EMSA's response to
Summary of Findings – EMSA Operations

EMSA management would like to thank the Management Review Office for its review of the back office activity of EMSA. Management enjoyed working with MRO staff and appreciates their willingness to work with our schedule when their time table permitted.

EMSA appreciates the opportunity to provide detailed responses to "Attachment 3 – Summary of Findings – EMSA Operations." Since 2001, EMSA has been achieving excellence through its quality improvement efforts. The presentation by the Governor of Oklahoma's award for Quality Improvement in 2002 as part of the Malcolm Baldrige process was followed by EMSA receiving a rare three-year accreditation from the Commission on Accreditation of Ambulance Services in 2010, obtaining a perfect score.

As the reader will note there were several comments addressing the "Medical Services Program ("MSP"). It is EMSA's position that a separate program from EMSA's TotalCare program does not exist.

The following is EMSA's position of this program: In 2007, the residents of Tulsa were provided an opportunity to participate in EMSA's then long-existing TotalCare program by paying a monthly fee of $3.64 on their monthly water utility bill from the City of Tulsa. The purpose of creating the funding ordinance (Tulsa Municipal Ordinance Title 37-A Chapter 2) was to cover Tulsa's subsidy requirement as a beneficiary city which receives EMSA services. The definition in the ordinance of "medical services program" states unequivocally that the citizens of Tulsa who pay the fee will receive "EMSA's 'TotalCare Program' billed monthly on the water customer's utility bill." Starting in May of 2007, information was disseminated jointly by the City of Tulsa and EMSA to all water utility customers of the City of Tulsa detailing the ordinance. The citizens were informed about the TotalCare program benefits they would receive in exchange for the fee paid should they not elect to opt out of the TotalCare program. Each year, Tulsa, in cooperation with EMSA, developed and mailed to the City of Tulsa water utility customers a document approved by the city which identified the program as the "TotalCare Ambulance Program." The yearly information materials not only include the TotalCare Agreement, but they also include a section called "Understanding TotalCare." Chapter 2 was recently amended by the City of Tulsa to provide further clarification on this matter, specifically that there is a single subscription program provided by EMSA, which is TotalCare, and that the payment on the water customer's utility bill is a manner in which to obtain the benefits of that program.

The ordinance was a funding ordinance that created a way for the citizens of Tulsa to enter into the existing TotalCare program and receive the benefits that were available. By paying the monthly fee, the citizens of Tulsa received TotalCare benefits, pursuant to the terms of the TotalCare Agreement, and the City of Tulsa found a cost effective way to pay its portion of EMSA's budget.

EMSA also notes that some of the recommendations contained herein require action or the consent of third parties over whom EMSA has no control. For example, the statements and recommendations in paragraph 12F regarding the "Non-enforcement of apartment penalty" contained in Section 202 of Title 37-A is a matter solely under the enforcement authority of the City of Tulsa. The ordinance does not provide any involvement for EMSA in the penalty enforcement, and seemingly has no place in a review of EMSA's operations. EMSA is willing to cooperate with the City of Tulsa and other third parties identified herein to address the recommendations, but for the matters identified herein which require third party action EMSA is without authority to effectuate the recommended action.

Once again EMSA is pleased to have experienced this review and will dedicate all of its energy to achieve the quality improvement measures as outlined in this report.

Findings and Recommendations from Analysis of Security and Policy Compliance

1A – Open access for employees within the EMSA office – Upon the MRO Team's April 27 visit to the EMSA facility in OKC, we observed open movement throughout the office of EMSA personnel beyond initial access points. This allows potential access to sensitive information by unauthorized personnel. Observations include open entry into mailroom (during opening of mail and checks), server room, customer service (credit card (PCI) information recorded), and scanning room (credit card information stored with TotalCare applications in an unsecured file cabinet). We recommend that EMSA assess employee access throughout its facility in light of risk of information loss and take steps to limit unnecessary access.
EMSA agrees to review employee access throughout the entire facility. Further, EMSA has not experienced any issues relating to unauthorized access by its employees or others as described above.

1. EMSA is in the process of conducting an audit of all security cards in our building security systems in Oklahoma City and Tulsa to make sure each card that has been issued has the correct level of access.

COMPLETE

2. As part of EMSA's project to implement updated IT policies and procedures (discussed further in response to item 9A), a building security policy will be developed that requires routine audits of building security including what employees have access to what areas.

Kick Off meeting with True on 8/14/12. The following is True's timeline constructed after he 8/14/12 kick off meeting.

Aug 23: External Scanning Complete — *Complete 8/23/12*
Sep 3: Internal Scanning Complete — *Complete 9/3/12*
Aug 29 – Sept 18: Interviews — *Complete 9/18/2012*
Oct 1: Draft Review
Oct 5: Final Deliverable

3. The IT project will also include an assessment to determine if any other areas need additional security in place.

Kick Off meeting with True on 8/14/12. Please see the timeline above

4.Specific additional step EMSA is taking to address the concerns brought forth by the MRO team in this area is to review adding magnetic door locks in the:

- *Oklahoma City customer service office,*
  COMPLETE 9/14/12
- *mail room,*
  COMPLETE 9/14/12
- *and scanning room.*
  COMPLETE 9/14/12

5. The server room in Oklahoma City is magnetically locked 24 hours a day, so we are not sure why the MRO team found unfettered access in there, but we will review with staff the importance of maintaining the server room in a secure manner.

COMPLETE

2A – Interruptions in payment processing – EMSA's payment processor sometimes takes calls when in the midst of inputting a batch of payments. This distraction could create errors in the payment entry process. We recommend that EMSA amend its policy to prevent this from happening.

1. Management will remind this position to not log-in to the automatic call distributor when inputting payments. COMPLETE 8/7/12

2. This will be highlighted within the policy of this position. COMPLETE 8/7/12

2B - Next day QA/QC of payment entry - Instead of same day final reconciliation of payments posted, EMSA completes the final review the following day. This is not consistent with industry best practices and may create additional issues if errors are found further downstream. We recommend that EMSA complete the process the same day.

Reconciliation will be completed following the batch payment posting being complete, which could be the day of, or the following day, depending on when the batch is closed.

COMPLETE 7/01/12

2C - Unnecessary printing of lockbox deposit images – EMSA prints a copy of the lockbox deposit image even though such images come in hard copy the next day's "white bag" from the bank. This generates unnecessary expense in that many images are created and then shredded each year. EMSA may also want to consider buying another computer monitor to allow for same day entry without the duplicate printing. The use of dual screens is frequently employed in payment processing operations. We recommend that EMSA equip the payment processor with a dual screen to prevent the need for duplicate hard copies. In addition, implementation of recommendation 2E (below) will reduce the effort and change the focus of the payment poster, turning the function from one of data entry into more of a QA/QC function.

Currently the Payment Poster does utilize two screens. Prior to 2011, the Payment Posters did post directly from the bank images on the screen. This process required two (2) FTEs. The EOBs (Explanation of Benefits) list several patients on one page, which caused the Payment Posters to make errors. Because of the errors in tracking their progress on the screen, posting of payments was delayed by two days. To minimize errors, it was decided to print the bank images and post directly off of the paper; therefore, they could track their progress as they posted. This change allowed EMSA to eliminate one payment poster and gain the ability to be current on posting of payments.

COMPLETE 7/01/12

2D – Suboptimal use of imaging technology in lockbox payment processing – Payment processing organizations generally make significantly more use of digitized information in the payment entry process than does EMSA. For example, EMSA could import scanned images of the bank deposit documentation directly into document management and then later verify the contents of the physical "white bag" once it is received. Currently, the images of the white bag are printed and used in the payment posting process, then immediately destroyed; the contents of the white bag received the following day are then used in the final reconciliation process as back-up and then scanned into the document management system after reconciliation. We recommend incorporating the images provided by the bank into process into the payment processing effort to increase speed, to reduce errors, and to reduce the amount of hard copy information present in the office.

