EMERGENCY MEDICAL SERVICES  
BILLING AND COLLECTION

REQUEST FOR PROPOSAL  
BID NO. EMS001-2010  
Cleveland County Emergency Medical  
Services System

County of Cleveland  
Finance Department/Purchasing Dept.  
311 E. Marion Street  
PO Box 1210  
Shelby, NC 28151-1210  
Bus: 704-484-4840  
Fax: 704-480-5496
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NOTICE TO PROPOSERS  
Pre-Proposal Conference

A Pre-Proposal Conference will be held on January 12th, 2011 at 1:00 p.m.:  
100 Justice Place – Emergency Operations Center (basement)  
Shelby, NC 28150  
704-484-4984  
County urges all prospective Contractors to attend.  

There may be one or more amendments to this proposal solicitation. If your company desires to receive copies or notices of any such amendments, you must provide the information requested below to County Purchasing.  

Please send this information to:  

Kim Ogle  
Cleveland County Purchasing Department  
Ph: 704-484-4840  kim.ogle@clevelandcounty.com

County will send amendments only to those firms which complete and return this form via fax or email by January 3rd, 2011.

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<thead>
<tr>
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<th>Company Name</th>
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<tr>
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1.0 Background

THIS CLEVELAND COUNTY EMERGENCY MEDICAL SERVICES SYSTEM RFP, FOR CLEVELAND COUNTY EMERGENCY MEDICAL SERVICES SYSTEM (BOILING SPRINGS RESCUE, GROVER RESCUE SQUAD, KINGS MOUNTAIN RESCUE SQUAD, SHELBY RESCUE SQUAD, UPPER CLEVELAND RESCUE SQUAD AND CLEVELAND COUNTY EMS) HEREINAFTER REFERRED TO AS "COUNTY". THE NEED FOR SIX (6) SEPARATE AGREEMENTS WILL NEED TO BE DONE.

THE COUNTY OF CLEVELAND EMS DIVISION PROVIDES EMS TRANSPORT FOR CLEVELAND COUNTY. THE COUNTY OPERATES A FLEET OF 11 VEHICLES AND OVERSEES A STAFF OF 120 EMS FIELD PERSONNEL. SEE ATTACHED PDF FOR ACCOUNT ANALYSIS 8/01/2009 AND 07/31/2010.

Our rate structure and mileage charges are as follows:

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Rate</th>
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<tbody>
<tr>
<td>BLS Emergency</td>
<td>$410.00</td>
</tr>
<tr>
<td>ALS-1</td>
<td>$490.00</td>
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<tr>
<td>ALS-2</td>
<td>$700.00</td>
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<tr>
<td>SCT</td>
<td>$830.00</td>
</tr>
<tr>
<td>Mileage</td>
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</tbody>
</table>

EMS billing services are currently outsourced.

2.0 Scope of Services

2.1 Provide Emergency Medical Services (EMS) billing services. County will award one contract for a firm to provide all services necessary to receive and process patient billing and NC Debt Setoff collection. The term of the contract resulting from this solicitation shall be for a period not to exceed three (3) years.

2.2 The term of the contract resulting from this solicitation shall be for an initial period of one (1) year with 2 optional 1 year extensions.

2.3 Create and maintain interface capability to receive electronic run tickets from the existing emsCharts system, check for discrepancies to ensure all run tickets have been received, and verify that required trip and patient information is included.

2.4 Contractor must be prepared to furnish, at some point during the term of the contract, either an electronic patient care reporting software system (ePCR) should the County decide to replace its existing system, and/or a complete hardware “refresh” including ruggedized mobile computing hardware and all attendant hardware peripherals. (See appendix for 5 yr plan.)

2.5 Provide all labor, materials and technology necessary to obtain missing patient information from all available sources prior to issuing insurance claims or direct patient billing.

2.6 Electronically file insurance claims and mail direct patient billing upon verification of run ticket information no later than 25 days after receipt of run ticket.

