

CITY OF PIQUA, OHIO

REQUEST FOR PROPOSAL (RFP) #1612

EMERGENCY MEDICAL SERVICE (EMS)

BILLING SERVICES

APRIL 8, 2016

Issue Date: April 8, 2016

Issued By: City of Piqua  
Purchasing Department  
201 W. Water St.  
Piqua, OH 45356

Inquiries: Deadline for questions is 4/22/16 at 4:00 p.m.  
Questions must be submitted in writing to:  
[rmeckstroth@piquaoh.org](mailto:rmeckstroth@piquaoh.org)  
Mrs. Rhonda Meckstroth, Administrative Specialist  
Piqua Fire Department  
229 W. Water St., Piqua, OH 45356  
Phone: 937-778-2013  
Fax: 937-778-2019

Proposals Due: May 9, 2016 at 2:00 p.m.

Proposals must be in a sealed envelope marked  
RFP #1612 EMS Billing Services

Mail or Hand Deliver to:

City of Piqua Purchasing Department  
Attn: Beverly Yount, CPPB, Purchasing Analyst  
201 W. Water St.  
Piqua, OH 45356

Include one (1) original and five (5) copies

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## **1. Introduction**

The City of Piqua Fire Department is a full-time career department providing fire and EMS services to the City of Piqua, Washington Township and Springcreek Township. The jurisdiction is approximately 56.9 square miles with a population of 24,137. We operate all emergency services out of one station located in the heart of the downtown and have four (4) Advanced Life Support (ALS) transport units. All personnel are dually trained as Firefighter Level II and Paramedic.

## **2. Purpose**

The purpose of this Request for Proposal (RFP) is to inform the private sector of a potential business opportunity to provide the City with EMS billing services to facilitate billing and accounts receivable activities for the City of Piqua Fire Department. Sealed proposals are requested by the City of Piqua for a Third Party Administrator (TPA) to provide Emergency Medical Service (EMS) billing services for the City. The TPA will provide professional and technical assistance in connection with the operation and maintenance of the program. The system shall be integrated with the current EMS Software System – Alert Public Safety Solutions. The successful TPA will cover the annual maintenance fees for the EMS Software System – Alert Public Safety Solutions which were \$5,286.42 in 2015. We are not interested in changing this software. No data conversion of historical data would be needed. Work shall include, but not be limited to, comprehensive billing and collection services, data base administration, record keeping, customer service, training and documentation, and preparation of financial and management reports.

## **3. Objective**

The City's objective is to solicit proposals for EMS billing services from qualified service providers in accordance with this RFP. Following review and evaluation of all proposals, it is the City's intent to award a contract to the service provider that can provide the best EMS billing services and support system for the City of Piqua Fire Department's current and future needs.

The following specifications outline the minimum requirements of the proposed service. They are provided to assist offerors in understanding the objectives of the City and preparing a thorough response. Proposals received should reflect in detail the inclusion of these minimum requirements and the degree provided. Offerors may propose methodologies which meet the "spirit" of the listed requirements, but shall clearly note any exceptions to the minimum requirements.

Offerors shall provide EMS billing services which:

1. Provides an SAS 70 Certified audit system designed specifically for EMS accounts, all information shall be made available to the City of Piqua to monitor billing activities and accounts receivable. TPA must provide annual reports for audit confirmations.
2. Provides annual on-site training for City EMS providers and administrators in an ongoing service to the City of Piqua throughout the term of the contract. Training for EMS providers would be three unique days to accommodate daily staffing schedules. TPA

acknowledges importance of internal training of EMS billing staff to stay current with laws and regulations governing the EMS billing industry including, but not limited to, training on Community Paramedic and customer service reimbursement.

3. Provides the necessary means to interface daily between EMS software systems and the vendor's billing system electronically. The system must be able to handle three separate billing jurisdictions inside of one Medicare/Medicaid provider entity and provide accumulative and separate individual reports for all jurisdictions. The system must be able to receive electronic EOB's from insurers. The City generally submits EPCR data on a weekly basis to our current TPA.
4. Guarantees daily document retrieval through a lock-box arrangement with the City's banking institution to facilitate daily posting of revenue to patient accounts. This account must be balanced monthly. The lock-box fees will continue to be paid by the City.
5. Accepts responsibility for all EMS consumer complaints and compliments by providing this information to the City of Piqua Fire Department administration in an expeditious manner.
6. Accepts responsibility for all EMS consumer billing inquiries and retrieval of medical records on normal business days from 8:00 a.m. to 5:00 p.m. EST/EDT via phone and email. Voicemail & email messages must be returned within 24 hours of receipt on normal business days and within 96 hours if over a weekend.
7. Provides an internet portal solution for the distribution of all client reports (standard reports as well as customized reports.) Monthly reports of both billed and unbilled amounts, monthly collections, and write-offs must be available by the tenth of the following month. Annual reports must be available for audit confirmations following 30 days after year end.

Accurate monthly reporting shall include the gross charges billed for the month minus contractual allowances, write-offs (abatements, dismissals, bankruptcies and settlements), refunds, payments and indigence costs of care rolling up to the net ending accounts receivable balance due. Include on this report the number of trips per month, number of patients per month, gross charges per trip, cash collected per trip and net collection percentage per trip. We should also receive a monthly report showing the accounts received by the TPA, but still waiting to be billed at each month end. Vendors may assign an internal patient number. Provide samples of monthly reports you will provide to the City.

8. TPA has proven experience with the acceptance of credit cards and debit cards for customer payments. Any fees associated with this service shall be included in the proposed price on page 19.
9. Payment shall be made on a monthly percentage of collection basis. The percentage of collection fee will be based on actual cash receipts received less refunds on

overpayments. Payment will be made to vendor within thirty (30) days from receipt of invoice. All refunds will be made with City check issued by the City except on electronic take backs.

All business costs (personnel, forms, postage, fees, etc.) shall be included in the monthly percentage of collection fee. The successful offeror will also be responsible for all upfront costs associated with the Alert Public Safety Solutions software, maintenance and support services for the five year term of this contract, plus any renewal terms. These costs shall be built into the monthly percentage charged.

10. The billing service must handle all the Medicare and Medicaid certifications and re-certifications as well as credentialing with insurance companies for the City with the City's help. The City does have contracted rates with some major insurance companies, but not with any nursing homes.
11. The billing service shall use billing software that accepts electronic uploads of patient demographic data from the Alert Public Safety Solutions software prior to award of this contract and at the vendor's cost. This electronic upload, accomplished through an interface between the vendor's billing software and Alert Public Safety Solutions shall electronically upload the minimum necessity patient treatment information to process claims. Software and services provided by Alert Public Safety Solutions, have been utilized by the City of Piqua Fire Dept. and meets the needs of the department.
12. The City's Finance Department administers the Program. The Finance Department is responsible for accounting procedure issues as well as monitoring cash receipts and receivables. The Finance Director will decide upon approving proposed changes to the accounting policies and procedures that may occur during the term of the contract. All payments must be sent directly to the City's lock-box. Lock-box batches (copies of checks and the original EOB's) are delivered to or picked up by the TPA daily. The City will be the sole deposit agent for EMS runs. The City will provide weekly deposit reconciliations and the TPA must balance to same.

The City only submits EMS runs which result in treatment and transporting of a patient. Resident patients are not billed directly, but rather the bill is sent directly to their insurance provider for each use of EMS services. Non-Resident patients are billed directly to their insurance provider and mailed a minimum of one (1) bill and three (3) reminder statements for any balance due for each use of EMS services. The City does not utilize a collection agency for any unpaid invoices. A resident is defined as anyone who lives within the City corporation limits. A non-resident is defined as anyone who lives outside of the City corporation limits, such as in Springcreek and Washington Townships. Both residents and non-residents are charged the same rates.

13. TPA shall maintain accounting policies that provide for assurance of accurate and timely billing. TPA shall arrange to access patient insurance information for billing purposes with transport hospitals utilized by the City. TPA to determine which runs are not billable, and whether or not billable runs are designated ALS1, ALS2 or BLS. TPA

responsible for setting up the billable runs in TPA's system. Accounts shall be coded using current methods required by insurance carriers for medical claims. TPA is to prepare and mail invoices to third-party payers and non-resident patients. Billings to patients shall reflect the rates provided and approved by the City. Our current rates were last adjusted in September of 2014 and are shown in Exhibit A. The City doesn't currently charge for supplemental oxygen supplies or treatment without transport. All postage (including returned postage) shall be paid by the TPA.

Our Paramedics do not collect health insurance information due to HIPAA regulations and record retention, but they are responsible for providing their patients with a Notice to Privacy Practice. The City shall pre-approve any verbiage used on messages to patients on any statement. TPA to provide evidence statements have been mailed and accept liability for any fraudulent claims processed. TPA must be expert in the knowledge of data and forms required by Medicare, Medicaid, Blue Cross/Blue Shield, United Health Care, Welfare, Workers Compensation, and other medical insurance carriers relative to making claims and obtaining payment for those claims. TPA must be capable of sending claims to, and receiving payments from, the major insurance carriers electronically. In addition, explain in detail how the TPA receives demographic and health insurance information to process claims and identify subcontractors or additional services that are needed to complete a billing process.

