

**RFP_2025_003
EMERGENCY MEDICAL SYSTEM
BILLING AND COLLECTION SERVICES**

LEVY COUNTY BOARD OF COUNTY COMMISSIONERS

**P.O. BOX 310
310 SCHOOL STREET
BRONSON, FL 32621
Due May 15, 2025**



Original

**Proposer: George Abatjoglou
Chief Executive Officer
2540 Empire Drive, Suite 100
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Introductory Letter

May 15, 2025

Levy County Board of County Commissioners
P.O. Box 310
310 School Street
Bronson, FL 32621

RE: Proposal for Emergency Medical Services Billing and Initial Collection Services –
RFP_2025_003

To the Selection Committee:

Thank you for the opportunity to submit our proposal to continue supporting the vital work of Levy County's Division of Public Safety. At EMS Management & Consultants, we don't just process claims—we partner with EMS agencies to help them see around corners, remain compliant, and maximize their resources so they can focus on what matters most: responding to the call.

As the CEO of EMS|MC, I can say with confidence that we understand Florida. Our team currently serves 31 EMS clients across the state and processes more than 340,000 transports annually on their behalf. From major metropolitan systems to rural counties, our approach is tailored, data-informed, and rooted in long-term client success. Across our national client base of over 1,500 EMS agencies, we bill more than 5.5 million claims per year—giving us the scale, insight, and infrastructure to ensure Levy County remains operationally efficient and financially secure.

Our Commitment to Levy County

Levy County deserves a partner who provides more than just billing services. You need a team that:

- Understands Florida Medicaid and Medicare nuances, including PEMT opportunities;
- Offers patient-first customer service with bilingual representatives and 24/7 transparency via a secure online portal;
- Provides immediate deposit turnaround and real-time reporting through a dedicated Florida account management team;
- Operates in full compliance with HIPAA, CMS, and all applicable Florida statutes, including independent SOC 2 Type 2 audit validation.

We bring that and more.

Our technology infrastructure is designed for integration and interoperability. Whether you're migrating from DocuMed ePro to ESO or managing multiple billing types such as Special Event or Community Paramedicine transports, EMS|MC ensures that no claim falls through the cracks.



We proactively follow up on every denial, appeal where appropriate, and escalate issues when patient outcomes or revenue are at stake. Our Cash Per Trip and collection rates are among the best in the industry—not by accident, but through hardwired processes, deep payer insight, and a passion for doing things right the first time.

Built to Serve EMS—Backed by Compliance, Driven by Results

Founded in 1996, EMS|MC was built for EMS, by EMS professionals. We now employ over 750 full-time team members, including certified coders, compliance officers, analysts, and customer service representatives—many of whom have direct field or administrative EMS experience. Our organizational structure ensures strong internal accountability, with dedicated client success executives, Florida-dedicated billing teams, and direct access to compliance and reporting personnel.

Our business philosophy is simple: empower EMS leaders with actionable data, exceptional service, and unwavering support. That commitment has resulted in long-term partnerships, strong audit outcomes, and a reputation for integrity and transparency.

Based on our proposed fee structure, we anticipate this partnership will generate approximately 11% in annual savings for Levy County compared to your current arrangement—delivering greater value without compromising the quality or compliance of your revenue cycle operations.

We believe our experience, scale, and shared values make EMS|MC the strongest partner for Levy County as you look to the future. We appreciate your consideration and look forward to the opportunity to support your continued success.

Respectfully,



George Abatjoglou
Chief Executive Officer
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Winston-Salem, NC 27103
P: 781.710.3602 F: 336.347.9705
george@emsmc.com

As Chief Executive Officer for EMS|MC, I am authorized to make representations on behalf of EMS Management & Consultants, Inc. Our management fee stated in this proposal is all inclusive and is valid for a period of 120 days from the closing deadline. Further, EMS|MC does not have any ethical conflicts that would interfere with a contractual obligation with Levy County.



Knowledge and Qualifications of Personnel

EMS|MC's Knowledge of Levy County and the State of Florida

EMS Management & Consultants, Inc. (EMS|MC) brings unparalleled experience supporting EMS agencies across the State of Florida—with 31 active Florida clients and more than 340,000 transports billed annually in the state alone. From Medicaid nuances and PEMT program participation to payer behavior unique to the region, we bring a Florida-specific expertise that translates into measurable financial and operational outcomes.

EMS|MC has extensive experience working with the Centers for Medicare and Medicaid Services (CMS), as well as commercial insurance payers. The process begins with our dedicated Payor Relations team, who handles all registrations, credentialing, and administration to ensure accurate and timely claim submissions the first time. We possess strong relationships with key personnel with the governmental and private payers. Our unique position enables us to stay connected to industry matters and timely regulation changes that are relevant to our clients and to compliance. The EMS|MC Payor Relations, Operations and Compliance departments work together closely to integrate the latest process improvements and milestones for our electronic claims' submissions.

Specifically, with Florida governmental payers, EMS|MC has vast experience with First Coast Service Options, Inc., JN-FCSO—the Medicare Administrative Contractor (MAC) for Florida Medicare, as well as Florida Medicaid and the Florida Medicaid MMA programs. This level of experience allows us to specialize in Local Coverage (determinations) (LCD), ensuring that claims are submitted in the most efficient and compliant manner.

EMS|MC has remained extensively involved in the Florida Medicaid 1115 Waiver process throughout the implementation of the Managed Medical Assistance (MMA) process. As one of our many services, EMS|MC can assist with the Florida Medicaid CPE Cost report program for additional Medicaid reimbursement. EMS|MC provided FL Medicaid Fact Sheets to our clients notifying them of the changes to the program and how these changes would specifically affect them.

Our team has proudly served Levy County EMS as a trusted billing and revenue cycle partner for multiple years. During that time, we've gained a deep understanding of your operational rhythms, pain points, payer mix, and performance metrics. We are not merely a vendor—we are a committed extension of your team, responsive to your needs and dedicated to improving financial performance while honoring the values of your community.

Levy County EMS Account Analysis

Account Tenure & Engagement

EMS|MC has been privileged to support Levy County EMS with full-service billing, reconciliation, and reporting. We maintain monthly check-in calls with Amy Jones and Alesha Rinaudo, providing performance updates, claim follow-up insights, and strategic guidance. The strong collaboration with Amy and Alesha—both EMSight super users—has enabled us to tailor reporting and recommendations with operational relevance.



1. Financial Performance Overview

- FY23 Net Collections: \$2,867,761.26
- FY24 Net Collections: \$3,074,871.10
- FY24 Average Cash Per Trip: \$485.23
- Year-over-Year Growth: +7.2%

2. Operational Observations

- Follow-Up Review: EMS|MC has expanded the detail in our month-end reporting and included patient-level collections summaries.
- Delayed Collection Scrub Reviews: One custom process EMS|MC performs is pre-collection Medicaid scrubbing to remove eligible accounts.

3. Technology Utilization

- EMSight: Actively used with modules including Patient Notes, ACR Return to Provider (RTP), Refunds, and Payment Summary.
- EMSight Super Users: Amy Jones and Alesha Rinaudo regularly rely on EMSight's real-time dashboards to guide revenue oversight and payer tracking.
- Crew Analysis: Deployment expected to be more valuable post-ESO go-live; integration will enable cleaner trip-level metrics to align with documentation practices.

4. Education & Compliance Support

- EMScholar Compliance Training: In 2023, EMS|MC provided access to the PCR Documentation course vetted by PWW|AG. 22 of 31 medics completed the course. This is available to the County, at no additional cost, and can be delivered through our education portal or onsite.
- HIPAA & Compliance Alignment: EMS|MC maintains SOC 2 Type 2 audit certification and supports all Florida-specific compliance reporting requirements.

5. Recommendations for Revenue Enhancement

- Fee Schedule Modernization: While Levy County has not increased its rates since 2014, EMS|MC believes there is significant untapped revenue potential available through insurance reimbursement. Modernizing rates to align with Medicare inflation trends and regional benchmarks would strengthen long-term sustainability and reduce reliance on local funding.
- Payer Strategy Optimization: Given the County's significant Medicare Advantage and Medicaid MCO mix, we continue to monitor denials and ensure targeted appeals are timely. A more formalized denial management cadence post-ESO transition could also help drive incremental gains.

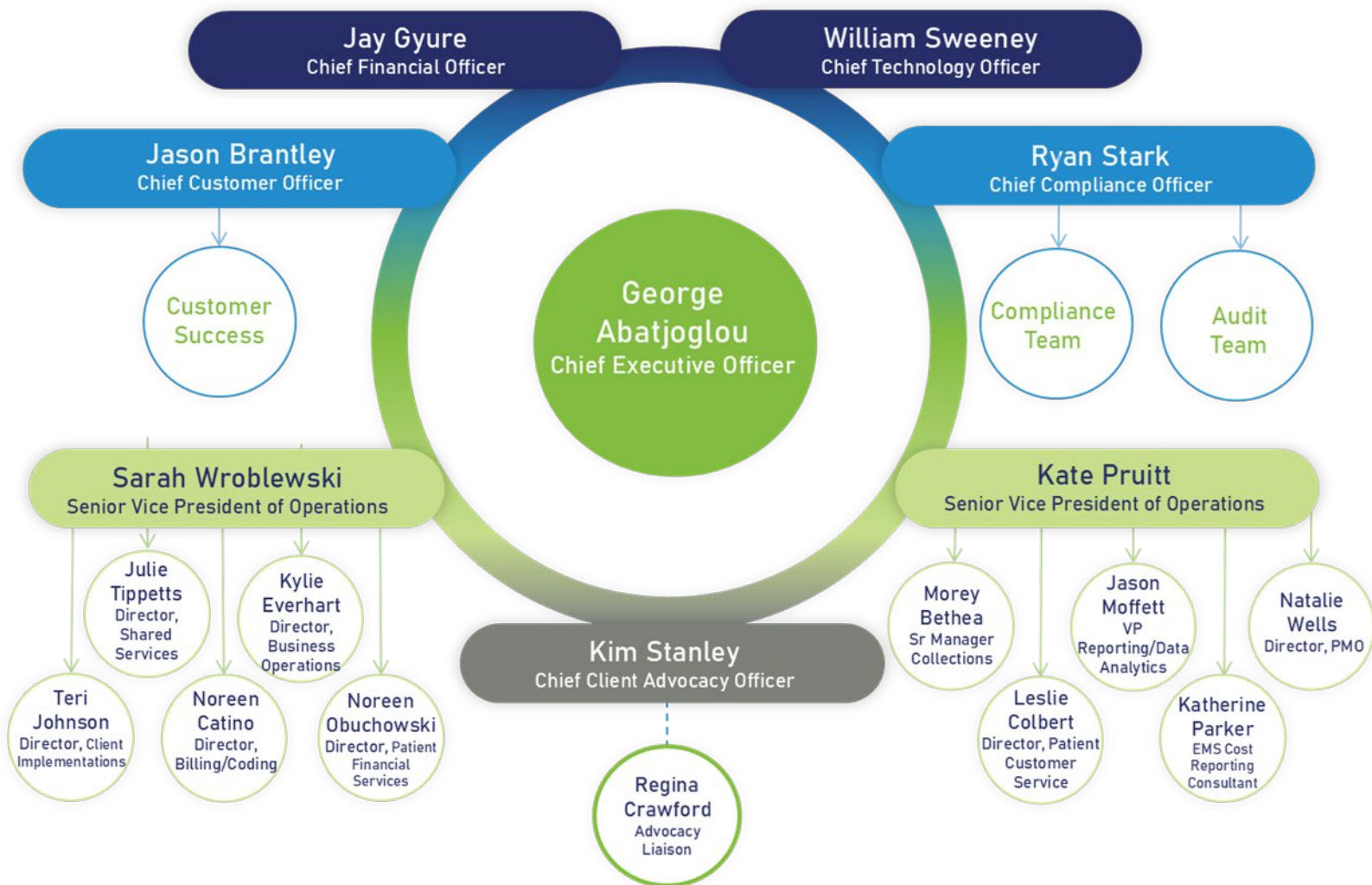
EMS|MC understands Levy County—your needs, your challenges, and your mission. With our Florida-based insights, integrated technologies, and dedicated account support team, we are committed to helping Levy County EMS not only maintain but improve performance, compliance, and community trust.



Organization and Staffing

EMS|MC has over 1,500 team members on staff spanning our six office locations. The Winston-Salem office headquarters location will be the primary servicing office for this contract. At least 15 full-time equivalent are focused on core areas for Levy County such as billing, dedicated support from your Customer Success Executive, account follow-up, and other functions.

Organizational Structure



Levy County's Team

EMS|MC maintains a personal, client-focused approach, organizing our infrastructure so that Levy County has a dedicated Customer Success Executive throughout the life of the partnership. All current employees have been vetted through E-Verify and are monitored against the OIG Exclusion Database monthly.

EMS|MC believes separation of operations achieves optimal results as it allows our robust teams to apply their specialization to our client's key value drivers.



Levy County's Customer Success Executive (CSE)

Dawn Word | dawn.word@emsmc.com | 336.347.9749

As Levy County's Customer Success Executive, Dawn ensures optimal performance and offers industry best practices. Dawn actively monitors account performance including trip imports, collections, A/R Days, cash per trip, run mix, & payor mix. She acts as the key operational point of contact for day-to-day needs & is accountable for successful management of the revenue cycle process. She will also provide regular business reviews with Levy County staff to review data, trends & best practices. Based in Pensacola, Dawn joined EMS|MC in 2016 and holds an immense amount of knowledge in ambulance billing policies and practices for various states. Dawn holds degrees in Finance and Business Administration from the University of Florida



Credentialing Team

EMS|MC's Credentialing Team ensures the filing of required forms to obtain NPIs, Medicare, state Medicaid, provider enrollment applications, on-going revalidations, as well as any other licensure needs of Levy County.

Customer Success Representative

You will rely on your Customer Success Representative on a day-to-day basis, to handle any questions or concerns that may arise.

Director of Customer Success

You will have access to our staff, organization wide, including our Director of Customer Success who is well experienced in the industry and capable of addressing client needs.



EMS|MC Leadership

In addition to a dedicated account management team, Levy County has complete access to our CEO, Chief Client Advocacy Officer, Chief Compliance Officer, and/or any other executive.



George Abatjoglou, Chief Executive Officer
george@emsmc.com | 781.710.3602

George joined EMS|MC in January of 2023, bringing more than 20 years of healthcare experience to the team. Prior to joining EMS|MC, George held the role of CEO at Kemberton Healthcare Services, IOD Incorporated and eWebHealth, bringing success and growth to each by leveraging his financial and operational leadership skills.

- Education: Miami University
- Experience: 20+ Years in Healthcare

Kim Stanley, CACO – Chief Client Advocacy Officer
kim.stanley@emsmc.com | 336.714.9091

Kim Stanley was employed with Medicare as the EMS Liaison for more than a decade. Working in conjunction with CMS & various State committees, Kim developed key reimbursement policies at both the carrier & federal levels. Kim has been with EMS|MC since 2003 & serves as the Chief Client Advocacy Officer.

- Experience: 20+ Years in Healthcare
- State and National Advocacy reimbursement committee's contractor advisory groups
 - Nationally Recognized Expert on Billing/Compliance/Medicare
 - CAC Certified



Ryan Stark – Chief Compliance Officer
ryan@emsmc.com | 717.691.0100

Ryan Stark is a Managing Partner with Page, Wolfberg & Wirth, and counsels clients on labor relations, privacy, security, reimbursement, and other compliance matters affecting the ambulance industry. Ryan developed and is the primary instructor for the nation's first and only HIPAA certification for the ambulance industry – the Certified Ambulance Privacy Officer. He co-authored PWW's widely used Ambulance Service Guide to HIPAA Compliance.



Jason Brantley, Chief Customer Officer
jason.brantley@emsmc.com | 205.410.4345

With over two decades of experience in technology-enabled healthcare services, Jason Brantley is a seasoned leader known for his laser-like focus on delighting customers, ensuring optimized operations and better outcomes. As the Chief Customer Officer at EMS|MC, Jason oversees every facet of the customer journey, from strategic planning, sales & marketing, and customer success.

- Education: Auburn University
- Experience: 20+ Years in Healthcare
 - Technology, Sales, and Marketing



Jay Gyure, Chief Financial Officer
jay.gyure@emsmc.com | 336.575.7079

Jay joined EMS|MC in July 2017, bringing more than 25 years of financial management, project management & public accounting experience. Prior to joining EMS|MC, Jay was the Corporate Controller at Remington Outdoor Company where he was responsible for the company's accounting & specialized in the financial operations integration of over a dozen mergers & acquisitions. Prior to his tenure at Remington, Jay spent 4 years at Avery Dennison Corporation where he had various roles including Division Controller & Project Manager for an ERP systems implementation across the country.

- Education: Indiana University
- Experience: 25+ Years in Financial/Project Management, & Public Accounting
 - International integrations and acquisitions
- CPA License



William (Bill) Sweeney, Chief Technology Officer
bill.sweeney@emsmc.com | 336.701.1311

William is a seasoned leader in the technology-enabled healthcare services space. As a CTO, CIO and CISO he incorporates tried and true industry solutions, leading-edge cloud infrastructure and innovative software to create platforms and modules that drive up productivity within an envelope of security and reliability. As CTO of EMS|MC, Bill's mission is to lead the development and expansion of the EMSolutions Platform as the most compelling and impactful EMS platform in the nation.

- Education: University of Massachusetts at Amherst
- Experience: 25+ Years in Healthcare Technology
- Cisco and Microsoft Certified



Kate Pruitt, Senior Vice President of Operations
kate.pruitt@emsmc.com | 336.245.6036

As SVP, Kate oversees process efficiencies, organizational structure, call center methodology & operations management. In addition, Kate's strong leadership provides our clients with strategic oversight to onboarding & account management. She joined EMS|MC in 2005 as Operations Manager for the West Point, GA, office, formerly Ambulance Billing Consultants, Inc. Prior to EMS|MC, she served for 10 years as Director of Operations & Finance for InView, a subsidiary of InterCall, a telecommunications corporation. Kate holds her CAC certification from the NAAC & is a graduate of Troy University with a Bachelor of Science in Accounting.

- Education: Troy University
- Experience: 20+ Years in Operations & Finance
- CAC Certified

Sarah Wroblewski, Senior Vice President of Operations
sarah.wroblewski@emsmc.com | 847.791.0658

Sarah was raised with strong family ties to the fire industry and started her passion for EMS at a young age. She has spent over 25 years in revenue cycle management in various roles developing a customer-centric approach to operations. Sarah spent the last 20 years as Chief Operating Officer at Andres Medical Billing out of Illinois. In 2023, she assumed the position at EMS|MC as Senior VP of Operations focused on the Midwest Region. Sarah oversees daily operations and implementation of new clients and prioritizes efficiency.