EMSA is in contact with an Oklahoma-based company, RMS, to help with the process of importing scanned images.

Kick off meeting with RMS 8/16/12

After the meeting of 8/16/12, staff will meet again on Tuesday, 8/21/12, at 9am, to continue further discussions concerning implantation of RMS revenue posting solution. See response to 2E.

2E – No use of bar code technology in the payment entry process - EMSA should consider the implementation of bar code technology for payments received by its bank contractor (lockbox operator). When payments are received with a pre-bar coded remittance coupon, the information can be imaged and processed to the right account through automation. This should speed up the payment posting processes and reduce the opportunity for the introduction of human error. When asked about this by the MRO Team, EMSA stated that their bank contractor is not capable of processing barcoded remittance forms. We recommend that EMSA discuss this opportunity with the current vendor to provide

As with 2D, EMSA will also have communication with the bank and RMS to discuss the possibility of utilizing bar codes and assess the cost effectiveness of such action.

Kick off meeting with RMS 8/16/12
After the meeting of 8/16/12, staff will meet again on Tuesday, 8/21/12, at 9am, to continue further discussions concerning implementation of RMS revenue posting solution.

From our research of RMS and the ROI it is very favorable to proceed with this process the following are items considered.
PRESENT TO BOARD 9/26/12

Revenue Management Solutions, LLC

About the Company
Oklahoma Based, privately held, in operations 2007.
Total focus on Remittance Processing.
Import Payments from Payors to an 835 Format for electronic posting including self-pays.
Sell to banks, who resale service to their existing companies.
Processes 2+ million remittance related transactions per month.

Return on Investment

Turning 90% of payments into electronic format.

Saves money by contracting directly with RMS, instead of the bank.

Ability to redact each patient from an EOB, better privacy protection.

Labor

- *Automated Posting File, eliminating the manual process.*
- *Allows staff to focus on value add.*
- *Eliminating scanning of EOB's.*
- *Staff able to locate EOB's quickly, by patient, saves time for staff to move forward.*

Online archive containing claims, 835, and images

- *RMS provides a web-based Archive and Retrieval System.*
- *Single point of reference for all remittance and depository data in a searchable secured site.*

Deposit Reconcilement

- *ERA Reassociation allows ERA's to be matched to payments before being released to the provider.*
- *Balance line item of claim to check total and check totals to batch totals.*

Workflow processing for Correspondence/Denials

- *Standardized EOB Adjustment Reason Codes*
- *Efficiency with Staff reviewing Denials*
- *Eliminates process from paper*
- *Staff able to work from a workflow*
- *Management the ability to monitor denials*

Online portal workflow which allows users to post from image.

Robust reports available using own data.

Other Companies like RMS

To obtain this type of software you must go through a bank, RMS will work with the actual healthcare provider.

Gateway and ZirMed Clearing houses have contracted to convert insurance payments to 835 format for some payors but not all and they do not convert Self-Pay Payment to be uploaded electronically. RMS will convert the paper to 835 formats, regardless if the insurance company has the capability.

3A - Personnel not engaged to complete scanning role when incumbent is absent – It was stated that when the current scanning employee is absent, the scanning process is put on hold, which could lead to significant process delays or availability of information that could impact the billing process, such as information contained in the face sheets. Additionally, though less importantly, this leads to substantial backlogs in the archiving of documents. Given other recommendations concerning the recommended enhanced role that scanning should play in EMSA's back office process, this issue becomes even more critical. We recommend that the scanning function be adequately staffed, with additional training provided if necessary, to address the findings in both 3A and 3B. We also recommend determining which functions should have cross-trained personnel available to ensure business continuity, starting with functions performed by less than three (3) individuals.

Management agrees with this observation and feels that adequate backup and staffing exists at this time. When an absence occurs in a small staff, management must determine what work is to continue during this time frame and make those adjustments.

COMPLETE

3B - No independent QA/QC of scanning processes – EMSA's imaging/scanning operator completes her own QA/QC. Again, this must change given the recommended enhanced role that scanning should play in the operation. We recommend that standardized and independent QA/QC processes be developed around the scanning/imaging function. *Completed 9/17/12*

Management agrees with this finding and is addressing this with EMSA's scanning vendor.

3C - TotalCare applications from 2011 remained unscanned with unsecured credit card information – Prior applications are held in an unsecured cabinet within the scanning office, which is accessible from the rest of the employee workspace. This was immediately brought to EMSA management's attention on April 27. We recommend that EMSA does not scan the 2011 applications until 3D has been resolved. We further recommend that all TotalCare (hard copy) applications be securely stored.

Management, when made aware of these documents, immediately shredded them. It was an oversight and it has been corrected.

COMPLETE

3D - Previous years' TotalCare applications containing credit card info are scanned and stored in the local IT infrastructure – This possibly puts EMSA at risk in regard to PCI standards. We recommend that this be reviewed in light of PCI standards.

Management agrees with this finding. EMSA had sought consulting on this and other security issues. EMSA was waiting for the change of fiscal year to permit funding. This is further explained in our response to Item 8A.

Kick Off meeting with True on 8/14/12. The following is True's timeline constructed after he 8/14/12 kick off meeting.

Aug 23: External Scanning Complete	*Complete 8/23/2012*
Sep 3: Internal Scanning Complete	*Complete 9/3/2012*
Aug 29 – Sept 18: Interviews	*Complete 9/18/2012*
Oct 1: Draft Review	
Oct 5: Final Deliverable	

3E – Scanning system capabilities are very limited and scanning is underutilized – EMSA's scanning system was installed 2004. EMSA purchased and has had the replacement Ikon scanning system for at least a year, but has not implemented it, nor had implementation been definitely scheduled as of late June. EMSA uses scanning and imaging primarily as repository; scanning could and should be used as a tool to increase the accuracy and speed of back office processes, such as in the answering of customer correspondence. We recommend that EMSA complete a process review, probably requiring outside process expertise, to determine all points in its processes in which scanning/imaging can be used to drive greater efficiencies.

Management agrees with this finding. EMSA has completed a detailed "Business Design Document," "EMSA Document Lifecycle Strategy Discovery" and "Findings & Recommendations Report Process & Workflow Group."

EMSA is now implementing these operations and procedures. Digital document production and retrieval will be enterprise wide. The schedule for digitizing the documents is below.

		Days	Due Date	Completion Date
1	EMSA Policies	2	9/27/2012	
2	Audit Reports	2	9/27/2012	
3	Subpoenas/Affidavits - EMSA is involved	3	9/12/2012	**9/12/2012**
4	Patient complaint response letters (including Mayor's Action Center)	3	9/18/2012	**9/21/2012**
5	Attendance Records (Timesheets) – three years after all audits	3	10/2/2012	

13	Hardships/Write-offs	3	7/31/2012	**7/31/2012**
19	Reduced Fee Agreements	3	7/31/2012	**7/31/2012**
6	Ambulance Licenses and corresponding applications and backup	5	10/10/2012	
7	Miscellaneous	5	10/18/2012	
8	Insurance Policies/Certifications	5	10/26/2012	
9	Board Meetings (agendas, minutes, backup)	5	9/10/2012	**9/10/2012**
10	Legal (Trust Indenture, Ordinances, Bylaws, Interlocals,)	5	11/2/2012	
11	TotalCare (agreements, brochures, presentations)	5	11/9/2012	
12	HIPAA manual/ attorney recommendations and authorization forms	5	11/20/2012	
14	Hardships / Write - offs 5 years remaining on computer (approximately 1500 letters)	10	12/7/2012	
15	Contractor RFPs, Bid documents, contracts	10	12/23/2012	
16	Personnel Records	15	1/18/2013	
17	Subpoenas / Affidavits - patient related	25	3/5/2013	
18	Contracts, Vendor, Provider, and Business Associate Agreements	40	4/12/2013	
20	Accounting Journals/Ledgers - permanent Banking records – 7 years			