14. Provide a detailed time-line describing changing from one TPA provider to another for this program. This part of your proposal should cover, but not be limited to, the following challenges: transition timing, records keeping, data transfers, write-offs, allocating payments between old vendor and new vendor, technical products to aid the changeover and such other features as are necessary to ensure a successful transfer of responsibilities. Our new TPA vendor will assume responsibility for any backlog of unbilled accounts but not of previously billed accounts.
15. Submit a copy of your written Health Insurance Portability and Accountability Act (HIPAA) compliant policy.
16. Discuss your firm's experience and capabilities related to this project. This should include, but not be limited to, the length of time the firm has been providing EMS billing services and the type and volume of billing transactions your firm has handled for other clients. On page 18, include a minimum of three (3) Ohio references with contact names, addresses, phone numbers, and email addresses of the Fire Chief and Finance Director of the government entities similar in size to the City of Piqua. Please include the reference's number of runs and average revenue per run for the past two years. Identify all EMS transport billing clients that have terminated services with your company since January 1, 2015, including contact names and phone numbers, and briefly explain the reasons for termination.
17. On page 16, disclose if your company has ever been subject to an Office of Inspector General (OIG) audit or if your company has been party to a lawsuit in the last five (5)

years and the outcome of the investigation. Also, include any previous business names you have ever operated under.

18. TPA will be responsible for both defining and retaining information required by Medicare, Medicaid, welfare and private carriers for billing, appeals, audits and any other common functions these carriers have defined. TPA will maintain a file of EOB's and provide copies of specific documents to the City at the City's request during the period of this contract and for at least five (5) years after the termination of the contract. Patient account records shall be retained for the number of years legally required for records of this type, or at least five (5) years from the date of final payment, if no retention schedule has been set. TPA will provide an electronic storage record, at no cost to the City, of all archived accounts, including all transaction activity at the time of removal from the system.
19. The TPA shall notify the City within two (2) hours after discovery of any of the City's information being stolen, compromised or suspected to have been compromised. TPA is to provide detailed information on the nature of the breach and what information is known/suspected to have been compromised, known or suspected times, dates and/or method(s) of breach and any other pertinent information including, but not limited to remedial steps taken to mitigate risk to the City and to TPA that could result from the breach and to prevent further breaches. This is in compliance with Ohio Revised Code Section 1347.12.
20. The TPA shall provide a secure electronic portal for exchange of medical information and other documents containing confidential information.

#### **4. Current Environment**

In 2015, the department transported approximately 3,043 patients; the majority of these patients are transported to Upper Valley Medical Center (See Exhibit B).

The Fire Department currently uses Alert Public Safety Solutions Software for completion and submission of all EMS reports. The City's current EMS billing services provider is McKesson (formerly Med 3000, Inc.) and we have used them since 2008. Our current fee rate is 6.0%. Our current fee arrangement with them does not include annual software maintenance costs or lock box fees, and expires on November 30, 2016.

#### **5. Contract Term/Option to Renew**

The initial term of the contract shall be for a five (5) year period. The contract shall be from December 1, 2016 through November 30, 2021.

The contract may be renewed for two (2) additional one (1) year periods provided all terms and conditions remain unchanged and in full force and effect. The option to renew, if exercised, will be executed in the form of a renewal letter to be issued not sooner than ninety (90) days prior to the expiration of the contract, nor later than the final day of the contract period.

The award of any contract for 2016 and beyond is subject to appropriation of funds approved by The City of Piqua Commission.

## **6. Response Instructions**

Each response should be submitted in a sealed envelope **by 2:00 p.m. (local time) on Monday, May 9, 2016** via hand delivery or postal mail to the:

**City of Piqua Purchasing Department  
Attn: Beverly Yount, CPPB, Purchasing Analyst  
201 W. Water St.  
Piqua, OH 45356.**

The outside of the envelope should be marked, **RFP #1612 EMS Billing Services**. Unnecessarily lengthy documents are discouraged. It is the sole responsibility of the offeror to see that their proposal is received in the proper time. Proposals received after the specified time will not be considered.

Adherence to the rules set forth in this RFP is mandatory to ensure a fair and objective analysis of all proposals. Failure to comply with or complete any portion of this request may result in rejection of a submitted proposal. Receipt of a proposal by the City or submission of a proposal to the City confers no rights upon the offeror nor obligates the City in any manner.

## **7. Proposal Content**

Proposals should include concise, complete information about your company, emphasizing your method of approach for the project and why you believe your company to be uniquely qualified to provide EMS billing services for the City. A checklist and Exhibit C have been prepared to assist you in submitting the information the City is interested in. **Your proposal should include the following:**

### **I. Organizational Background and Overview**

Furnish a cover letter that provides a history and overview for your company and the key staff positions that will be used in delivering and supporting medical billing services for the City of Piqua, if awarded. Note the employee's official title and responsibilities as well as their length of time employed. Identify the principal customer service representative that will be assigned to the City of Piqua.

### **II. Proposal Form (Exhibit C)**

Complete the provided Proposal Form (Exhibit C), which includes a checklist, in order to provide the City with information related to your company's responsiveness, suitability, responsibility, experience, capability and pricing.

### III. Exceptions

Should your company take exception to **any** of the minimum requirements or **any** of the terms and conditions identified in this RFP, a letter must be submitted with your proposal identifying **all** exceptions. Any exceptions will be part of the evaluation process. The City will not entertain any exceptions not previously submitted with the offeror's response, at the time of contract negotiations.

### **8. Contact with City Employees/Written Questions**

To ensure a fair and objective evaluation of all proposals, all inquiries are required to be submitted in writing to Mrs. Rhonda Meckstroth, Administrative Specialist. Written inquiries (email preferred) must be received no later than 4:00 p.m. on April 22, 2016 to [rmeckstroth@piquaoh.org](mailto:rmeckstroth@piquaoh.org). Questions will be documented and an addendum will be issued with the City's responses by April 20, 2016. Such addendum will be emailed to all known RFP recipients and a copy will be posted to the City's website at [www.piquaoh.org](http://www.piquaoh.org).

### **9. Presentation, Demonstration & Interviews**

Selected offerors may be invited to make presentations to City Personnel. Representatives attending/hosting these presentations must be qualified to respond to questions related to any component of the proposal. The offeror should be prepared to fully demonstrate any equipment and services identified in the proposal. The City prefers to have the Customer Service Representatives that will be assigned to our account to make any requested presentations to our Committee.

### **10. Review and Evaluation**

The City will use an evaluation team comprised of project stakeholders and other City personnel to review all proposals received as part of a documented evaluation process.

The sole purpose of the proposal evaluation process is to determine which service provider can provide EMS billing services that represent the best value to the City (highest level of service and desired deliverables in the most cost effective manner that most closely meets the City's needs.) The evaluation process is not meant to imply that one offeror is superior to any other, but rather that the selected offeror can provide the best EMS billing services and support system for the Piqua Fire Department's current and future needs, based on the information available and the City's best efforts of determination.

The proposal evaluation criteria should be viewed as standards that measure how well a proposer's approach meets the desired requirements and needs of the City. The percentages indicate the weights that will be given to each category. The criteria that will be used to evaluate proposals may include, but are not limited to the following:

- Performance, Experience & Qualifications – Offeror's prior experience and strength of company in providing these services as requested in this RFP and ability to fulfill the City's requirements. (25%)

- Technical Capabilities and Compatibility – Offeror’s capability with electronic software, flexibility and skill to perform the services stated in these specifications; including creative alternatives and value-added services or technologies. (25%)
- Proposed Fee Structure – Efficiency and economy are very important to the City. Cost may not be the deciding factor in the selection process as other criteria factors are also considered extremely important. (15%)
- Responsibility – Offeror’s ability, in all respects, to perform fully the contract requirements and the moral and business integrity and reliability which will assure good faith performance as required by these specifications. (15%)
- Responsiveness & Completeness – the degree to which the offeror has responded to the purpose and scope of the specifications (includes conformance in all material respects to this RFP.) (10%)
- History of Compliance – Documented performance with compliance of industry accepted billing and standardized accounting practices. (10%)

The review committee will select the proposals, which appear most beneficial. These vendors may be asked to provide a presentation to the review committee during the evaluation period. All costs associated with the presentation will be solely the responsibility of the vendor. No negotiations, decisions, or actions shall be initiated by any firm as a result of any verbal discussion with any City employee prior to the opening of responses to this document. The City reserves the right to select, and subsequently recommend for award, the proposal which best meets its required needs, quality levels and budget constraints.

### 11. Right of Refusal

The City reserves the right to reject all proposals in their entirety or to select certain aspects of a proposal. The City reserves the right to award a contract in any manner deemed in the best interests of its citizens.

### 12. Project Schedule

RFP Release Date	April 8, 2016
Deadline for Submission of written questions	April 22, 2016
Date of City Responses to above mentioned questions	April 27, 2016
Proposals Due	May 9, 2016 at 2:00 p.m. EST
Date to Complete Evaluation of Proposals	May 30, 2016
Date to Complete Interviews/Presentations	June 17, 2016
Firm Selection, Commencement of Contract Negotiations	July 7, 2016
Commission Approval	August 2, 2016

These are target dates and may be adjusted as needed by the City of Piqua.

### 13. Public Records

In entering into a contract with the City (or responding to a City solicitation), all offerors are hereby notified that all bids, proposals, quotations, RFP responses, agreements, invoices, correspondence and any other documents submitted to the City become public property and are

subject to public disclosure in accordance with Ohio Public Records Law. All public records will be made available upon request, at the earliest time permitted by law.