2.7 Provide follow-up billing upon receipt of “new” information received concerning a patient. This includes, but is not limited to, additional insurance information, change of address, or change of responsible party.

2.8 Electronically receive data files from County’s lockbox and/or other sources (i.e., Medicare or insurance companies) to update patient accounts. Use the County’s lockbox system (when available) for viewing lockbox receipts including check copies and enclosed correspondence. Hard copies of these items will not be provided, but may be printed from the online system.

2.9 Update patient accounts upon receipt of payment information.

2.10 First invoice should be sent no later than 30 days from dispatch date. Second invoice to be sent at 60 days from dispatch date. A third invoice to be sent no later than 90 days from the dispatch date. This third statement should include delinquent notice along with debt setoff and garnishment notice.
Bills with no payment activity at 120 days will be forwarded to County agency in XML format (xml file layout in appendix). If a payment plan has been established with the patient that exceeds 120 days for non-insurance bills, and it is being met, the account will not be turned over to the collection agency.

Provide 24/7 online access to information including notes and hard copy reports required by County, including but not limited to:

- Run tickets received / billed
- Payments received
- Outstanding balances
- Adjustments and refunds
- Aging of open accounts
- Accounts forwarded to County agency
- Status of all accounts

Provide regular updates and on-going training to County on changes to billing requirements based on industry standards or requirements of applicable health care laws and regulations.

Provide County with Contractor’s “Red Flag” plan and all updates throughout the term of the contract.

Comply with all HIPAA rules and regulations.

### 3.0 Instructions to Offeror(s)

3.1 All proposals are to be delivered before January 31st, 2011 12:00 p.m. (NOON) to Cleveland County Finance/Purchasing Attn: Kim Ogle, 311 E. Marion Street, PO Box 1210, Shelby, NC 28151

3.2 County will not accept any proposals received after 12:00 P.M. local time or delivered to a location other than what is listed on cover page.

3.3 Late or incorrectly delivered proposals will be returned to the Contractor at their expense or destroyed after 30 days.

3.4 Proposers must submit one (1) original, and four (4) copies of the proposal response and one (1) electronic copy of the complete proposal response, including any attachments, on a WINDOWS PC compatible CD.

3.5 Proposals will be opened on January 31st, 2011 after bid proposal ends.

3.6 Label the outside of the sealed box or envelope with the “Bid Number – Request for Proposal Enclosed”.

3.7 Email all questions to:
Kim Ogle
Cleveland County Purchasing Department
kim.ogle@clevelandcounty.com
Ph: 704-484-4840

3.8 The Proposals will become part of the County’s official files without any obligation on the part of the County. All Responses shall be held confidential from all parties other than the County until after the Contract is awarded. Afterward, the Proposals shall be available to the public.

3.9 The County shall not be held accountable if material from Responses is obtained without the written consent of the Offeror by parties other than the County, at any time during the Proposal evaluation process.

3.10 In the event an Offeror submits trade secret information to the County, the information must be clearly labeled as a “Trade Secret.” The County will maintain the confidentiality of such trade secrets to the extent provided by law.

3.11 The RFP and the related responses of the selected Offeror will by reference (within either a Contract or Purchase Order) become part of any formal agreement between the selected Offeror and the County. In the event an Agreement cannot be reached with the selected Offeror, The County reserves the right to select an alternative Offeror. The County reserves the right to negotiate with the alternative Offeror the exact Terms and Conditions of the Contract.
3.12 The County may terminate its performance under a Contract in the event of a default by the Contractor and a failure to cure such default after receiving notice of default from the County. Default may result from the Contractor’s failure to perform under the Terms and Conditions or from the Contractor becoming insolvent, having a substantial portion of its assets assessed for the benefit of creditors, or having a receiver or trustee appointed.

3.13 Contractor must promptly report to the EMS Director any conditions, transactions, situation, or circumstances encountered by the Contractor which would impede or impair the proper and timely performance of the Contract.

3.14 The County has sole discretion and reserves the right to cancel this RFP, or to reject any and all Proposals received prior to Contract award.