Cancelled checks – 10 years
Invoices, accounts payable, imaging of fiscal year 2012 complete – 7 years to do
Expense Reports – 7 years
IRS 1099's – 5 years TBD

3F – Replacement scanning system procured without confirmation of how (or even if) it will work with EMSA's billing and collection processes – The Ikon scanning system was apparently procured without substantial EMSA IT involvement. EMSA contends that in selling the system, Ikon over-promised and under-delivered; the MRO Team cannot make a determination as to whether this statement is correct. However it has been over a year since EMSA purchased the system and the issues have not been resolved such that the system can be implemented. We recommend that EMSA senior management immediately engage Ikon senior management and require a full and detailed explanation how the technology can be implemented and used, and in ensure that all contract requirements are met on the part of both parties. Ikon should also be required to provide any implementation assistance committed to during the sales process. We further recommend that all procurements related to IT (software & hardware) involve the CIO, impacted department heads, and corporate subject matter experts ("SMEs") at the earliest stage of the procurement process.

EMSA disagrees with the MRO team's finding that the scanning system was procured without EMSA IT involvement. EMSA's CIO Frank Gresh was present during key discussions that took place during the initial discovery phase (conference call on February 8, 2011, kickoff meeting on February 15, 2011, and IT infrastructure review meeting on February 17, 2011). Mr. Gresh was involved in the review of the findings document and development of the statement of work. We apologize for any miscommunication or misunderstanding that may have occurred during the MRO team interview process, but EMSA IT was directly involved in the development and procurement of the new scanning system, as they are in all technology-related procurement processes.

EMSA senior management is in the process of developing a document that it will share with Ikon senior management as to what EMSA believes is the status of the project. We will then meet with Ikon to lay out a plan of action along with timelines. We will provide the project plan to the MRO team.
COMPLETE

3G - No bar code technology is used in EMSA's correspondence and scanning operations - Accuracy would be improved and further process efficiencies achieved by implementing bar code technology. Such bar code technology may be useful for forms processing such as the annual membership renewal or for other EMSA-generated forms that are returned to EMSA by outside entities

and individuals. We recommend that EMSA complete a process review and ROI analysis, probably requiring outside process expertise, to determine all points in its processes in which bar coding can be used to drive greater efficiencies and reduce costs.

Management agrees with this finding and will immediately research this technology and determine the cost effectiveness of the use and implementation of such technology.

4A – Mail handling processes are insufficient - Not all mail is logged; only the non-duplicate returned address mail is logged. This is inconsistent with industry best practices. Mail opening is apparently a one person operation. This is inconsistent with best practices for the receipt of financial instruments like payment checks. For example, the receptionist, who also serves as the mail clerk, is still required to greet people that walk-in during the time that mail is being opened. Because the receptionist may leave during the process to greet people, open correspondence can be left lying on the table "unguarded." We recommend that that EMSA immediately begin using two individuals to open, sort, and distribute the mail. We further recommend that EMSA should move towards fundamentally altering its mail room processes consistent with industry best practices. At a minimum, we recommend that all mail be sorted and processed in the scanning room. Once the mail is sorted, appropriate correspondence should be immediately scanned and associated with the appropriate account and then either delivered to the appropriate individual/department via a queuing system that correspondence is awaiting processing. As noted elsewhere, we recommend that EMSA consider changing its scanning philosophy from using it simply as repository mind set to one where the scan/image system is an integral part of the operation to reduce risk and improve efficiencies through the use of correspondence processing queues.

1. Management will review all mail policies.

2. Sorting of mail will now have two people present to accomplish this task.

3. The policies and procedures are being evaluated as to their appropriateness compared to the number of checks received in the mail. EMSA receives approximately six checks per month in its western division and approximately 25 checks per month in its eastern division.

COMPLETE 09/19/12

4B - No separate logging of or copies made of checks received by mail – When received by mail, checks are only input into the system and then sent to the lockbox via US Post. No copies are made of the checks received by mail to allow for verification, if needed, nor are they logged. Both of these are contrary to EMSA written procedures, indicating a possible training issue. We recommend that EMSA make copies or scan checks received at its facilities and then periodically reconcile the copies to what is processed by the bank to ensure checks arrive at and are processed by the bank.

Copies of checks received at the Lansing or Classen facility will be agreed to bank remittances to ensure that all checks were received at the bank.

COMPLETE 07/01/12

4C – Payor identification improvements required – Better address information must be collected by EMSA earlier in the process. Each piece of returned mail represents a failure in the billing process and results in additional process costs and (potentially) lost revenue. By getting better info earlier in the process (such as securing a higher % of face sheets from hospitals, implementing driver's license/insurance card scanners by medics, developing automated "waterfall" address search processes) EMSA could significantly reduce costs and revenue cycle times. We recommend that EMSA and P+ consider portable scanners/readers for use by the field personnel to scan patient drivers' licenses ("DL") or ID cards when the situation provides the opportunity. This is not an uncommon practice for large municipalities operating emergency medical transport systems. Proper integration of such a system could reduce amount of time medics spend entering patient information as well as billing process time spent obtaining and correcting patient address information. In addition, capturing the individual's DL number and address information would provide an additional means to verify MSP membership as well as to reduce the amount of required interaction between EMSA and the patient (i.e. correspondence, phone calls) to obtain insurance information/billing information and would reduce errors associated with the manual processes related to obtaining and entering address information.

Management partially supports this finding. Management does not feel the same necessity for the retrieval of the "face sheet" as a method for obtaining patient information. Please see answer to finding 10B. Management believes the energy of the authority would be better spent in achieving direct communication with the receiving hospital for this information. It also feels the drivers' license scanners are problematic at this time. Also, communication with our billing software companies, who comprises more than 80% of the market, knows of no agencies using these devices at this time, and has not produced any application program interfaces for this purpose or for swiping the various insurance cards. However staff agrees with the MRO that further review of this technology should take place. COMPLETE 09/19/12

5A – Information taken by customer care agents via phone for credit card payments is handled in an unsecure manner – This information taken over the phone, input into a Word file the format of which differs from person-to-person (according to EMSA personnel, the file is not saved), printed out, placed in an internal work folder, then shredded after it is entered into the Zoll system. We recommended to EMSA management immediate changes to this handling of credit card information upon discovering the issue on April 27, 2012. Furthermore, although EMSA believes its operations secure from external system attacks attempting to secure client PII, EMSA leaders confirm that they have not yet looked at the internal/social risk when it comes to fulfillment of PCI standards, which require additional levels of documented IT security measures. Please see recommendation 6A for additional comments.

In the Zoll system, if a person can post a payment they also have the capability to write-off an account. In order to maintain the separation of duties,

EMSA is going to have all credit card-related customer service calls directed to the person responsible for processing the credit cards. This will afford an individual the opportunity to post the payment to the account at the time of the call along with making any necessary write-offs. The Payment Poster will back up the person as needed. COMPLETE 07/01/12

5B - EMSA conducts limited call analysis – EMSA indicates that there is little effort to identify common issues for which common customer care scripts or IVR info could be developed. Agents handle all issues with no specialization except for complaints, which are routed to a single individual. We recommend that EMSA track the number and types of calls received to 1) evaluate and develop the use of possible IVR scripts to address common issues and 2) to improve overall communications based on a thorough understanding of customer issues and concerns.

EMSA will create note types for the patient financial service staff to utilize.

The staff will be able to add a special note type for each call coming into the system; therefore, the information can be trended.

