

CLOVERDALE HEALTH CARE DISTRICT

Regular Meeting Agenda

April 10 2023, 7:00 P.M.

126 N. Cloverdale Blvd

IN-PERSON AND VIRTUAL

ROLL CALL: PRESIDENT: Martin VICE PRESIDENT: Winter_ TREASURER: DeMartini SECRETARY: Hanchett
MEMBER: Delsid

AGENDA APPROVAL:

PUBLIC COMMENT PERIOD: PUBLIC COMMENT PERIOD PROVIDES TIME FOR MEMBERS OF THE AUDIENCE TO ADDRESS THE BOARD ON MATTERS WHICH DO NOT APPEAR ON TONIGHT'S AGENDA. TIME LIMIT FOR COMMENTS TO THE BOARD ON NON-AGENDIZED ITEMS IS LIMITED TO FIVE MINUTES (GOVERNMENT CODE SECTION 54954.3(b))

ITEMS:

1. Minutes February meeting-No March meeting
2. Financial Statement March 2023
3. Staff Report-
4. CY IGT, PP-GEMT informational item
5. Transition to Wittman Enterprises, outside billing agency
6. Appreciation Dinner
7. From Members-

Adjourn to Executive Meeting:

Adjourn to Regular Meeting

Adjourn till May 8, 2023

All agenda items, reports, minutes, are available for review at the offices of the Cloverdale Health Care District located at 209 N. Main St. Cloverdale Ca 95425 and are available upon request. Posted per Government Code section 54954.2 4/6/2023, Any disabled, handicapped, or other meeting attendees needing special assistance or other accommodations for participation, please contact the business office 24 hrs before the meeting. 707-894-5862.

**Cloverdale Health Care District
Meeting Minutes-February 13, 2023**

Roll Call: Director Tom Hinrichs, Eric Polan (Operations), board members Secretary Neena Hanchett, President Delsid, member DeMartini, Treasurer Winter (via call-in) and Vice President Martin were present. Quorum met.

Meeting called to order at 7:02 p.m. by President Delsid. There were no public comments.

There were no changes to the agenda and the agenda was approved “as written” unanimously.

Election of Officers- Member Harry Martin will assume the role of President; Mary Jo Winter will be Vice-President; Jim DeMartini will be Treasurer; Neena Hanchett will continue as Secretary leaving Al Delsid as the remaining member. All were in agreement.

Financial Statement for January 2023- After a brief discussion about a couple of line items and a discussion about reduced reimbursements for Medicare and Medi-Cal transports resulting in a budget vs. actual shortfall in the short term, the Financial Statement was approved after a motion by Delsid and a second by DeMartini.

Minutes from December, 2022-There was no meeting in January. The minutes were reviewed and approved unanimously after a motion by Winter and a second by DeMartini.

Presentation-Kirsten Tellez, from Alexander Valley Healthcare (AVH) provided an overview of the Medical and Wellness Center and its need for local funding support. The board provided Tellez a brief historical perspective on the origin of the Healthcare Board and also discussed that an increase of the district’s existing parcel tax would not go very far towards the center’s financial underpinning. This is due primarily to the low number of parcels included in the district’s area of responsibility. Several recommendations were provided as to other possible sources of funding, including local service organizations. The healthcare district was also open to securing joint grants with AVH for mutually beneficial local healthcare goals.

Manager’s report: There were no interruptions, injuries or mechanical issues. Transport volumes were average with mixed payor profiles. The district is still waiting for the delivery of the Tempus cardiac monitors but in the meantime a system has been loaned by the manufacturer until the promised monitors arrive. The additional training provided by Phillips was successful and the unit is in service. Eric said he would bring one to our next meeting so the board can become familiar with its capabilities. Tom also discussed succession plans for the district as he begins to unwind his tenure. Board members commented that we believe the district will be in capable hands as it moves into its “post-Hinrichs” future.

Board members who had not completed their annual Form 770 were asked to do so.

IGT, PP-GEMT- The payment programs are moving forward and the first wire date should be later this week. The new reimbursement rate may negatively impact the district but retroactive reimbursement has always taken place in the past.

District Appreciation Event- With Sherri McNulty’s help, Mary Jo, will arrange the dinner at El Milagro Restaurant, with the approval of the board.

From Members- Nothing was brought forward by members.

Meeting adjourned at 8:13 p.m. until the March 13, 2023 meeting.