- Experience: 25+ Years in Fire/EMS Industry
 - Midwest Experience
 - First Class Customer Service

Regina Godette-Crawford, Advocacy Liaison
regina.crawford@emsmc.com | 336.397.3747

Regina joined EMS|MC in January 2016 bringing over 33 years of experience in EMS regulatory oversight & administration. Regina worked for the Office of EMS for over 22 years before retiring. She held position of Regional Specialist, which included inspections, regional exams & technical assistance to EMS providers; Regina served as an advocate for EMS providers in the state General Assembly and is a member of the Biden/Harris Ground Ambulance Patient Billing Senate Committee.

- Education: East Carolina University
 - University of North Carolina at Greensboro
- Experience: 30+ Years in EMS Industry
- National Voice in EMS Advocacy



Supporting Vendors

At EMS|MC, we utilize a Clearinghouse and a Credentialing vendor that help us to deliver best-in-class service while optimizing cost efficiency for our clients. Each vendor is carefully vetted through a rigorous selection process and held to the same high standards we set for ourselves. Through ongoing performance monitoring and quality checks, we ensure that every partner contributes to a seamless, high-quality experience for your agency and the patients you serve.

Subcontractor	Role	Address	Phone
Waystar	Clearinghouse	1311 Solutions Center, Chicago, IL 60677	502.882.4736
The Hardenbergh Group, Inc.	Credentialing	38777 Six Mile Road, Livonia, MI 48152	714.337.2111



Tab 3 – Approach to Work

EMS|MC will continue to meet & exceed the needs of Levy County. EMS|MC offers a customized “best practice” approach to each client at an all-inclusive rate. Our emphasis on technology & applications, based on client needs, helps us deliver the highest quality of service and performance so that your team can compassionately provide critical medical care to your community.

Scope of Work	EMS MC Complies
To ensure a seamless billing transition, the Consultant must transfer (either electronically or by manual entry) open account information from the incumbent consultant's billing system into the Consultant's billing system. The incumbent consultant uses a billing and coding platform known as EMSmart and RescueNet Billing to submit claims to various payors.	Yes
Each day, DPS will electronically transfer patient care reports (PCR) that contain the data necessary for billing to the Consultant. Consultant must maintain compatible software to interface with DPS's report system (currently DocuMed ePro; however DPS anticipates migrating to ESO by May 2025.)	Yes
Consultant must review and sort the PCRs and assign appropriate billing code(s). Consultant must identify and resolve any discrepancies in order to have accurate information for appropriate billing and payment processing.	Yes
Consultant is responsible for initial collection (including generation of all insurance forms, filings, and record maintenance) and must provide electronic claims processing and paper filings to all insurance companies (primary and secondary carriers), as well as private pay claims. The Consultant shall follow-up on electronically submitted claims for which payment has not been received after thirty (30) days following initial submittal. Follow-up shall be completed between thirty (30) and forty-five (45) days of initial submittal. The Consultant shall provide follow-up on any denials and, if necessary, file appeals in an attempt to collect on a claim.	Yes
Consultant shall provide postage for any invoices and billing forms that are mailed.	Yes
Each invoice generated by the Consultant shall: <ol style="list-style-type: none"> 1. Be in the format approved by the Director of DPS and must include: account number, invoice number, invoice date, name of patient, name of responsible person if different from patient, complete address, date of service, breakdown of cost, insurance coverage, instructions to pay, billing inquiry phone number, and the following statement – “All checks must be made payable to Levy County Board of County Commissioners”. 2. If mailed, include a return envelope (which may be a “window envelope”) that displays the return address specified by DPS. 3. Be sent at the following intervals: <ol style="list-style-type: none"> a. The first invoice will be dated no later than ten (10) days after the date of service (DOS) or four (4) days after Consultant has received the PCR; b. The second notice will be sent to the patient or responsible party thirty (30) days after the original invoice; c. The third notice will be sent to the patient or responsible party sixty (60) days after the original invoice; and 	Yes



<p>d. The fourth notice (final notice) will be sent to the patient or responsible party thirty (30) days after the third notice has been mailed. Services to be billed will include base fee, mileage, on-scene medical treatment and all associated fees, when applicable.</p> <p>4. No patient shall receive an invoice until their insurance provider has had at least forty-five (45) days to act on the claim.</p>	
<p>Consultant shall negotiate and arrange a modified payment schedule (of no less than \$10 per month) for individuals who are unable to pay the full amount when invoiced and shall follow up to ensure those individuals continue to pay at least that amount for the duration of the invoice.</p>	Yes
<p>After patient insurance or other third-party payments are made, Consultant shall invoice remaining amounts to the patient ("balance billing") where permitted by law and provider agreement.</p>	Yes
<p>Consultant shall receive payments on behalf of the County and deposit those payments into the County's designated bank account within three (3) business days of receipt. Records of deposits and correlating reports shall be electronically transmitted to the County on a daily basis.</p>	Yes
<p>Consultant shall stop billing and/or initial collection efforts for any invoice upon written notice from County to stop any such efforts.</p>	Yes
<p>Consultant shall provide the County's collection company with all accounts that have had no payment activity for 120 days after the date of first billing. The Consultant shall track the account turned over to the collection company and work with the collection company, as necessary, to assist with information gathering, filing insurance claims, and handle payments.</p>	Yes
<p>Consultant shall answer any audit and file any appeals related to EMS billing on behalf of the County.</p>	Yes
<p>Consultant shall respond to subpoena requests and other legal and HIPAA compliant requests for medical records. The Consultant shall keep a HIPAA-compliant log of all medical records provided.</p>	Yes
<p>Consultant shall act as an advocate for the County with Medicare, Medicaid, and private insurance in an endeavor to obtain payment.</p>	Yes
<p>Consultant shall maintain a working relationship with all DPS serviced hospitals.</p>	Yes
<p>Consultant shall provide sufficient customer service representatives to assist patient and/or third-party payees in all billing inquiries in a timely manner, not to exceed three (3) business days.</p> <ol style="list-style-type: none"> 1. The call center shall be operational during normal business hours for County and patient related questions and shall provide bilingual speaking representatives. 2. All calls related to County EMS billing shall be answered "EMS". 3. All calls shall be recorded and retrievable by DPS in a .wav file. 	Yes
<p>Following the end of the term, or any termination, of an agreement with the County, Consultant must cooperate and allow a reasonable time for transition of billing and initial collection services to a successor consultant.</p>	Yes
<p>Consultant shall provide DPS with the following reports/information in an easy to read/understand format:</p> <ol style="list-style-type: none"> 1. Information necessary for DPS to pursue collection of non-sufficient fund (NSF) checks; 	Yes

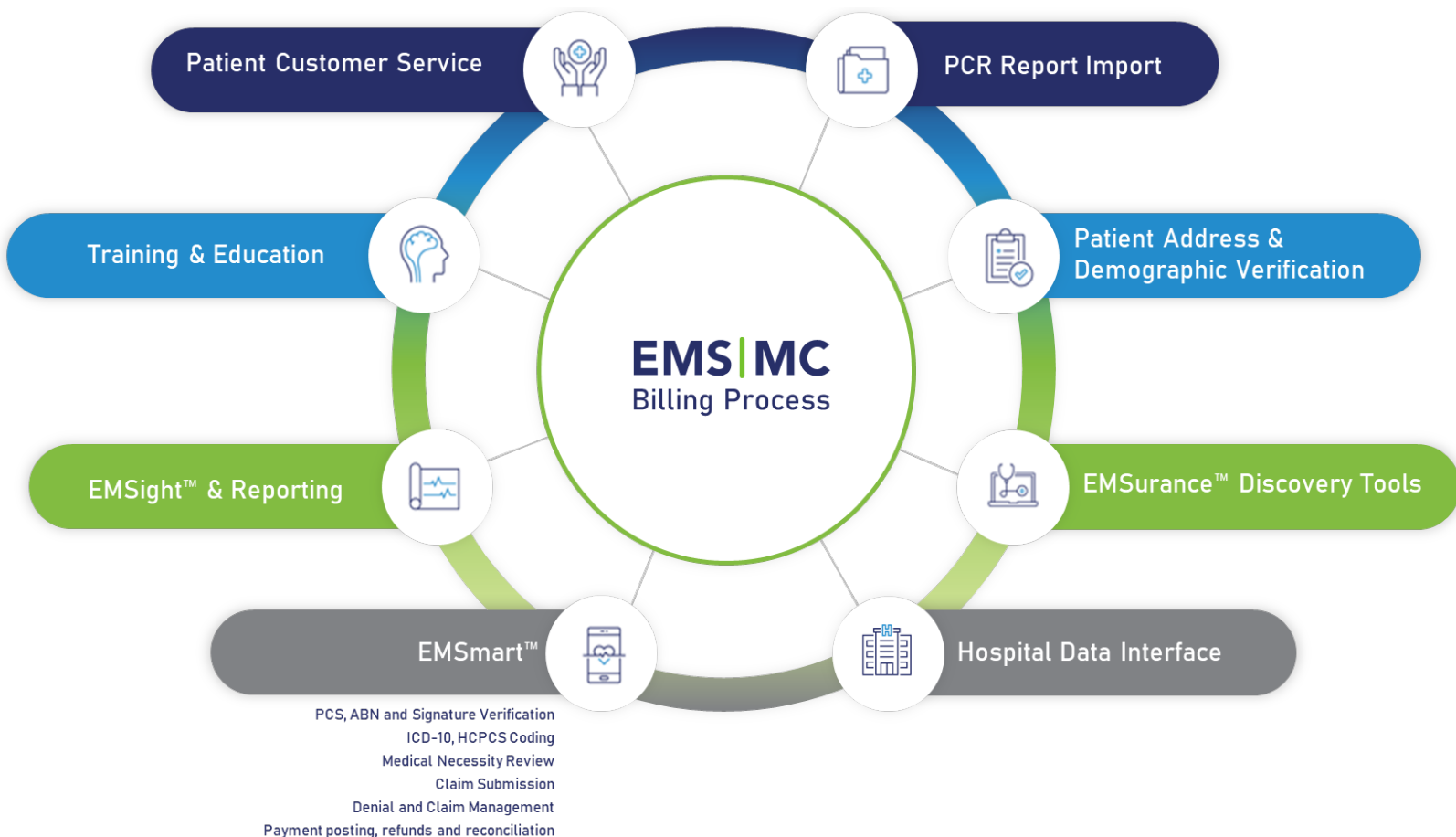


<p>2. Information necessary for DPS to process refund requests for patients and/or insurance companies including the refund payee's name, their verified address, and reason for refund;</p> <p>3. Distribution of charges and collections also known as payor mix of all patients for a given month or other specified period;</p> <p>4. Aged receivable report reflecting outstanding invoices, including the amount, sorted by date or account for thirty (30), sixty (60), ninety (90), one-hundred twenty (120), and over one-hundred twenty (120) days;</p> <p>5. A patient alpha listing;</p> <p>6. A monthly payment listing that reflects required charge offs/adjustments and refunds posted to each patient's account;</p> <p>7. All reports and data required for the County to participate in the Public Emergency Medical Transportation (PEMT) Program;</p> <p>8. Monthly write-offs; and</p> <p>9. Any other mutually agreed upon reports as may be required.</p>	
<p>Consultant shall provide DPS with remote, electronic, read-only access of DPS's account records, subject to reasonable terms of use provided by Consultant. Such access must allow DPS to produce reports, view patient account status, and the ability to track or review Consultant follow-up on accounts. All account information must be up to date (meaning no more than seven (7) days behind the Consultant's live system.) Consultant shall provide DPS with up to three (3) hours of training on the use of this access system.</p>	Yes
<p>At the request of the DPS Director, Consultant shall provide up to four (4) hours of quarterly training to DPS personnel on changes in the billing process and/or new requirements for data gathering and billing purposes</p>	Yes
<p>Consultant shall comply with all HIPAA rules and regulations regarding protected health information (PHI) as a guardian of all record sets and will maintain all records and patient information in a safe and secure manner allowing for inspection and/or audit by the County. Consultant shall store all records for a minimum of thirty-six (36) months and then turn them over to DPS for permanent storage.</p>	Yes
<p>Consultant must remain licensed, insured, bonded and compliant with the Federal Health Insurance Portability and Accountability Act ("HIPPA") in the State of Florida.</p>	Yes
<p>Upon execution of an Agreement with the County, Consultant must provide a copy of all current licenses, credentials, or certifications required by law for services hereunder. All licenses, credentials, or certifications required must remain valid for the duration of the Agreement.</p>	Yes
<p>Consultant must remain in compliance with SAS 70 Type II and provide SAS 70 Type II audit documentation with assurance that the compliance program and processes meet/exceed federal guidelines set by CMS, the OIG, Red Flag Initiatives, HIPAA, and an annual third-party audit of the entire billing process.</p>	Yes
<p>Consultant will comply with all applicable federal, state, and local laws, rules, regulations, and other legal requirements that pertain to the duties and responsibilities of the Consultant.</p>	Yes



How We Bill

EMS|MC knows billing. We have developed a multi-step claims management process with a focus on automation that minimizes human “touch points” & increases approved claims. We have teams in every category of the billing process, providing diligence around persistent follow-up, ensuring separation of operations.



The above EMS|MC graphic depicts a condensed breakdown of our process. The following pages will provide detail on each step - ***PCR Report Import, Patient Address & Demographic Verification, EMSurance Discovery Tools, Hospital Data Interface, EMSmart, EMSight & Reporting, Training & Education, and Patient Customer Service*** - ensuring compliant & successful billing for Levy County.



PCR Report Import

The claims coding & billing process for all payors begins with the import of PCRs. The patient narrative is a critical element in determining coding decisions & is imported into the EMS|MC billing system where a billing specialist will review & make coding decisions based on the information contained in the PCR.



ePCR Partnerships

EMS|MC's established ePCR vendor partnerships utilize automation designed to provide minimal manual intervention by both clients & the EMS|MC team – thus reducing the opportunities for human error & denied claims. Levy County is guaranteed efficient & accountable imports of the electronic Patient Care Records (PCR), & EMS|MC will provide an Import Confirmation Report (ICR).

EMS|MC & the ePCR Partnerships ensure reconciliation for Levy County. EMS|MC's data management team has a proven track record of success for each of our clients, ensuring that our data transmission process is consistent and stable.

Patient Address & Demographic Verification

Once imported, our certified coders then review the entire patient record, and educated decisions are made regarding the appropriate ICD-10 code to apply, based on knowledge of regulations & payor-specific guidelines. At EMS|MC, we maintain that it is in the best interest of our clients that our team carefully reviews each claim, never relying solely on technology to make key coding decisions.



Upon completion, all claims are processed through our automated quality check. This audit process uses logic to identify potential errors that could lead to denials/rejections, correcting them accordingly before the claim is submitted to the appropriate payor. EMS|MC's management of call reports that lack sufficient information begins during the initial billing process. EMS|MC staff reviews each portion of the transport, including all attachments & narratives, to determine whether any information required for billing is missing. Below is a list of the most common missing information on call reports:

Most Common Missing Information on Call Reports

- Missing Pick-up/Drop-off Location & Missing Patient Demographic Information
- EKG Interpretations
- Non-covered transports with a destination of scene
- Unspecified Chief Complaint/Condition for Transport
- Poorly Documented or Unclear Medical Necessity
- Missing or Non-Compliant PCS Form/Signature Authorization Forms



If the report is found to have insufficient information, the transport is placed on a dedicated schedule called the “ACR Return to Provider.”

Trips on this schedule are made available for Levy County's immediate & actionable feedback, via the EMSight™ business intelligence web portal. The ACR Return to Provider (ACR-RTP) process allows Levy County to provide the missing information needed to initiate the billing process & allows EMS|MC to track & monitor the status of transports that have been returned.

EMS|MC provides Levy County with a daily e-mail developed to alert you of any transport that has been placed on the ACR-RTP schedule the day before. This simple, yet effective, method of alerting you about specific transport issues allows you to quickly resolve the issues, keeping these transports moving through the billing process.

EMS|MC understands obtaining a valid signature at the time of service is not always possible. If signatures are not acquired at the time of service, EMS|MC offers EMSign, a signature wizard, whereby authorized parties can submit a digital signature online.

This feature helps keep transports off the ACR-RTP & moving through the EMS|MC billing process. We utilize mailed letters to obtain missing signatures, providing various opportunity for the missing information to be obtained.

Upon receiving the requested information, and in compliance with insurance program, our interactive feedback loop ensures that every billable transport is processed and sent to the appropriate payor.

Once the claim has passed through the patient verification, insurance eligibility, and/or the ACR-RTP billing schedules, EMS|MC processes the claim within 48 hours of receipt. This is done only after the run report is imported, confirmed, reviewed for completeness, data entry is completed, & quality assurance performed. Many companies focus on how quickly they can get a claim submitted; however, experience has taught us that by spending extra time on the front end, we can greatly increase the success rate in getting the claim paid in the first submission.

Our billing system is schedule-driven to ensure accountability for each claim & prevent loss. Schedules are a vital part of Levy County's setup & software configuration process & dictate the internal workflow & follow-up activity required on each claim at very specific time intervals. Claims that are ready to be billed are placed on a schedule according to primary payor. As an example, a Medicare claim typically pays in 14-17 days. If we do not receive payment in 21 days, a follow-up process begins as follows:

- Our schedule-driven system will flag this claim if a payment is not received within the expected time period
- The billing system generates a daily workflow schedule of claims that are not paid or denied, according to the designated initial schedule
- Follow up calls & claim status research will begin immediately

We utilize electronic claim submission in every case possible. Medicare, Medicaid & most commercial insurance carriers accept electronic claims. The faster claims are batched & submitted to payors, the faster they will be paid to the provider.



The result is maximized cash flow and accuracy in claims. EMS|MC maintains a high clean claim percentage by ensuring every claim is verified using a proprietary automated quality validation system. This validation system uses complex logic that can identify many potential errors that could lead to claim rejections or denials, allowing EMS|MC to make corrections &/or conduct follow-ups where applicable.

EMSurance Discovery Tools

EMS|MC understands Levy County's medics may not always be able to obtain insurance information at the time of service. Appropriately, we have chosen to invest heavily in insurance discovery. **EMSurance**, our proprietary insurance discovery tool, paired with our soft collections approach, allows EMS|MC to increase compliant collections for our partners. **EMSurance** automation successfully collects patient information by aggregating multiple channels into one process & does significantly well at moving patients out of self-pay accounts & into one of the insurance categories.

Levy County is provided with an outbound Customer Success Executive for insurance discovery. Should our databases prove unable to locate missing or incomplete information, EMS|MC will take appropriate next steps. Provided there is a valid phone number, our Customer Success team reaches out to the patient to further attempt to collect insurance information. Experience has taught us the timing of outbound calls, coupled with asking questions about insurance & address information, delivers faster results & a higher possibility of collection on claims.

Most callers are unaware of their coordination of benefits - EMS|MC Customer Success representatives always do their due diligence to obtain as much information as possible from the caller to ensure the correct insurance is being filed along with the correct patient's name &/or subscriber information. Every touch made on an account is documented through automation, producing a trail for our team to follow.