5C - Underutilization of IVR technology – EMSA's interactive voice response ("IVR") technology could be used to answer key questions (like the private insurance information requirement for MSP participants with private insurance) that don't require agent interaction. We recommend that EMSA analyze its calls for enhanced use of the IVR to answer key questions and to allow for more customer "self-service". Additionally, we recommend that EMSA establish on-line customer "self-service" portals to improve customer relations, data capture accuracy, and processing efficiencies.

EMSA IT staff will work closely with our patient financial services staff to further utilize its IVR technology that is currently available in its Cisco IP Contact Center and Call Manager systems to deploy self-service portals for topics such as:

1. TotalCare information,
2. How to pay your bill,
3. Possibly even integrating paying a bill electronically using a touchtone phone (done with PCI compliance reviews in place).

EMSA will as a part of this process, analyze the cost effectiveness of expanding the use of such IVR technology, as well as the impact such may have on customer service.

A meeting was held on 8/16/2012 to discuss what is needed to be done to update our phone system with the Cisco consultant. Staff will begin mapping out the flow along with scenarios of recordings by 9/7/2012, pre-recordings will be done to ensure the processes are what we want. Once final, we will record the messages. Completion by 10/01/12

5D – Limited training and QA/QC for customer care agents – EMSA's customer care agents indicate that no formal training is provided on general customer service techniques. Additionally, there are no consistent QA/QC procedures employed to assess customer care agent performance. Each of the three customer care agents with whom we spoke on April 27 had been with EMSA less than a year. We recommend that EMSA review its customer care agent intake, training, and evaluation procedures in order to ensure the requisite level of expertise (and continuous improvement thereof) on the part of the customer care agents.

EMSA expressly disagrees with the statement that there is "no formal training provided on general customer service techniques." A full-time trainer was put in place in July of 2011. Each staff member spends two weeks working beside the trainer before being released to their position. COMPLETE

To maintain CAAS accreditation, EMSA is required to have a formal training program and have re-enforced this training program with the customer service staff again to ensure they have the understanding and knowledge they need to be in the role of customer service. COMPLETE

5E – Limited process for analyzing and handling complaints – Based on information provided by employees, EMSA keeps no formal log of complaint correspondence for further analysis; only the individual email and complaint documents are retained and worked. This prevents EMSA from reviewing the content and frequency of complaints over time. All significant complaints are handled by a single individual; it does not appear as if another individual is cross-trained to do the job. We recommend that EMSA institute a method or database system to log and track all complaints (written or verbal) to ensure timely resolution and to identify possible systemic issues with EMSA operations from the perspective of the customers. *PRESENT TO BOARD 9/26/12*

Management agrees with this finding. EMSA had previously tried to use an existing package that was not created for this function, and was hopeful that it could be internally modified for this purpose. This has proven to not be the case.

1. *EMSA has researched this topic and has found a package used by hospitals that performs this process.*

   COMPLETE

2. *EMSA will install and integrate this package this fiscal year.*
   Kick off meeting with i-Sight software

   After the kick off meeting with i-Sight on 7/12/12, pricing and integration has been determined. Implementation by 01/30/2013.

6A – There is not a secure process around taking credit card information from walk-in payees. Credit card information is copied down on paper and routed to the back office work area. We recommend that EMSA train its customer care agents and receptionist in the use of the 3rd party credit card processing system to allow for direct input of this information to reduce PCI risk as

well as time and expense in processing walk-in and phone payments. The previous system only allowed for one user, which resulted in the current manual/form process for credit card payments. However, the current system allows for multiple users to process credit card transactions; however, access should still be limited to necessary individuals.

*See **5A.** COMPLETE*

7A – EMSA should deploy standard processes and procedures concerning use of investigative tools to identify patient and payor information – For example, there does not appear to be a consistent process by which Accounts Receivable ("PAR II's") employees use Accurint data. To this point, there appears to have been no "best practices" approach that is shared across the operation. However EMSA has not developed such a formal document with flow charts and procedures. We recommend the finalization and dissemination among the team of these "best practices" based on the approach of the top performing A/R representatives.

EMSA disagrees with this assessment, as Accurint is used almost exclusively at pre-billing and not downstream at the patient account representative level where the system design is more interactive with patients and payers. EMSA has developed a training document and associated process map for pre-billing and coverage discovery and it is currently being utilized. The "pre-bill/verification" control point in our revenue cycle is the primary step for gathering all demographic and insurance information. This is one of the most critical steps in the cycle process to our success because future third-party billings and patient collection efforts will depend on the quality of this data.

COMPLETE

7B - Currently there is no formal incentive plan for employees to encourage superior results – EMSA employees need every incentive and encouragement to identify a patient for payment purposes before the account is sent to W&L for collection purposes. We recommend EMSA consider the development of an employee incentive plan that provides additional pay for superior results when it comes to all aspects of EMSA's operation that touch patient accounts. Such a plan might be either individual- or group-based and should be presented to the EMSA Board of Trustees for approval. Appropriate safeguards should be established to prevent overzealousness or employee impropriety. However, it is completely appropriate that employees be able to make more money from achieving superior results in the billing and collections process. Such a process could also encourage the retention and pay advancement of EMSA's best employees.

This will be submitted to the Board of Trustees Personnel Committee for review and action if they so desire.

7C – EMSA should re-assess the point at which accounts are turned over to Works and Lentz – Each account that is turned over to Works and Lentz represents lost income to the EMSA, as 35% of the recovered funds are paid to W&L. A recent survey of data shows that 22% of bills from August 2011 had been turned over to W&L for collection services as of June 2, 2012. A full analysis of the August 2011 and February 2012 data is presented as **Attachment 5** to this Review. EMSA should continually and aggressively be looking for opportunities to improve in-house capabilities in this area in order to receive the full payment to which it is entitled. For

example, what would be the cost-benefit of adding more A/R reps internally in order to keep more of the collection work in-house? What would be the value of working the self-pay accounts another 30 days in-house? EMSA has provided no evidence that such an analysis is regularly completed in light of evolving technologies and sources of information. We recommend a concerted effort be made to analyze the cost/benefit value of more and longer in-house focus on the collections efforts.

EMSA regularly benchmarks its staffing with other "High Performance Systems" for its staffing needs. An analysis was performed last year and found that a position was needed to work self-pay member accounts before sending to Works and Lentz. A job description was developed and a person was put into this position. Prior to sending a member to Works and Lentz this position attempts one last effort to contact the patient, or to obtain more up-to-date information from the hospital. Also, all self-pay accounts are ran against the 270/271 with Black Ink prior to sending to Works and Lentz to ensure the patient does not receive any type of federal funds, such as Medicare or Medicaid. EMSA has also stopped turning non-member patients that have a motor vehicle accident, Workers Comp and insurance providers who are not paying us timely and holding those accounts knowing we will eventually receive payment. Management continues to monitor our patient mix and volume to evaluate size and make-up of our staff. From this research it is evident that our turn policy matches that of others in our area. And is in fact the standard of practice. Complete 9/21/12

***Hospital** 1-0KC*
Accounts >$2,000 up to 60 days, turns between 60-90 days. Accounts below $2,000.00 no patient contact all done by system auto turns between 45-60 days if not payment made.

***Hospital** 2-0KC*
Accounts below $1,500.00 go through an automatic process and if no payments send it 30-60, if a payment is made, but not paid off in 3 months account is auto turned too. If> $1,500.00 they make phone calls and allow for longer time to be paid off.

***Hospital** 3-0KC*
They send one statement on day one with a payment due within 20 days. If no payment is received by day 31, the account is assigned to an extended business office (EBO). EBO attempts to collect for 90 days. If unsuccessful, account is closed then turned to a collection firm.
Hospital4-Tulsa

Bill Insurance, once insurance pays or denies if patient has not made a payment between 45-60 days following insurance payment the account is turned. If they do not have insurance or provide insurance they turn between 45-60 days if no payment is received.