3.15 The County reserves the right to waive any minor informality concerning this RFP, or to reject any or all Proposals or any part thereof.

3.16 The County reserves the right to request clarity of any Proposal after it has been received.

3.17 The County reserves the right to select elements from different individual proposals and to combine and consolidate them in any way that best serves the County’s interest. The County reserves the right to reduce the scope of the project and evaluate only the remaining elements from all Proposals. The County reserves the right to reject specific elements contained in all Proposals and to complete the evaluation process based only on the remaining items.

3.18 Contractors must clearly understand that the only official answer or position of the government will be the one stated in writing.

3.19 Questions received from all Offeror(s) shall be answered and sent to all Offeror(s) who are listed as having the RFP.

4.0 Proposal Outline and Minimum Content Requirements

4.1 Proposals must be in strict compliance with this Request for Proposal. Failure to comply with all provisions of the RFP may result in disqualification.

4.2 The information listed below shall be submitted with each proposal and should be submitted in the order shown. Each section should be clearly labeled, with pages numbered and separated by tabs. Failure by a Contractor to include all listed items may result in the rejection of its proposal.

5.0 Title Page

5.1 The title page should include the title and number of the RFP, names and address of the offeror(s) and the date of the Proposal.

6.0 Letter of Transmittal

6.1 Letter of Transmittal shall include the following:

6.2 The names, titles, addresses and telephone numbers of the individuals who are authorized to make representation on behalf of the Offeror.

6.3 A statement that the proposed price is the total price for the services enumerated.

6.4 A statement that the person signing the Letter of Transmittal is authorized to legally bind Offeror, that the Proposal and the price contained therein shall remain firm for period of 180 days, and that the Proposal will comply with the requirements stated in the RFP.

7.0 Expertise/Experience/Qualification Statement

7.1 Provide a brief statement describing the Offeror’s background information, history, resources and/or track record.

7.2 Provide an organizational chart of proposed team or staff for this project.

7.3 Provide resumes of key personnel whom will be responsible for the delivery of the services/project.
8.0 Business Plan
8.1 Describe in detail how your firm is structured to ensure timely delivery of required services/products.
8.2 Describe your firm’s Project Management capabilities.
8.3 Describe your firm’s Customer Service process and provide sample of firm’s communications and statements.
8.4 Describe the billing software you are using, who owns it, who supports it, and describe the process by which required programming changes are made.
8.5 Provide a detailed plan of your firm’s proposed approach (including major tasks and sub-tasks).
8.6 Describe training that will be provided for County staff by the contractor.
8.7 Identify potential risks associated with the execution of this contract and how your firm proposes mitigating those risks.
8.8 Describe firm’s Disaster Recovery Plan.
8.9 Describe your recommended Transition Plan with respect to the Scope of Services.
8.10 Describe any legal protests your firm has lodged pursuant to the notification of award with respect to an EMS Billing and Collections contract. Detail the Project, (name of County) the date of the legal challenge, reason for the protest and final outcome of the challenge.

9.0 Billing Process
9.1 Document your firm’s billing processes for each of the various payor groups.
9.2 Describe your firm’s processes for limiting denied claims.
9.3 Document in detail the process your firm uses to obtain demographic and insurance information for patients, when such information is missing or incomplete.

10.0 Reporting
10.1 Describe in detail your reporting capability.
10.2 Provide sample reports.

11.0 Key References
11.1 Provide a listing of 3 client references (see appendix). The services provided to these clients should have characteristics as similar as possible to those requested in this RFP. Information provided for each client shall include the following:
- Contact name, address, email and current telephone number
- Description of services provided
- Time period of the project or contract
- Number of transports

12.0 Financial Statements
12.1 Provide financial statements from the last 2 years, audited by an independent accounting firm.

13.0 HIPAA Compliance Program
13.1 Contractor shall have a Department of Health and Human Services Office of the Inspector General (OIG) compliance program or policy in place. Please provide a copy with the proposal. In addition, Red Flag plans should be included in your proposal.