In addition, we document patient notes to include the conversation & concluding next steps of the inquiry. This history creates a unified understanding amid team members working together toward each patient's account resolution. The history of a trip tells our team the following:

History of a Trip

- When the trip was imported into EMSmart
- When a claim was filed - which can be used to prove timely filing
- When information was provided by the patient -may indicate a patient submitted information late
- When a payor or schedule was changed, what they were changed to & by who
- When & how a claim was sent out
- Credits & denials posted
- When an invoice has been sent out
- When an account has been mass moved to collections

EMS|MC utilizes several resources/eligibility databases to find missing & incomplete insurance information. **EMSurance**, one of our innovative billing technologies, provides an automated process to collect patient information by aggregating multiple channels into one process.



Internal Search Engine – EMS|MC runs all new patients across our existing patient & client database to see if the patient is already in the system

- Hospital Data Connections
- Outgoing Telephone Calls – If necessary, our staff will place outgoing courtesy calls to the patient for the purposes of obtaining insurance information
- Request for Insurance Statement – EMS|MC mails a “Request for Insurance Statement” to the responsible party. Patient addresses are verified against the National Change of Address (NCOA) database to obtain current address information & reduce returned mail

Denied or Returned Claims

Denied or returned claims requesting additional information are assigned “reason codes” to track trends on specific payors & to provide internal auditing. As a result, we can easily provide analytical feedback to our staff & Levy County on field documentation &/or payor-specific approval requirements. Denial reports are routinely reviewed by the billing Operations Manager for payor/denial trends & potential coding issues.

If a claim is denied or rejected, EMS|MC has an appeal process in place for each claim to be reviewed by a Revenue Cycle Specialist to determine the root cause for denial or rejection, correct the claim, if possible, & then resubmit to the appropriate payor. EMS|MC stands behind our coding decisions, &, if necessary, will defend them all the way up to the ALJ level. This EMS|MC process has proven to increase revenue. Exhaustive measures are taken to ensure monies are not left uncollected & unnecessarily written off to bad debt.

Account follow-up is conducted for all denied claims, or those claims with an open balance status beyond the normal time frame in which insurers are required to process claims. Our billing system automatically flags these accounts based on the specific payor & age of the account so timely account research may be conducted.

Once a claim is researched & is fully determined to be non-covered, an invoice is submitted directly to the patient in accordance with Levy County's collections specifications/procedures. The patient will also receive a denial letter with an explanation of benefits directly from their insurance carrier.

EMSmart™

EMSmart™ is EMS|MC's proprietary intelligent billing/workflow platform. It is a rules-based processing engine that allows EMS|MC to analyze multiple ePCR data points to aid in the determination of claim level of service & priority. EMSmart™ brings the best of human judgement & automation together to ensure the highest clean-claim rate & cash-per-trip results in the industry. Once a claim is imported into EMSmart™, a rules-based engine completes automated assessment of the claim & then a Billing Specialist reviews 100% of imported claims to accuracy. After the review, the claim then moves to the appropriate workflow. From there, Billing Specialists update patient demographic information & insurance as necessary, coding suggestions are reviewed, & then all trips are reviewed for signatures. EMSmart™ is the backbone of our billing process. During the EMStart onboarding process we create a client specification document that is based on your responses to our detailed questionnaire, and then we input your rules into our pre-processor.



Training - EMScholar™ - EMS|MC's Online Documentation Platform

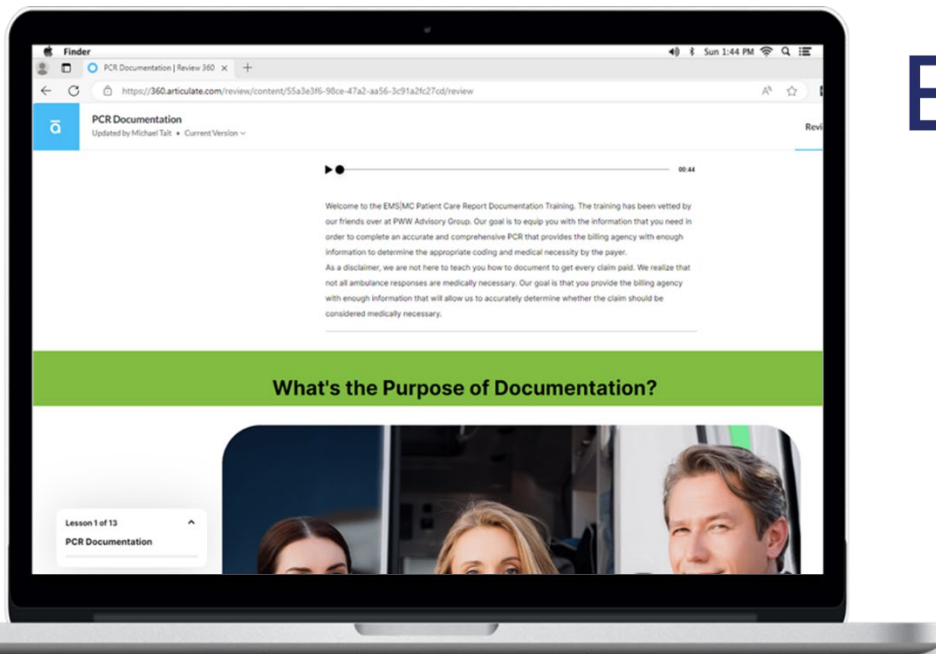
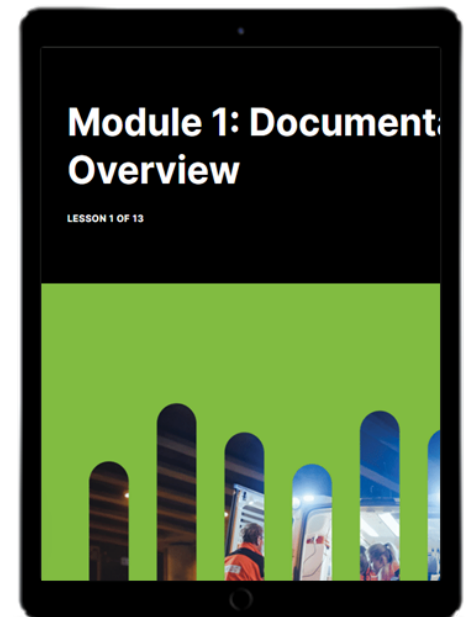
Training & Education



EMStart anticipates your agency & training needs of your staff and crew. While our team proactively addresses technical matters, we focus heavily on training & education during the **EMStart** deployment process and throughout our partnership. In-depth training will be provided on all of our interactive applications, **EMSight™**, & our secure FTP. This training comes at no additional cost to Levy County.

EMScholar™ powered by **VAIRKKO** is an interactive education portal that provides up-to-date content vetted by industry experts at PWW|AG. **EMScholar™** offers onsite & online training with 24/7 mobile app access to courses anywhere an Internet connection is available. Our micro-learning courses are taught by knowledgeable instructors who average 20 years of experience &/or education. Once our six-module course is completed, a certificate of completion is provided. Below are some screenshots taken from the training courses.

EMScholar™ powered by VAIRKKO



Chief Compliance Officer, Ryan Stark, & our Learning & Development team annually audit & update EMS|MC's PCR documentation course. Ryan and his team provide additional compliance training & updates on an as-needed basis, as new compliance regulations are put into place. EMS|MC's Customer Success Department is solely tasked with building long-term partnerships with our clients through dedicated account management processes. The Customer Success Executive and/or our Training Team will provide onsite training during the deployment phase of our partnership & at increments deemed necessary by Levy County.



Patient Customer Service



Patient Customer Service

Levy County is provided a dedicated toll-free patient customer service telephone line. We inform patients of any delays, both expected & unexpected, that may arise during our efforts to provide the best possible level of service.

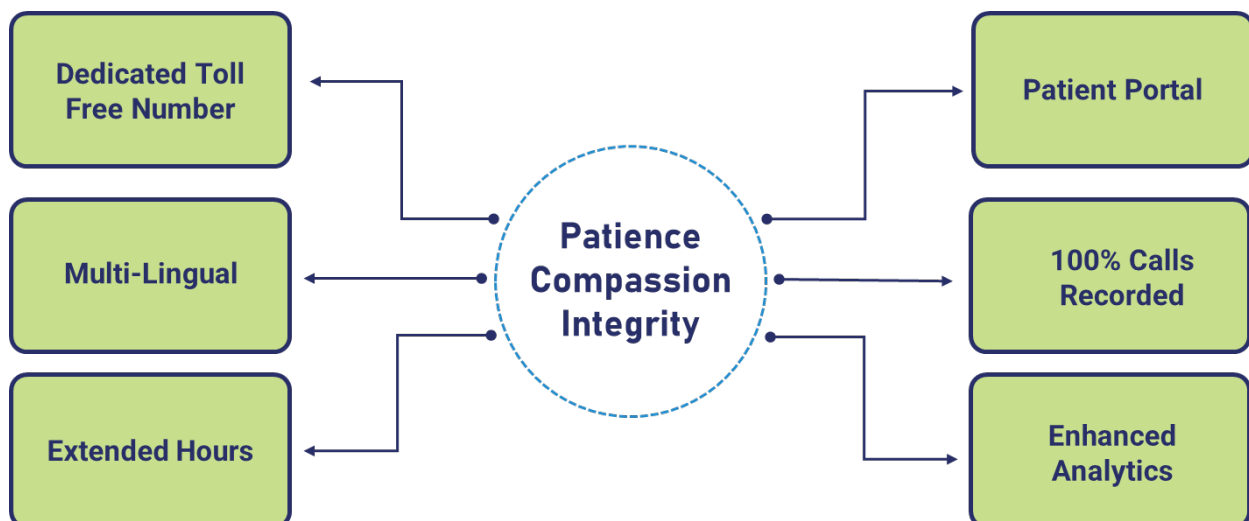
Some EMS billing vendors measure performance of their patient service representatives by the length of the call; however, at EMS|MC we encourage our patient representatives to be intuitive in their approach & thorough in their resolve, ending the call only when the patient is fully satisfied. Each member of our Customer Success team has received rigorous training on patient management, in all aspects of troubleshooting concerns & EMS billing practices.

A client specifications document will be created during the **EMStart** onboarding process. This living document focuses on business specific information providing all EMS|MC departments with the guidance needed for the successful management of a Levy County's account. These documentation practices play an integral role in the success of our Customer Success team as they contain specific information about how to handle certain questions from patients regarding payment plans, hardship policies & discounts – all according to Levy County policies and protocols.

Dual monitors are at every workstation, so our representatives have easy access to all the information necessary to produce hassle-free resolution for any given inquiry. The client specifications for Levy County lead account resolution by providing details about special processes including but not limited to:

At the heart of EMS|MC is why we do what we do - create opportunity for our client partners by providing them with the gold standard in EMS billing so they may acquire the resources necessary to deliver lifesaving care. Infused into our operations is a level of accountability meant to exceed expectations & deliver over-the-top support that maximizes reimbursement by providing the entire solution.

Our mission is to lead the industry by delivering unrivaled customer service. All Patient &



Client Communication are handled in the continental United States.

All inbound and outbound calls are recorded and can be reviewed upon request. Our phone system tracks all calls from the moment the caller hears the recorded message until the completion of the call. We can observe how many seconds they were on the line before selecting a phone tree option, how long they held before speaking to a representative, how long they may or may not have been placed on hold during the call & if the call was transferred.

At EMS|MC, we understand how important patient satisfaction is and we do not take it lightly that we represent our clients when patients call. We understand making this call may not be something patients look forward to, since an emergency or life changing event has occurred, but we strive to make this a positive experience, guided by our Customer Service Policy.

PATIENT CUSTOMER SERVICE

Unified Call Center



Our main objective is to provide clear communication, consistently informing patients of what we are doing so they do not feel as if their time is being wasted. We understand that every call has different time tolerances, and we get a temperature check with the patient if we believe the call to be lengthy, offering the option to call back at their convenience. At the end of every call, we reiterate the reason they called and thank them for doing so.

In addition to clear communication, we have trained our employees to manage the patient's reaction to the trip's total bill, even if the amount is correct but the patient is still upset, by explaining all the necessary details. We have found that most patients do not know how trips are billed. Politely explaining the cost associated with emergency responses typically procures a deeper understanding and overall outlook towards the bill.



We cover best-in-class practices for collecting payments from the patient. We encourage the patient to pay in accordance with your payment terms that we have discussed in your “Client Specifications Document”. Depending on the financial situation of the patient and your policy, we can accept “special” payments that they can afford. We never lead the conversation by offering to take the lowest payment approved by Levy County, but train our employees to find a compromise that makes both the patient and Levy County satisfied.

In addition to handling every call politely, professionally, and expertly, we train our employees to be thorough and accurate. For example, when adding any information given by the patient, we use a “Military Alphabet” repeat back method to ensure we have captured the information with the utmost precision. We instruct our employees to never assume the information we have on file is the most up-to-date, and that the best time to update a patient’s information is when we have them on the phone to verify that it is correct.

On every call, we verify the address is correct and that we have a current contact number for the patient. We also prepare our employees on a variety of scenarios that could potentially arise so that they feel prepared and empowered to handle the call according to your documented preferences. Since 1996, we have learned how to make the patient’s experience positive and effective for each customer. This is something we are passionate about. Customer service and account resolution is our number one priority. As a part of EMS|MC’s ongoing commitment to excellent customer satisfaction, we are dedicated to enhancing our current level of customer service, company-wide, by developing and delivering a formal comprehensive Customer Service educational program. Customer satisfaction is a principle that has guided our company since the beginning, and over two decades later it remains a top priority.

Course content is continuously updated by our Learning & Development Team, and focuses on the complete customer service experience: Applying customer service as a business differentiator, managing and resolving customer’s issues, anticipating customer’s needs while being prepared to deliver on those needs, demonstrating positive attitudes through verbal and non-verbal communication, understanding differences in communication styles, enhancing active listening skills and strengthening prompt follow-up skills for all EMS|MC employees.

Escalation Policy

Our representatives are reminded that the measurement of success is not based on the quantity of patient inquiries addressed in a day, but rather the quality of time spent focused on providing the entire solution. We understand customer service & account resolution are critical components of a successful EMS billing program. When a patient raises an issue that requires urgent resolution, EMS|MC immediately escalates the concern & responds within 24 hours. Additionally, we address all questions & requests submitted via the EMS|MC website (www.emsmc.com) during normal business hours & within 24 hours of receiving each submission.



Payment Technology

Standard intervals for mailing are built into our invoicing cycle which is activated once it has been determined the patient is responsible for the remaining balance. Private pay accounts are handled through initial invoicing & are followed up with monthly statements reflective of all payments & credits.

As one of our many payment options, EMS|MC offers an online patient portal, [EMSSecurePay](#), where patients can make payments in full or set up a payment plan to pay the remaining balance. If selected, [EMSSecurePay](#) is automated to calculate payment options for patients in accordance with Levy County's agreed upon payment terms. An amortization schedule will then be displayed to the patient based on their payment plan. This added layer aims to 'collect all the dollars on the table' & has proven to increase reimbursement for our clients.

Although the patient portal is user-friendly, we understand technology can be a pain point for some individuals. In these scenarios, our Customer Success representatives are happy to offer step-by-step guidance through the portal's process via our toll-free phone line.

Our billing system can manage both scheduled payments, & payment plans. Once an account is on a payment plan, the patient will receive an invoice indicating that a time payment arrangement has been established, with a statement of understanding for the patient to sign. Each month, the patient receives a cumulative invoice reflecting the historical credits & dates posted. Each invoice will also include Levy County's dedicated toll-free number. [EMSSecurePay](#) gives patients the ability to provide feedback about their EMS experience with patient care & billing, via an online survey.

[EMSSecurePay](#), located on www.emsmc.com, is EMS|MC's secure online payment portal that allows patients to easily pay their invoices. This online portal is intuitive, PCI DSS compliant & is tested & certified quarterly by an independent third-party vendor.

For payments, patients enter a few key pieces of information from their invoice to [EMSSecurePay](#). Patient balance(s) are then retrieved in real-time from our billing system & displayed to patients. The rest of the payment process uses a checkout online wizard. Patients can select to pay one, few or all outstanding invoices. They can also setup a payment plan, enter credit card/bank information & pay the invoice. Payments can be made via credit card, ACH, Paypal, or Venmo.

Additionally, they can print a copy of the receipt & create a new account. Patients who created an account on [EMSSecurePay](#) can manage their reoccurring payment plans & access past receipts. [EMSSign](#) is EMS|MC's secure online web portal allowing patients, or their legal representatives to electronically sign the Ambulance Signature/Claim Submission Authorization Form.

Patients will be mailed an Ambulance Signature/Claim Submission Authorization Form. Patients or their legal representatives can sign the form & mail it back to EMS|MC or they can sign the form electronically using our [EMSSign](#) online portal. Completed forms are automatically converted to PDF files & saved to an EMS|MC document management system where they can be retrieved by EMS|MC billing or compliance staff. [EMSSign](#) helps to maximize & accelerate our clients' revenue by replacing the regular mail option with the convenience of submitting their signature electronically. Because the process is fully automated the human error of manually retrieving & processing forms is greatly reduced.



EMSight™

EMSight™ is EMS|MC's secure online business intelligence dashboard & reporting solution with real-time patient search functionality, collaboration/workflow tools, & robust payment posting module. EMSight™ offers daily, weekly & monthly reports with detailed accounting of billing & collections, including both summary & detail-level data in an easy-to-interpret format.

EMSight™ was built around client feedback & was made to make your life easier. As an attentive partner, we attest to being dedicated to continuous process improvement & transparency for our client partners.

Vanderbilt LifeFlight's designated personnel will have their own login ID & password for our secure client online portal website. Individual access is granted to a particular feature/portal and is based on Vanderbilt LifeFlight's preferences and job function. There is no limit on the number of licenses or client employees accessing EMSight™. After logging in to the portal, clients are presented with a detailed dashboard divided into four subject areas:

Billable Trips, Gross Charges, Net Collections, & Account Receivables. Each icon or number displayed on the dashboard is drillable (can be selected for additional details) & will promptly display second or third level reports. Reports can be filtered by various criteria & exported to an Excel or PDF format.

Reporting

EMS|MC knows that business happens during non-traditional business hours, and we built EMSight™ for real-time availability. Beyond the standard EMS|MC month-end reporting package that Vanderbilt LifeFlight will receive, EMSight™ provides reliable ad-hoc reporting that will help keep your billing data readily available 24 hours a day, 7 days a week.