Respectfully submitted,

Neena Hanchett, Secretary

CLOVERDALE AMBULANCE

Balance Sheet
March 31, 2023

ASSETS

Current Assets		
Exchange Bank Bus. Checking	\$	62,445.53
RESERVE/CAPITAL ACCT		365,756.61
Ambulance Replacment Savings		111,114.06
Accounts Receivable Ambulance		259,760.24
Reserve for Doubtful Accts.		1,396.60
Prepaid insurance		(13,963.13)
IGT Refundable deposits		104,102.00
		<hr/>
Total Current Assets		890,611.91
Property and Equipment		
Land		17,789.00
Ambulance and Equipment		139,565.58
Accum depreciation - Equipment		292,311.51
Furniture and fixtures		16,563.64
Building and Improvements		323,365.96
A/D - Other Fixed Assets		(504,007.69)
		<hr/>
Total Property and Equipment		285,588.00
Other Assets		
		<hr/>
Total Other Assets		0.00
		<hr/>
Total Assets	\$	<u>1,176,199.91</u>

LIABILITIES AND CAPITAL

Current Liabilities		
Notes Payable - Short Term	\$	(131,475.34)
Accrued retirement benefits		2,989.00
Accrued AFLAC		1,397.23
		<hr/>
Total Current Liabilities		(127,089.11)
Long-Term Liabilities		
		<hr/>
Total Long-Term Liabilities		0.00
		<hr/>
Total Liabilities		(127,089.11)
Capital		
Fund Balance		496,206.72
Prior Year(s) Profit (Loss)		891,770.62
Net Income		(84,688.32)
		<hr/>
Total Capital		1,303,289.02
		<hr/>
Total Liabilities & Capital	\$	<u>1,176,199.91</u>

CLOVERDALE AMBULANCE
Income Statement
Compared with Budget
For the Nine Months Ending March 31, 2023

	Current Month Actual	Current Month Budget	Year to Date Actual	Year to Date Budget	Year to Date Variance
Revenues					
Ambulance Service	\$ 38,002.12	\$ 58,800.00	\$ 433,108.08	\$ 529,200.00	(96,091.92)
Less - Contract Allowances	(114,033.63)	(100,833.33)	(1,124,950.39)	(1,125,000.00)	49.61
Property Tax (13)	0.00	0.00	30,045.00	24,000.00	6,045.00
Special Assessment	0.00	0.00	90,751.93	90,000.00	751.93
Interest Income	0.00	0.00	543.16	0.00	543.16
Other (Income) and Expenses	150.00	150.00	27,745.91	0.00	27,745.91
Total Revenues	(75,881.51)	(41,883.33)	(542,756.31)	(481,800.00)	(60,956.31)
Cost of Sales	0.00	0.00	0.00	0.00	0.00
Total Cost of Sales	(75,881.51)	(41,883.33)	(542,756.31)	(481,800.00)	(60,956.31)
Gross Profit					
Expenses					
Salaries & Wages	46,956.28	45,576.67	384,046.82	410,190.03	(26,143.21)
Health benefits employer	7,729.97	7,583.33	65,560.58	68,249.97	(2,689.39)
Fuel Expense	271.94	2,375.00	22,093.29	21,375.00	718.29
Work Comp ACHD	1,812.50	1,812.50	18,754.50	16,312.50	2,442.00
Payroll Exp UTI/ETT	131.53	173.33	1,060.41	1,559.97	(499.56)
Amb Repair Maintenance	0.00	1,666.67	9,772.99	15,000.03	(5,227.04)
Membership Expenses	0.00	0.00	0.00	2,800.00	(2,800.00)
Supplies Patient	2,314.60	3,000.00	27,837.95	27,000.00	837.95
Employee Benefits Volunteers	634.04	708.33	5,487.32	6,374.97	(887.65)
Outside Services	500.00	1,333.33	16,183.74	14,966.64	1,217.10
Patient Refunds	0.00	0.00	1,985.57	3,000.00	(1,014.43)
employer soc. sec.	2,864.90	2,416.67	23,393.35	21,750.03	1,643.32
Employer Medicare	670.01	566.67	5,442.03	5,100.03	342.00
Bank service charges	0.00	0.00	30.00	150.00	(120.00)
Dues & Subscriptions	0.00	0.00	2,804.00	2,800.00	4.00
Capital Equipment	0.00	0.00	34,828.09	35,000.00	(171.91)
Utilities	385.72	541.67	3,289.00	4,875.03	(1,586.03)
Insurance - General	1,583.30	1,583.00	14,247.00	14,500.00	(253.00)
Accounting	0.00	0.00	7,000.00	7,000.00	0.00
Miscellaneous expense	0.00	266.67	500.00	2,400.03	(1,900.03)