Another Like Ambulance Provider
If no insurance the account works through the system. Statement drops within 10 days of run, if payment is not made in 30 days account is automatically turned. No patient contact, they do have "TotalCare Program" but not Utility Entry into their subscription program. If the patient has insurance, once the insurance pays, statement drops, if the patient does not make a payment within 30 days the account drops to collections.

7D – EMSA must develop stronger agreements with hospitals to share information useful in billing – We recommend that EMSA leadership immediately seek to negotiate with hospitals to increase the billing-related information that EMSA receives. While EMSA notes that some hospitals are forthcoming with such information, they note that others are not in regards to obtaining face sheets and discussing billing issues. The MRO Team sees no reason why EMSA and the hospitals cannot put in place manual processes until automated means to exchange information are in place. Current mid-level interaction between hospital and EMSA billing staff is reported by EMSA and P+ staff to be ad-hoc with mixed results; support from upper management with a clearly outlined and agreed upon process will improve the billing operations and may have an impact on the revenue that EMSA is able to recover.

Management agrees with this finding; however, would like to address the statement "The MRO Team sees no reason why EMSA and the hospitals cannot put in place manual processes until automated means to exchange information are in place." This has proven harder to accomplish than so many may think due to factors relating to various factors discussed more fully in response to paragraph 10B below. Obviously, this is not a matter solely within the control of EMSA. The hospitals are working internally to prepare for the efficiency payments beginning next year, and staff members are taxed with their own new processes. With the help of city councilor Karen Gilbert we have made inroads on this issue, and EMSA is committed to continue its efforts in working with the hospitals to obtain agreements that would allow for hospitals to share more beneficial information for billing purposes.

EMSA is committed to excel in this process.

8A – Confirm PCI compliance – When the issue of PCI compliance first came up in the MRO Team's discussions with EMSA, employees indicated that they did not believe it applicable since they use a 3rd party to process credit cards that is PCI certified. It appears EMSA personnel did not realize that storing personal card data in electronic format is makes them subject to PCI standards.

This uncertainty is not uncommon as, PCI can be ambiguous as well as complex. However, we recommend that EMSA confirm the applicability of PCI standards to its operations and take all necessary steps. Specific recommended steps include:

- EMSA review its merchant account agreement in relation to PCI;
- EMSA isolate all card holder data stored in its imaging system and limit access to it;
- EMSA review PCI compliance standards with its legal and IT departments to determine the full extent of the current risk and outline a plan to eliminate or reduce the risk; and
- Due to complexity and cost of PCI, EMSA may consider employing a Qualified Security Assessor ("QSA") - a specialized firm/individual to make an assessment and provide guidance in relation to PCI compliance.

  EMSA planned and budgeted for an IT security risk assessment in fiscal year 2013. EMSA has selected a local Tulsa company, True Digital Security, to perform this assessment. The scope of that engagement listed in True Digital's proposal to EMSA dated March 13, 2012 is as follows:

Scope & Assumptions

Information Security Risk Assessment

Scope:
• Regulatory Compliance Considerations: HIPAA Security Rule/HITECH, PCI DSS
• Number of Key Interviews Required & Locations: True will interview approximately 5 resources throughout the course of this engagement. This number could fluctuate based on information gathering needs.
• Locations Requiring Physical Security Inspections: Up to 5 total locations in Oklahoma City and Tulsa
• Vulnerability Scanning: TRUE will perform internal and external vulnerability scanning for this engagement.
  ○ Number of IPs for Internal Assessment: Up to 75 systems
  ○ Number of IPs for External Assessment: Up to 25 systems
  ○ Vulnerability scanning will take place remotely.
Assumptions:
• EMSA is responsible for reviewing TRUE's Security Testing Risk Disclosure documentation that includes client responsibilities to reduce the risks associated with security testing.

As you can see, part of that scope was PCI DSS. EMSA has also budgeted funds in fiscal year 2013 for any necessary remediation of threats identified in the assessment. EMSA will begin working with a PCI Qualified Security Assessor (QSA) to perform a PCI compliance and risk assessment.
Kick Off meeting with True on 8/14/12. The following is True's timeline constructed after he 8/14/12 kick off meeting.

Aug 23: External Scanning Complete	*Complete 8/23/2012*
Sep 3: Internal Scanning Complete	*Complete 9/3/2012*
Aug 29 – Sept 18: Interviews	*Complete 8/18/2012*
Oct 1: Draft Review	
Oct 5: Final Deliverable	

8B – EMSA has no IT system map or architecture document for the entire system – While the IT staff is appears responsive and competent, there was no documentation that reflects the entirety of EMSA's system architecture as of late May. We recommend that IT architecture be documented to ensure business continuity as well to serve as a useful reference for process and technology improvement efforts.

EMSA has already begun the process of developing documentation on all of its IT systems, to include:

1. *Network topology maps,*
   Completed on 8/31/12

2. *IP addressing schemas,*
   Completed on 8/31/12

3. *Server documentation,*
   Completed on 8/31/12

4. *Application catalogs.*
   Completed on 8/31/12

5. *As part of the IT policy and procedure development process, policies and practices will be put in place to regularly review the system documentation and update its content as changes occur.*
   Completed by 10/1/12

8C – Development of improved process metrics/key performance indicators (KPIs) – EMSA personnel indicate that they do regularly review a series of Zoll reports to track the progress of various back office processes related to revenue generation. For the most part, however, these reveal status of patient accounts at various stages of the billing and collection process – a snapshot view. However, they do not appear to track the progress of EMSA's improvement (or regression) of operational processes/procedures not captured by either system that have an impact on EMSA operations and patient account status over time. We recommend the development and use of KPI's that capture process timeliness and efficiency measures over time, such as the following:

- Percent of trip events verified and billed;
- Face sheet recovery percentage;
- Average processing days of key functions, as well as the time it takes to reach those key functions from the date of service as well as from the date the PCR is received from P+;
- Percentage of address matches found through automated means;
- Percent of unidentified patients;
- Percent of undelivered addresses;
- Percent of patient records with incomplete information;
- Percent of denied claims and rejects by reason;
- Categorization (by reason) and number/percentage of trips sent to W&L;
- Of trips/accounts sent to W&L, average days worked prior to sending by category; and
- Customer service metrics such as number and type of complaints and inquiries as well as timing to resolution/closure of complaints/inquiries.

Focusing on these types of metrics is essential to the development of a true continuous improvement focus. We further recommend that such process metrics be a part of EMSA's regular reporting to its Board of Trustees. The article, *UPMC's Metric-Driven Revenue Cycle: A Commitment to Managing by the Metrics* in the September 2007 issue of Healthcare Financial Management presents a useful list of valuable, general healthcare financial metrics some of which could be adapted to the EMSA environment.

> *Each month, EMSA evaluates more than 130 metrics to measure the performance and productivity of its revenue cycle. These include, but are not limited to, accounts receivable, volumes, cash, denials by reason and remark codes. In addition, we have created KPIs to ensure compliance with federal payers that are being used by many suppliers in our industry. We already utilize many of the metrics from the recommended article UPMC's Metric-Driven Revenue Cycle: A Commitment to Managing by the Metrics and we welcome further suggestions that would improve our business processes. We regularly seek input from*

industry experts in this area and welcome opportunities to participate in benchmarking projects to ensure we are in line with industry best practices.

8D – Increase operational coordination – In light of the complexity of EMSA's operations, we recommend that EMSA consider establishing a Chief Operations Officer position, reporting into the CEO, to monitor, manage, coordinate, and lead the daily operations of the whole EMSA system. Such a position would increase performance of individual departments as well as the performance of the whole EMSA system by providing operational continuity, monitoring, and improvement efforts across the EMSA system in terms of interdepartmental operations. This would also address concerns that the organization has no clear succession plan if the CEO were unable to serve for some reason.