Ownership of all data, materials, and documentation originated and prepared for the City pursuant to the RFP shall belong exclusively to the City and be subject to public disclosure in accordance with Ohio Public Records Law.

#### **14. Compliance**

The successful offeror shall observe and comply with all applicable laws, ordinances, and the rules and regulations of all authorities having jurisdiction over the City's contract for EMS billing services.

The successful offeror agrees that in the hiring of employees for the performance of work under the EMS Billing Services contract, no contractor or subcontractor, or any person acting on his behalf shall, by reason or race, creed, sex, handicap, or color, discriminate against any citizen of the State in the employment of labor or workers who are qualified and available to perform the work to which the employment relates, nor shall any contractor, subcontractor, or any person acting on his behalf, in any manner, discriminate against or intimidate any employee hired for the performance of work under the EMS Billing Services contract on account of race, creed, sex, handicap, or color.

Title 42 of the United States Code Section 1320a-7a(a), relating to civil monetary penalties, prohibits providers from contracting with individuals or entities that the providers know or should know have been excluded from participation in federal health care programs. Through Title 42 Section 1320a-7(b)(15), this could include entities that are directly or indirectly owned or controlled by individuals who have been excluded. Providers should address these laws by providing written warranties that their company, as well as the owners and persons in positions to control their company, is not listed by any state or federal agency as debarred, excluded or otherwise ineligible for state or federal program participation.

#### **15. Non-Waiver of Rights**

No failure of either party to exercise any power given to it hereunder or to insist upon strict compliance by the other party with its obligations hereunder, and no custom or practice of the parties at variance with the terms hereof, nor any payment under this agreement shall constitute a waiver of either party's right to demand exact compliance with the terms hereof.

#### **16. Indemnification/Insurance**

To the extent authorized by law, the successful offeror shall indemnify and hold harmless the City of Piqua, its officers, elected officials, agents and employees from and against all claims, damages, losses and expenses including attorney's fees arising out of or resulting from the successful offeror's performance, provided that any such claims, damage, loss or expense is attributable to bodily injury, sickness, disease or death, or to injury to destruction of tangible property, including loss of use resulting there from; and is caused in whole or in part by any negligent or willful act or omission of the successful offeror, subcontractor, anyone directly or indirectly employed by any of them or anyone for whose acts any of them may be liable.

If the successful offeror is required to go on City property to perform work or services, the successful offeror shall assume full responsibility and expense to obtain all necessary insurance as required by the City, which shall include naming the City of Piqua as an additional insured with such coverage being primary and non-contributing.

### **17. Legal Responsibility**

By accepting a contract with the City, the successful offeror certifies that in performing the City's contract they will comply with all applicable provisions of the federal, state and local laws, ordinances, rules and regulations. Lack of knowledge by the successful offeror shall in no way be cause for relief from responsibility.

### **18. Relationship of the Parties**

The relationship between the parties to a contract resulting from this solicitation shall be that of independent contractors. Nothing contained herein shall be interpreted or construed as establishing an agency or employer/employee relationship between the parties or between either party and the employees or representatives of the other party. The successful offeror is responsible for all Social Security taxes and Bureau of Worker's Compensation contributions for itself and any of its employees.

### **19. Assignment**

Neither the successful offeror nor the City shall, sell, transfer, assign or otherwise dispose of the contract or any portion thereof, or of their right, title or interest therein, or the obligation there under, without written consent of the other party.

### **20. Tax Exemption**

The City is exempt from Federal and Ohio State sales tax. A tax exemption certificate will be made available at the successful offeror's request.

### **21. Income Tax**

When performing work within the City, the successful offeror will be required to withhold all City income taxes due or payable under the provisions of the Income Tax Ordinance, for wages, salaries, and commissions paid to employees and further agree that any subcontractors shall be required to agree to withhold any such City income taxes due under said chapter for services performed.

### **22. Remedies**

The City shall have all rights and remedies afforded under the Universal Commercial Code and Ohio law in contract and in tort, including but not limited to rejection of goods, refund, incidental, consequential and compensatory damages and reasonable attorney's fees.

### **23. Termination**

The City reserves the right to terminate any contract resulting from this solicitation in whole or in part for default (termination due to the successful offeror's failure to perform satisfactorily) or convenience (termination due to the best interests of the City). After ten (10) days from delivery

of a written notice to the successful offeror, the City may, without cause and without prejudice to any other right or remedy, elect to terminate the contract. In such case, the successful offeror shall be paid for work executed, goods delivered and accepted, and any expense sustained plus reasonable profit, unless such termination was due to the act or conduct of the successful offeror.

#### **24. Warranty**

The successful offeror warrants to the City that all goods and services furnished will conform in all respects to the terms of the City's RFP, including any drawings, specifications or standards incorporated into the City's RFP. Successful offeror further warrants that all goods and services are free from defects in materials, workmanship, and defects in design. In addition, successful offeror warrants the goods and services are suitable for and will perform in accordance with the purposes for which they are intended.

#### **25. Expense of Preparing Responses to this RFP**

The City accepts no responsibility for any expenses incurred by the responders to this RFP; including cost associated with RFP responses and presentations. Such expenses are to be borne exclusively by the responders.

#### **26. Items that Disqualify a Vendor Immediately**

- Incomplete or non-responsive proposal
- Inability to accept EMS run data from City electronically
- Inability to process insurance claims to carriers electronically
- Inability to upload data from Alert Public Safety software electronically
- Inability to implement EMS billing system by 12/1/16

## **Bidders List**

- 1. Ohio Billing, Inc.**  
**P.O. Box 515**  
**Bolivar, Ohio 44612**
  
- 2. Life Force Management, Inc.**  
**9330 Market Square Dr.**  
**Ste 220**  
**Streetsboro, Ohio 44241**
  
- 3. MedBill Resources**  
**1866 W. Main St.**  
**Newark, Ohio 43055**
  
- 4. McKesson**  
**3131 Newmark Drive, Suite 100**  
**Miamisburg, Ohio 45342**

"EXHIBIT A"

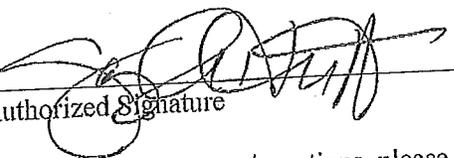
# MCKESSON

September 10, 2014

The Center for Medicare and Medicaid Services recently released The Ambulance Inflation Factor (AIF) for CY2015 and has approved a 1.4% rate increase for EMS services. PLEASE NOTE: *you are not limited to a 1.4% fee increase.* McKesson recommends that your department review and adjust your charge rates annually, and adjust them when appropriate. Now is also a good time to make any other adjustments that may be applicable. For your convenience we have included your current charge rates. If you elect to adjust the fees, simply list the new amount and the effective date of the rate change and place a check mark (✓) in the boxes of the rates your agency would like to establish.

E40-Piqua	Current Rates (if preferred, check mark each box that applies)		2015 with AIF of 1.4% Rates (if preferred, check mark each box that applies)		2015 Preferred Adjusted Rates
Mileage (A0425)	\$ 15.65		\$ 15.87	X	\$
BLS (A0429)	\$ 707.00		\$ 716.90	X	\$
ALS1 (A0427)	\$ 909.00		\$ 921.73	X	\$
ALS2 (A0433)	\$ 1212.00		\$ 1228.97	X	\$

Effective date change of new rates: ASAP - when in effect

X   
Authorized Signature

GARY A. HUFF  
Printed Name

If you have any concerns/questions, please feel free to contact me.

Best,

Meghan Creecy, Client Services Representative  
EMS Billing Division

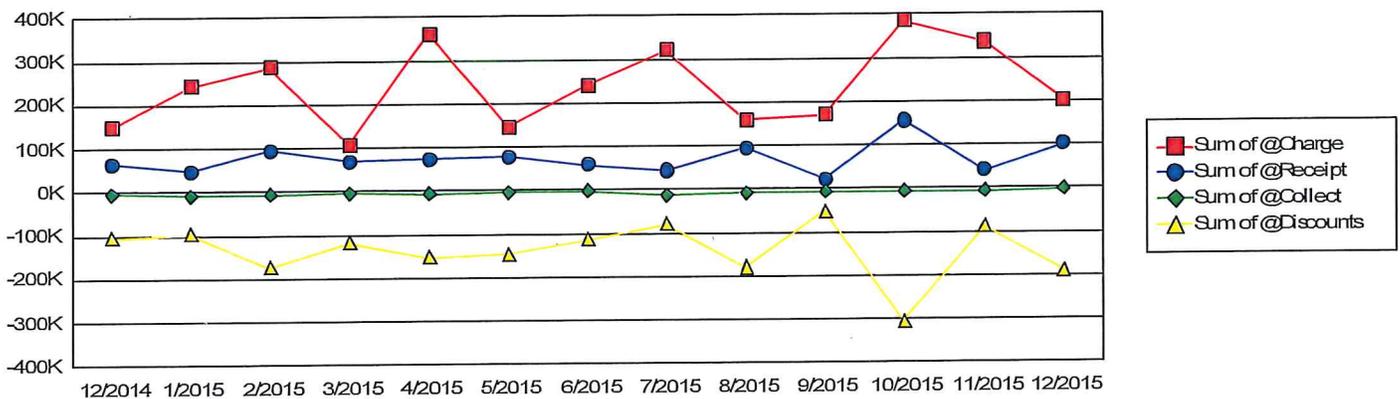
937-291-2971 Fax  
937-353-1816 Office

McKesson  
Business Performance Services  
3131 Newmark Drive Suite 100  
Miamisburg, OH 45342  
[www.mckesson.com](http://www.mckesson.com)