CLOVERDALE AMBULANCE
Income Statement
Compared with Budget
For the Nine Months Ending March 31, 2023

	Current Month Actual	Current Month Budget	Year to Date Actual	Year to Date Budget	Year to Date Variance
Office expense	3,394.57	2,666.67	20,069.00	24,000.03	(3,931.03)
Office Building Repair	0.00	0.00	100.00	1,500.00	(1,400.00)
Payroll Tax FUTA	49.33	66.67	397.69	600.03	(202.34)
Telephone	0.00	275.00	1,367.50	2,475.00	(1,107.50)
Volunteer Appr. Mtng.	0.00	0.00	0.00	500.00	(500.00)
GEMT QAF Quarterly assessment	0.00	0.00	11,294.64	11,295.00	(0.36)
Total Expenses	69,298.69	72,612.18	677,545.47	720,774.29	(43,228.82)
Net Income	(\$ 145,180.20)	(\$ 114,495.51)	(\$ 1,220,301.78)	(\$ 1,202,574.29)	(\$ 17,727.49)

STAFF REPORT April 2023

Manager Report—

Operations- Operationally there were no interruptions, injuries, or mechanical issues. Transport volumes were average. Those that were transported had mixed payor profiles, the majority of our transport continues to be Medicare and Medi-Cal, which will show as reduced reimbursements vs budget expectations in the short term. The increased reimbursement from the PP-GEMT program for Medi-Cal patients has not yet been implemented by our primary payor - Partnership Health Plan.

Purchase of new cardiac monitors- We still await the delivery of the Tempus cardiac monitors. We have a long-term loaner system until our units arrive. The extra training from Phillips was a great success and the unit is in service.

PP-GEMT and IGT- Both of the supplemental Medi-Cal payment programs are moving forward. We received our Letter of Intent to participate in the new Public Provider GEMT program. We have not been provided with a payment request for the PP-GEMT program as of this date, those funds will remain a liability. The traditional supplemental IGT program we participate in for CY 2021 continues with a wire date of February 17th. Partnership Health Plan has indicated they will be processing the lump sum payment the week of April 10th.

Transition to Wittman Enterprises- With staff changes upcoming within the management of the District; staff is proposing to outsource the patient billing aspect of the management team. The outsourcing of billing operations is hoped to increase patient billing receivables, provide continuity to patient billing through any changes in District leadership, provide patients with live account resolution services, and provide leadership with relevant reporting documents when needed by regulatory oversight.

The proposal is attached and the scope of work. We will engage members of the District team to collect and assemble the requested formatting and information required for “clean claims” submission. With an in-house team assembling the packet, we will reduce the fees associated with Wittman Enterprises and decrease claim submission time.

District Appreciation Event:

TABLE OF CONTENTS

SECTION 1: About Wittman Enterprises

Message from our CEO	2
About Us	3
Customized Solutions	4
California Strong	4
California EMS/Fire Partners (<i>Proprietary and Confidential</i>)	5

SECTION 2: Project Approach

EMS Partner Satisfaction	6
Workload Accomplishment	6
Multilingual Staff.....	7
Certified Ambulance Coders	7
Dedicated Response Time Commitment	7
Billing to Payment Cycle	7
Denied or Disallowed Claims	7

SECTION 3: Electronic Access to Records

Client Portal and Electronic Dashboard	8
--	---

SECTION 4: Projections and Cost Proposal

Projections and Cost Proposal Estimates.....	11
--	----

SECTION 1: About Wittman Enterprises

Message from our CEO

March 3, 2023

Thank you for the opportunity to provide our Company Profile and introduce ourselves and our qualifications to your team. Since 1991 Wittman Enterprises, LLC has provided our clients complete fire and ambulance billing services in accordance with current local, state, and federal laws and statutes. We follow and exceed currently accepted standards for accurate, consistent, and best EMS billing practices while maximizing revenue recovery, honoring your collection philosophy, and treating each of your patients, citizens, and visitors as our own. **We serve 140 EMS/Fire clients (120 in California) and are the largest California-based billing company with the client base, patient database, and experience with many California departments (and multiple California payers) for the most effective EMS billing and cost recovery possible.**

As an extension of your EMS program, Wittman Enterprises will maintain a strong customer service accountability platform providing your team with direct contact and real access to all management staff, starting with myself. Specialized staff are assigned to your team so that the District has access to the person(s) on our team who can most help with whatever situation may arise. Our Client Liaison team is always available to help provide/identify key resources you may use to get the results you need. We use all resources necessary to provide the best in customer service and collect the most for our clients. Our ultimate focus is on, and has always been based on, the best patient and client service, billing results (accurate and legal billing and the highest cost recovery), and transparency (Client Portal, Reporting, Month-End-Reporting, KPIs, etc.).