Management agrees with this finding and will present to the Board of Trustees its suggestions.

8E - Opportunity to deploy DBA or business process analysis skills to analyze back office processes – While EMSA does have access to DBA talent through its contract with Xtivia, the organization lacks in-house individuals with database management skills. Additionally, employees with process efficiency expertise are not apparent. EMSA could like benefit from a position that is 100% dedicated to quality and process improvement across back office processes. Many of the steps necessary to create a continuous improvement culture leading to more efficient and effective back office processes require individuals with these types of skills. We recommend EMSA complete a cost/benefit analysis of directly hiring such talent versus contracting with a firm to provide such, as needed.

*EMSA's contract with Xtivia is for remote database **A**dministration (an IT function), not **A**nalysis (business process function), so we believe there was a fundamental definition issue during the conversations between the MRO team and our CIO. EMSA will complete a cost-benefit analysis for hiring a business process analyst full time or procuring one on a contract basis.*

8F - Limited integration between the ePCR and billing systems – EMSA indicates that in the 2003-2004 timeframe it conducted a preliminary evaluation of the cost and feasibility to integrate its ePCR system (Medusa) and its billing system (Zoll) but determined that it wasn't worth the $25K-$30K estimated cost to do so. That is surprising, as we would expect that doing so would reduce manual data entry and, thus, improve efficiencies and reduce errors. We recommend that EMSA fully re-evaluate the cost/benefit of integrating these systems and/or produce a Request For Information to send to various system providers and integrators to obtain the latest information regarding the advantages, disadvantages, capabilities, and costs associated with integration. See **Attachment 5** for a further analysis of the value of an integrated system.

EMSA commits to further investigating the advantages, including a cost-benefit analysis, of integrating its ePCR application and its billing system. This will be thoroughly addressed in our next ePCR. PRESENT TO BOARD 9/26/12

8G – Lack of CFO direct oversight of revenue management processes and personnel – There appears to be no direct reporting relationship between the Vice President of Financial Services and the EMSA's Chief Financial Officer ("CFO"). In order to be

consistent with best practices in the healthcare industry, all revenue management processes and personnel should report to EMSA's CFO. In the article, *Strengthening the Revenue Cycle: a 4-step Method for Optimizing Payments* in the October 2008 issue of Healthcare Financial Management, Jonathan J. Clark states, "The second step is to implement the proper organizational structure for the overall revenue cycle as well as for each revenue cycle department. Ideally, all revenue cycle departments should report under a common executive, typically the CFO, to increase collaboration and ensure that accountability and performance expectations are consistent across departments." We recommend that EMSA consider moving all revenue management processes and personnel under the CFO.

Management does not agree with this finding. It is management's belief that due to the size of EMSA's management team, the same collaboration would continue with the present reporting structure as it would if making the change. Therefore, the change would not affect the performance of the enterprise. The research cited above was developed for a much larger organizational structure. The MRO has agreed to our logic.

COMPLETE

8H – Broadening the scope and increasing the responsibilities of the CIO - EMSA back office processes do not make use of automation to the extent that they should. Though the CIO has knowledge of the back office systems and processes, his primary focus as relates to the back office processes appears to be on maintaining and supporting the ePCR and CAD systems and data. We recommend that the CIO play a more integral role when it comes to back office operation processes and use of data to ensure continuity in and improvements in the use of data across the EMSA system. The result should be an across the board improvement in EMSA performance.

Management does not agree with this finding. EMSA's CIO is already involved in all areas of operations, including the back office systems. Our CIOs background is as a paramedic and dispatcher, so naturally a lot of his expertise is in those areas. He works regularly with the patient financial services and finance staff to understand their needs and explore opportunities for improvements. The CIO will continue to look for opportunities where technology and data analysis can benefit the EMSA organization.

COMPLETE

9A - Need to address the specifics around handling PII in an in-home environment - On 6/13 EMSA indicated that a consultant has been engaged to authorize IT standards to govern procedures, including such topics as Acceptable Use, Authentication, Network Access, and Remote System Usage (especially applicable to in-home users). While EMSA's overall policies and procedures regarding HIPAA and general privacy compliance appear extensive and appropriate, it appears that, to this point, EMSA has not had in place IT and operations policies addressing some of the unique challenges that in-home workers present to an organization. In addition to the IT standards now being developed, we recommend that EMSA develop ASAP a manual specifically targeted at the risks that in-home workers handling PII present.

EMSA has retained the services of an experienced healthcare CIO to assist with creating or improving existing policies and procedures as they relate to IT security and IT systems in general. As mentioned in the MRO team findings, the in-home worker policy is part of the policies and procedures, and has been elevated to the number one priority of that project. Attached to our response is the draft of that policy, and the work plan for updating all of IT's policies and procedures.
COMPLETE

9B – Develop and implement a "waterfall" process to use various tools to identify addresses in the most efficient manner - The data sources used in the patient identification process have different information and different costs. We recommend that EMSA devise an automated waterfall process for obtaining, storing, and scrubbing patient address information. For example, a database could be built and scripts written to batch process address information with current tools such as USPS, Utility DB, Dantom, NCOA files, and Accurint. Additional 3rd party tools that obtain, scrub, and format address information should be identified and evaluated; these services are often more accurate than USPS and more cost effective than the services currently being used by EMSA. We recommend that EMSA focus on batch processing or real-time processing of information as opposed to manual look-up processing on a case by case basis; this will greatly improve efficiency.

A waterfall process will involve processing information in an orderly fashion, passing down to the next step of the waterfall only those accounts with missing information, and improving the accuracy of the information obtained. This process should be implemented during the pre-bill process and then on a monthly/quarterly basis for all outstanding accounts. Accounts to be turned over to W&L for collections should also subject to it. In addition, a master DB, even if not fully integrated with billing application, would reduce the amount of manual look-ups and provide a consistent source of data for use by billing staff.

For example a pre-bill waterfall process might include:

1. Current Billing system data
2. Utility DB (take most recent address between 1&2)
3. Listcleanup.com (or similar service) to 1) obtain more recent address information and 2) standardize the addresses(some have SSN verification, which can be obtained for free from SSA)
4. Experian/Accurint (or similar service, in order of cost effectiveness)
5. Accurint/Experian
6. Exceptions- manual processes- call hospital and/or patient then update DB.
   Script to update billing information or provide the DB for clerks to use.
   EMSA commits to developing an automated waterfall process for obtaining, storing, and scrubbing patient address information. EMSA's process will focus on batch or real-time processing and do away with manual processes whenever possible.

9C – Long average delay between service date and billing – As Table A2 in Attachment 4 shows, in August 2011, the average account took 19 days between the trip event and the date of reconciliation. For the average account, it took a total of 26 days from the trip event to the claims submission. These dates are long in comparison to industry standards as represented in contracts with private sector emergency transport billing providers. On a positive note, the February data represented in Table B2 show a considerable improvement on average days to reconciliation (8) and claims submission (19). These are examples of the necessary KPI's referenced in 8C above. We recommend the immediate development of KPI's related to these key measures of revenue management timeliness.

The more recent data is indicative of the process change that was put into place January of 2012. This trend has continued and is reflected in our current collection process.

COMPLETE, Review on going

10A – P+ conducts training/practice runs using the production system-

These runs are noted as practice runs in the Medusa system. Though they are noted in Medusa as practice runs, they reach the RTA, adding to the RTA's workload. We did not find evidence that these practice runs are transferred to EMSA billing staff; however it adds to the RTA process. We recommend that P+ and EMSA discuss the possibility of developing a "training" system so that training runs do not reach the RTA process. The MRO Team understands the importance of training EMSA and Paramedics Plus personnel in the use of the Medusa system, and we believe it does take precedence over not sending runs to the RTA; however, if there is a cost effective means of conducting training and not sending the training runs to the RTA then the MRO encourages it.