14.0 Certificate of Insurance
14.1 Provide a certificate of insurance based on requirements as specified in 31.0.
15.0 Pricing Proposal
15.1 Pricing for all billing and collection services requested in this RFP must be stated as a percentage of total collections.
15.2 Respondent must also detail its pricing and methodology for including, at some point during the term of the contract, an alternative ePCR system and/or complete or partial hardware "refresh". Include detailed transition plan including various transition options based on the timing of the ePCR software/field hardware refresh including risks of each option and respondents recommended transition plan.

16.0 Post Proposal Discussion(s) With Offerors
16.1 It is the County's intent to commence final negotiation with the Offeror(s) deemed most advantageous to the County. The County reserves the right to conduct Post-Proposal discussions with any Offeror(s).

17.0 Method of Source Selection
17.1 County is using the Competitive Sealed Proposals method of source selection.
17.2 Award(s), if made, will be made to the Responsive and Responsible Contractor(s) whose proposal is most advantageous to County, taking into consideration price and the other factors set forth in this Request for Proposal (RFP).
17.3 County may, as it deems necessary, conduct discussions with Responsive and Responsible Contractor(s) determined to be reasonably advantageous to the County for the purpose of clarification of award to assure full understanding of solicitation requirements.

18.0 Minimum General Criteria
18.1 The proposal submitted must conform in all material respects to the solicitation.
18.2 Contractor will demonstrate an understanding of County's needs and proposed approach to the project.
18.3 Contractor must possess the ability, capacity, skill, and financial resources to provide the service.
18.4 Contractor will take upon itself the responsibilities set forth in the RFP (and resultant contract) and produce the required outcomes in a timely manner.
18.5 Contractor must have the character, integrity, reputation, judgment, experience, and efficiency required by the contract.
18.6 Contractor must have performed satisfactorily in previous contracts of similar size and scope and must have demonstrated its capability to perform under the contract the County seeks to establish through this RFP.
18.7 Contractor must have a hosted solution with enabled remote access to current claims and financial data.
18.8 Contractor must own the billing software with which they process claims.
18.9 Contractor must have a data center that meets a minimum “Tier 3” requirement.

19.0 Projected Timetable
19.1 The following projected timetable should be used as a working guide for planning purposes. County reserves the right to adjust this timetable as required during the course of the RFP process.

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<tr>
<td>RFP Issued</td>
<td>December 15th, 2010</td>
</tr>
<tr>
<td>Pre-Proposal Conference</td>
<td>January 12th, 2011</td>
</tr>
<tr>
<td>Deadline for submittal of questions</td>
<td>January 17th, 2011</td>
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</table>
Amendment(s) Issued with answers to Contractors’ questions January 24th, 2011

Proposals Due January 31st, 2011 by 12:00 pm (noon)

Evaluation of Criteria Begins January 31st, 2011 (afternoon)

Selection of Short-List Vendors February 15th, 2011 (Noon)


20.0 Contractor Responsibilities
20.1 Comply with all local, state or federal laws in the course of performing work on behalf of County.
20.2 The Contractor will have a program that is fully compliant with the FTC Red Flag Rules.
20.3 The agreement to provide services is with the expressed intention, understanding and knowledge that the relationship between County and the Contractor is that of an independent Contractor.
20.4 Secure written approval from County before any records, data or any other information relating to this agreement are released to anyone other than those requiring the information for the performance of work under this agreement.

21.0 County Responsibilities
21.1 The County’s EMS System will complete run tickets accurately and with all available patient information. County prefers to use BB&T and their lock box processing. Contractor is required to make daily deposits and report to Finance A/R through email processes. County will provide a point of contact for administration of the contract resulting from this RFP.

22.0 County’s Right to Inspect
22.1 County shall have the right to inspect any facility or project site where the services performed under the resultant contract are performed.

23.0 Acknowledgment of Insurance Requirements
23.1 By signing its proposal, Contractor acknowledges that it has read and understands the insurance requirements for the proposal. Contractor also understands that the evidence of required insurance must be submitted with the Contractor’s proposal; otherwise. The insurance requirements are included below.