I look forward to starting and nurturing a new partnership with the Cloverdale Health District and your patients. We embrace the philosophy that billing and collection for services must be handled efficiently and effectively, with our history and proven experience in emergency medical billing service. I encourage you to contact any of our numerous references to hear first-hand about the very positive relationships we so value with our EMS/Fire Partners

Thank you for your confidence in our team.

My best,



WITTMAN ENTERPRISES, LLC (established 1991)
Corinne Wittman-Wong, CEO
11093 Sun Center Drive | Rancho Cordova, CA 95670
(916) 669-4608 direct line | (855) 611-0056 toll-free | cwittmanwong@webillems.com

About Us

We provide industry-leading services to our EMS partners to help you continue providing cost-effective programs and responsive services enhancing the quality of life in your region, while balancing the financial accountability needs of your District. With a proven commitment to customer and patient service, Wittman Enterprises conducts your business as if your patients were our own. This starts with valuing customer service with everything we have done as a company since 1991 (living up to our Dedicated Response Time Commitment; providing Ongoing and Comprehensive Staff training; maintaining well-qualified Multilingual Staff; meeting regularly with our partners, etc.). Wittman was founded 31 years ago with the promise of providing expert and personal attention to our EMS/Fire partners and their EMS billing programs. This will never change.

- Wittman is dedicated exclusively to the EMS/Fire industry and choose to be expert in that industry rather than diversify into other medical billing fields.
- Our excellent reputation is gained from professional relationships with providers and third-party payers, as well as for our sensitive yet collection-oriented communications with patients and their representatives
- We have a long and successful history of meeting and exceeding client expectations and service deadlines.
- From the beginning of your project, we anticipate and manage for you issues such as Medicare compliance and revalidation, reconciliations of payments from legacy billing accounts, responses to legal and other requests, and customization of a reporting program surpassing your specific needs.
- Since our only business is EMS/Fire billing, our specialized staff is dedicated and expertly trained in this field.
- We are the only California-based billing company with the client base, patient database, and experience with multiple departments (and their payers) necessary for the most effective EMS billing program possible.
- The importance of our business model is that any number of claims will be handled with the same quality assurance.
- Our products and services are designed to ensure that EMS providers like Cloverdale Health District are reimbursed in a timely manner for services they provide.

Customized Solutions

From the beginning, Wittman Enterprise has provided products and services specifically designed to assure that EMS Transport, First Responder, and Fire Service providers like you are reimbursed in a timely manner for the services they provide. We get our EMS partners their maximum reimbursement available by custom-fitting your needs with our proven solutions.



Solutions include:

- Ambulance Transport Billing and Fire Service Fee Recovery
- ePCR Integration
- First Responder Billing and Collection
- Treat-no-Transport Billing and Collections (Assessments)
- Membership Program Support
- Patient Survey Program Support

California Strong

We do not believe that any California-based biller will provide as much in actual reimbursement or complete customer service as Wittman Enterprises has historically demonstrated. We have a proven record of collecting 10-20% more than our competitors. Out-of-state billing companies will not be able to arrive at these reimbursements either, due to their lack of billing and collection experience in the State California and inexperience with the multitude of California payers.

California Support: GEMT/QAF/IGT/PPIGT (AB 1705)

During the complicated design and implementation of the California GEMT program, Wittman Enterprises provided leadership and direct support for our clients throughout the process, working closely with the government and fire architects of the program, providing multiple training opportunities for our clients and designing reports specifically related to the information needed when applying for GEMT funds. This industry support is part of our hands-on customer service and the resources we provide all of our California clients for IGT; GEMT (2011); GEMT QAF (2017); and now PPIGT (AB 1705, 2019).