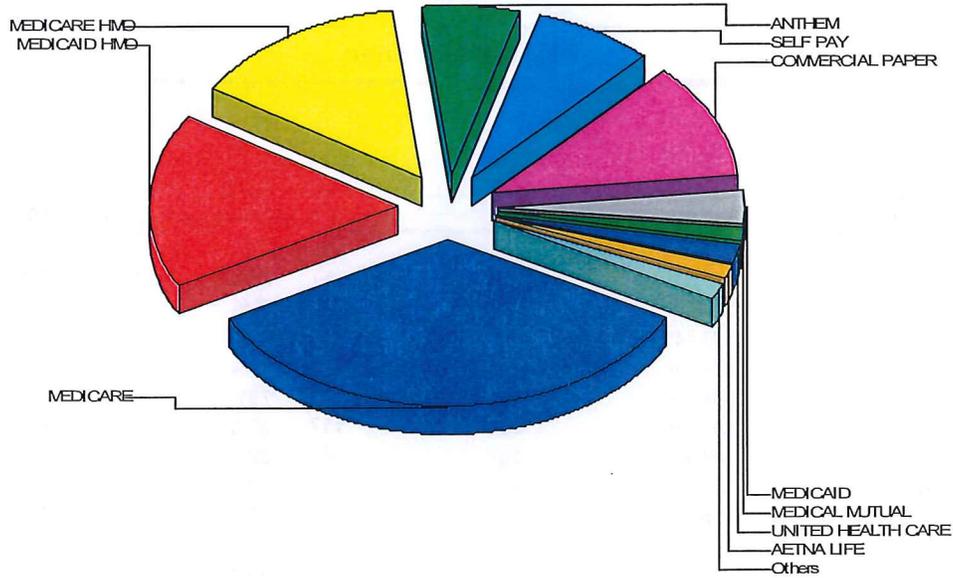


Client Summary

Post Month	Gross Charges	Gross Receipts	Transports	BLS		ALS		ALS2	
December 2014	\$148,912	\$64,140	156	47	30%	109	70%	0	0%
January 2015	\$244,517	\$47,633	252	66	26%	183	73%	3	1%
February 2015	\$285,786	\$95,233	295	81	27%	213	72%	1	0%
March 2015	\$107,813	\$68,482	113	37	33%	75	66%	1	1%
April 2015	\$361,635	\$73,841	372	86	23%	284	76%	2	1%
May 2015	\$146,802	\$77,556	150	29	19%	119	79%	2	1%
June 2015	\$240,447	\$58,550	250	71	28%	176	70%	3	1%
July 2015	\$321,007	\$45,080	339	117	35%	220	65%	2	1%
August 2015	\$160,588	\$95,742	167	47	28%	119	71%	1	1%
September 2015	\$170,218	\$22,403	177	50	28%	127	72%	0	0%
October 2015	\$385,614	\$156,609	397	88	22%	307	77%	2	1%
November 2015	\$336,949	\$41,960	350	96	27%	250	71%	4	1%
December 2015	\$201,909	\$101,011	210	60	29%	148	70%	2	1%
<b>Total</b>	<b>\$2,963,284</b>	<b>\$884,100</b>	<b>3,072</b>						
Avg / Month	\$246,940	\$73,675							
Avg / Transport	\$964.61	\$287.79							



Top 10 Insurance Payers

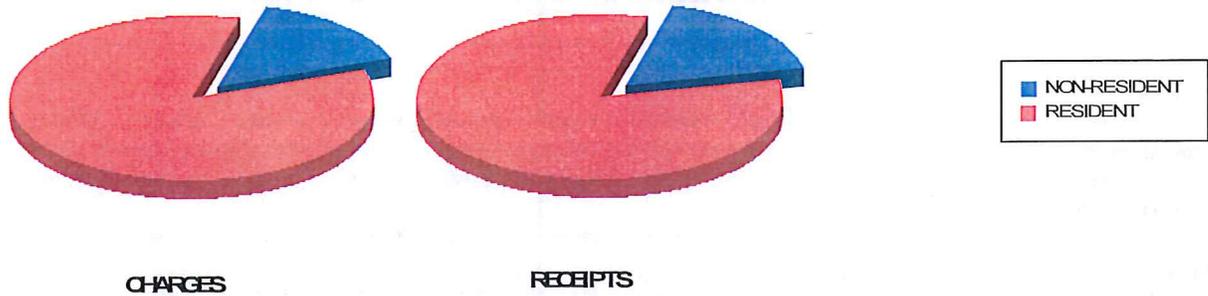


ENCOUNTER TYPE	CHARGES				GROSS RECEIPTS			
	MONTH TO DATE		YEAR TO DATE		MONTH TO DATE		YEAR TO DATE	
	Total	Percent	Total	Percent	Total	Percent	Total	Percent
MEDICARE	\$69,589	34.5%	\$1,015,881	34.3%	\$47,751	47.3%	\$402,808	45.6%
MEDICAID HMO	\$33,733	16.7%	\$682,963	23.0%	\$11,076	11.0%	\$106,266	12.0%
MEDICARE HMO	\$28,385	14.1%	\$467,928	15.8%	\$14,848	14.7%	\$137,795	15.6%
ANTHEM	\$12,823	6.4%	\$207,586	7.0%	\$7,473	7.4%	\$68,380	7.7%
SELF PAY	\$15,667	7.8%	\$185,709	6.3%	\$3,417	3.4%	\$24,935	2.8%
COMMERCIAL PAPER	\$22,666	11.2%	\$149,440	5.0%	\$4,162	4.1%	\$45,101	5.1%
MEDICAID	\$6,911	3.4%	\$114,323	3.9%	\$2,052	2.0%	\$18,721	2.1%
MEDICAL MUTUAL	\$1,904	0.9%	\$44,370	1.5%	\$387	0.4%	\$18,577	2.1%
UNITED HEALTH CARE	\$4,063	2.0%	\$42,543	1.4%	\$4,502	4.5%	\$25,560	2.9%
AETNA LIFE	\$2,887	1.4%	\$15,700	0.5%	\$997	1.0%	\$8,873	1.0%
Others	\$3,280	1.6%	\$36,843	1.2%	\$4,347	4.3%	\$27,084	3.1%
<b>Total</b>	<b>\$201,909</b>		<b>\$2,963,284</b>		<b>\$101,011</b>		<b>\$884,100</b>	