24.0 Evaluation of Proposals (Procedure)
24.1 The evaluation committee will evaluate all responsive and responsible proposals based upon the criteria detailed herein. Upon completion of the initial evaluation, the committee may recommend a single finalist or enter into a short-listing process with those Contractors whose proposals are determined to be in the competitive range.
24.2 The detailed evaluation process that follows the initial evaluation may result in, but is not limited to, a series of requests of the Contractors for clarifications, additional discussions, presentations, amended proposals, contract negotiations, best and final offers, and/or detailed reference checks. This process may involve multiple short-listing rounds for the purpose of achieving contracts that are in the best interests of County as determined by the evaluation committee.
24.3 The method used for evaluation (cost, time of completion, etc.) shall be based on a comparison of all responsive and responsible proposals.
24.4 Other criteria may be adjusted upward or downward during discussions. This movement will result from further detailed review of short-listed proposals and consideration of additional information received through discussions and written submittals.
24.5 If, during discussions, County discovers modification of requirements is necessary the request will be amended.
24.6 If at any time during the evaluation process it is determined that a proposal is non-responsive or non-responsible, that proposal will be removed from consideration for award and all proposers notified of this decision.

24.7 County reserves the right to contact any and all references to obtain, without limitation, information regarding the Contractor’s performance on previous projects. A uniform sample of references will be checked for each short-listed Contractor.

24.8 The County reserves the right to withdraw this RFP at any time and for any reason and to issue such clarifications, modifications, and/or amendments as it may deem appropriate.

24.9 Receipt of a proposal by the County or a submission of a proposal to the County confers no rights upon the Contractor nor obligates the County in any manner.

24.10 The County reserves the right to waive minor irregularities in proposals provided that such action is in the best interest of the County. Any such waiver shall not modify any remaining RFP requirements or excuse the Contractor from full compliance with the RFP specifications and other contract requirements if the Contractor is awarded the Contract.

25.0 Ambiguity, Conflict, or Other Errors in the RFP

25.0 If a Proposer discovers any ambiguity, conflict, discrepancy, omission, or other error in the Request for Proposal, it shall immediately notify the County of such error in writing and request modification or clarification of the document. The County will make modifications by issuing a written revision and will give written notice to all parties who have received this RFP from the County.

25.1 The Proposer is responsible for clarifying any ambiguity, conflict, discrepancy, omission, or other error in the Request for Proposals prior to submitting the proposal or it shall be waived.

26.0 Proposals and Presentation Costs

26.1 County will not be liable in any way for any costs incurred by any Contractor in the preparation of its proposal in response to this RFP, nor for the presentation of its proposal and/or participation in any discussions or negotiations.

27.0 Rejection of Proposals

27.1 The County reserves the right to accept or reject in whole or in part, any or all proposals submitted. The County shall reject the proposal of any Contractor that is determined to be non-responsive.

28.0 Acceptance of Proposals

28.1 The County shall accept all proposals that are submitted properly. However, the County reserves the right to request clarifications or corrections to proposals.

29.0 Validity of Proposals

29.1 All proposals shall be valid for a period of one hundred and twenty (120) days from the opening date of the Request for Proposal.

30.0 Evaluation Criteria

30.1 A committee appointed by the County will evaluate proposals. Other agencies and consultants of the County also may examine documents. The committee will make recommendation(s) to the County.

The factors to be considered in the evaluation of proposals are listed below:

- Adequate technical and financial resources for the performance of the contract.
Necessary experience, organization and technical skill in the field of billing and collection for EMS transport services.

Have a satisfactory record of performance in developing and implementing similar billing and collection programs.