California EMS/Fire Partners (Proprietary and Confidential)



SECTION 2: Project Approach

EMS Partner Satisfaction

The Cloverdale Health District will count on Wittman Enterprises to conduct diligent, regular, and uninterrupted billing and collection services in a professional, businesslike manner. Our personal approach and higher levels of service greatly exceed industry standards. Yours and your patient's expectations and overall satisfaction are attained through ongoing and regular training, continuous improvement, and our comprehensive auditing program. We maintain the industry-leading lowest claims-per-staff-ratio (generally 30% lower than our competitors) based on upholding the standard of practice our clients expect. Our comprehensive and ongoing training program allows us to continuously improve the business activities that we conduct of our clients and ensure that you receive the maximum legal reimbursement available. We do not strive to be the largest EMS billing company but expect to be the best.

Workload Accomplishment

Our EMS billing and collection success is tied directly to the ratio of PCRs to the number of quality people assigned to your project. We believe that people are the key to our success. Wittman innovates by fully embracing automated and technological advances while wholly recognizing that our quality service is reliant upon our talented people providing you the best level of service. Our approach provides the lowest claims-per-employee-ratio, usually resulting in 10-20% higher collection rates than our competitors.



Multilingual Staff

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

Certified Ambulance Coders

In addition to our continuous training programs, Wittman employs staff members certified by the National Academy of Ambulance Coding (NAAC), the nationally-recognized leader in Certified Ambulance Coding training. We provide regular training for our Certified Ambulance Coders (CACs), budgeting funds annually to certify additional coders and ensure that we constantly have ample certified individuals available to assist with all accounts.

Dedicated Response Time Commitment

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

Billing to Payment Cycle

We believe in our people and our results speak for themselves. In addition to collecting from Medicare, Medicaid/Medi-Cal, and private insurance, we aggressively appeal all denials, research all private pay accounts to find viable insurance, and we work with patients to arrange alternate methods of repayment. Our 31 years of EMS billing success is a result of the ratio of quality people to the percentage of billed dollars collected. Using the right balance of electronic and human resources, Wittman Enterprises bills more than 600,000 claims annually and collections more than \$300,000,000 annually for our clients. While technology is enormously helpful, it is only as good as the people managing it.

Denied or Disallowed Claims

Wittman Enterprises pursues every claim and follows through with every denial so that all legitimate revenue is collected on behalf of our clients. Denials are not accepted; in fact, as a guiding policy, we appeal all claims where the denial has appeal rights and we determine that an appeal is warranted. Additionally, Wittman demands payment with the appropriate interest from non-compliant insurance companies. We actively adhere to a significant number of Standard Operating Procedures covering numerous scenarios for processing denials from Medicare, Medicaid/Medi-Cal, and private insurance payers.

SECTION 3: Electronic Access to Records

Client Portal and Electronic Dashboard

Wittman Enterprises secured internet access to our billing system via our Client Portal, 24 hours a day. No additional software is required for you to access the information through our secured website. It is reached through a secured login that is password protected. Information accessed from the Portal is in real time, allowing Unit personnel to view each claim wherever it is in the billing and collection process.

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

Login

CLIENT PORTAL

Portal Login

Please enter your User ID and Password and click Secure Login

User ID:

Password:

Secure Login

If you are experiencing any problems logging in, please call (855) 611-0056

Preferences

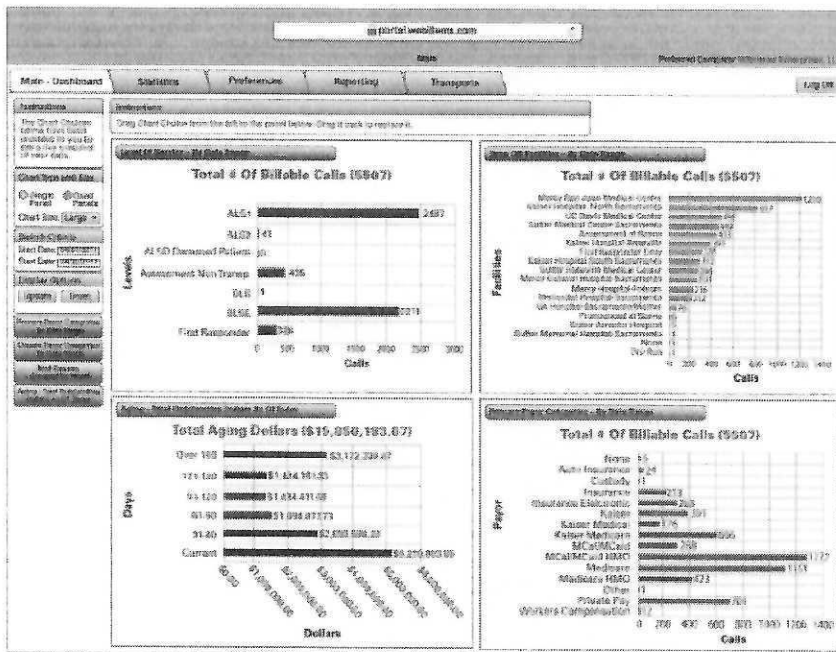
portal.webillerns.com

Preferences Preferred Company: Wittman Enterprises, LLC

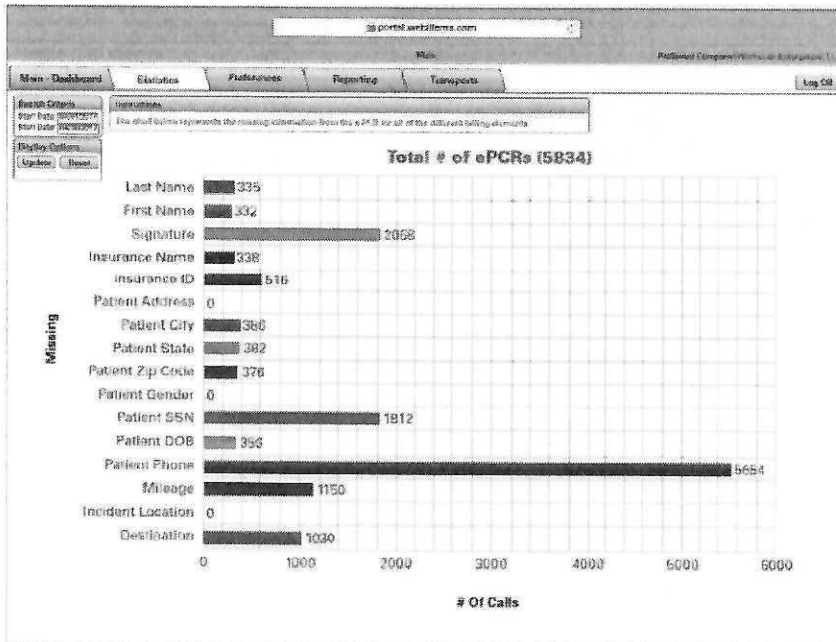
Main - Dashboard Statistics Preferences Reporting Transports Log Off