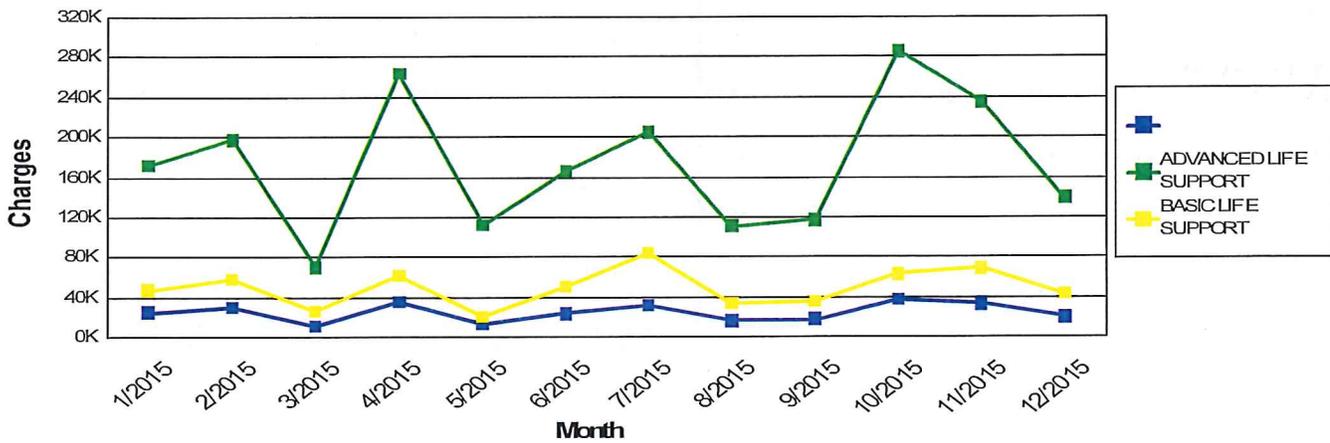
6 Month Charge/Receipt Summary by Payer

CHARGES							GROSS RECEIPTS						
Jul	Aug	Sep	Oct	Nov	Dec	Average	Jul	Aug	Sep	Oct	Nov	Dec	Average
<b>MEDICARE</b>													
\$122,528	\$55,847	\$57,618	\$118,524	\$123,898	\$69,589	\$91,334	\$22,239	\$50,734	\$760	\$78,611	\$5,839	\$47,751	\$34,322
<b>MEDICAID HMO</b>													
\$72,406	\$32,506	\$49,055	\$99,419	\$83,427	\$33,733	\$61,758	\$3,289	\$10,959	\$5,714	\$17,919	\$7,651	\$11,076	\$9,435
<b>MEDICARE HMO</b>													
\$41,336	\$26,760	\$28,956	\$61,171	\$50,890	\$28,385	\$39,583	\$3,209	\$12,824	\$8,326	\$24,005	\$9,305	\$14,848	\$12,086
<b>SELF PAY</b>													
\$20,433	\$11,454	\$13,461	\$22,621	\$23,491	\$15,667	\$17,854	\$2,355	\$404	\$1,340	\$7,957	\$1,728	\$3,417	\$2,867
<b>ANTHEM</b>													
\$17,840	\$6,928	\$13,702	\$24,944	\$20,749	\$12,823	\$16,164	\$2,648	\$7,551	\$1,312	\$11,349	\$3,286	\$7,473	\$5,603
<b>COMMERCIAL PAPER</b>													
\$27,428	\$10,839	-\$8,122	\$20,149	\$11,417	\$22,666	\$14,063	\$5,267	\$7,046	\$2,853	\$813	\$5,206	\$4,162	\$4,224
<b>MEDICAID</b>													
\$8,842	\$5,235	\$6,252	\$20,740	\$8,804	\$6,911	\$9,464	\$929	\$1,084	\$174	\$4,855	\$953	\$2,052	\$1,675
<b>UNITED HEALTH CARE</b>													
\$4,246	\$3,323	\$1,053	\$849	\$6,709	\$4,063	\$3,374	\$737	\$1,944	\$590	\$2,244	\$3,213	\$4,502	\$2,205
<b>MEDICAL MUTUAL</b>													
\$2,083	\$2,009	\$2,894	\$4,100	\$1,856	\$1,904	\$2,474	\$2,899	\$0	\$890	\$2,305	\$1,119	\$387	\$1,267
<b>AUTO INSURANCE</b>													
\$0	\$1,877	\$2,606	\$3,325	\$1,821	\$814	\$1,740	\$0	\$0	\$0	\$1,679	\$814	\$0	\$416
<b>Others</b>													
\$3,863	\$3,811	\$2,743	\$9,772	\$3,887	\$5,354	\$4,905	\$1,507	\$3,197	\$444	\$4,873	\$2,847	\$5,344	\$3,035
<b>Totals</b>													
\$321,007	\$160,588	\$170,218	\$385,614	\$336,949	\$201,909	\$262,714	\$45,080	\$95,742	\$22,403	\$156,609	\$41,960	\$101,011	\$77,134

**TOTAL CHARGES AND RECEIPTS BY RESIDENCY**



**CHARGES BY ALS/BLS**



	<u>MTD Runs / Mileage</u>	<u>MTD CHARGES</u>	<u>MTD RECEIPTS</u>	<u>YTD Runs / Mileage</u>	<u>YTD CHARGES</u>	<u>YTD RECEIPTS</u>
<b>RESIDENT</b>						
ADVANCED LIFE SUPPORT	128	118,595.92	-56,138.06	1,908	1,764,191.16	-503,680.84
BASIC LIFE SUPPORT	50	35,845.00	-16,088.26	732	524,770.80	-138,555.90
MILEAGE and OTHERS	1,052	16,686.49	-11,150.67	15,745	249,865.97	-98,478.18
<b>RESIDENT SUBTOTALS:</b>		<b>171,127.41</b>	<b>-83,376.99</b>		<b>2,538,827.93</b>	<b>-740,714.92</b>
<b>NON-RESIDENT</b>						
ADVANCED LIFE SUPPORT	22	20,278.06	-12,955.55	336	311,237.48	-100,457.41
BASIC LIFE SUPPORT	10	7,169.00	-2,778.74	96	68,822.40	-25,098.08
MILEAGE and OTHERS	210	3,334.16	-1,900.20	2,798	44,395.97	-17,829.85
<b>NON-RESIDENT SUBTOTALS:</b>		<b>30,781.22</b>	<b>-17,634.49</b>		<b>424,455.85</b>	<b>-143,385.34</b>
<b>GRAND TOTALS:</b>		<b>201,908.63</b>	<b>-101,011.48</b>		<b>2,963,283.78</b>	<b>-884,100.26</b>

CPT	DESCRIPTION	MONTH OF DECEMBER				2015 YEAR TO DATE			
		#	%	CHARGES	%	#	%	CHARGES	%
<b>MILEAGE/OTHER</b>									
A0425	GROUND MILEAGE	1262	100.0%	\$20,020.65	100.0%	18,543	100.0%	\$294,261.94	9.9%
<b>MILEAGE/OTHER TOTALS:</b>		<b>1262</b>	<b>100.0%</b>	<b>\$20,020.65</b>	<b>9.9%</b>	<b>18,543</b>	<b>100.0%</b>	<b>\$294,261.94</b>	<b>9.9%</b>
<b>TRANSPORTATION SERVICES</b>									
A0427	ALS1-EMERGENCY	148	70.5%	\$136,416.04	75.0%	2,221	72.3%	\$2,047,162.33	69.1%
A0429	BLS-EMERGENCY	60	28.6%	\$43,014.00	23.6%	828	27.0%	\$593,593.20	20.0%
A0433	ALS 2	2	1.0%	\$2,457.94	1.4%	23	0.7%	\$28,266.31	1.0%
<b>TRANSPORTATION SERVICES TOTALS:</b>		<b>210</b>	<b>100.0%</b>	<b>\$181,887.98</b>	<b>90.1%</b>	<b>3,072</b>	<b>100.0%</b>	<b>\$2,669,021.84</b>	<b>90.1%</b>
<b>REPORT TOTALS:</b>				<b>\$201,908.63</b>				<b>\$2,963,283.78</b>	

DROP OFF LOCATION	MONTH OF DECEMBER		2015 YEAR TO DATE	
	#	%	#	%
CAREFLIGHT	0	0.0%	2	0.1%
CHILDRENS HOSPITAL COLUMBUS	0	0.0%	1	0.0%
MIAMI VALLEY HOSPITAL	0	0.0%	2	0.1%
UPPER VALLEY MEDICAL CENTER	210	100.0%	3,041	99.0%
WILSON MEMORIAL HOSPITAL	0	0.0%	26	0.8%
	<b>210</b>		<b>3,072</b>	

Summary of Adjustments/Write-Offs/Discounts/Refunds
-----------------------------------------------------

Adjustment Code	Description	MTD	YTD
<b>Adjustments/Write-Offs</b>			
99925	REFUND REQUEST PT	\$0.00	\$750.00
99928	MEDICARE INT DEBIT	\$0.00	\$1.20
99929	INSURANCE INT DEBIT	\$3.40	\$39.93
9992D	BAD DEBT RECOVERY	\$0.00	\$10,829.07
99936	DEBIT ADJUSTMENT	\$0.00	-\$10.73
99937	SMALL BALANCE DEBIT	\$0.00	-\$1.30
99940	CREDIT ADJUSTMENT	\$0.00	-\$2,399.37
99942	W/O PER PROVIDER	\$0.00	-\$1,034.40
99948	BAD DEBT WRITEOFF	-\$2,187.27	-\$67,604.63
9994G	NON COVERED SERVICE	\$0.00	\$1,000.00
99951	W/O RESIDENT OIG	-\$11,795.77	-\$264,886.94
99952	W/O SMALL BALANCE	\$0.00	-\$5.33
99955	W/O BEYOND FILE LMT	\$0.00	-\$2,039.97
9995X	W/O NON-RES P2P	\$0.00	-\$1,028.05
		<b>-\$13,979.64</b>	<b>-\$326,390.52</b>
<b>Discounts</b>			
99906	DISALLOW,MEDICAID	-\$18,564.56	-\$173,623.86
99907	DISALLOW, ANTHEM	-\$27,827.35	-\$254,006.94
99908	DISALLOW, MEDICARE	-\$65,524.65	-\$535,099.27
99909	DISALLOW, MCR 2%	-\$1,091.39	-\$9,271.05
99911	DISALLOW, U.H.C.	-\$5,130.04	-\$44,162.05
99912	DISALLOW, INSURANCE	-\$63,455.15	-\$600,782.94
99917	DISALLOW, WORK COMP	-\$802.42	-\$2,780.77
9991H	DISALLOW, AETNA	-\$4,787.40	-\$42,541.30
9991I	DISALLOW, MMO	-\$437.55	-\$22,884.49
		<b>-\$187,620.51</b>	<b>-\$1,685,152.67</b>
<b>Refunds</b>			
00051	REFUND PATIENT	\$0.00	\$155.00
		<b>\$0.00</b>	<b>\$155.00</b>