EMSA will discuss having a training system for the Medusa ePCR application so that runs do not reach the RTA. This patient-centric issue will be measured against the suggestion. PRESENT TO BOARD 9/26/12

10B – P+ and EMSA must improve their joint success in collecting hospital "face sheets" if it is to improve its collection rate – In the MRO Team's interviews, it was stated that P+ and EMSA collected face sheets for an estimated 50% - 70% of the patients served. The face sheet is a valuable tool when it comes to useful information on the patient's demographics, including insurance and address, and may be a more up to date source of information on returning patients than existing information that EMSA has. In response to an actual survey of February 2012 EMSA it appears that the percentage of face sheets collected is closer to 20% (according to EMSA). Whether the percentage is closer to 20% or 70%, the rate of face sheet collection should be increased. While we understand the need to get P+ resources available to respond to calls as quickly as possible after completing a run, we recommend that EMSA and P+ work together to find a way to increase P+ personnel's success rate in capturing face sheets at the hospital. We further recommend that P+ and EMSA develop a set policy and procedure in regards to obtaining the face sheets if not obtained at time of transport. We further recommend that for patients that are unidentifiable that prior to turn over to W&L, EMSA attempt to

obtain the face sheet and/or attempt to gain additional information from the hospital billing staff. These attempts, and the success or failure should be noted in the account.

EMSA benchmarks yearly to ensure it is comparable to other similar entities across the country in its collection rate, and finds EMSA has a higher collection rate than most entities. Face sheets provided at the time of transport provide limited data. EMTALA does not allow the hospitals to obtain billing information from the patient until the patient has been assessed by a healthcare provider to determine their level of necessity. This would place a burden on the crew to wait for a completed face sheet. Due to the competitiveness in the hospitals and the lack of beds available, many hospitals are moving to a customer friendly experience and are obtaining the patient information at the time the patient is admitted on the floor or they obtain their information at the time the patient is discharged from the emergency room.

1. *To obtain more pertinent data, EMSA's effort is focused on fostering the relationship with the hospital to obtain a valued face sheet, if needed, once the patient is discharged.*

2. *EMSA is also investigating the opportunity to connect electronically with some of the hospitals; therefore, this information can be obtained electronically.*

11A – Need to examine EMSA's procurement and travel practices – A review of the nine (9) providers with which EMSA spent more than $50,000 in 2011 indicates that at least six (6), and possibly more, were sole source agreements. EMSA's CFO, Kent Torrence, indicates that there has not, in the past, been consistent competitive bidding of services and commodities. For example, there is no evidence that the Works and Lentz contract has been competitively bid since 1989. While we do not advocate that EMSA be bound by procurement requirements identical to those of the city and state, a greater level of competitive bidding is desirable to ensure the cost, quality, and overall integrity of the procurement process given the public nature of EMSA's mission and, in part, funding. Therefore, we recommend the development of consistent and competitive bidding policies for services and commodities above $10,000. Specifically, we recommend that the Works and Lentz contract be re-bid to ensure its competitiveness.

1. *EMSA's purchasing policy stipulates that any purchase over $2,500 must include three quotes, unless it is $25,000 or greater in which case it would require formal bidding.*

2. *The six mention by the MRO review were all for annual software license and maintenance agreements on proprietary software or medical equipment. To use anyone would be impossible and/or would lead to possible law suites.*

3. *The purchasing policy has been followed when quotes or competitive bidding is indicated, but there are a few vendors whose services have been utilized for a considerable amount of time that will be quoted or bid more often. The vendor*

listing will be scrutinized and prioritized by amount to identify goods or services that have not been quoted in some time and/or where potential savings could be indicted.

4. *EMSA believes that the services of Works and Lentz are "professional" in nature and not subject to competitive bidding per the EMSA purchasing policy. The success of Works and Lentz's efforts is monitored in part by the success of our secondary collection agency and by the degree, or lack thereof, of our patient's feedback regarding their interaction with them. Changing agencies can have a considerable negative effect on both collection experience and the perception of the Authority in the eyes of the public.*

11B - Lack of a purchasing manager – EMSA's organization has some significant gaps when it comes to interdepartmental operations as well as purchasing expertise. Given the needs identified in the Review, we recommend that EMSA consider bringing on an individual who can serve in a Chief Operating Officer ("COO") and purchasing manager capacity. This would serve to better coordinate EMSA efforts across all operations (clinical and back office) and also ensure that key individuals are involved in major procurements, such as did not happen with the purchase of the Ikon imaging system. This individual could also lead in seeking to inject competitive bidding into more of EMSA's major procurements, lead in the analysis of how cost savings could best be achieved in the purchase of commodities, and identify the most cost-effective procurement tools

1. *EMSA believes that key individuals are currently involved in major procurements as any major purchase will be supported by a requisition that must be approved by the CFO and President and, in the future, the COO. The CFO will maintain responsibility for ensuring that purchases are made in accordance with the purchasing policy and the budget.*

2. *The purchase order module that is part of the Great Plains accounting software will be reviewed to determine if it could enhance the purchasing function.*

The Great Plains purchase order system with work flow for enhanced productivity will be installed in October. Completed by 11/1/12

12A - MSP participants being sent to Works and Lentz for collections activity - In August 2011, 28% (330) of all of the Tulsa accounts passed to Works and Lentz (totaling 1,175) were MSP participants based on a study of the data conducted by City Finance. There are reasons why this could be happening, such as:

1. EMSA identifies them as members of the MSP, but the participants fail to provide the necessary payor information (such as their private insurance carrier);
2. Payment for a non-emergency transport is not received;

3. A payment due to EMSA for service was received directly to the individual; or
4. EMSA fails to determine that the individuals are members of the MSP.

The MRO Team will have to work further with EMSA to determine the precise reason affecting each of the participants making up the 28%. Whatever the reason, however, this high percentage of Works and Lentz accounts that are MSP participants presents a major public relations challenge for EMSA and the MSP program. When the widespread lack of public knowledge concerning the MSP requirement that insurance information must be provided by MSP members or they will be terminated from the program and turned over to collections is combined with such a high percentage of MSP participant accounts being turned over to Works and Lentz, it is not surprising that questions are raised. We recommend that EMSA immediately review its procedures for turning over MSP participants to W&L and seek to incorporate the various approaches documented throughout this report to better communicate the program requirements to MSP participants and to better identify MSP participants the first time. At a minimum, we recommend that MSP participants be treated by the collection agency in such a way that communicates their responsibilities to provide insurance information while still recognizing their program participation status.

Management would incorporate its preliminary statement regarding TotalCare contained on page one of this response. Further, Management would state that TotalCare participants, regardless of whether they subscribe individually or through the utility fee programs in various municipalities are turned for collection activities consistent with the terms of the TotalCare agreement, which since its inception has always required a participant to provide insurance information. This requirement was identified in the information presented to the City Council in 2007 prior to the enactment of Title 37-A, Chapter 2 and has been included in the yearly information provided to all water utility customers in the City of Tulsa. Management is unable to further comment to the extent this matter relates to pending litigation.

12B – Lack of a unique identifier for program participants – Tying an address participating in the MSP to particular covered individuals presents challenges for EMSA. We recommend that the City and EMSA agree to the implementation of a unique participant identifier, whether Social Security Number ("SSN"), a driver's license number ("DL#") or possibly a phone number for individuals. The use of a unique identifier would facilitate the automation of verification of participation in the MSP (described below), saving time and reducing errors. The use of the DL scanners by P+ personnel, discussed above, would assist with realizing this vision in addition to providing a good source of address information for billing purposes.