<p>Instructions</p> <p>Click the Change Button, then enter your changes and then click on the "SAVE" button. To cancel your changes, click the "CANCEL" button.</p>		<p>Instructions</p> <p>If you have more than one company, click on the name that you want as your preferred company.</p>		<p>Instructions</p> <p>Please select up to 10 charts to display on the Main - Dashboard and click the update button.</p>																																											
<p>Customer Information</p> <p>Note Name: <input type="text"/></p> <p>Email Login ID: <input type="text"/> <input type="button" value="Change"/></p> <p>Password: <input type="text"/> <input type="button" value="Change"/> <input type="button" value="Show"/></p> <p>Default Tab: Main - Dashboard <input type="button" value="Update"/></p> <p>Default Ticket Search: Date Of Service <input type="button" value="Update"/></p>			<p>Assigned Companies</p> <p>Wittman Enterprises, LLC</p>		<p>Chart Choices</p> <p><input checked="" type="checkbox"/> Primary Payor Categories - By Date Range</p> <p><input checked="" type="checkbox"/> Ticket Status - By Date Range</p> <p><input checked="" type="checkbox"/> Current Payor Categories - By Date Range</p> <p><input checked="" type="checkbox"/> Level Of Service - By Date Range</p> <p><input checked="" type="checkbox"/> Drop Off Facilities - By Date Range</p> <p><input checked="" type="checkbox"/> Mail Returns - Grouped By Type</p> <p><input checked="" type="checkbox"/> Aging - Total Outstanding Dollars As Of Today</p> <p><input checked="" type="checkbox"/> Payment Average - From First Bill To First Payment By Date Range For All Payors</p>																																										
<p>System Information</p> <p>Wittman Go Live: 5/12/2017 Account Created: 5/12/2017</p> <p>Last Login: 5/27/2017 Last Password Reset: 6/27/2017</p> <p>Users Guide: Click Here...</p>			<p>Contact Name/Email Links</p> <p>Account Representative: Heather Mamana</p> <p>Cash Representative: Pokou Yang</p> <p>Billing Representative: Sharon Harris</p>																																												
<p>Access Levels</p> <table border="1"> <tr> <td>Customer Information:</td> <td>Yes</td> <td>View/Print Statement:</td> <td>Yes</td> <td>Main Tab:</td> <td>Yes</td> </tr> <tr> <td>Billing Information:</td> <td>Yes</td> <td>View/Print Invoice:</td> <td>Yes</td> <td>Statistics Tab:</td> <td>Yes</td> </tr> <tr> <td>Trip Notes Information:</td> <td>Yes</td> <td>View/Print Receipt:</td> <td>Yes</td> <td>Reporting Tab:</td> <td>Yes</td> </tr> <tr> <td>Customer History Information:</td> <td>Yes</td> <td>View PCR:</td> <td>Yes</td> <td>Transport Tab:</td> <td>Yes</td> </tr> <tr> <td>Services Information:</td> <td>Yes</td> <td>View PCR Only:</td> <td>No</td> <td>Month End Tab:</td> <td>No</td> </tr> <tr> <td>Diagnose & Alerts Information:</td> <td>Yes</td> <td>Collection Agency:</td> <td>No</td> <td>Download Tab:</td> <td>No</td> </tr> <tr> <td>Trip History Information:</td> <td>Yes</td> <td>Profit Centers Only:</td> <td>No</td> <td></td> <td></td> </tr> </table>						Customer Information:	Yes	View/Print Statement:	Yes	Main Tab:	Yes	Billing Information:	Yes	View/Print Invoice:	Yes	Statistics Tab:	Yes	Trip Notes Information:	Yes	View/Print Receipt:	Yes	Reporting Tab:	Yes	Customer History Information:	Yes	View PCR:	Yes	Transport Tab:	Yes	Services Information:	Yes	View PCR Only:	No	Month End Tab:	No	Diagnose & Alerts Information:	Yes	Collection Agency:	No	Download Tab:	No	Trip History Information:	Yes	Profit Centers Only:	No		
Customer Information:	Yes	View/Print Statement:	Yes	Main Tab:	Yes																																										
Billing Information:	Yes	View/Print Invoice:	Yes	Statistics Tab:	Yes																																										
Trip Notes Information:	Yes	View/Print Receipt:	Yes	Reporting Tab:	Yes																																										
Customer History Information:	Yes	View PCR:	Yes	Transport Tab:	Yes																																										
Services Information:	Yes	View PCR Only:	No	Month End Tab:	No																																										
Diagnose & Alerts Information:	Yes	Collection Agency:	No	Download Tab:	No																																										
Trip History Information:	Yes	Profit Centers Only:	No																																												

Dashboard



Statistics



SECTION 4: Projections and Cost Proposal

Projections and Cost Proposal Estimates

Wittman Enterprises, LLC will be pleased to provide you a projection based on the District's responses to the following questions. Projections will be based on the information provided by you at the time of this Profile, and our 31 years of EMS billing experience. During further discussions and contract negotiations we welcome the opportunity to shore up numbers through consultations with you and provide more complete projections. Additionally, we will provide our fee range proposal based on the overall scope of work requested of us, and based on the District responses to the following questions.

1. How many transports did your District provide, for the last three fiscal or calendar years?
2. What is the District's average transport charge?
3. What is the District's average mileage per transport?
4. Do you charge for non-transports? If so, how many non-transports did the District charge in each of the last three fiscal or calendar years?
5. Please provide annual or fiscal year total transport charges for 2020, 2021, and 2022.
6. Please provide annual or fiscal year total receipts for 2020, 2021, and 2022.
7. Beside the obligated write-downs for Medicare and Medi-Cal, do you have any other payers with which you are obligated to write-off the balance? If yes, please identify them along with corresponding write-off amounts in the last annual or fiscal year.
8. Do you have any contracts with insurance companies?
9. What dollar amount was sent to and collected by your collection agency in calendar or fiscal year 2020, 2021, and 2022.
10. What ePCR does the district use?
11. What is the District's payer mix for 2020, 2021, and 2022?
12. Please provide us the current rate sheet for District-provided transport services.
13. Will Wittman need to help with any NPI adjustments, enrollments, etc.?
14. Does the District obtain face sheets when they drop patients at the hospital?
15. Does the District obtain face sheets from the hospital after patients have been discharged?
16. Does the District take credit cards for payment (which ones)?
17. What is the District's estimated go-live date for this partnership?
18. Please provide a Scope of Work list showing what's expected from your EMS billing partner.