This includes but is not limited to:

- Account Analysis By Month and Payor By Trip Date
- Account Analysis By Month By Trip Date
- Aging Report By Current Payor (Aging Date Based)
- Charge Detail Report (Post Date)
- Charge Detail Report (Trip Date)
- Charge Type Detail Report (Post Date)
- Charge Type Detail Report (Trip Date)
- Client Demographics – Mileage
- Client Import Report
- Credit As Type Summary Report (Deposit Date)
- Credit As Type Summary Report (Post Date)
- Credit As Type Summary Report (Trip Date)
- Payment Credit By Payor (Deposit Date)
- Payment Credit By Payor (Post Date)
- Payor Mix By Gross Charges by Trip Date
- Trip Detail By Primary Payor

EMS|MC realizes that unique reports often need to be created to offer invaluable organizational insight. EMS|MC has consistently been able to develop & provide these reports at no additional cost. Ad-Hoc reporting requests will be reviewed with your Customer Success Executive & our Project Management/IT teams to determine & develop the most effective reports.

There is no additional charge for customized reporting.

Patient Records

This area allows searching of our billing system records in real time using various search criteria: First Name, Last Name, DOB, SSN, Incident Number, Run Number, & Date of Service. Search results can be drilled down to a detailed report that can be printed.



Patient Notes

Patient Notes encourages users to add notes to specific patient accounts to drive transports to a new billing schedule. Users will be able to immediately note individual patient accounts, & specific transports, of any updates that might be related to that account.

ACR Return to Provider

ACR-RTP is workflow functionality that allows EMS|MC billing staff to return the trip back to Vanderbilt LifeFlight as the trip is being worked in our billing system in real time. Some of the reasons for returning trips are missing PCS form, incorrect information listed on the PCS form, missing patient address, etc.

Vanderbilt LifeFlight can access all the information under their fingertips, upload a missing file or correct the information on the portal. This interactive tool will allow us to collaborate with Vanderbilt LifeFlight in real time, identify trends & eliminate any disruption in cash flow. Below is an example of one of the ways EMS|MC utilizes the ACR-RTP to maximize reimbursement opportunities:

- EMS|MC obtains the patient care record, which includes a narrative indicating that an EKG was conducted during the transport. However, the absence of the EKG interpretation limits billing to the Basic Life Support (BLS) level, despite the provision of an Advanced Life Support (ALS) intervention. To bill at the maximally appropriate level, it is essential to secure this missing information. Consequently, EMS|MC will classify this service in the ACR-RTP, which gives Vanderbilt LifeFlight the opportunity to supply either the EKG interpretation or the qualifications of the attending paramedic.

Payment Summary

Payment Summary provides access to financial dashboards & reports. Drillable dashboards show several financial metrics for any given month - the amount of posted payments, prior period adjustments, refunds, & net collections.

The Payments Received section shows daily amounts for Bank Deposits, Credit Card payments, Direct to Client payments, EFT payments & Patient ACH payments. Each daily amount is drillable & will show the detailed report of all payments. Like Payments Received, the Payment Posted section is broken down into 14 subcategories with daily totals, followed by Reconciliation & Refunds sections.

Crew Analysis®

Crew Analysis provides the ability to quantify how often crew members are documenting specific data points on their PCRs: Patient signature, Phone number, Insurance with policy number, Social Security Number & whether the trip was returned on the ACR-RTP report. This unique tool will allow Vanderbilt LifeFlight to review your crew documentation scores & averages in comparison to the EMS|MC National Average. Vanderbilt LifeFlight can utilize the "Crew Member Trend Chart" to depict documentation trends for crew members over the last 12 months, or within a specific date range if desired. Trips can be viewed by ordering facility in



Compliance

Our dedication to compliance sets EMS|MC apart in the industry. EMS|MC has developed a culture of compliance throughout our organization. Beyond the annual training & quality assurance process, EMS|MC has embedded compliance into our daily workflows that set the foundation & expectations across our organization. EMS|MC goes beyond the minimum requirements set forth by the OIG & has created a compliance program that is the best in the EMS billing industry.

EMS|MC's compliance expertise keeps our clients safeguarded from the legal exposure that may potentially arise with EMS billing. With the ever-changing healthcare marketplace & the political environment, we will be by your side when you may not have the resources to do it alone.

Our Corporate Compliance team is one of the most integral parts of our organization. The team is responsible for conducting quality assurance audits on all aspects of our business process. A staff with more than four decades of experience, our compliance team helps to mitigate risk associated with ambulance billing by applying comprehensive & timely knowledge of EMS law & regulations, protecting our clients & company.



Ryan Stark - Chief Compliance Officer
ryan@emsmc.com | 717.691.0100

Ryan Stark is a Managing Partner with Page, Wolfberg & Wirth, and counsels clients on labor relations, privacy, security, reimbursement, and other compliance matters affecting the ambulance industry. Ryan developed and is the primary instructor for the nation's first and only HIPAA certification for the ambulance industry - the Certified Ambulance Privacy Officer. He co-authored PWW's widely used Ambulance Service Guide to HIPAA Compliance.



Eric McClain
 Director of Continuous Improvement
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- Experience: 11+ Years
- Legal Liaison
- NC-EMT Certified
- NAAC CAC Certified



Ajenay Drummond
 Director of Compliance
ajenay.drummond@emsmc.com

Experience: 14+ Years
 Ambulance Billing Operations



Based on the Office of Inspector General's (OIG) Guidance for Ambulance Services & for Third-Party Billing Agencies, EMS|MC maintains an active & comprehensive Compliance Program. EMS|MC goes beyond the minimum requirements set forth by the OIG & has created a compliance program that is the best in the EMS billing industry.

Our compliance program highlights:

- Designation of Chief Compliance Officer, Compliance Manager, Compliance Analyst, Information Technology Security Officer, & attorney oversight who oversee all compliance related activities
- Development of written Compliance policies & procedures that are reviewed & updated regularly as regulatory changes are made
- Open lines of communication between all employees & the Compliance Team with the expressed intent of non-retaliation for reporting issues in good faith. EMS|MC provides multiple mechanisms for reporting compliance related concerns to include anonymous reporting options
- Annual Mandatory Compliance Training & Education Programs with signed acknowledgement of understanding & commitment for all employees
- Signed Employee Confidentiality Agreement, Confidentiality & Dissemination of Confidentiality Attestation Statement, & Compliance Code of Conduct
- Employment Background Checks, Criminal History Checks, & OIG Exclusion Database Verifications for all employees
- Daily quality assurance program in which all employees are provided scorecards of their quality assessments
- Annual SSAE No. 18 SOC I Type II Certification
- Data Disaster Recovery Plan & Data Backup Policies
- Secure FTP for sharing files with clients & external partners
- Secure Network & Email Encryption with Virus & Firewall Protection
- Secure Work Environment with key fob entry system, building security alarm system, & locked offices, storage areas & other areas in which PHI may be stored
- Data Destruction Policies for all sources of PHI to include paper, electronic, &/or hardware devices
- Prohibited printing capabilities from VPN, Citrix & Telecommuting Systems
- Breach Notification Policy to immediately notify patients when their data may have been compromised
- PCI Compliance to ensure credit card information is not stored after the transaction has been completed
- Red Flags Policies & Identify Theft safeguards to ensure that the patient's data has not been compromised



EMS|MC's NAAC Certified Ambulance Coding Specialist (CACS)

Excellence in ambulance billing & coding is what drives our business & in-turn, your revenue. EMS|MC's Learning & Development team has designed & implemented an in-house coding certification course that exceeds national standards in ambulance coding excellence. EMS|MC's certified staff are the leaders in the industry.

The Certified Ambulance Coding Specialist (CACS) course enables our employees to successfully code trips with an in-depth auditing & feedback process for 100% of trips – ensuring accuracy throughout our training process. This allows our team to gain actionable insight into each employee's understanding of billing concepts, driving future course development & continuing education opportunities.

Our business is your revenue, & we understand that the healthcare landscape, rules, & regulations of our industry are ever changing. As a result, our fluid & dynamic training practices challenge our billers to be more than just coders, but to become an extension of your agency.

NAAC (National Academy of Ambulance Compliance) represents the industry's "Gold Standard of Excellence" in compliance, ethics, and integrity in all facets of ambulance compliance.

NAAC provides industry-specific training that gives each Ambulance Biller, Compliance Officer or Privacy Officer, Documentation Specialist or Financial Officer a solid baseline of critical knowledge necessary to become well-informed, conscientious, compliant, and proficient in their profession. NAAC also fulfills an industry-wide need for reliable and timely recurrent education for ambulance compliance officers, privacy officers and billing staff, to ensure consistent, ongoing compliance with the ever changing, complex rules and regulations affecting the industry.

EMS|MC's internal billing and coding staff are NAAC-certified professionals and maintain their competency through annual continuing education requirements. NAAC provides and accredits a wide range of continuing education programs throughout the year, both in classroom and online offerings.



NAAC provides premier training and education to ambulance billing, coding and compliance professionals and field providers through its 5 certifications:

- Certified Ambulance Coder (CAC)
- Certified Ambulance Compliance Officer (CACO)
- Certified Ambulance Privacy Officer (CAPO)
- Certified Ambulance Documentation Specialist (CADS)
- Certified Ambulance Financial Officer (CAFO)



EMS|MC & HIPAA

We take seriously the responsibility to protect patient information. Our team is committed to assuring that all our employees, agents, providers, & business partners conduct themselves ethically & in conformance with all applicable laws & regulations.

Our Compliance Program is designed to safeguard the provider from unintentional billing practices that violate Federal law. This program is run by our Chief Compliance Officer, Ryan Stark. To date, our billing systems, accounting records, document management & disaster recovery systems, are compliant under Health & Human Services (DHHS), the Office for Civil Rights (OCR), & the Office of the Inspector General (OIG) for all safeguards, security, & recoverability.

Our systems are incrementally backed up daily & fully backed up each week through syncing to a HIPAA compliant, offsite data center. This information is replicated to offsite locations which are regionally positioned to ensure integrity & high availability.

Our billing platform & ePCR software vendors are compliant with the National EMS Information System, & they maintain their own compliance with NEMSIS.

Auditing Process

EMS|MC has an internal auditing quality assurance department, led by our dedicated Compliance team, who performs daily pre-billing audits. Our audits are designed to uncover potential compliance issues before we submit claims, preventing potential declined claims.

EMS|MC has extensive policies & procedures to adhere to Privacy & Security Regulations guidelines. Employees are given direct feedback in the form of quality scorecards to manage their performance. These scorecards are used for employee development as well as to identify the need for additional training by our Learning & Development department.

After our extensive internal new hiring training certification program, all new employees are audited at 100% until they reach a satisfactory score of 96% or higher. All new clients are audited at 100% for the first two weeks of deployment, or until the compliance thresholds are met. The number of claims audited are reduced to 50% for an additional two weeks or until they meet the satisfactory quality assurance scores.

Government Payor Audits

EMS|MC takes on the responsibility of submitting a comprehensive & accurate package of documentation upon the initial submission of the request. If the audit determination results in a denial of claims, the audit results are contested to the highest level of appeal applicable.

EMS|MC represents our clients in Administrative Law Judge (ALJ) & Administrative Hearings when the claims have been denied inappropriately. EMS|MC maintains a retainer agreement with several law firms to solicit their assistance related to OIG compliance, Ambulance Regulations, HIPAA, & Red Flags Alerts. Our assistance in this area has overturned millions of dollars in unwarranted denials from Medicare & Medicaid related to medical necessity & level of service down-coding.



OIG Exclusions

All employees of EMS|MC are monitored against the OIG Exclusion Database to ensure the employees are eligible to provide services on your behalf. This process is completed prior to hiring the employee & monitored monthly thereafter for the length of their employment.

SSAE No. 18 SOC I, Type 2 Certified

EMS|MC completes a SSAE No. 18 SOC I, Type II audit each year to ensure quality, confidence & consistency in our processes. As a result of this audit, many reconciliation points throughout our processes are well documented & are properly executed.

Annual Third-Party Regulatory Audit

EMS|MC participates in a third-party compliance audit conducted by Page, Wolfberg & Wirth (www.pwwemslaw.com) on an annual basis. The purpose of this audit is to verify our billing practices are compliant with governmental & commercial payors, as well as industry regulation. This audit provides an additional layer of compliance in our billing methodologies & provides our clients with the peace-of-mind that outsourcing to EMS|MC helps to minimize risk. We will always comply with HIPAA rules & regulations. Our billing systems, accounting records, document management & disaster recovery systems, along with operational policies, meet or exceed the requirements of HIPAA for safeguards, security & recoverability. EMS|MC is in compliance with the Health Information Technology for Economic & Clinical Health Act of 2009 (HITECH). [Legal Requests](#)

Attorney Request

Outsourcing your billing includes the value-add of EMS|MC handling the fulfillment of all attorney requests for reports.

We partner with ChartSwap to process requests for records from a lawyer or court. This HIPAA-compliant universal platform provides attorneys with fast, efficient fulfillment & provides visibility into what has been requested & received.



Secure Solution

EMS|MC adheres to a defense in-depth strategy to protect the confidentiality, integrity, and availability of information across our networks. This includes both policy and technical controls to mitigate the risks of unauthorized access and allowing access only to the minimum necessary for a particular role. EMS|MC employs the following types of controls: availability, physical security, data security, backups, disaster recovery, and monitoring. EMS|MC utilizes quarterly PCI-DSS scans to attest to compliance, an annual SSAE-18 audit around business processes, and an annual HIPAA compliance validation from a 3rd party auditor.

Availability, Fault Tolerance

- Dual-redundant firewalls
- Dual-redundant Internet service providers
- Private cloud and public cloud environments architected for high-availability and fault tolerance
- RAID – Redundant Disks in servers
- Redundant power infrastructure for critical information systems and redundant multi-pathed uninterruptible power supplies (UPS)
- Quarterly generated tests to simulate partial and full building power failures

Security Systems and Mitigations

- Microsoft Windows servers use a suite of security software to protect against malware and other malicious activity.
- Microsoft Windows endpoints (desktops, laptops) utilize Bitlocker full disk encryption Windows Intune and other 3rd party tools for endpoint security and patch management
- Linux servers utilize application control to enforce mandatory access controls on applications and antivirus to prevent attacks
- Regular server patching, with emergency patching or hotfixes possible within hours across the entire infrastructure
- Email encryption for secure transport of ePHI
- Secure email gateway and mail flow policies aggressively mitigate risks of email-borne malware as well as social engineering attacks (e.g. phishing)
- Network segmentation between business departments and device types
- Cisco VPNs over IPSec to encrypt communications between datacenters and strategic partners
- Remote users require VPN with MFA to connect to office
- MFA required for all SSO applications (Slack, AWS, Github, Office 365, etc.)
- Firewalls performing stateful packet inspection to identify and block malicious traffic and intrusion attempts at the network edge
- Quarterly full user audits
- Network is scanned for vulnerabilities weekly
- Website source code is scanned for vulnerabilities
- Internal and external systems are tested by a 3rd party penetration testing firm
- Websites scanned for PCI compliance quarterly

Backup and Disaster Recovery

- Critical servers are continuously synced to public cloud infrastructure for backup
- Periodic failover tests are performed to validate backups



- Shadow volume copies are performed every 12 hours
- VM and file level backups are performed nightly with a 30-day retention
 - Critical database backups are performed every 5 minutes
- Phone systems and ADP are hosted off-site and can be utilized remotely

Datacenter Controls

Maintaining a safe environment for critical IT resources is accomplished in three distinct ways.

- Fire Protection
- Environmental Controls (Temperature/Humidity)
- Access Control

Physical Security

- RFID devices provide employee access to the building and high security areas
- Visitors are required to have an escort while in the building. Some areas are restricted from visitors altogether
- Video Surveillance records each entrance and selected high security areas
- Monitored alarm system automatically dispatches the police or fire department when incidents occur

Threat Protection

EMS|MC uses a variety of tools to ensure safety and integrity of the data left in our care.

- Block IPs of known attack sites or geographical regions
- Certified security personnel on staff with current training requirements
- Regular security reviews
- Regular patching schedule for all servers and network equipment
- Industry-leading Antivirus and Anti-Malware on all servers, laptops, and PCs
- Employee policy for the proper care of data
- 24/7 security monitoring of all systems and network infrastructure
- Periodic phishing simulations
- Regular security and compliance training for all staff

Device Security

- Laptops and Workstations
 - Full disk encryption so lost or compromised resources cannot be used by outside parties
 - Policy driven rules lock systems when inactive
 - Policy driven strong password requirements
 - Portable data devices are disabled (USB drives, iPhones, etc.)
 - Limited number of password attempts before logout
 - Maintained on the latest software patches and releases
- Smart Phones
 - Remote wiping enabled on all phones
 - Allows EMS|MC to completely wipe mobile devices if an issue is detected
- Hard Copied Items (fax, printout, etc.)
 - Employees prohibited from removing from building
 - Secured Shred boxes located throughout the facility, which are periodically shredded on-site



Tab 4 – Price Proposal

(1) Non-Medicaid/Medicare Billing and Collection Fees: Provide overall contract percentage for providing billing and collection services as outlined in the Scope of Services and other provisions contained in the RFP

Calculate Fees in the Following Manner: Estimated claims X Average expected collections X Percentage Fee per amount collected – All costs are included in this amount.

4,000 Claims X \$ 514 Est. Average Collection per Claim X 3.8 Vendor Percentage = 78,128 Total cost to County.

Annual Increases in Fees: Are the fees fixed for the initial three year duration of any Agreement? ☒ Yes

☐ No

If No, quantify any and all factors that will influence the cost of the service with a guaranteed percentage yearly Maximum for each year of the Contract.

Year 1 _____ %

Year 2 _____ %

Year 3 _____ %

(2) Medicaid/Medicare Claims: Provide a flat rate fee for Medicare/Medicaid Claims. Medicare/Medicaid Claims must be shown as a flat rate for performing any billing. This shall be per billing and shall not be a percentage. The County estimates there will be approximately 4,000(Medicare + Medicaid) such claims annually based on past experience or projections. This is an estimate only and does not in any way guarantee the number of claims. For purposes of these fees, a “billing” is defined as a separate and initial paper or electronic transaction to recover costs from Medicare or Florida Medicaid and any and all follow-up, or secondary filling associated with an ambulance transport on that specific date of service.

\$ 7 /Billing X 4,000 bills = \$ 28,000 per year.

Basis for scoring of price proposal: The firm submitting the lowest proposed combined rate (non-Medicaid/Medicare Billing Fees + Medicare/Medicaid Claims) shall receive the maximum weighted score for the price criteria as provided in the formula below.

Vendor	Total of All Rates	Percentage	By	Weight	Equals	Weighted Score***
A	\$125	100	X	20	=	20
B	\$175	71*	X	20	=	14.2
C	\$200	63**	X	20	=	12.6

* Vendor B's percentage is $\$125 \div \$175 = 71\%$

** Vendor C's percentage is $\$125 \div \$200 = 63\%$

*** Weighted Score shall be rounded to the nearest whole number



Tab 5 – Forms and Documents

1. Completed Proposal Signature Form (with all required Forms attached);
2. Statement of Proposer's financial stability, including current or prior bankruptcy proceedings;
3. Summary of litigation or other adversarial proceedings filed against Proposer in the past five years, which relate to the services the proposer provides in the regular course of business, including a brief description of the matter, the outcome or projected outcome, and the monetary amount involved;
4. Copies of Certifications/Licenses (if any);
5. Copies of all Sample Reports:
 - a. Distribution of charges and collections
 - b. Aged Receivable Report;
 - c. Patient Alpha Listing;
 - d. Monthly Payment Listing;
 - e. Sample Invoice;
 - f. Overpayment (Refund Request) Report; and
 - g. NSF Check Reports.