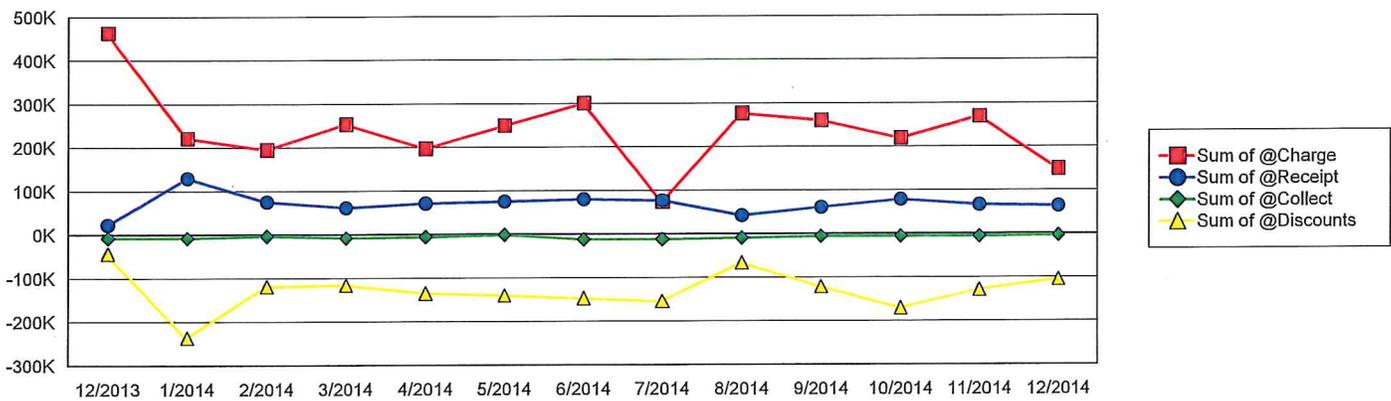
Aging Summary
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	0-30	31-60	61-90	91-120	121-150	151-180	181+	Totals
AETNA LIFE (AE)	\$805.77	\$0.00	\$0.00	-\$501.02	\$0.00	\$0.00	\$198.08	\$502.83
ANTHEM (AM)	\$6,994.99	\$1,197.12	\$1,298.27	\$106.47	\$0.00	\$0.00	\$5,811.68	\$15,408.53
AUTO INSURANCE (AU)	\$813.70	\$1,821.13	\$2,511.04	\$1,023.29	\$0.00	\$0.00	\$2,830.29	\$8,999.45
COMMERCIAL ELECTRONIC (CE)	\$0.00	\$176.61	\$0.00	\$0.00	\$0.00	\$0.00	\$2,174.56	\$2,351.17
CIGNA (CG)	\$2,571.35	\$996.31	\$0.00	\$945.53	\$0.00	\$0.00	\$0.00	\$4,513.19
COMMERCIAL PAPER (CP)	\$30,895.71	\$13,581.28	\$7,931.55	\$3,414.22	\$4,871.80	\$8,843.09	\$37,097.04	\$106,634.69
MEDICAID HMO (DH)	\$8,954.41	-\$331.05	\$1,533.54	\$921.73	\$0.00	\$781.13	\$7,426.46	\$19,286.22
MEDICAID (DO)	\$1,572.36	\$508.85	-\$6.08	-\$164.86	\$200.00	\$0.00	\$3,272.96	\$5,383.23
MEDICARE HMO (MH)	\$6,642.31	\$4,282.67	\$921.73	\$0.00	\$769.99	\$288.09	\$2,317.12	\$15,221.91
MEDICAL MUTUAL (MM)	\$1,903.65	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,491.45	\$3,395.10
MEDICARE (MO)	\$59,858.14	\$3,228.67	\$635.89	\$164.58	\$0.00	\$79.87	\$20,388.79	\$84,355.94
MEDICARE RAILROAD (MR)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,690.09	\$1,690.09
NURSING HOME MEDICAID (NH)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$974.59	\$974.59
SELF PAY (SP)	\$23,541.95	\$34,618.49	\$37,924.54	\$15,119.14	\$12,372.04	\$22,219.54	\$4,686.72	\$150,482.42
TRICARE (TR)	\$0.00	\$132.88	\$0.00	\$0.00	\$0.00	\$0.00	\$20.00	\$152.88
UNITED HEALTH CARE (UH)	\$1,018.53	\$0.00	\$0.00	\$0.00	\$93.66	\$176.17	\$2,101.63	\$3,389.99
WORKERS COMPENSATION (WC)	\$1,031.23	\$1,057.85	\$0.00	-\$1,031.23	\$815.29	\$0.00	\$5,599.52	\$7,472.66
UNCATEGORIZED TRANSACTIONS								\$1,239.23
	<b>\$146,604.10</b>	<b>\$61,270.81</b>	<b>\$52,750.48</b>	<b>\$19,997.85</b>	<b>\$19,122.78</b>	<b>\$32,387.89</b>	<b>\$98,080.98</b>	<b>\$431,454.12</b>

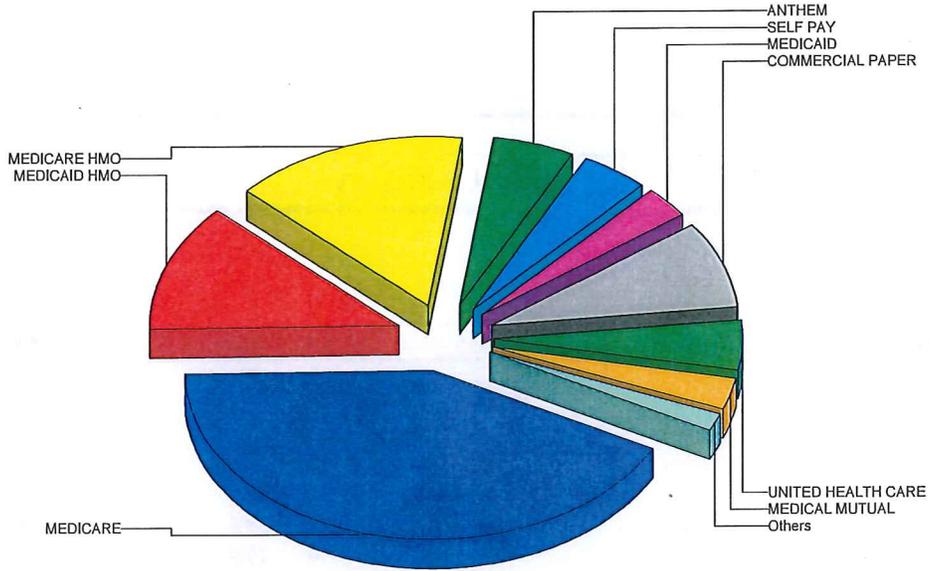


Client Summary

Post Month	Gross Charges	Gross Receipts	Transports	BLS	ALS	ALS2
December 2013	\$463,433	\$22,983	471	20 4%	449 95%	2 0%
January 2014	\$221,267	\$133,146	227	28 12%	198 87%	1 0%
February 2014	\$194,997	\$75,542	204	46 23%	158 77%	0 0%
March 2014	\$253,285	\$64,394	262	53 20%	207 79%	2 1%
April 2014	\$197,040	\$73,951	206	47 23%	158 77%	1 0%
May 2014	\$249,379	\$75,735	258	48 19%	208 81%	2 1%
June 2014	\$300,538	\$81,457	314	72 23%	240 76%	2 1%
July 2014	\$73,655	\$77,372	77	19 25%	57 74%	1 1%
August 2014	\$276,708	\$42,895	288	60 21%	227 79%	1 0%
September 2014	\$260,260	\$61,191	272	63 23%	208 76%	1 0%
October 2014	\$219,564	\$79,071	229	68 30%	158 69%	3 1%
November 2014	\$269,542	\$66,839	276	58 21%	215 78%	3 1%
December 2014	\$148,912	\$64,140	156	47 30%	109 70%	0 0%
<b>Total</b>	<b>\$2,665,148</b>	<b>\$895,732</b>	<b>2,769</b>			
Avg / Month	\$222,096	\$74,644				
Avg / Transport	\$962.49	\$323.49				



Top 10 Insurance Payers

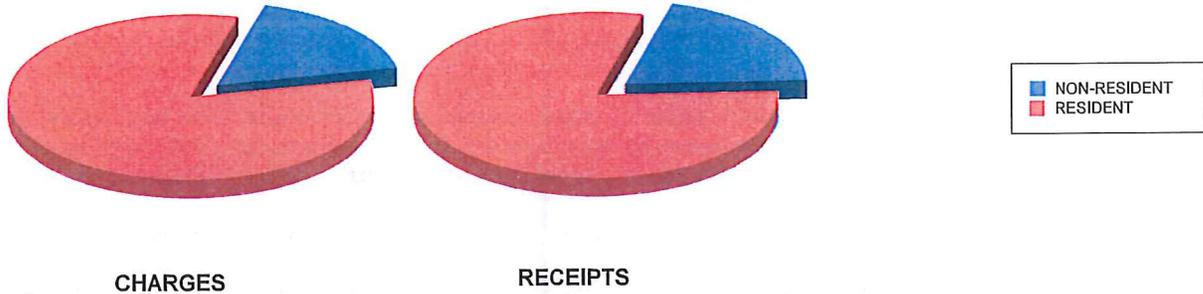


ENCOUNTER TYPE	CHARGES				GROSS RECEIPTS			
	MONTH TO DATE		YEAR TO DATE		MONTH TO DATE		YEAR TO DATE	
	Total	Percent	Total	Percent	Total	Percent	Total	Percent
MEDICARE	\$62,641	42.1%	\$972,683	36.5%	\$34,426	53.7%	\$441,074	49.2%
MEDICAID HMO	\$17,866	12.0%	\$554,634	20.8%	\$4,513	7.0%	\$101,618	11.3%
MEDICARE HMO	\$22,823	15.3%	\$356,667	13.4%	\$12,479	19.5%	\$134,806	15.0%
ANTHEM	\$7,890	5.3%	\$190,808	7.2%	\$3,640	5.7%	\$61,440	6.9%
SELF PAY	\$6,569	4.4%	\$178,376	6.7%	\$1,039	1.6%	\$16,455	1.8%
MEDICAID	\$4,699	3.2%	\$126,010	4.7%	\$546	0.9%	\$21,956	2.5%
COMMERCIAL PAPER	\$12,547	8.4%	\$89,578	3.4%	\$1,517	2.4%	\$23,294	2.6%
UNITED HEALTH CARE	\$6,704	4.5%	\$50,815	1.9%	\$3,872	6.0%	\$33,556	3.7%
AUTO INSURANCE	\$0	0.0%	\$42,048	1.6%	\$0	0.0%	\$6,732	0.8%
MEDICAL MUTUAL	\$4,875	3.3%	\$28,205	1.1%	\$1,234	1.9%	\$14,675	1.6%
Others	\$2,297	1.5%	\$75,322	2.8%	\$875	1.4%	\$40,127	4.5%
<b>Total</b>	<b>\$148,912</b>		<b>\$2,665,148</b>		<b>\$64,140</b>		<b>\$895,732</b>	