EMSA commits to further researching this opportunity with the Cities of Tulsa, Oklahoma City, and Edmond. EMSA feels that implementing a unique identification process in only one city where the TotalCare program is implemented would be difficult to manage. The way that the TotalCare system is designed to work would make the implementation of a unique identification system extraordinarily difficult, but EMSA pledges to give it an exhaustive review with city officials and other experts in this area. Such review will also need to address what the cost of such implementation and who bears this cost.

12C – Manual identification of MSP participation – Participants in Tulsa's MSP are manually identified and placed into a "group" in the billing system during the pre-bill process. The process uses the patient's address, when known, to identify MSP participants in the City's Utility file; if there is a match then the patient is placed into a "group" which flags the individual as a member of the MSP. Since this is a manual process that lacks a unique individual identifier, errors, omissions, and mistakes can and do occur. See the report "Utility Customer List 04-12.pdf" which EMSA produces monthly to identify patients that match to members in the Utility file and for which corrective action must be taken to adjust status of the patient in the billing system. Automating MSP verification process is a priority. We recommend that EMSA engage the necessary DBA talent to develop scripts that search the City's HiAffinity database and compare to a data extract from the billing system; as hits occur, the billing record would be flagged, thus triggering a manual update (or possibly automated) to the patient information regarding MSP participation in the billing system. Real time automation and/or access would also reduce the lag time (July-September) between the start of a citizen's participation in the MSP for a year and the time in which that shows up in the MSP file provided by the City to EMSA. If running against the City's database is not possible, then we recommend that EMSA figure out a way to use the "Utility Customer List" file provided by the City to run during the pre-bill process to create a list of known MSP customers that can be used in the process to reduce the amount of manual look-ups.

EMSA began discussing and received a quote from Zoll (our billing system vendor) for developing an automated process for TotalCare identification in March of 2012. The quote was for $25,000. At that point, we did not have clear cost justification, and decided to hold off until we had further justification or cause to proceed. The MRO team's findings in this area and as it relates to the waterfall process for address scrubbing have made it clear that we need to develop this automation. EMSA will work with the TotalCare member cities (Tulsa, Oklahoma City, and Edmond) to gauge the feasibility of using their live systems vs. using the utility customer database that EMSA maintains for the purposes of automating a lookup/identification process.

12D – Lack of EMSA direct access to the HiAffinity database – Even with process automation, EMSA will still, on occasion, need to access City data on MSP participation. We recommend that City Finance provide "look up" rights directly into the City's billing system HiAffinity to select EMSA employees for purposes of researching an individual's MSP program status. This will provide access to the "latest and greatest" information.

EMSA has previously requested such direct access. EMSA will again seek direct access from the City of Tulsa in hopes that the City will grant such access.

12E – Clean up apartment information – There is a fundamental mismatch between the "address" structure of the MSP and the "personal" nature of service provided by EMSA. Given a fairly transitory population and the lack of a unique, personal identifier (as discussed above), there will always be some level of error in matching participating addresses with covered individuals. One step would be to simplify the program by changing the current "opt out" apartment participation status. Rather, in order for an apartment complex to "opt in", the apartment owner would have to provide correct information concerning actual covered addresses. Today,

EMSA indicates that the billing address (from the Utilities file) that is associated with a particular apartment complex may not be one and the same given the ownership structure of many multi-family apartment complexes. If the City and EMSA decide not to change the "opt out" nature of apartment complexes in the MSP and if no personal identifier can be created, we recommend that the City collect the necessary information on "covered addresses" and include this information in the HiAffinity database. Additionally, we recommend EMSA research the incorporation of additional sources of property information, such as County land records, that may prove useful in better identifying participating addresses.

EMSA is willing to work with the City of Tulsa to address this matter. However, this presents several unique legal issues that will require analysis by both City Legal and EMSA's legal counsel. Any such change is within the discretion of the City of Tulsa and would require that the City of Tulsa pass an amendment to the existing ordinance to effectuate any such change. Again EMSA will cooperate with the City of Tulsa to further address this matter.

12F – Non-enforcement of apartment penalty – While Section 202 (B) of Title 37-A (Medical Service Program) of the City of Tulsa Ordinances authorizes the City to prosecute apartment owners for failing to make their residents aware when the apartment complex is "opted out" of the MSP, the City has not enforced this ordinance nor the associated $1,000 for non-compliance. This non-enforcement is another reason to consider making the apartment participation in the MSP an "opt in" basis rather than an "opt out". However, if the City maintains the "opt out" nature of the program for apartments, we recommend that the City Prosecutor determine what would be necessary to make such penalties enforceable. Keeping an unenforced ordinance in place diminishes public respect for the law.

EMSA is willing to work with the City of Tulsa to address this matter. As stated above, this is a matter solely under the enforcement authority of the City of Tulsa. The ordinance does not provide any involvement for EMSA in the penalty enforcement. EMSA is willing to discuss this with the City of Tulsa and assist the City in any way possible to address this matter.

13A – Knowledge of MSP program specifics within the community must be improved – Anecdotally, according to EMSA's customer care agents, the number one call type they take regards the necessity of showing insurance for MSP participants who have private insurance. In EMSA's mailings on the program, this has been a program requirement since its inception. However, while EMSA has included this message in its annual mailings to MSP participants, it is completely understandable that citizens would not remember the specifics when they actually have needed service.

That there is still this level of misunderstanding indicates that EMSA has not effectively communicated the message – successfully integrating it into such communication tools as the patient statement, IVR, and customer care scripts. We recommend that EMSA thoroughly review its messaging to ensure that information on the MSP requirements is effectively delivered.

As a preliminary matter, the reference to "EMSA's mailings on the program" is inaccurate, as the information that is circulated to TotalCare subscribers through the city water utility fee program are mailings generated in cooperation with the City of Tulsa and sent on behalf of both the City of Tulsa and EMSA. EMSA increased efforts in paid advertising (direct mail) and earned media (TV and newspaper coverage) during the annual TotalCare renewal in its Eastern Division in June. The director of communications and vice president of financial services are also working together to improve the static and customizable messages on the patient statements to clearly state a patient's TotalCare membership. Further, EMSA is implementing a survey using a professional survey firm in the city of Tulsa to more clearly define what confusion exists among what audiences about the TotalCare program and its requirements. A communication plan will be developed based on these survey results.

These increased communication efforts are in response to a city council request to improve communications about TotalCare in the wake of negative Tulsa World newspaper articles. Prior to this news coverage, and since, the Mayor's Action Line, city councilors and EMSA receive few to no questions or complaints from citizens about the program.

13B – Lack of regular interaction between EMSA and City Finance – In 2007, when the MSP was implemented, there was regular interaction between the two organizations to confirm whether individuals were MSP participants. When EMSA's previous contact with the City departed EMSA in March of 2010, that healthy interaction virtually stopped. It is necessary to re-boot the relationship by instituting regular meetings to discuss enhancements that could be made to the MSP file and its use. For example, EMSA might benefit from calling on the City's DBA talent to improve the use and structure of the MSP file. Therefore, we recommend the establishment of quarterly or semi-annual meetings, at a minimum, so both sides can look for opportunities to continuously improve the data shared and the use of such by EMSA.

We do concur a meeting schedule could help foster the communication between both departments. Up to 2010, EMSA worked with the City in creating the TotalCare program; however, following that time frame, the efforts were focused on maintaining on the program. Prior to the opt-in period for the 2011-2012 year there was a meeting between the City of Finance and EMSA to discuss the needs for the year. There has been continuous communication when needed either through e-mail or phone. EMSA staff calls customer service at the City if they have a question regarding an individual's opt in/out information.