Additional

SSAE No. 18 SOC 2, Type II Report



PROPOSAL SIGNATURE FORM

ITB_2025_003 - Levy County EMS Billing and Initial Collection Services

The undersigned ("Authorized Signatory") confirms each of the following statements on behalf of the Proposer:

- They are authorized to submit this proposal and to bind the Proposer to the terms and conditions of this RFP.
- They have read the entire RFP package and any other documentation related to the RFP, including specifically any addenda issued by the County; and have made any inquiries they deem necessary to determine conditions prior to submission of this proposal.
- This proposal is submitted with full knowledge and understanding of the terms and conditions of this RFP

The proposal submitted includes all of the following signed forms and required documents:

- ☒ COMPLETE PROPOSAL IN THE FORMAT SPECIFIED IN PART 1 SECTION 4
- ☒ SWORN STATEMENT ON PUBLIC ENTITY CRIME
- ☒ NON-COLLUSION AFFIDAVIT
- ☒ DRUG-FREE WORKPLACE FORM (Note: this form is optional, but may be used to break a tie)
- ☒ CONFLICT OF INTEREST DISCLOSURE STATEMENT
- ☒ VENDORS ON SCRUTINIZED COMPANIES LIST FORM
- ☒ CONTRACT EXCEPTION FORM
- ☒ CERTIFICATES OF INSURANCE OR OTHER PROOF OF INSURANCE COVERAGES REQUIRED IN PART 1

Is Proposer a small or minority business, women's business enterprise, or labor surplus area firm? ☐ Yes ☒ No

Name of Proposer: EMS Management & Consultants, Inc.

If Proposer is an entity, list type: Corporation

Proposer Street Address: 2540 Empire Drive, Suite 100

City, State, Zip: Winston Salem, NC 27103

Name of Authorized Signatory: George Abatjoglou

Email Address: george.abatjoglou@emsmc.com Telephone: 336.397.3975

Signature:  Date: 05/14/2025

THIS DOCUMENT MUST BE COMPLETED AND RETURNED WITH YOUR SUBMITTAL

SWORN STATEMENT ON PUBLIC ENTITY CRIME

Sworn Statement Pursuant to Section 287.133(3)(a), Florida Statutes

THIS FORM MUST BE SIGNED AND SWORN TO IN THE PRESENCE OF A NOTARY PUBLIC OR OTHER OFFICIAL
AUTHORIZED TO ADMINISTER OATHS.

1. This sworn statement is submitted to Levy County
By George Abatjoglou, Chief Executive Officer
(Print individual name and title)
For EMS Management & Consultants, Inc.
(Print name of entity submitting statements)
Whose business address is 2540 Empire Drive, Suite 100 Winston-Salem, NC 27103
and if applicable whose Federal Employer Identification Number (FEIN) is 56-1969494.
If the entity has no FEIN, include Social Security Number of the individual signing this Sworn Statement:
_____.
2. I understand that a "public entity crime" as defined in paragraph 287.133(1)(a), Florida Statutes, mean violation of any state or federal law by a person with respect to and directly related to the transactions of business with any public entity or with an agency or political subdivision of any other state or with the United States including, but not limited to any proposal or contract for goods or services to be provided to any public entity or any agency or political subdivision of any other state or the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.
3. I understand that "convicted" or "conviction" as defined in Paragraph 287.133(1)(b), Florida Statutes, means a finding of guilt or conviction of a public entity crime, with or without adjudication of guilt, in any federal or state trial court of record relating to charges brought by indictment or information after July 1, 1989, as a result of a Jury verdict, nonjury trial, or entry of a plea of guilty or nolo contendere.
4. I understand that an "affiliate" as defined in Paragraph 287.133(1)(a), Florida Statutes, means:
 - a. A predecessor or successor of a person convicted of public entity crime; or
 - b. An entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime. The term "affiliate" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an affiliate. The ownership by one person of shares constituting a controlling interest in another person, or a pooling of equipment or income among persons when not for fair market value under an arm's length agreement, shall be a prima facie case that one person controls another person. A person who knowingly enters into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months shall be considered an affiliate.
5. I understand that a "person" as defined in Paragraph 287.133(1)(e), Florida Statutes, means any natural person or entity organized under the laws of any state or of the United States with the legal power to enter into a binding contract and which proposals or applies to proposal on contracts for the provision of goods or services let by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term "person" includes those officers, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.

6. Based on information and belief, the statement which I have marked below is true in a relation to the entity submitting this sworn statement. (Please indicate which statement applies).

- ☒ Neither the entity submitting this sworn statement, nor any of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or any affiliate of the entity has been charged with and convicted of a public entity crime within the past 36 months.
- ☐ The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime within the past 36 months AND (Please indicate which additional statement applies).
- ☐ The entity submitting the sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or agents who are active in the management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime within the past 36 months. However, there has been a subsequent proceeding before a Hearing Officers of the State of Florida, Division of Administrative Hearings and the Final Order by the Hearing Officer determined that it was not in the public interest place the entity submitting this sworn statement on the convicted vendor list. (Attached is a copy of the final order).

I UNDERSTAND THAT THE SUBMISSION OF THIS FORM TO THE CONTRACTING OFFICER FOR THE PUBLIC ENTITY IDENTIFIED IN PARAGRAPH 1 (ONE) ABOVE IS FOR THE PUBLIC ENTITY ONLY AND, THAT THIS FORM IS VALID THROUGH DECEMBER 31 OF THE CALENDAR YEAR IN WHICH IT IS FILED AND FOR THE PERIOD OF THE CONTRACT ENTERED INTO, WHICHEVER PERIOD IS LONGER. I ALSO UNDERSTAND THAT I AM REQUIRED TO INFORM THE PUBLIC ENTITY PRIOR TO ENTERING INTO A CONTRACT IN EXCESS OF THE THRESHOLD AMOUNT PROVIDED IN SECTION 287.017, FLORIDA STATUTES, FOR CATEGORY TWO OF ANY CHANGE IN THE INFORMATION CONTAINED IN THIS FORM.

(Signature)

State of NC
County of FORSYTH

Sworn to (or affirmed) and subscribed before me by means of ☒ physical presence or ☐ online notarization, this 15 day of May, 20 25, by GEORGE ABATJUGLON
(name), as CEO (title) for EMS/ML

(name of proposer) Personally known ☒ OR Produced Identification ☐

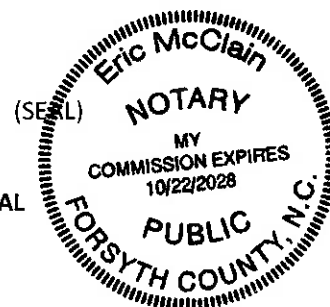
(type of identification)

(Signature) Notary Public

My Commission expires

10/22/28

THIS DOCUMENT MUST BE COMPLETED AND RETURNED WITH YOUR SUBMITTAL



NON-COLLUSION AFFIDAVIT

I, George Abatjoglou of the County of Forsyth

According to law on my oath, and under penalty of perjury, depose and say that:

1. I am Chief Executive Officer of the firm of EMS Management & Consultants, Inc. providing that I executed the said proposal with full authority to do so.
2. This response has been arrived at independently without collusion, consultation, communication or agreement for the purpose of restricting competition, as to any matter relating to qualifications or responses of any other responder to induce any other person, partnership or corporation to submit, or not to submit, a response for the purpose of restricting competition;
3. The statements contained in this affidavit are true and correct, and made with full knowledge that Levy County relies upon the truth of the statements contained in this affidavit in awarding contracts for any services resulting from this ITB for said project.

[Signature]
(Signature of Proposer Representative)

05/14/2025

(Date)

State of NL

County of FORSYTH

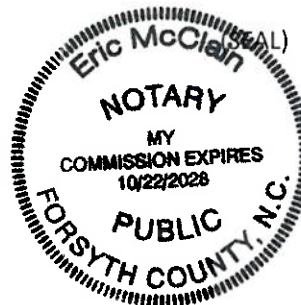
Sworn to (or affirmed) and subscribed before me by means of ☒ physical presence or ☐ online notarization, this 14 day of MAY, 20 25, by GEORGE ABATJOULOU (name), as CEO (title) for EMS/ML (name of proposer) Personally known ☒ OR Produced Identification ☐ (type of identification).

[Signature]
(Signature) Notary Public

ERIC MCCLEIN

(Printed, typed or stamped commissioned name of notary public)

My Commission expires 10/22/28



THIS DOCUMENT MUST BE COMPLETED AND RETURNED WITH YOUR SUBMITTAL

DRUG-FREE WORKPLACE FORM

The undersigned Proposer in accordance with Section 287.087, Florida Statutes hereby certifies that the Proposer EMS Management & Consultants, Inc. (name of firm or individual) does:

1. Publish a statement notifying employees that the unlawful manufacture, distributions, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
2. Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
3. Give each employee engaged in providing the commodities or contractual services that are under proposal a copy of the statement specified in subsection (1).
4. In the statement specified in subsection (1), notify the employees that, as a condition of working on the commodities or contractual services that are under proposal, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of Chapter 893 or of any controlled substance law of the United State or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
5. Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community, by any employee who is so convicted.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

As the person authorized to sign the statement, I certify that this firm complies fully with the above requirements.

Name of Proposer: EMS Management & Consultants, Inc.

Signature:  George Abatjoglou

Title: Chief Executive Officer

Date: 05/14/2025

THIS DOCUMENT IS OPTIONAL, BUT MAY BE USED TO BREAK A TIE, SO IT IS RECOMMENDED TO BE COMPLETED AND RETURNED WITH YOUR SUBMITTAL

CONFLICT OF INTEREST DISCLOSURE STATEMENT

The award hereunder is subject to the provisions of Chapter 112, Florida Statutes. All proposers must disclose with their proposals whether any officer, director, employee or agent is also an officer or an employee of the Board of County Commissioners. All proposers must disclose whether any officer, partner, director or proprietor is the spouse or child of one of the members of the Board of County Commissioners. All proposers must disclose the name of any County officer or employee who owns, directly or indirectly, an interest of five percent (5%) or more in the firm or any of its branches or affiliates. All proposers must also disclose the name of any employee, agent lobbyist, previous employee of the Board, or other person, who has received or will receive compensation of any kind in connection with the response to this ITB. All proposers are also required to include a disclosure statement of any potential conflict of interest that the proposer may have due to other Clients, contracts, or interest associated with the performance of services under this ITB and any resulting agreement. Use additional sheets if necessary.

Names of Officer, Director, Employee or Agent that is also an Employee of the Board:

Names of Officer, Partner, Director or Proprietor who is spouse or child of Board Member:

Names of County Officer or Employee that owns five percent (5%) or more in Proposers Firm:

Names of applicable person(s) who have received compensation:

Description of potential conflict(s) with other Clients, contracts or interests:

None of the above applicable: ☒

Signature: _____

Printed Name: George Abatjoglou, CEO

Proposer Name: EMS Management & Consultants, Inc.


Date: 05/14/2025

THIS DOCUMENT MUST BE COMPLETED AND RETURNED WITH YOUR SUBMITTAL

VENDORS ON SCRUTINIZED COMPANIES LIST

By executing this Certificate, the proposal proposer, certifies that it is not: (1) listed on the Scrutinized Companies that Boycott Israel List, created pursuant to section 215.4725, Florida Statutes, (2) engaged in a boycott of Israel, (3) listed on the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, created pursuant to section 215.473, Florida Statutes, or (4) engaged in business operations in Cuba or Syria. Pursuant to section 287.135(5), Florida Statutes, the County may disqualify the proposal proper immediately or immediately terminate any agreement entered into for cause if the proposal proposer is found to have submitted a false certification as to the above or if the Contractor is placed on the Scrutinized Companies that Boycott Israel List, is engaged in a boycott of Israel, has been placed on the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, or has been engaged in business operations in Cuba or Syria, during the term of the Agreement. If the County determines that the proposal proposer has submitted a false certification, the County will provide written notice to the proposal proposer. Unless the proposal proposer demonstrates in writing, within 90 calendar days of receipt of the notice, that the County's determination of false certification was made in error, the County shall bring a civil action against the proposal proposer. If the County's determination is upheld, a civil penalty shall apply, and the proposal proposer will be ineligible to proposal on any Agreement with a Florida agency or local governmental entity for three years after the date of County's determination of false certification by proposal proposer.

As the person authorized to sign this statement, I certify that this firm complies fully with the above requirements.

<p>DATE: <u>05/14/225</u></p> <p>COMPANY: <u>EMS Management & Consultants</u></p> <p>ADDRESS: <u>2540 Empire Drive, Suite 100</u> <u>Winston Salem, NC 27103</u></p> <p>PHONE NO.: <u>336.397.3975</u></p>	<p>SIGNATURE: </p> <p>NAME: <u>George Abatjoglou</u> (Typed or Printed)</p> <p>TITLE: <u>Chief Executive Officer</u></p> <p>E-MAIL: <u>george.abatjoglou@emsmc.co</u></p>
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THIS DOCUMENT MUST BE COMPLETED AND RETURNED WITH YOUR SUBMITTAL

[illegible]

23 - RFP 2025 003 – LEVY COUNTY EMS BILLING AND INITIAL COLLECTION



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/7/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER The Baldwin Group Mid-Atlantic LLC 20 South King Street Leesburg VA 20175	CONTACT NAME: Amanda Boothby PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: Amanda.Boothby@baldwin.com
INSURED EMS Management & Consultants, Inc. Life Line Billing Systems LLC 2540 Empire Dr. Suite 100 Winston Salem NC 27103	INSURER(S) AFFORDING COVERAGE INSURER A: Allmerica Financial Benefit In INSURER B: Hanover Insurance Company INSURER C: Endurance American Specialty I INSURER D: Citizens Insurance Company of INSURER E: AXIS Insurance Company INSURER F:
License#: CA#0658748 BVEMSHO-01	NAIC # 41840 22292 41718 31534 37273

COVERAGES**CERTIFICATE NUMBER:** 1752595984**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
D	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			ZBR D673317 11	12/30/2024	8/23/2025	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ INCLUDED \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			AWY-H950401-04	12/30/2024	8/23/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			UHY J131275 11	12/30/2024	8/23/2025	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A	WHR-D673252-08	12/30/2024	8/23/2025	PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C E	E&O/Cyber Liability Crime			ACP30086100300 P-001-001165120-03	4/30/2025 4/30/2025	4/30/2026 4/30/2026	Each Claim/Shared Agg Limit \$ 5,000,000 1,000,000

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

CERTIFICATE HOLDER**CANCELLATION**Levy County EMS
Northeast Co Road 343
Bronson FL 32621

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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E: info@rubinbrown.com
www.RubinBrown.com

CERTIFIED PUBLIC ACCOUNTANTS & BUSINESS CONSULTANTS

Independent Auditors' Report

Board of Directors
BV EMS Intermediate, Inc.
Winston-Salem, North Carolina

Report On The Consolidated Financial Statements

We have audited the accompanying consolidated financial statements of BV EMS Intermediate, Inc. and subsidiaries (collectively, the Company), which comprise the consolidated balance sheet as of December 31, 2023, and the related consolidated statements of operations, comprehensive loss, stockholder's equity and cash flows for the years then ended, and the related notes to the consolidated financial statements.

In our opinion, the accompanying consolidated financial statements present fairly, in all material respects, the financial position of BV EMS Intermediate, Inc. and subsidiaries as of December 31, 2023, and the results of their operations and their cash flows for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis For Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditors' Responsibilities For The Audit Of The Consolidated Financial Statements section of our report. We are required to be independent of BV EMS Intermediate, Inc. with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities Of Management For The Consolidated Financial Statements

Management is responsible for the preparation and fair presentation of the consolidated financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the consolidated financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about BV EMS Intermediate, Inc. and subsidiaries' ability to continue as a going concern for one year after the date that the consolidated financial statements are available to be issued.

Board of Directors
BV EMS Intermediate, Inc.

Auditors' Responsibilities For The Audit Of The Consolidated Financial Statements

Our objectives are to obtain reasonable assurance about whether the consolidated financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with auditing standards generally accepted in the United States of America will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the consolidated financial statements.

In performing an audit in accordance with auditing standards generally accepted in the United States of America, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the consolidated financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the consolidated financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of BV EMS Intermediate, Inc. and subsidiaries' internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the consolidated financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about BV EMS Intermediate, Inc. and subsidiaries' ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that we identified during the audit.

RubinBrown LLP

April 29, 2024

3. Summary of litigation or other adversarial proceedings filed against Proposer in the past five years, which relate to the services the proposer provides in the regular course of business, including a brief description of the matter, the outcome or projected outcome, and the monetary amount involved;

EMS|MC, along with hundreds of other organizations, has been named as a defendant in class action lawsuits stemming from the Progress Software MOVEit Transfer tool breach that impacted thousands of clients worldwide earlier this year including prominent healthcare organizations and governmental bodies, such as Centers for Medicare and Medicaid Services (CMS). EMS|MC is a party to four civil lawsuits related to the MOVEit matter.

Upon learning of the event, EMS|MC communicated to all clients, both affected and unaffected by the data security incident, and began providing weekly updates to all affected clients throughout the investigation. EMS|MC provided all notifications required by federal and state regulations on behalf of our affected clients at no cost to our clients, including individual notifications, substitute notifications, media notifications and federal and state regulatory notices and provided a call center and credit monitoring to those affected.





NORTH CAROLINA

Department of the Secretary of State

48

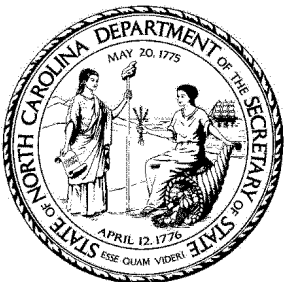
CERTIFICATE OF EXISTENCE

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

EMS MANAGEMENT & CONSULTANTS, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 1st day of June, 1996, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 9th day of November, 2011.

Elaine F. Marshall

Secretary of State

State of Florida

Department of State

I certify from the records of this office that EMS MANAGEMENT & CONSULTANTS, INC. is a North Carolina corporation authorized to transact business in the State of Florida, qualified on April 5, 2012.

The document number of this corporation is F12000001485.

I further certify that said corporation has paid all fees due this office through December 31, 2019, that its most recent annual report/uniform business report was filed on February 6, 2019, and that its status is active.

I further certify that said corporation has not filed a Certificate of Withdrawal.

*Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this
the Thirtieth day of May, 2019*



Ronald R. De
Secretary of State

Tracking Number: 7004437535CU

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>

PREPARED FOR LEVY COUNTY EMS

By:

EMS | MC

EMS MANAGEMENT & CONSULTANTS

RESULTS | SERVICE | COMMUNITY

12 MONTH DATE OF SERVICE ANALYSIS

Primary Payor Mix
6-12 Month Mature Average

Primary Payor	% of Trips
Medicare	18%
Medicare Advantage	33%
Insurance	12%
Medicaid	1%
Medicaid MCO	13%
Patient	19%
Facility	0%
Other Govt. Payers	3%
TPL	1%

Net Collection Percentages
6-12 Month Mature Average

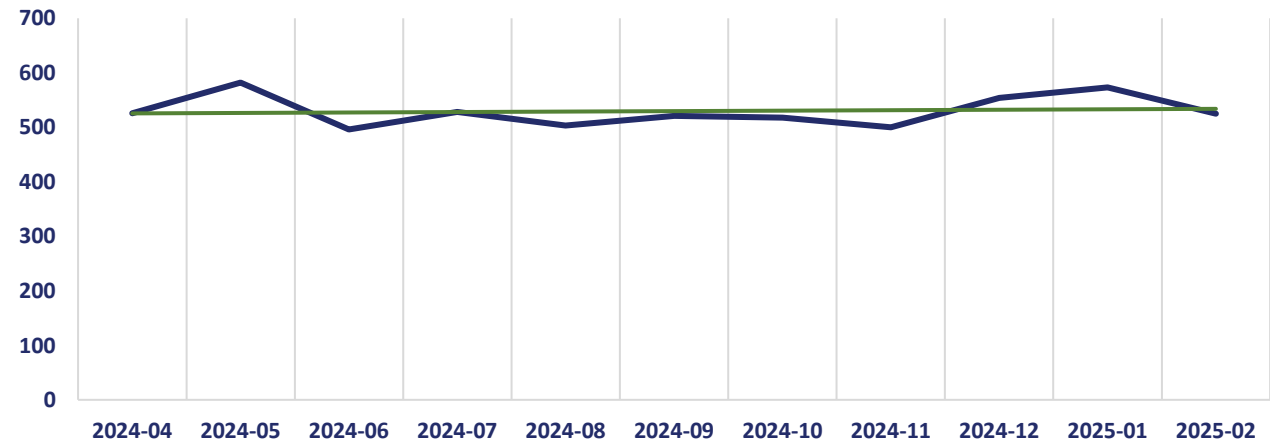
Primary Payor	Coll %
Medicare	95%
Medicare Advantage	88%
Insurance	73%
Medicaid	69%
Medicaid MCO	89%
Patient	4%
Facility	0%
Other Govt. Payers	83%
TPL	49%

Cash Per Trip
6-12 Month Mature Average

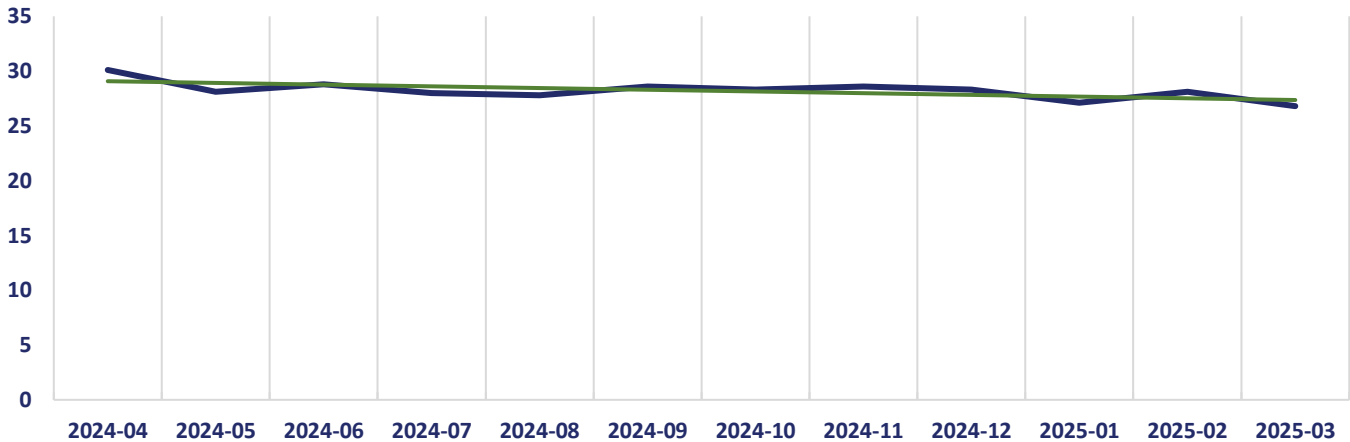
Primary Payor	CPT
Medicare	\$ 714.69
Medicare Advantage	\$ 658.94
Insurance	\$ 579.08
Medicaid	\$ 250.92
Medicaid MCO	\$ 221.72
Patient	\$ 35.77
Facility	\$ -
Other Govt. Payers	\$ 721.25
TPL	\$ 417.09

DOS	Trip Count	Gross Charges	Contr Allow	Net Charges	Rev Adj	Payments	Write Offs	Refunds	Balance Due	Gross Chg/Trip	Net Chg/Trip	Cash/Trip	Net Coll %
2024-04	526	436,834.66	67,013.69	369,820.97	29.15	261,629.23	91,540.55	1,415.24	18,037.28	830.48	703.08	494.70	70.4%
2024-05	582	474,934.11	70,080.14	404,853.97	293.99	271,876.50	109,925.88	2,130.20	24,887.80	816.04	695.63	463.48	66.6%
2024-06	496	405,546.06	55,697.38	349,848.68	52.81	241,003.87	83,437.53	1,932.76	27,287.23	817.63	705.34	482.00	68.3%
2024-07	528	431,421.00	55,423.89	375,997.11	16.00	260,814.06	88,160.07	2,444.18	29,451.16	817.09	712.12	489.34	68.7%
2024-08	503	409,457.13	55,999.94	353,457.19	(0.36)	231,343.81	72,781.50	659.90	49,992.14	814.03	702.70	458.62	65.3%
2024-09	521	431,960.03	50,257.97	381,702.06	(2.14)	247,577.95	10,207.73	668.73	124,587.25	829.10	732.63	473.91	64.7%
2024-10	518	432,278.84	47,211.70	385,067.14	(5.65)	247,486.93	12,848.70	400.59	125,137.75	834.52	743.37	477.00	64.2%
2024-11	500	411,164.32	48,677.88	362,486.44	(0.96)	245,236.20	8,813.90	630.00	109,067.30	822.33	724.97	489.21	67.5%
2024-12	554	457,844.84	38,983.46	418,861.38	-	227,889.30	252.81	-	190,719.27	826.43	756.07	411.35	54.4%
2025-01	573	475,895.82	34,514.04	441,381.78	-	167,923.09	941.36	-	272,517.33	830.53	770.30	293.06	38.0%
2025-02	525	437,243.36	15,861.45	421,381.91	-	82,225.02	1,202.35	-	337,954.54	832.84	802.63	156.62	19.5%
2025-03	522	432,429.21	3,202.95	429,226.26	-	12,101.66	-	-	417,124.60	828.41	822.27	23.18	2.8%
Totals	6,348	5,237,009.38	542,924.49	4,694,084.89	382.84	2,497,107.62	480,112.38	10,281.60	1,726,763.65	824.99	739.46	391.75	53.0%

Trip Count Trend - Excluding Current Month



Average Loaded Miles



LEVY COUNTY EMS

MARCH 2025

12 MONTH DATE OF SERVICE ANALYSIS BY PRIMARY PAYOR CATEGORY

MEDICARE													
DOS	Trip Count	Gross Charges	Contr Allow	Net Charges	Rev Adj	Payments	Write Offs	Refunds	Balance Due	Gross Chg/Trip	Net Chg/Trip	Cash/Trip	Net Coll %
2024-04	100	86,241.53	9,574.04	76,667.49	-	74,637.08	805.53	-	1,224.88	862.42	766.67	746.37	97.4%
2024-05	97	80,521.51	10,113.50	70,408.01	(156.81)	69,317.96	931.30	427.93	743.49	830.12	725.86	710.21	97.8%
2024-06	94	79,858.90	8,301.17	71,557.73	-	66,446.44	312.04	537.19	5,336.44	849.56	761.25	701.16	92.1%
2024-07	81	68,893.96	7,523.87	61,370.09	(16.66)	59,204.67	1,262.37	-	919.71	850.54	757.66	730.92	96.5%
2024-08	93	78,199.84	8,478.49	69,721.35	-	65,126.74	-	-	4,594.61	840.86	749.69	700.29	93.4%
2024-09	97	82,781.04	8,302.74	74,478.30	-	67,885.62	-	-	6,592.68	853.41	767.82	699.85	91.1%
2024-10	109	94,164.92	10,962.69	83,202.23	-	78,534.39	-	138.35	4,806.19	863.90	763.32	719.23	94.2%
2024-11	80	68,986.84	6,562.24	62,424.60	-	54,139.10	-	-	8,285.50	862.34	780.31	676.74	86.7%
2024-12	96	81,630.95	7,168.08	74,462.87	-	52,330.44	149.44	-	21,982.99	850.32	775.65	545.11	70.3%
2025-01	124	105,870.64	3,590.90	102,279.74	-	32,722.78	-	-	69,556.96	853.80	824.84	263.89	32.0%
2025-02	109	92,209.19	1,244.81	90,964.38	-	13,063.02	-	-	77,901.36	845.96	834.54	119.84	14.4%
2025-03	84	69,993.82	54.54	69,939.28	-	746.73	-	-	69,192.55	833.26	832.61	8.89	1.1%
Totals	1,164	989,353.14	81,877.07	907,476.07	(173.47)	634,154.97	3,460.68	1,103.47	271,137.36	849.96	779.62	543.86	69.8%
MEDICARE ADVANTAGE													
DOS	Trip Count	Gross Charges	Contr Allow	Net Charges	Rev Adj	Payments	Write Offs	Refunds	Balance Due	Gross Chg/Trip	Net Chg/Trip	Cash/Trip	Net Coll %
2024-04	176	152,422.11	18,570.12	133,851.99	37.85	118,600.96	9,054.24	168.71	6,327.65	866.03	760.52	672.91	88.5%
2024-05	177	149,653.44	18,047.13	131,606.31	40.57	118,138.36	4,089.01	20.00	9,358.37	845.50	743.54	667.34	89.8%
2024-06	160	136,488.36	15,093.16	121,395.20	50.00	106,005.46	4,687.40	629.02	11,281.36	853.05	758.72	658.60	86.8%
2024-07	193	161,552.53	19,500.06	142,052.47	(3.92)	124,512.71	3,133.25	384.80	14,795.23	837.06	736.02	643.15	87.4%
2024-08	170	143,829.57	15,688.46	128,141.11	(0.36)	108,296.40	779.98	-	19,065.09	846.06	753.77	637.04	84.5%
2024-09	168	141,925.15	15,277.02	126,648.13	-	113,824.48	138.71	240.00	12,924.94	844.79	753.86	676.10	89.7%
2024-10	158	135,013.62	15,192.63	119,820.99	-	105,200.34	117.37	-	14,503.28	854.52	758.36	665.82	87.8%
2024-11	183	156,047.65	18,292.44	137,755.21	(0.36)	121,791.89	290.00	630.00	16,303.68	852.72	752.76	662.09	88.0%
2024-12	179	152,338.61	15,719.64	136,618.97	-	116,372.88	-	-	20,246.09	851.05	763.23	650.13	85.2%
2025-01	172	145,230.30	9,388.23	135,842.07	-	75,958.72	-	-	59,883.35	844.36	789.78	441.62	55.9%
2025-02	165	139,877.68	4,290.80	135,586.88	-	38,772.64	-	-	96,814.24	847.74	821.74	234.99	28.6%
2025-03	153	128,678.81	892.56	127,786.25	-	7,193.96	-	-	120,592.29	841.04	835.20	47.02	5.6%
Totals	2,054	1,743,057.83	165,952.25	1,577,105.58	123.78	1,154,668.80	22,289.96	2,072.53	402,095.57	848.62	767.82	561.15	73.1%
INSURANCE													
DOS	Trip Count	Gross Charges	Contr Allow	Net Charges	Rev Adj	Payments	Write Offs	Refunds	Balance Due	Gross Chg/Trip	Net Chg/Trip	Cash/Trip	Net Coll %
2024-04	58	49,524.30	2,616.14	46,908.16	-	33,214.63	10,181.80	723.05	4,234.78	853.87	808.76	560.20	69.3%
2024-05	68	58,833.42	4,104.51	54,728.91	-	39,753.50	9,010.46	-	5,964.95	865.20	804.84	584.61	72.6%
2024-06	50	40,929.17	2,674.82	38,254.35	2.87	31,075.47	2,085.72	170.51	5,260.80	818.58	765.09	618.10	80.8%
2024-07	66	54,320.42	2,172.48	52,147.94	39.83	38,376.21	6,732.66	-	6,999.24	823.04	790.12	581.46	73.6%
2024-08	62	53,215.56	3,281.34	49,934.22	-	36,186.08	1,548.27	-	12,199.87	858.32	805.39	583.65	72.5%
2024-09	63	54,583.38	3,880.12	50,703.26	(0.62)	34,811.65	-	-	15,892.23	866.40	804.81	552.57	68.7%
2024-10	58	49,589.43	4,477.08	45,112.35	-	32,732.99	-	-	12,379.36	854.99	777.80	564.36	72.6%
2024-11	54	44,191.82	3,802.17	40,389.65	-	33,448.27	-	-	6,941.38	818.37	747.96	619.41	82.8%
2024-12	54	45,613.42	2,434.17	43,179.25	-	32,122.21	103.37	-	10,953.67	844.69	799.62	594.86	74.4%
2025-01	72	62,286.22	2,321.87	59,964.35	-	34,209.42	-	-	25,754.93	865.09	832.84	475.13	57.0%
2025-02	67	58,349.38	684.55	57,664.83	-	13,880.30	-	-	43,784.53	870.89	860.67	207.17	24.1%
2025-03	47	40,168.98	67.92	40,101.06	-	1,405.32	-	-	38,695.74	854.66	853.21	29.90	3.5%
Totals	719	611,605.50	32,517.17	579,088.33	42.08	361,216.05	29,662.28	893.56	189,061.48	850.63	805.41	501.14	62.2%

LEVY COUNTY EMS

MARCH 2025

12 MONTH DATE OF SERVICE ANALYSIS BY PRIMARY PAYOR CATEGORY

MEDICAID													
DOS	Trip Count	Gross Charges	Contr Allow	Net Charges	Rev Adj	Payments	Write Offs	Refunds	Balance Due	Gross Chg/Trip	Net Chg/Trip	Cash/Trip	Net Coll %
2024-04	7	4,898.28	1,983.73	2,914.55	-	2,914.55	-	-	-	699.75	416.36	416.36	100.0%
2024-05	6	4,248.05	2,561.15	1,686.90	-	1,686.90	-	-	-	708.01	281.15	281.15	100.0%
2024-06	5	3,423.01	1,942.28	1,480.73	-	810.10	670.63	-	-	684.60	296.15	162.02	54.7%
2024-07	2	1,694.64	151.42	1,543.22	-	-	913.69	-	629.53	847.32	771.61	-	0.0%
2024-08	7	5,123.76	2,737.12	2,386.64	-	1,686.01	-	-	700.63	731.97	340.95	240.86	70.6%
2024-09	4	2,450.32	1,116.99	1,333.33	-	681.00	-	-	652.33	612.58	333.33	170.25	51.1%
2024-10	1	667.33	477.33	190.00	-	190.00	-	-	-	667.33	190.00	190.00	100.0%
2024-11	6	4,068.35	1,809.29	2,259.06	-	1,008.10	-	-	1,250.96	678.06	376.51	168.02	44.6%
2024-12	5	3,419.27	506.85	2,912.42	-	301.00	-	-	2,611.42	683.85	582.48	60.20	10.3%
2025-01	6	3,846.96	826.86	3,020.10	-	380.00	-	-	2,640.10	641.16	503.35	63.33	12.6%
2025-02	8	4,975.05	1,222.89	3,752.16	-	570.00	-	-	3,182.16	621.88	469.02	71.25	15.2%
2025-03	12	7,986.66	309.60	7,677.06	-	-	-	-	7,677.06	665.56	639.76	-	0.0%
Totals	69	46,801.68	15,645.51	31,156.17	-	10,227.66	1,584.32	-	19,344.19	678.29	451.54	148.23	32.8%
MEDICAID MCO													
DOS	Trip Count	Gross Charges	Contr Allow	Net Charges	Rev Adj	Payments	Write Offs	Refunds	Balance Due	Gross Chg/Trip	Net Chg/Trip	Cash/Trip	Net Coll %
2024-04	77	51,190.54	33,935.91	17,254.63	(0.95)	17,616.90	-	523.48	162.16	664.81	224.09	221.99	99.1%
2024-05	88	57,762.50	35,136.86	22,625.64	(0.52)	23,472.61	(324.37)	1,682.27	1,160.19	656.39	257.11	247.62	96.3%
2024-06	63	41,419.20	27,039.03	14,380.17	(0.06)	16,186.44	915.90	596.04	(2,126.07)	657.45	228.26	247.47	108.4%
2024-07	56	36,511.69	25,087.34	11,424.35	(0.31)	12,076.65	105.30	385.46	(371.83)	651.99	204.01	208.77	102.3%
2024-08	67	43,525.19	25,623.36	17,901.83	-	13,064.91	-	-	4,836.92	649.63	267.19	195.00	73.0%
2024-09	59	39,221.43	21,036.92	18,184.51	(1.52)	11,673.17	-	-	6,512.86	664.77	308.21	197.85	64.2%
2024-10	56	37,536.35	15,636.75	21,899.60	-	15,349.88	-	-	6,549.72	670.29	391.06	274.11	70.1%
2024-11	59	38,105.70	17,303.13	20,802.57	(0.60)	14,928.01	-	-	5,875.16	645.86	352.59	253.02	71.8%
2024-12	58	39,366.59	12,880.52	26,486.07	-	11,471.74	-	-	15,014.33	678.73	456.66	197.79	43.3%
2025-01	60	41,066.31	18,386.18	22,680.13	-	14,836.02	-	-	7,844.11	684.44	378.00	247.27	65.4%
2025-02	46	32,127.53	8,148.19	23,979.34	-	11,268.88	-	-	12,710.46	698.42	521.29	244.98	47.0%
2025-03	39	28,873.19	1,878.33	26,994.86	-	2,755.65	-	-	24,239.21	740.34	692.18	70.66	10.2%
Totals	728	486,706.22	242,092.52	244,613.70	(3.96)	164,700.86	696.83	3,187.25	82,407.22	668.55	336.01	221.86	66.0%
PATIENT													
DOS	Trip Count	Gross Charges	Contr Allow	Net Charges	Rev Adj	Payments	Write Offs	Refunds	Balance Due	Gross Chg/Trip	Net Chg/Trip	Cash/Trip	Net Coll %
2024-04	90	76,669.90	284.33	76,385.57	-	2,681.78	70,728.76	-	2,975.03	851.89	848.73	29.80	3.5%
2024-05	119	100,290.35	-	100,290.35	410.75	3,544.29	93,236.36	-	3,098.95	842.78	842.78	29.78	3.5%
2024-06	98	80,407.93	187.21	80,220.72	-	2,830.74	73,819.94	-	3,570.04	820.49	818.58	28.89	3.5%
2024-07	102	84,577.08	446.43	84,130.65	-	5,695.63	75,679.98	1,423.60	4,178.64	829.19	824.81	41.88	5.1%
2024-08	96	78,715.31	191.17	78,524.14	-	3,742.13	70,453.25	659.90	4,988.66	819.95	817.96	32.11	3.9%
2024-09	108	91,904.53	227.84	91,676.69	-	5,516.06	10,069.02	-	76,091.61	850.97	848.86	51.07	6.0%
2024-10	111	94,471.58	399.46	94,072.12	-	1,374.07	11,207.49	-	81,490.56	851.10	847.50	12.38	1.5%
2024-11	89	75,559.33	131.40	75,427.93	-	3,086.22	8,523.90	-	63,817.81	848.98	847.50	34.68	4.1%
2024-12	138	115,784.89	87.11	115,697.78	-	2,366.19	-	-	113,331.59	839.02	838.39	17.15	2.0%
2025-01	115	96,692.41	-	96,692.41	-	835.85	941.36	-	94,915.20	840.80	840.80	7.27	0.9%
2025-02	110	93,041.33	-	93,041.33	-	-	1,202.35	-	91,838.98	845.83	845.83	-	0.0%
2025-03	180	151,230.06	-	151,230.06	-	-	-	-	151,230.06	840.17	840.17	-	0.0%
Totals	1,356	1,139,344.70	1,954.95	1,137,389.75	410.75	31,672.96	415,862.41	2,083.50	691,527.13	840.22	838.78	21.82	2.6%