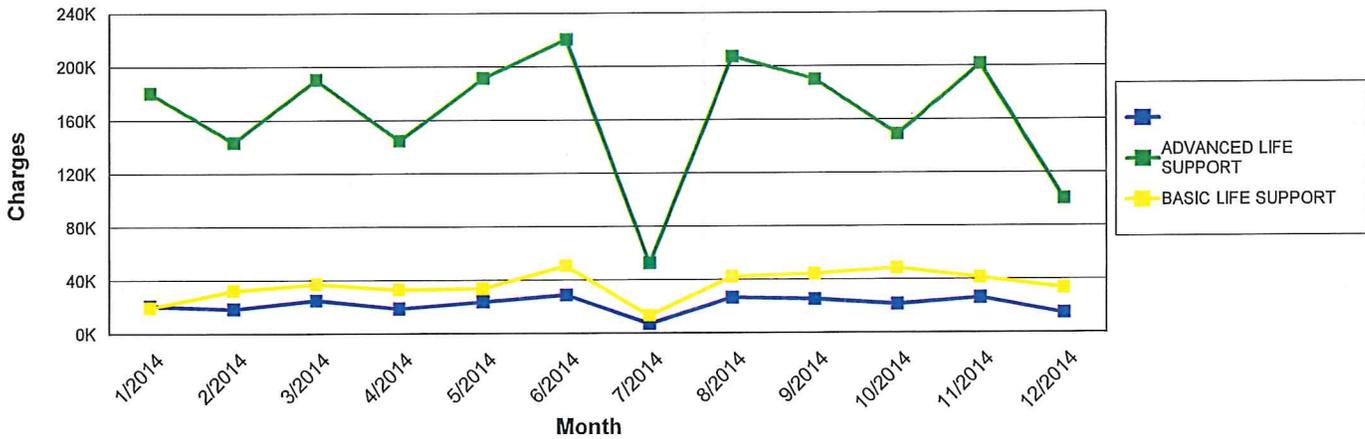
6 Month Charge/Receipt Summary by Payer

CHARGES							GROSS RECEIPTS						
Jul	Aug	Sep	Oct	Nov	Dec	Average	Jul	Aug	Sep	Oct	Nov	Dec	Average
<b>MEDICARE</b>													
\$19,929	\$104,913	\$88,137	\$84,841	\$91,870	\$62,641	\$75,389	\$30,864	\$18,746	\$28,123	\$41,789	\$24,175	\$34,426	\$29,687
<b>MEDICAID HMO</b>													
\$15,299	\$62,789	\$68,776	\$41,175	\$61,161	\$17,866	\$44,511	\$11,231	\$3,223	\$8,918	\$14,669	\$8,836	\$4,513	\$8,565
<b>MEDICARE HMO</b>													
\$5,900	\$23,481	\$27,913	\$31,683	\$31,101	\$22,823	\$23,817	\$13,396	\$4,880	\$6,619	\$12,181	\$7,691	\$12,479	\$9,541
<b>SELF PAY</b>													
\$7,261	\$20,862	\$18,026	\$16,265	\$24,551	\$6,569	\$15,589	-\$285	\$4,855	\$2,059	\$145	\$2,048	\$1,039	\$1,644
<b>ANTHEM</b>													
\$9,622	\$18,704	\$15,696	\$17,774	\$10,946	\$7,890	\$13,439	\$4,321	\$3,160	\$3,490	\$1,889	\$7,935	\$3,640	\$4,073
<b>MEDICAID</b>													
\$7,081	\$14,287	\$11,088	\$6,588	\$14,675	\$4,699	\$9,736	\$2,979	\$1,141	\$2,412	\$1,821	\$3,053	\$546	\$1,992
<b>COMMERCIAL PAPER</b>													
\$4,025	\$7,810	\$8,752	\$9,732	\$15,129	\$12,547	\$9,666	\$3,165	\$403	\$2,794	\$97	\$2,427	\$1,517	\$1,734
<b>UNITED HEALTH CARE</b>													
\$983	\$5,795	\$782	\$5,919	\$6,895	\$6,704	\$4,513	\$4,186	\$2,853	\$800	\$1,726	\$6,190	\$3,872	\$3,271
<b>AUTO INSURANCE</b>													
\$3,556	\$9,591	\$11,699	-\$4,934	\$2,606	\$0	\$3,753	\$181	\$2,042	\$0	\$1,484	\$0	\$0	\$618
<b>MEDICAL MUTUAL</b>													
\$0	\$4,845	\$2,029	\$3,070	\$3,882	\$4,875	\$3,117	\$1,394	\$1,000	\$3,043	\$572	\$1,628	\$1,234	\$1,478
<b>Others</b>													
\$0	\$3,630	\$7,361	\$7,451	\$6,726	\$2,297	\$4,578	\$5,940	\$591	\$2,933	\$2,700	\$2,856	\$875	\$2,649
<b>Totals</b>													
	\$276,708		\$219,564		\$148,912			\$42,895		\$79,071		\$64,140	
\$73,655		\$260,260		\$269,542		\$208,107	\$77,372		\$61,191		\$66,839		\$65,251

TOTAL CHARGES AND RECEIPTS BY RESIDENCY



CHARGES BY ALS/BLS



	<u>MTD Runs / Mileage</u>	<u>MTD CHARGES</u>	<u>MTD RECEIPTS</u>	<u>YTD Runs / Mileage</u>	<u>YTD CHARGES</u>	<u>YTD RECEIPTS</u>
<b>RESIDENT</b>						
ADVANCED LIFE SUPPORT	89	82,033.97	-35,511.91	1,833	1,675,185.00	-565,717.83
BASIC LIFE SUPPORT	40	28,676.00	-8,020.25	528	374,631.30	-95,071.91
MILEAGE and OTHERS	764	12,119.27	-7,530.98	13,847	217,299.78	-98,883.43
<b>RESIDENT SUBTOTALS:</b>		<b>122,829.24</b>	<b>-51,063.14</b>		<b>2,267,116.08</b>	<b>-759,673.17</b>
<b>NON-RESIDENT</b>						
ADVANCED LIFE SUPPORT	20	18,434.60	-10,123.17	327	298,572.51	-107,339.66
BASIC LIFE SUPPORT	7	5,018.30	-1,031.26	81	57,530.20	-11,654.96
MILEAGE and OTHERS	166	2,629.55	-1,922.48	2,669	41,929.00	-17,064.49
<b>NON-RESIDENT SUBTOTALS:</b>		<b>26,082.45</b>	<b>-13,076.91</b>		<b>398,031.71</b>	<b>-136,059.11</b>
<b>GRAND TOTALS:</b>		<b>148,911.69</b>	<b>-64,140.05</b>		<b>2,665,147.79</b>	<b>-895,732.28</b>

EXECUTIVE SUMMARY

CITY OF PIQUA

CPT	DESCRIPTION	MONTH OF DECEMBER				2014 YEAR TO DATE			
		#	%	CHARGES	%	#	%	CHARGES	%
<b>MEDICINE</b>									
98888	ATTRNY OR MVA ACCT	0	0.0%	\$0.00	0.0%	8	100.0%	\$0.00	0.0%
<b>MEDICINE TOTALS:</b>		<b>0</b>	<b>0.0%</b>	<b>\$0.00</b>	<b>0.0%</b>	<b>8</b>	<b>100.0%</b>	<b>\$0.00</b>	<b>0.0%</b>
<b>MILEAGE/OTHER</b>									
A0425	GROUND MILEAGE	929	100.0%	\$14,748.82	100.0%	16,517	100.0%	\$259,228.78	9.7%
<b>MILEAGE/OTHER TOTALS:</b>		<b>929</b>	<b>100.0%</b>	<b>\$14,748.82</b>	<b>9.9%</b>	<b>16,517</b>	<b>100.0%</b>	<b>\$259,228.78</b>	<b>9.7%</b>
<b>TRANSPORTATION SERVICES</b>									
A0427	ALS1-EMERGENCY	109	69.9%	\$100,468.57	74.9%	2,143	77.4%	\$1,953,051.69	73.3%
A0429	BLS-EMERGENCY	47	30.1%	\$33,694.30	25.1%	609	22.0%	\$432,161.50	16.2%
A0433	ALS 2	0	0.0%	\$0.00	0.0%	17	0.6%	\$20,705.82	0.8%
<b>TRANSPORTATION SERVICES TOTALS:</b>		<b>156</b>	<b>100.0%</b>	<b>\$134,162.87</b>	<b>90.1%</b>	<b>2,769</b>	<b>100.0%</b>	<b>\$2,405,919.01</b>	<b>90.3%</b>
<b>REPORT TOTALS:</b>				<b>\$148,911.69</b>				<b>\$2,665,147.79</b>	