Ability to satisfy Insurance Requirements

31.0 Insurance Requirements

31.1 Contractor shall not commence work under this Agreement until it has obtained all insurances and endorsements required under this paragraph and such insurances have been approved by the County. Contractor shall require that all subcontractors possess and maintain the insurance required herein. Contractor shall provide the County a Certificate of Insurance and/or policies attested by a duly authorized representative of the insurance carrier evidencing that the insurance required hereunder is in effect. All insurance companies must be acceptable to the County.

31.2 Each certificate or policy and endorsement shall require and state in writing that “thirty days (30) prior to cancellation or material change in the policy, notice thereof shall be given to the County by registered mail, return receipt requested” for all the following stated insurance policies. If any of the insurance requirements are not complied with at their renewal dates, payment to Contractor may be withheld until those requirements have been met, or at the option of the County, the County may pay the renewal premiums and withhold such payments from any monies due Contractor.

31.3 The following clause must appear on the Certificate of Insurance: “The County of Cleveland is named as the additional Insured on all liability policies.” The additional insured endorsements shall be attached to the Certificate of Insurance. It is further agreed that coverage under the above listed policies shall be primary to, and not contribute with, any insurance or self-insurance maintained by the County.

31.4 Contractor shall maintain at its expense, at minimum, the following insurance coverage during the life of the Agreement:

1. Workers Compensation Insurance in accordance with the statutory requirements of the state of North Carolina.
   
   Employers Liability $100,000 Each Accident
   $500,000 Disease - Policy Limit
   $100,000 Disease - Each Employee

2. Comprehensive General Liability. Comprehensive General Liability Insurance, including Premises and Operations, Contractual Liability, Independent Contractor’s Liability, and Broad Form Property Damage Liability coverage
   
   General Aggregate $1,000,000
   Products & Completed Operations $1,000,000
   Personal & Advertising $1,000,000
   Each Occurrence $1,000,000
   Fire Damage; any one fire $50,000
   Medical Expense; any one Person $5,000

3. Automobile Liability – covering owned, non-owned and hired vehicles with limits of $1,000,000 each occurrence - Combined single limits.

4. Property Insurance on its own equipment.
5. Fidelity Bond/Employee Dishonesty for losses arising out of, or in connection with, fraudulent or dishonest acts committed by the employees of the Contractor acting alone or in collusion with others, including the property and funds of others in their care, custody or control with limits of: $ 500,000.00.

6. Professional Liability (Errors and Omissions) with minimum limits of $2,000,000 per occurrence/aggregate, written on a claims-made policy form. Said coverage shall be maintained for at least three (3) years from the termination or expiration of this Agreement.
Example of Debt Setoff Letter

Name
Address
City, State, zip

RE: Notice of past due amount and County’s intent to offset debt against NC income tax refund and/or Garnishment of wages

Patient ID:  Date of Service:  1/24/2004

Dear XXXXX:

Our records indicate that you owe the following past due amount to Cleveland County Emergency Medical Services.

Past Due Amount:  $ XXX.00

As authorized by North Carolina General Statutes, Chapter 105A, The Setoff Debt Collection Act (the “Act”), the Cleveland County EMS intends to submit the above debt to the North Carolina Dept. of Revenue for collection by applying the debt against the income tax refund that you may be entitled to receive. Further, as authorized by North Carolina General Statutes Chapter 18C-134, if applicable, Cleveland County intends to submit the above debt against certain lottery prizes to which you may become entitled. You may avoid this action by paying the delinquent amount within thirty days from the date of this letter.

You are also advised that, in accordance with the above statutes, collection assistance fees of $20.00 will be added to the obligation or account described above if it is successfully submitted for offset.

As authorized by North Carolina General Statutes § 44-51.4. Attachment or garnishment for county or city ambulance or county or city supported ambulance service. Whenever ambulance services are provided by a county, by a county-franchised ambulance service supplemented by county funds, or by a municipally owned and operated ambulance service or by an ambulance service supplemented by municipal funds and a recipient of such ambulance services or one legally responsible for the support of a recipient of such services fails to pay charges fixed for such services for a period of 90 days after the rendering of such services, the county or municipality providing the ambulance services, or providing financial support to the ambulance service, may treat the amount due for such services as if it were a tax due to the county or municipality and may proceed to collect the amount due through the use of attachment and garnishment proceedings as set out in G.S. 105-368. (1969, c. 708, s. 1; 1973, c. 1366, s. 1; 1975, c. 595, s. 2; 1991, c. 595.)