On Apr 4, 2023, at 9:13 AM, Harms, Russ <RHarms@webillems.com> wrote:

Good morning Eric!

I'm happy to introduce Jennifer Gentry, as she will be your Client Liaison (and is the Client Liaison for your entire area). As things progress, she will be coordinating the smooth transition in partnership with you and your team. We're looking forward to next steps.

Our President/CFO authorized the following updates to our Proposal, with the following "clean claim" requirements as indicated for Year 2 of our contract. We agree to sit down with you around month nine or ten to evaluate the first year of work and look to incorporate the reduction in Year 2 if claims are being submitted by your team as detailed below. PLEASE let me us know if you have any questions. I will be gone for an extended period of time but Jennifer will take good care of you to keep things moving. She's a long-term Wittman employee and you're in great hands.

My best and my thanks,
Russ

Up-Front "Clean Claim" Requirements

- 1) The complete "Big 6"
 - Patient's Complete/Accurate Name
 - Complete Address (including Apartment Numbers)
 - Date of Birth
 - Phone Number
 - Social Security Number
 - Name(s) of insurance providers (copies of cards attached to PCR)
- 2) Complete assessment and clinical evaluations, including pertinent negatives
- 3) Clearly documented procedures, supplies and charges
- 4) Narrative "paints a picture", showing/giving the reasons why ambulance was called out to the scene, the patient's symptoms, and procedures followed during the incident.
- 5) Narrative uses descriptive words like "Severe", "Sudden Onset", "Acute", etc.
- 6) Accurately documented incident location
- 7) Accurately document date of service
- 8) Level of service clearly identified
- 9) Proper Patient Signature is present
- 10) Proper Crew Signature(s) is present
- 11) If the patient is transported, who is transporting the patient and to which hospital are they being transported?
- 12) Proper mileage recorded on the PCR
- 13) Proper ICD-10 code(s) for incident(s)
- 14) Eligibility checked for all payers, with copies of appropriate documentation attached to file transmitted to our system (Medicare Number, Medi-Cal Number, Insurance Card, etc.)
- 15) Complete copy of the PCR
- 16) PCR transferred with most current NEMESIS file format for data import to our billing system

Revised Proposal

- Year 1: 5.0% of net collections | \$2,500 set-up fee (*one-time cost*)
- Year 2: 4.0% of net collections (*assuming both parties agree that the Up-Front documentation is meeting listed requirements – Amendment to be negotiated before Year 2*)

Russ Harms

Wittman Enterprises, LLC | Executive Director of Business Development

11093 Sun Center Drive | Rancho Cordova, CA 95670

916.669.4628 (Direct Line) | rharms@webillems.com

www.webillems.com

Setting the Standard for EMS Billing

Ambulance | First Responder | Treat-No-Transport | Fire Inspection | False Alarm | Membership Program

Total Runs 724
 ALS 80% of Total Runs 579
 BLSE 20% of Total Runs 145

Cloverdale

Average ALS Run Charge \$4,300.00
 Average BLSE Run Charge \$4,300.00

PaySource	Run Percentage	Charges		Payments		% of Charges		
		ALS	BLSE	ALS	BLSE			
Insurance	14.00%	81	20	\$348,678.40	\$87,169.60	\$289,403.07	\$72,350.77	83%
Private	12.00%	70	17	\$298,867.20	\$74,716.80	\$17,932.03	\$4,483.01	6%
Medicare/Comp/VA	48.00%	278	70	\$1,195,468.80	\$298,867.20	\$179,320.32	\$41,841.41	14%
MediCal/MediCaid	26.00%	151	38	\$647,545.60	\$161,886.40	\$174,837.31	\$43,709.33	27%
	100.00%	Sub-Total		\$2,490,560.00	\$622,640.00	\$661,492.74	\$162,384.51	
		Grand Total		\$3,113,200.00		\$823,877.25		
		Gross Percentage			26.46%			

Payment per billed call \$1,137.95

*Average mile 20

	MediCare	MediCal
ALS1	\$ 588.47	\$ 1,065.12
BLSE1	\$ 495.55	\$ 1,065.12
Mileage	\$ 8.71	\$ 3.19
Oxygen	\$ -	\$ 8.89
Night	\$ -	\$ 8.89
EKG	\$ -	\$ 14.46
Average ALS1	\$ 762.67	\$ 1,128.92
Average BLSE1	\$ 669.75	\$ 1,128.92