DROP OFF LOCATION	MONTH OF DECEMBER		2014 YEAR TO DATE	
	#	%	#	%
CAREFLIGHT	2	1.3%	4	0.1%
MIAMI VALLEY HOSPITAL	1	0.6%	5	0.2%
UPPER VALLEY MEDICAL CENTER	150	96.2%	2,749	99.3%
WILSON MEMORIAL HOSPITAL	3	1.9%	11	0.4%
	<b>156</b>		<b>2,769</b>	

Aging Summary
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	0-30	31-60	61-90	91-120	121-150	151-180	181+	Totals
AETNA LIFE (AE)	\$1,064.56	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$198.08	\$1,262.64
ANTHEM (AM)	\$5,271.22	\$0.00	\$0.00	\$1,101.27	\$0.00	\$347.49	\$4,426.95	\$11,146.93
AUTO INSURANCE (AU)	\$0.00	\$3,608.92	\$1,827.47	\$9,702.49	\$990.38	\$0.00	\$14.99	\$16,144.25
COMMERCIAL ELECTRONIC (CE)	\$1,028.05	\$989.97	\$935.54	\$0.00	\$0.00	\$0.00	\$2,006.70	\$4,960.26
CIGNA (CG)	\$1,007.42	\$1,026.47	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,033.89
COMMERCIAL PAPER (CP)	\$12,627.12	\$15,106.91	\$7,716.94	\$6,754.13	\$1,955.63	\$1,996.03	\$10,811.37	\$56,968.13
MEDICAID HMO (DH)	\$7,575.13	\$5,212.42	\$1,007.86	\$2,604.55	\$0.00	\$0.00	\$3,673.44	\$20,073.40
MEDICAID (DO)	\$3,108.30	\$0.00	\$0.00	\$0.00	\$0.00	\$93.22	\$1,358.10	\$4,559.62
MEDICARE HMO (MH)	\$3,734.92	\$0.00	\$0.00	\$1,034.20	\$0.00	\$0.00	\$3,895.37	\$8,664.49
MEDICAL MUTUAL (MM)	\$4,875.14	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$349.80	\$5,224.94
MEDICARE (MO)	\$64,751.95	\$10,723.75	\$7,023.35	\$1,789.36	\$365.58	\$81.15	\$13,571.91	\$98,307.05
MEDICARE RAILROAD (MR)	\$0.00	\$777.20	\$0.00	\$0.00	\$0.00	\$0.00	\$912.89	\$1,690.09
NURSING HOME MEDICAID (NH)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$974.59	\$974.59
SELF PAY (SP)	\$10,747.12	\$29,585.76	\$17,722.56	\$21,395.98	\$31,523.58	\$4,790.58	\$2,463.47	\$118,229.05
TRICARE (TR)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$20.00	\$20.00
UNITED HEALTH CARE (UH)	\$3,022.27	\$0.00	\$997.90	\$0.00	\$0.00	\$0.00	\$1,103.73	\$5,123.90
WORKERS COMPENSATION (WC)	\$0.00	\$2,860.70	\$3,030.21	\$1,534.50	\$0.00	\$0.00	\$850.15	\$8,275.56
	<b>\$118,813.20</b>	<b>\$69,892.10</b>	<b>\$40,261.83</b>	<b>\$45,916.48</b>	<b>\$34,835.17</b>	<b>\$7,308.47</b>	<b>\$46,631.54</b>	<b>\$363,658.79</b>

Summary of Adjustments/Write-Offs/Discounts/Refunds
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Adjustment Code	Description	MTD	YTD
<b>Adjustments/Write-Offs</b>			
99928	MEDICARE INT DEBIT	-\$2.39	-\$2.39
99929	INSURANCE INT DEBIT	\$0.00	\$13.03
9992D	BAD DEBT RECOVERY	\$0.00	\$3,464.77
99936	DEBIT ADJUSTMENT	\$0.00	\$9,831.47
99937	SMALL BALANCE DEBIT	\$0.00	\$0.01
99940	CREDIT ADJUSTMENT	\$0.00	-\$8,735.65
99948	BAD DEBT WRITEOFF	-\$3,140.88	-\$75,054.14
99951	W/O RESIDENT OIG	-\$32,427.71	-\$358,896.35
99952	W/O SMALL BALANCE	\$0.00	-\$10.52
99955	W/O BEYOND FILE LMT	\$0.00	-\$3,012.30
		<b>-\$35,570.98</b>	<b>-\$432,402.07</b>
<b>Discounts</b>			
99904	DISALLOW,BLUE SHIELD	\$0.00	-\$94.25
99906	DISALLOW,MEDICAID	-\$6,594.19	-\$155,912.25
99907	DISALLOW, ANTHEM	-\$18,569.00	-\$250,166.33
99908	DISALLOW, MEDICARE	-\$46,319.41	-\$561,272.23
99909	DISALLOW, MCR 2%	-\$752.52	-\$9,367.13
99911	DISALLOW, U.H.C.	-\$944.86	-\$12,220.76
99912	DISALLOW, INSURANCE	-\$25,429.80	-\$596,417.32
99917	DISALLOW, WORK COMP	\$0.00	-\$7,357.75
9991H	DISALLOW, AETNA	-\$3,702.84	-\$30,801.32
9991I	DISALLOW, MMO	-\$1,953.97	-\$10,863.68
		<b>-\$104,266.59</b>	<b>-\$1,634,473.02</b>
<b>Refunds</b>			
00051	REFUND PATIENT	\$0.00	\$2,926.36
00052	REFUND INSURANCE CO	\$0.00	\$5,465.83
		<b>\$0.00</b>	<b>\$8,392.19</b>

**Proposal Form – Exhibit C**

**The City of Piqua  
EMS Billing Services RFP #1612  
Due May 9, 2016 at 2:00 p.m.**

The undersigned hereby certifies that items furnished as a result of this proposal will be in full accordance with the City of Piqua specifications applying thereto unless exceptions are stated above.

The Proposer's name and address exactly as it would appear in a contract:

Entity Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Proposer's phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

Proposer's email address: \_\_\_\_\_

Federal identification number: \_\_\_\_\_ (include a copy of your IRS Form W-9)

If a corporation, state of incorporation: \_\_\_\_\_

By signing this page, you state that you are an authorized representative, and have reviewed and are presenting this proposal on behalf of your business entity.

Signature: \_\_\_\_\_

Printed name and title: \_\_\_\_\_

Date: \_\_\_\_\_

Company's Primary Business – State the proposer's primary business, the number of years in the industry, and the number of employees assigned to these related activities:		
Primary Business	Number of Years	Number of Employees Assigned
Any Previous Names Company has operated under:		

Current pending lawsuits: Please provide information on any and all lawsuits including, but not limited to Federal, State, Local or other Municipalities and Governmental Agencies:

Audit history: Please provide information on any and all OIG audits:

**Local office of Proposer nearest to Piqua, Ohio :** \_\_\_\_\_

**Key Personnel:**

Name	Title	Contact Information: address, phone, fax, email	List # of years with company	Designated as primary contact for City of Piqua? <b>Yes/No</b>

### References for Proposing Company:

List company names, addresses, telephone numbers, email addresses for at least three Ohio based references presently served by your company for RFP #1612. Do not use the City of Piqua as a reference.

**Reference #1**

Company Name	Address	# of runs	Average revenue per run
Name of Finance Director	Email Address	Phone #	Fax #
Name of Fire Chief	Email Address	Phone #	Fax #

**Reference #2**

Company Name	Address	# of runs	Average revenue per run
Name of Finance Director	Email Address	Phone #	Fax #
Name of Fire Chief	Email Address	Phone #	Fax #

**Reference #3**

Company Name	Address	# of runs	Average revenue per run
Name of Finance Director	Email Address	Phone #	Fax #
Name of Fire Chief	Email Address	Phone #	Fax #

### Proposed Pricing Structure:

The City requires the TPA to begin receiving, processing and billing data as of December 1, 2016. Proposed fees are to be firm through November 30, 2021 with two (2) additional 12 month options to renew at the sole discretion of the City of Piqua.

The City of Piqua is open to considering various types of fee structures. If more than one option is offered, the options must be clearly defined. Currently, the City pays a flat fee based on percentage of Collected Revenue.

### Billing & Collection Fees:

The City will have firm pricing through 11/30/21 with two (2) additional 12-month options to renew.

- ❖ Contract 12/1/16 through 11/30/21 \$ \_\_\_\_\_ or \_\_\_\_\_ %
- ❖ 12/1/21 through 11/30/22 \$ \_\_\_\_\_ or \_\_\_\_\_ %
- ❖ 12/1/22 through 11/30/23 \$ \_\_\_\_\_ or \_\_\_\_\_ %

**Other Fees:** All other fees not included in the pricing above shall be listed in same format as above on a separate sheet referencing supplemental pricing.

## Proposal Checklist

Each Proposer should make sure the following items are included in their submittal.

Documentation Required	✓ If Included
1. SAS 70 Certified Audit System most recent annual report	
2. Description of internet portal solution and sample reports	
3. Explain how you receive health insurance information	
4. Detailed timeline of changeover if selected	
5. HIPAA compliant policy	
6. Cover letter and include Exhibit C (all 6 pages)	
7. List of all terminated clients since 1/1/15	
8. List of any subcontractors used to process claims	
9. Exception letter (if any exceptions)	
10. IRS W-9 form	
11. One (1) original and Five (5) copies of your proposal	