You have the right to contest this action by filing a written request for a hearing with Cleveland County EMS. Your request must be filed at the following address no later than 30 days from the postmarked date of this letter. Your request for a hearing may be filed within the specified time by delivering it to Cleveland County EMS or delivering it by mail with prepaid postage and properly addressed to Cleveland County EMS at the following address.

Cleveland County EMS
PO Box 1210
Shelby, NC  28151
704-484-4984

Failure to request a hearing within the 30 days time limit will result in the offset of the above debt amount, and the addition of the applicable collection assistance fees. Should you have any questions, please contact our EMS office at 704-484-4984.

Yours truly,

Joseph A. Lord, Director
File Layout
for Submission of Debts from CLAIMANT AGENCY to CLEARINGHOUSE:

<table>
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<tr>
<th>Positions</th>
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<td>25</td>
<td></td>
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<tr>
<td>061-071</td>
<td>City</td>
<td>11</td>
<td></td>
</tr>
<tr>
<td>072-073</td>
<td>State</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>074-078</td>
<td>Zip Code</td>
<td>5</td>
<td></td>
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<tr>
<td>079-085</td>
<td>Debt Amount</td>
<td>7</td>
<td>Currency</td>
</tr>
<tr>
<td>086-089</td>
<td>Agency Code</td>
<td>4</td>
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<tr>
<td>090-095</td>
<td>Debt Expiration Date</td>
<td>6</td>
<td>(YYYMM) (Reg) 10years</td>
</tr>
<tr>
<td>096-103</td>
<td>Debt Compliance Date</td>
<td>8</td>
<td>(MMDDYYYY) 01/31/2003</td>
</tr>
<tr>
<td>104-128</td>
<td>Debt Account Number</td>
<td>25</td>
<td></td>
</tr>
<tr>
<td>129-136</td>
<td>Debt Unique Key</td>
<td>8</td>
<td></td>
</tr>
</tbody>
</table>

Formats:
1) Numeric: All digits, 0-9
2) Alpha: Alphabetic characters A-Z, hyphen or blank
3) Currency: All digits, 0-9, no commas or decimal points. Ex $1,265.48 would be 0126548
4) YYYYMM: Year, Month. All digits, 0-9. Ex. 200209 is for September 2002
5) MMDDYYYY: Month, Year. Ex. 09302002 is for September 30, 2002

Notes:
1) Debt Amount: current debt amount owed. If a payment has been made to the entity this will be the new debt amount. Debt must be $50.00 or more to be processed. Debts less than $50 can be combined under a single SSN to satisfy $50.00 requirement. Each debt $50 or more stands alone in the $50.00 minimum for submission and entities cannot combine debts $50 or more under a single SSN.
2) Agency Code: assigned identifier to Entity/Agency (to be assigned by NCACC/NCLM)
3) Debt Expiration Date: date debt is no longer valid for submission. Debt will be reduced to $0.00 but data remains in the database system
4) Debt Compliance Date: date that the Entity/Agency determines that the debtor has received all notices and opportunities and therefore releases the debt for submission into the Setoff Debt Clearinghouse system. For debts submitted prior to January 1, 2003, this date must be reset to a date on or after January 31, 2003, to ensure second notice and appeals process for notification of the $15 collection assistance fee has been completed. No processing of these debts will occur until this date has been reset.
4) **Debt Compliance Date:** date that the Entity/Agency determines that the debtor has received all notices and opportunities and therefore releases the debt for submission into the Setoff Debt Clearinghouse system. For debts submitted prior to January 1, 2003, this date must be reset to a date on or after January 31, 2003, to ensure second notice and appeals process for notification of the $15 collection assistance fee has been completed. No processing of these debts will occur until this date has been reset.

