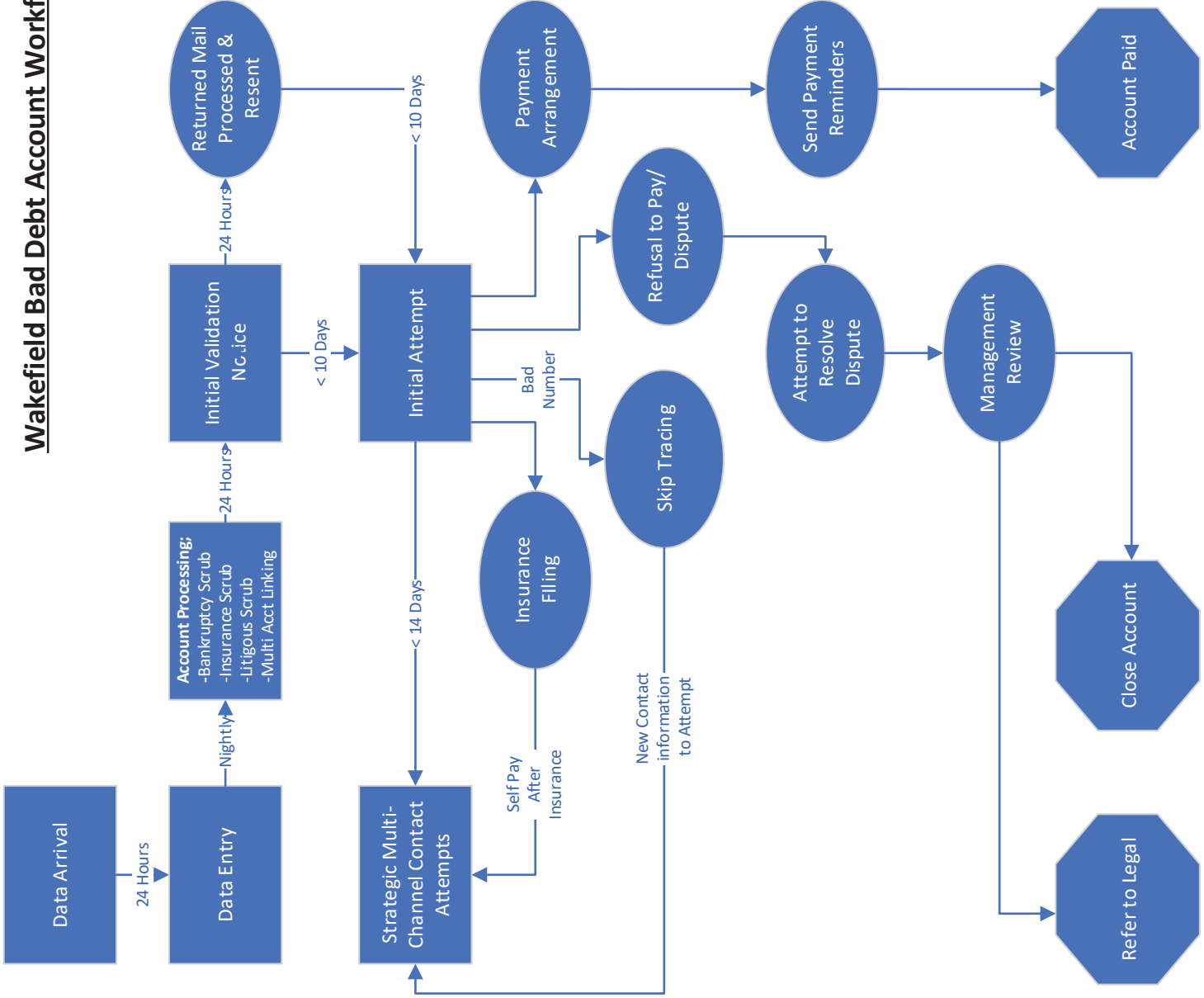
Matt Laws, President and Chief Executive Officer

Matt Laws has held many positions for the American Collectors Association including several years on the board of directors and legislative committees as well as other serving on the Colorado Collection Agency Board as President, which is appointed by the Governor. Mr. Laws continues to play a major role in defining rules and regulations in Colorado and the entire industry.

Tyler Marsh, Chief Operations Officer

Tyler Marsh is recognized by several ambulance and emergency transportation associations across the country and participates in numerous business-related events each year focusing on rules and regulation of the ambulance industry. He is often asked to speak at national and regional conferences such as AAA (American Ambulance Association) on current trends in the EMS space and works with EMS companies across the country.

Wakefield Bad Debt Account Workflow



These Collection Work Standards insure that liqiation results for each client are maximized.

1. Data is loaded within 24 hours of receipt by Data Management.
2. That night, all new accounts go through multiple scrub processes & link with any existing accounts.
3. Within the next 24 hours, the Validation Notice is generated & sent to the letter vendor.
4. If mail forwarding information or NCOD data is received, the Validation Notice is resent via USPS the following evening.
5. Within the next 10 business days from the placement date, the initial contact attempt is made.
6. During the first 90 days after placement & if no contact is made, a skip-tracing attempt is completed at minimum of every 30 days.
7. From this point on, Multi-Channel contact attempts are continuously completed to all consumer contact telephone numbers using a variety of strategies that include using a mix of day, night, & Saturday calls, with a minimum of 25% being made during Prime-Time contact hours.
8. Accounts that are set up with payment arrangements will receive payment reminders.
9. Accounts are subject to a weekly detailed review with documentation of results and any pertinent information or advice is noted on the account.
10. Accounts that are not collectible or are disputed are escalated to be reviewed by management to determine if the accounts should be closed or referred for legal action.