LEVY COUNTY EMS

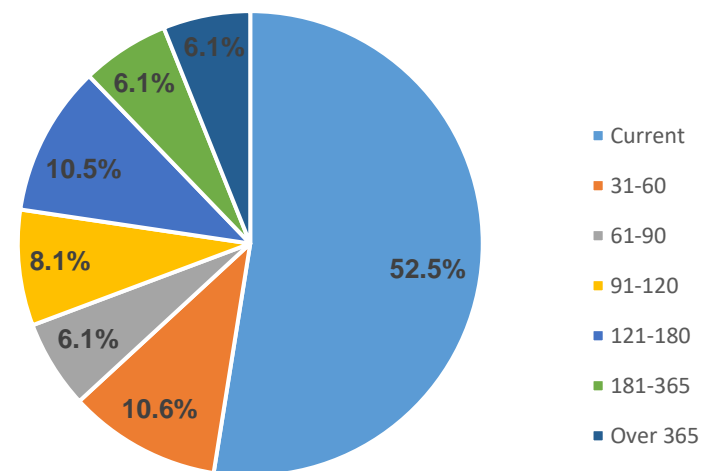
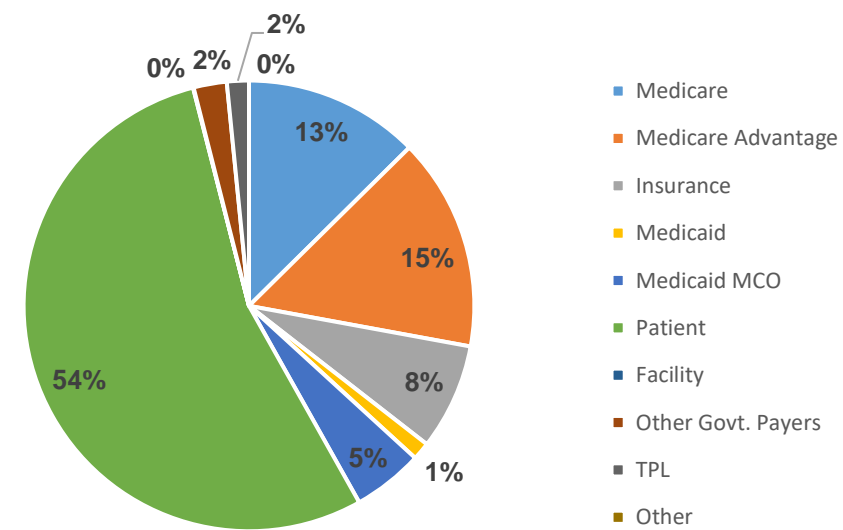
MARCH 2025

12 MONTH DATE OF SERVICE ANALYSIS BY PRIMARY PAYOR CATEGORY

FACILITY													
DOS	Trip Count	Gross Charges	Contr Allow	Net Charges	Rev Adj	Payments	Write Offs	Refunds	Balance Due	Gross Chg/Trip	Net Chg/Trip	Cash/Trip	Net Coll %
2024-04	-	-	-	-	-	-	-	-	-	-	-	-	0.0%
2024-05	-	-	-	-	-	-	-	-	-	-	-	-	0.0%
2024-06	-	-	-	-	-	-	-	-	-	-	-	-	0.0%
2024-07	-	-	-	-	-	-	-	-	-	-	-	-	0.0%
2024-08	-	-	-	-	-	-	-	-	-	-	-	-	0.0%
2024-09	-	-	-	-	-	-	-	-	-	-	-	-	0.0%
2024-10	1	796.57	-	796.57	-	-	-	-	796.57	796.57	796.57	-	0.0%
2024-11	-	-	-	-	-	-	-	-	-	-	-	-	0.0%
2024-12	-	-	-	-	-	-	-	-	-	-	-	-	0.0%
2025-01	-	-	-	-	-	-	-	-	-	-	-	-	0.0%
2025-02	-	-	-	-	-	-	-	-	-	-	-	-	0.0%
2025-03	-	-	-	-	-	-	-	-	-	-	-	-	0.0%
Totals	1	796.57	-	796.57	-	-	-	-	796.57	796.57	796.57	-	0.0%
OTHER GOVT. PAYERS													
DOS	Trip Count	Gross Charges	Contr Allow	Net Charges	Rev Adj	Payments	Write Offs	Refunds	Balance Due	Gross Chg/Trip	Net Chg/Trip	Cash/Trip	Net Coll %
2024-04	16	14,170.88	49.42	14,121.46	(7.75)	11,963.33	770.22	-	1,395.66	885.68	882.59	747.71	84.7%
2024-05	21	18,589.02	51.56	18,537.46	-	12,963.57	2,983.12	-	2,590.77	885.19	882.74	617.31	69.9%
2024-06	22	19,736.58	459.71	19,276.87	-	16,173.42	945.90	-	2,157.55	897.12	876.22	735.16	83.9%
2024-07	20	17,135.73	451.57	16,684.16	(2.94)	15,405.45	332.82	-	948.83	856.79	834.21	770.27	92.3%
2024-08	3	2,636.64	-	2,636.64	-	2,636.64	-	-	-	878.88	878.88	878.88	100.0%
2024-09	14	11,803.77	340.10	11,463.67	-	9,015.40	-	-	2,448.27	843.13	818.83	643.96	78.6%
2024-10	22	18,663.38	65.76	18,597.62	(5.65)	13,351.63	1,523.84	262.24	3,990.04	848.34	845.35	594.97	70.4%
2024-11	22	18,682.43	513.48	18,168.95	-	15,677.71	-	-	2,491.24	849.20	825.86	712.62	86.3%
2024-12	19	15,700.73	187.09	15,513.64	-	12,103.20	-	-	3,410.44	826.35	816.51	637.01	78.0%
2025-01	20	17,603.12	-	17,603.12	-	8,268.87	-	-	9,334.25	880.16	880.16	413.44	47.0%
2025-02	19	15,759.27	270.21	15,489.06	-	4,670.18	-	-	10,818.88	829.44	815.21	245.80	30.2%
2025-03	6	4,821.14	-	4,821.14	-	-	-	-	4,821.14	803.52	803.52	-	0.0%
Totals	204	175,302.69	2,388.90	172,913.79	(16.34)	122,229.40	6,555.90	262.24	44,407.07	859.33	847.62	597.88	70.5%
TPL													
DOS	Trip Count	Gross Charges	Contr Allow	Net Charges	Rev Adj	Payments	Write Offs	Refunds	Balance Due	Gross Chg/Trip	Net Chg/Trip	Cash/Trip	Net Coll %
2024-04	2	1,717.12	-	1,717.12	-	-	-	-	1,717.12	858.56	858.56	-	0.0%
2024-05	5	4,268.53	65.43	4,203.10	-	2,232.02	-	-	1,971.08	853.71	840.62	446.40	53.1%
2024-06	4	3,282.91	-	3,282.91	-	1,475.80	-	-	1,807.11	820.73	820.73	368.95	45.0%
2024-07	8	6,734.95	90.72	6,644.23	-	5,542.74	-	250.32	1,351.81	841.87	830.53	661.55	79.7%
2024-08	5	4,211.26	-	4,211.26	-	604.90	-	-	3,606.36	842.25	842.25	120.98	14.4%
2024-09	8	7,290.41	76.24	7,214.17	-	4,170.57	-	428.73	3,472.33	911.30	901.77	467.73	51.9%
2024-10	2	1,375.66	-	1,375.66	-	753.63	-	-	622.03	687.83	687.83	376.82	54.8%
2024-11	6	4,841.20	149.55	4,691.65	-	598.22	-	-	4,093.43	806.87	781.94	99.70	12.8%
2024-12	5	3,990.38	-	3,990.38	-	821.64	-	-	3,168.74	798.08	798.08	164.33	20.6%
2025-01	4	3,299.86	-	3,299.86	-	711.43	-	-	2,588.43	824.97	824.97	177.86	21.6%
2025-02	1	903.93	-	903.93	-	-	-	-	903.93	903.93	903.93	-	0.0%
2025-03	1	676.55	-	676.55	-	-	-	-	676.55	676.55	676.55	-	0.0%
Totals	51	42,592.76	381.94	42,210.82	-	16,910.95	-	679.05	25,978.92	835.15	827.66	318.27	38.5%

OUTSTANDING AR AGING BY PAYOR CATEGORY**AGING BY AGING DATE & CURRENT PAYOR**

Current Payor	Current	31-60	61-90	91-120	121-180	181-365	Over 365	Total
Medicare	219,333.10	10,259.82	6,420.23	3,874.73	104.31	2,502.15	-	242,494.34
Medicare Advantage	223,759.51	38,577.23	7,476.56	3,163.29	4,670.57	12,824.87	3,778.72	294,250.75
Insurance	108,200.51	21,674.90	2,634.52	7,779.49	1,533.40	3,350.54	1,837.14	147,010.50
Medicaid	23,152.34	306.71	321.29	-	349.33	493.15	(132.92)	24,489.90
Medicaid MCO	64,336.40	20,251.77	3,420.94	6,775.30	1,189.16	1,035.65	496.76	97,505.98
Patient	330,663.68	98,412.90	90,451.84	130,803.31	186,657.58	94,082.81	110,912.32	1,041,984.44
Facility	-	796.57	-	-	-	-	-	796.57
Other Govt. Payers	23,083.62	8,149.92	3,120.92	1,883.99	6,023.71	3,627.72	(141.45)	45,748.43
TPL	18,312.06	6,043.14	4,400.72	786.84	819.99	-	-	30,362.75
Other	-	-	-	-	-	-	-	-
Total	1,010,841.22	204,472.96	118,247.02	155,066.95	201,348.05	117,916.89	116,750.57	1,924,643.66

AR Aging Percent**AR by Payor Category**

ACCOUNTS RECEIVABLE RECONCILIATION REPORT**For Account Period Ending: March 31, 2025**

Month	Beginning A/R	Gross Charges	Contr Allow	Net Charges	Rev Adj	Payments	Write Offs	Refunds	Ending A/R
2024-10	1,839,442.76	296,080.83	62,011.80	234,069.03	(6.70)	262,006.79	110,733.97	(1,174.98)	1,701,952.71
2024-11	1,701,952.71	568,210.73	31,607.68	536,603.05	(28.86)	210,772.76	109,848.68	(3,874.65)	1,921,837.83
2024-12	1,921,837.83	462,863.89	40,968.64	421,895.25	29.32	279,145.95	17,342.25	(1,347.00)	2,048,562.56
2025-01	2,048,562.56	267,477.69	34,103.19	233,374.50	1,032.78	237,488.20	265,324.67	(2,940.29)	1,781,031.70
2025-02	1,781,031.70	580,560.79	88,622.76	491,938.03	33.06	297,866.26	138,946.66	(6,148.59)	1,842,272.34
2025-03	1,842,272.34	493,458.39	61,917.80	431,540.59	520.16	282,977.12	68,969.66	(3,297.67)	1,924,643.66
FY Total	1,839,442.76	2,668,652.32	319,231.87	2,349,420.45	1,579.76	1,570,257.08	711,165.89	(18,783.18)	1,924,643.66

Account Analysis by Month (Date of Service Based)

Trip Date IS BETWEEN 02/01/2024 AND 03/31/2025; AND Company IS Levy County EMS; AND Status IS Billed OR Closed OR Complete OR Verified; AND Pick-Up Facility IS REGIONAL GENERAL HOSPITAL WILLISTON; AND Primary Payor IS NOT <None>; AND Schedule IS NOT <None> OR Prebilling; AND Billing Period IS

<u>Month</u>	<u># of Trips</u>	<u>Gross Charges</u>	<u>Contr Allowances</u>	<u>Net Charges</u>	<u>Rev Adjs</u>	<u>Payments</u>	<u>Writeoffs</u>	<u>Refunds</u>	<u>Balance Due</u>	<u>Gross Chg / Trip</u>	<u>Net Chg / Trip</u>	<u>Cash / Trip</u>	<u>Net Coll %</u>
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Total

Prepared by: EMS Management & Consultants, Inc.

Printed on: 4/3/2025 at 10:18:53AM

ACCOUNTS RECEIVABLE RECONCILIATION REPORT

Month	Beginning A/R	Gross Charges	Contr Allow	Net Charges	Rev Adj	Payments	Write Offs	Refunds	Ending A/R
2023-04	2,032,735.37	416,216.40	75,376.12	340,840.28	463.15	233,244.62	1,277.98	(496.57)	2,139,086.47
2023-05	2,139,086.47	420,842.90	89,403.21	331,439.69	1,834.45	260,381.85	294,400.87	140.87	1,913,768.12
2023-06	1,913,768.12	416,651.99	68,888.57	347,763.42	52.24	192,282.19	92,311.32	(120.87)	1,977,006.66
2023-07	1,977,006.66	422,936.46	73,117.13	349,819.33	1,413.13	204,327.10	4,354.39	(123.36)	2,116,854.73
2023-08	2,116,854.73	430,590.59	75,401.92	355,188.67	56.78	241,633.88	143,462.19	(655.61)	2,087,546.16
2023-09	2,087,546.16	395,787.64	67,245.32	328,542.32	2,245.49	230,469.90	80,974.30	(1,925.54)	2,104,324.33
2023-10	2,104,324.33	404,853.35	100,917.95	303,935.40	1,057.87	393,756.59	(4,747.03)	(805.09)	2,018,997.39
2023-11	2,018,997.39	457,549.31	66,236.76	391,312.55	612.14	227,841.23	192,495.23	-	1,989,361.34
2023-12	1,989,361.34	431,840.35	78,919.37	352,920.98	73.29	288,811.31	248,086.40	(2,511.35)	1,807,822.67
2024-01	1,807,822.67	426,057.96	76,265.60	349,792.36	803.84	262,414.35	4,164.83	(4,505.84)	1,894,737.85
2024-02	1,894,737.85	422,954.55	71,241.38	351,713.17	4,702.66	247,098.50	147,782.95	(2,157.10)	1,849,024.01
2024-03	1,849,024.01	448,632.09	69,771.86	378,860.23	2,177.29	252,015.47	(3,518.78)	(849.39)	1,978,059.65
2024-04	1,978,059.65	437,751.63	62,943.24	374,808.39	2,025.22	271,227.84	222,461.74	(1,917.52)	1,859,070.76
2024-05	1,859,070.76	342,124.41	73,295.51	268,828.90	1,454.54	253,071.96	103,808.77	(2,110.42)	1,771,674.81
2024-06	1,771,674.81	477,755.20	46,035.48	431,719.72	946.95	194,832.51	84,004.48	(544.49)	1,924,155.08
2024-07	1,924,155.08	502,576.20	70,530.40	432,045.80	1,176.88	287,650.35	114,095.25	-	1,953,278.40
2024-08	1,953,278.40	413,974.92	81,227.55	332,747.37	3,346.96	359,482.21	95,452.21	(1,199.26)	1,828,943.65
2024-09	1,828,943.65	412,553.08	49,498.53	363,054.55	(27.48)	249,191.71	106,947.45	(3,556.24)	1,839,442.76
2024-10	1,839,442.76	296,080.83	62,011.80	234,069.03	(6.70)	262,006.79	110,733.97	(1,174.98)	1,701,952.71
2024-11	1,701,952.71	568,210.73	31,607.68	536,603.05	(28.86)	210,772.76	109,848.68	(3,874.65)	1,921,837.83
2024-12	1,921,837.83	462,863.89	40,968.64	421,895.25	29.32	279,145.95	17,342.25	(1,347.00)	2,048,562.56
2025-01	2,048,562.56	267,477.69	34,103.19	233,374.50	1,032.78	237,488.20	265,324.67	(2,940.29)	1,781,031.70
2025-02	1,781,031.70	580,560.79	88,622.76	491,938.03	33.06	297,866.26	138,946.66	(6,148.59)	1,842,272.34
2025-03	1,842,272.34	493,458.39	61,917.80	431,540.59	520.16	282,977.12	68,969.66	(3,297.67)	1,924,643.66
FY Total	1,839,442.76	2,668,652.32	319,231.87	2,349,420.45	1,579.76	1,570,257.08	711,165.89	(18,783.18)	1,924,643.66

CREDIT SUMMARY REPORT

Period IS 202503 OR -202503; AND Company IS Levy County EMS; AND Credit Type IS Payment OR Payment - Contract OR Refund

LEVY COUNTY EMS

Credit Type/Credit Code

Payments

	<u>Transactions</u>	<u>Dollars</u>
Payment - Insurance	1,501	224,593.71
Payment - Medicare	290	52,334.49
Payment - Patient	55	8,920.94
Payment - Credit Card	62	6,026.73
Payment - Medicaid	157	2,245.67
Payment - Collection Agency	26	1,257.42
Payment - Attorney	4	1,169.56
Payment - Patient - ACH	5	720.00
Payment - Liability/Attorney	10	711.43
Payment - RR Medicare	2	614.53
Payment - Insurance - CC	6	573.33
Payment - Transfer	6	0.00
Interest Payment (+)	4	-0.40
Recoupment (-)	83	-16,190.29
Payments Totals	2,211	\$ 282,977.12

Refunds

	<u>Transactions</u>	<u>Dollars</u>
Refund - Medicaid	1	-185.11
Refund - Medicare	1	-222.87
Refund - Liability/Attorney	1	-250.12
Refund - Patient	3	-770.00
Refund - Commercial	11	-1,869.57
Refunds Totals	17	-\$ 3,297.67

Company Totals	2,228	\$ 279,679.45
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Client

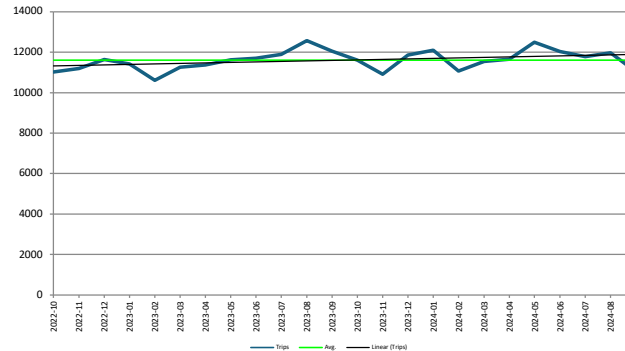
Monthly Trend Dashboard

Client	Trips	Net Coll.	CPT	AR Days
Average	11,603	\$ 5,547,087.96	\$ 449.82	120
Max	12,576	\$ 7,179,385.21	\$ 486.87	141

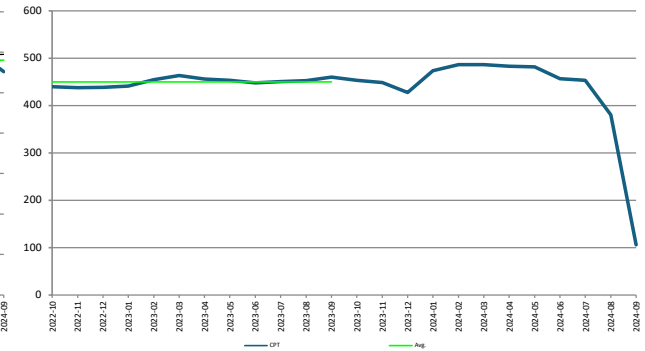
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Month	Trips	Net Coll.	CPT	AR Days
2022-10	11,028	\$ 4,810,279.35	\$ 439.61	103
2022-11	11,197	\$ 3,852,979.97	\$ 438.06	114
2022-12	11,634	\$ 4,639,561.16	\$ 438.89	117
2023-01	11,429	\$ 4,511,044.27	\$ 441.36	116
2023-02	10,613	\$ 3,136,981.68	\$ 454.67	127
2023-03	11,262	\$ 6,397,380.13	\$ 463.56	138
2023-04	11,379	\$ 5,427,013.86	\$ 456.06	141
2023-05	11,629	\$ 5,866,552.19	\$ 453.67	131
2023-06	11,706	\$ 6,431,839.55	\$ 448.05	129
2023-07	11,900	\$ 5,542,649.13	\$ 450.93	122
2023-08	12,576	\$ 5,322,157.83	\$ 452.96	127
2023-09	12,048	\$ 4,748,357.40	\$ 460.02	104
2023-10	11,610	\$ 5,554,502.99	\$ 453.04	105
2023-11	10,916	\$ 5,470,362.36	\$ 448.71	116
2023-12	11,863	\$ 4,466,840.69	\$ 427.41	130
2024-01	12,093	\$ 6,230,591.00	\$ 474.02	133
2024-02	11,070	\$ 5,798,072.41	\$ 486.85	132
2024-03	11,542	\$ 5,833,576.54	\$ 486.87	99
2024-04	11,662	\$ 5,979,655.82	\$ 483.46	106
2024-05	12,502	\$ 5,719,532.59	\$ 482.10	116
2024-06	12,029	\$ 6,736,248.21	\$ 456.75	119
2024-07	11,779	\$ 7,168,557.42	\$ 453.53	124
2024-08	11,970	\$ 7,179,385.21	\$ 380.66	123
2024-09	11,046	\$ 6,305,989.39	\$ 105.82	106

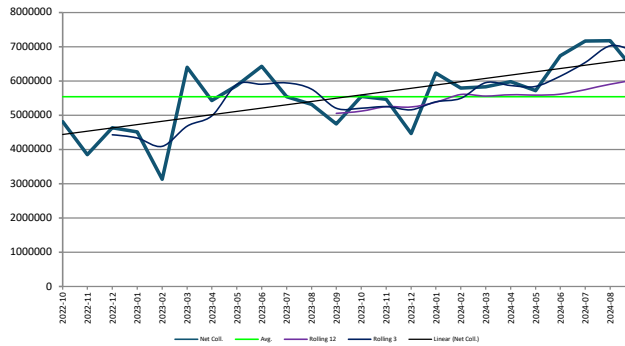
Trips by Month - DOS



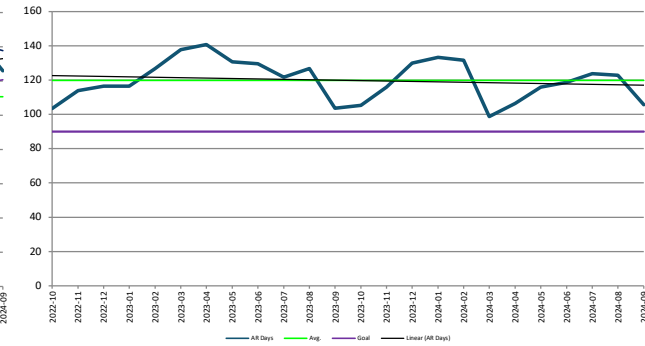
Net Collections per Trip by Month - DOS



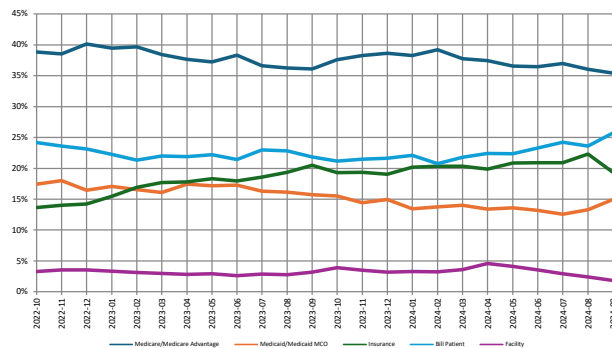
Net Collections by Month - Billing Period



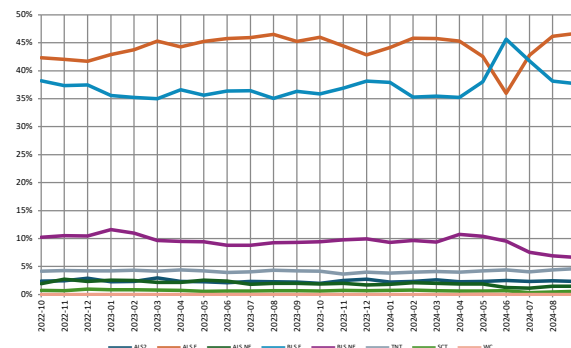
A/R Days - Billing Period



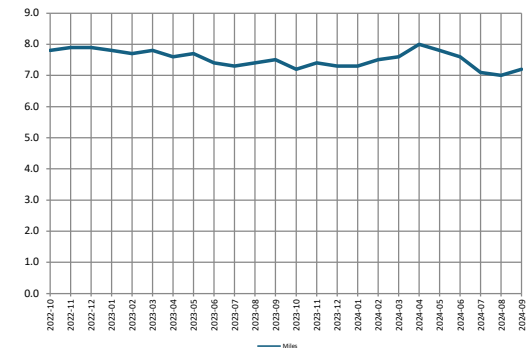
Payor Mix (Gross Charges) - DOS



Run Mix - DOS



Average Loaded Miles per Trip - DOS

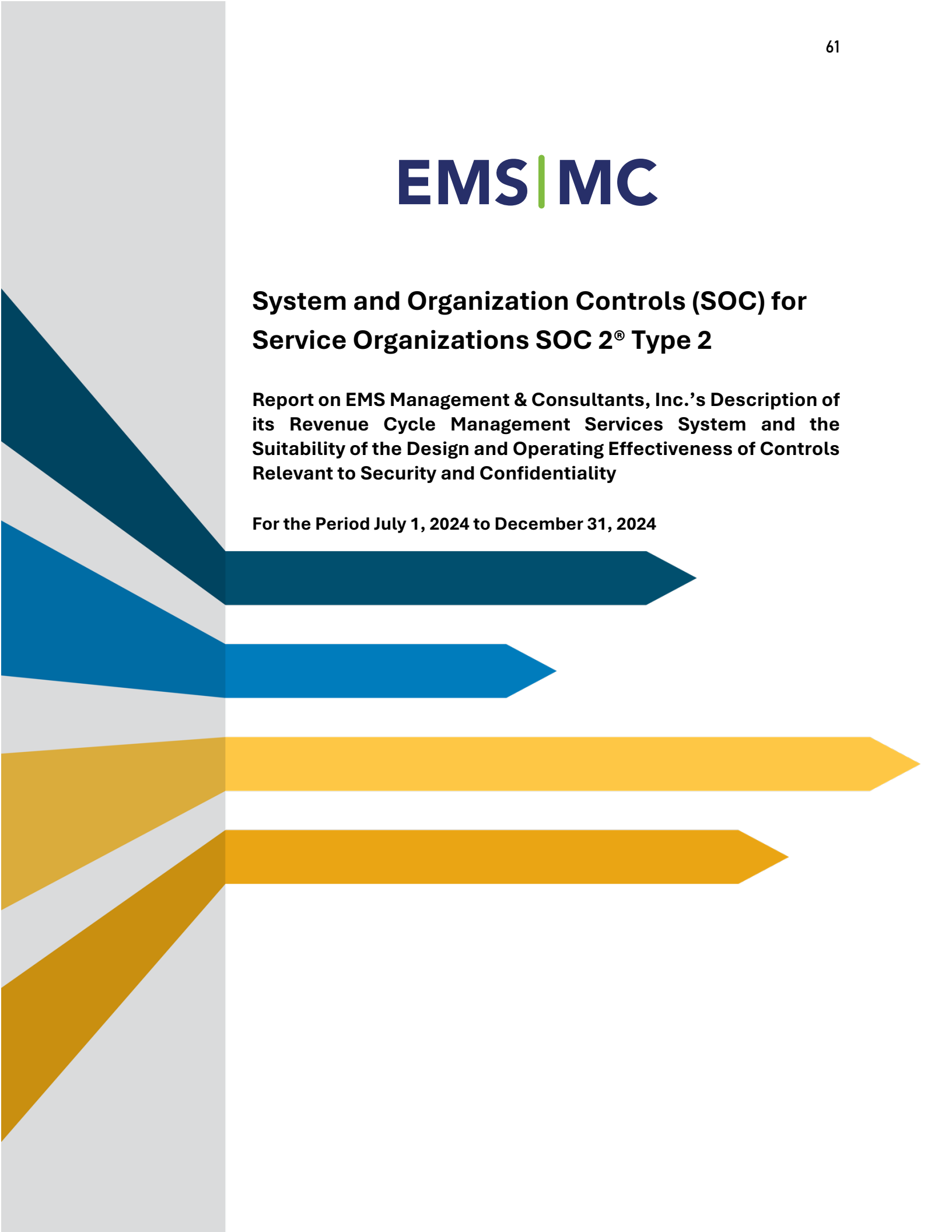




System and Organization Controls (SOC) for Service Organizations SOC 2® Type 2

**Report on EMS Management & Consultants, Inc.'s Description of
its Revenue Cycle Management Services System and the
Suitability of the Design and Operating Effectiveness of Controls
Relevant to Security and Confidentiality**

For the Period July 1, 2024 to December 31, 2024



INDEPENDENT SERVICE AUDITOR'S REPORT ON A SOC 2 EXAMINATION

Independent Service Auditor's Report on EMS Management & Consultants, Inc.'s Description of its Revenue Cycle Management System and the Suitability of the Design and Operating Effectiveness of Controls Relevant to Security and Confidentiality


To: EMS Management & Consultants, Inc.

Scope

We have examined EMS Management & Consultants, Inc. ("EMS | MC" or the "Company") accompanying description of its Recovery Services system titled "EMS Management & Consultants, inc.'s Description of Its Specialized Revenue Cycle Management Services System" throughout the period July 1, 2024 to December 31, 2024 (description) based on the criteria for a description of a service organization's system in DC section 200, *2018 Description Criteria for a Description of a Service Organization's System in a SOC 2® Report (With Revised Implementation Guidance—2022)*, in *AICPA Description Criteria*, (description criteria) and the suitability of the design and operating effectiveness of controls stated in the description throughout the period July 1, 2024 to December 31, 2024, to provide reasonable assurance that EMS | MC's service commitments and system requirements were achieved based on the trust services criteria relevant to security and confidentiality (applicable trust services criteria) set forth in TSP section 100, *2017 Trust Services Criteria for Security, Availability, Processing Integrity, Confidentiality, and Privacy (With Revised Points of Focus—2022)*, in *AICPA Trust Services Criteria*.

EMS | MC uses a subservice organization to provide data center hosting services. The description indicates that complementary subservice organization controls that are suitably designed and operating effectively are necessary, along with controls at EMS | MC, to achieve EMS | MC's service commitments and system requirements based on the applicable trust services criteria. The description presents EMS | MC's controls, the applicable trust services criteria, and the types of complementary subservice organization controls assumed in the design of EMS | MC's controls. The description does not disclose the actual controls at the subservice organization. Our examination did not include the services provided by the subservice organization, and we have not evaluated the suitability of the design or operating effectiveness of such complementary subservice organization controls.

The description indicates that certain complementary user entity controls that are suitably designed and operating effectively are necessary, along with controls at EMS | MC, to achieve EMS | MC's service commitments and system requirements based on the applicable trust



services criteria. The description presents EMS | MC's controls, the applicable trust services criteria, and the complementary user entity controls assumed in the design of EMS | MC's controls. Our examination did not include such complementary user entity controls and we have not evaluated the suitability of the design or operating effectiveness of such controls.

Service Organization's Responsibilities

EMS | MC is responsible for its service commitments and system requirements and for designing, implementing, and operating effective controls within the system to provide reasonable assurance that EMS | MC's service commitments and system requirements were achieved. EMS | MC has provided the accompanying assertion titled "Assertion of the Management of EMS | MC Technology, LLC" (assertion) about the description and the suitability of design and operating effectiveness of controls stated therein. EMS | MC is also responsible for preparing the description and assertion, including the completeness, accuracy, and method of presentation of the description and assertion; providing the services covered by the description; selecting the applicable trust services criteria and stating the related controls in the description; and identifying the risks that threaten the achievement of the service organization's service commitments and system requirements.

Service Auditors' Responsibilities

Our responsibility is to express an opinion on the description and on the suitability of design and operating effectiveness of controls stated in the description based on our examination. Our examination was conducted in accordance with attestation standards established by the AICPA. Those standards require that we plan and perform our examination to obtain reasonable assurance about whether, in all material respects, the description is presented in accordance with the description criteria and the controls stated therein were suitably designed and operated effectively to provide reasonable assurance that the service organization's service commitments and system requirements were achieved based on the applicable trust services criteria. We believe that the evidence we obtained is sufficient and appropriate to provide a reasonable basis for our opinion.

We are required to be independent and to meet our other ethical responsibilities in accordance with relevant ethical requirements relating to the engagement.

An examination of a description of a service organization's system and the suitability of the design and operating effectiveness of the controls involves the following—

- obtaining an understanding of the system and the service organization's service commitments and system requirements.

- assessing the risks that the description is not presented in accordance with the description criteria and that controls were not suitably designed or did not operate effectively.
- performing procedures to obtain evidence about whether the description is fairly presented based on the description criteria.
- performing procedures to obtain evidence about whether controls stated in the description were suitably designed to provide reasonable assurance that the service organization achieved its service commitments and system requirements based on the applicable trust services criteria.
- testing the operating effectiveness of controls stated in the description to provide reasonable assurance that the service organization achieved its service commitments and system requirements based on the applicable trust services criteria.
- evaluating the overall presentation of the description.

Our examination also included performing such other procedures as we considered necessary in the circumstances.

Inherent Limitations

The description is prepared to meet the common needs of a broad range of report users and may not, therefore, include every aspect of the system that individual report users may consider important to meet their informational needs.

There are inherent limitations in any system of internal control, including the possibility of human error and the circumvention of controls.

Because of their nature, controls may not always operate effectively to provide reasonable assurance that the service organization's service commitments and system requirements are achieved based on the applicable trust services criteria. Also, the projection to the future of any conclusions about the suitability of the design or operating effectiveness of controls is subject to the risk that controls may become inadequate because of changes in conditions or that the degree of compliance with the policies or procedures may deteriorate.

Description of Tests of Controls

The specific controls we tested and the nature, timing, and results of those tests are listed in Section 4 of this report.

Opinion

In our opinion, in all material respects —

- a. the description presents EMS | MC's system that was designed and implemented throughout the period July 1, 2024 to December 31, 2024 in accordance with the description criteria.
- b. the controls stated in the description were suitably designed throughout the period July 1, 2024 to December 31, 2024 to provide reasonable assurance that EMS | MC's service commitments and system requirements would be achieved based on the applicable trust services criteria, if its controls operated effectively throughout that period and if the subservice organization and user entities applied the complementary controls assumed in the design of EMS | MC's controls throughout that period.
- c. the controls stated in the description operated effectively throughout the period July 1, 2024 to December 31, 2024 to provide reasonable assurance that that EMS | MC's service commitments and system requirements would be achieved based on the applicable trust services criteria, if complementary subservice organization controls and complementary user entity controls assumed in the design of EMS | MC's controls operated effectively throughout that period.

Restricted Use

This report, including the description of tests of controls and results thereof in Section 4, is intended solely for the information and use of EMS | MC, user entities of EMS | MC's Recovery Services system during some or all of the period July 1, 2024 to December 31, 2024, business partners of EMS | MC subject to risks arising from interactions with the system, practitioners providing services to such user entities and business partners, prospective user entities and business partners, and regulators who have sufficient knowledge and understanding of the following:

- The nature of the service provided by the service organization.
- How the service organization's system interacts with user entities and other parties.
- Internal control and its limitations.
- User entity responsibilities and how they may affect the user entity's ability to effectively use the service organization's services.
- Complementary user entity controls and complementary subservice organization controls and how those controls interact with the controls at the service organization to achieve the service organization's service commitments and system requirements.
- User entity responsibilities and how they may affect the user entity's ability to effectively use the service organization's services.
- The applicable trust services criteria.
- The risks that may threaten the achievement of the applicable trust services criteria and how controls address those risks.

This report is not intended to be, and should not be, used by anyone other than these specified parties.

Carr, Riggs & Ingram, L.L.C.

Enterprise, Alabama

March 31, 2025