5) **Debt Account Number:** Optional, for use with Entity/Agency Accounting/Billing system to track account numbers with individuals' debt(s)

6) **Debt Unique Key:** it is mandatory that each debt per SSN be unique. This field requires a different value than entity's other debts under this particular SSN, even though the Debt Amounts, Debt Dates and Debt Account Numbers are different. The Entity/Agency determines whether to use a date, account number or special code. Examples:
   a. Debt #1: Debt Amount: 100.00; Debt Unique Key: 00000001
   b. Debt #2: Debt Amount: 150.00; Debt Unique Key: 00000002
   Or
   c. Debt #1: Debt Amount: 100.00; Debt Unique Key: 08302002
   d. Debt #2: Debt Amount: 150.00; Debt Unique Key: 08312002

7) **Debt Match Date:** the actual date that the debt(s) for this SSN was setoff by a match at the Department of Revenue

8) **Debt Setoff Amount:** the actual amount of the debt(s) for this SSN that was setoff by a match at the Department of Revenue.

9) **Date/Time of Load:** the actual date and time the Entity/Agency database was loaded into the master Clearinghouse database. This determines priority in matching at the Department of Revenue

10) **Cash Management Deposit:** the actual amount that was sent to Capital Management of the Carolinas and deposited to your account for this particular debt(s). This should be the same amount as the debt setoff amount less the $15 collection assistance fee(s).

**KEY FROM 8: DEBT SETOFF AMOUNT FOR LOCKBOX**
## CLEVELAND COUNTY EMS
### PCR PROGRAM COSTS - FIVE YEAR PLAN

<table>
<thead>
<tr>
<th>Description</th>
<th>Cost/ea</th>
<th>Needed</th>
<th>Monthly</th>
<th>Total Cost</th>
<th>Notes</th>
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</thead>
<tbody>
<tr>
<td>PC- Laptop Panasonic Toughbooks</td>
<td>$4,700.00</td>
<td>15</td>
<td></td>
<td>$70,500.00</td>
<td>Replace 3 per year</td>
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<tr>
<td>Sequel Server</td>
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<td>1</td>
<td>1</td>
<td>$15,000.00</td>
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<tr>
<td>Sequel Server Cross-over OSSI (Times)</td>
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<td>1</td>
<td>1</td>
<td>$25,000.00</td>
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<tr>
<td>OSSI Maintenance</td>
<td>$1,500.00</td>
<td>5</td>
<td></td>
<td>$7,500.00</td>
<td>Per year $1500</td>
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<td>PCR software monthly</td>
<td>$850.00</td>
<td>1</td>
<td>60</td>
<td>$51,000.00</td>
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<tr>
<td>Wireless cards</td>
<td>$40.00</td>
<td>12</td>
<td>60</td>
<td>$28,800.00</td>
<td>Per month $480.00</td>
</tr>
</tbody>
</table>

5 Year Cost                                  $197,800.00
**CLEVELAND COUNTY EMS**

P.O. Box 1210
Shelby, NC 28151
ADDRESS SERVICE REQUESTED

December 15, 2010

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**COUNTY OF CLEVELAND**

**PRIVACY PRACTICES NOTICE**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.**

**PLEASE REVIEW IT CAREFULLY. THE PRIVACY OF YOUR MEDICAL INFORMATION IS IMPORTANT TO US.**

**Our Legal Duty**

We are required by applicable federal and state law to maintain the privacy of your medical information. We are also required to give you this notice about our privacy practices, our legal duties, and your rights concerning your medical information. We must follow the privacy practices that are described in this notice while it is in effect. This notice takes effect April 14, 2003, and will remain in effect unless we replace it.

We reserve the right to change our privacy practices and the terms of this notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our notice effective for all medical information that we maintain, including medical information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this notice, post the revised notice at each of our service delivery sites, and make the new notice available to our patients and others upon request.

You may request a copy of our notice at any time. For more information about our privacy practices, or for additional copies of this notice, please contact us using the information at the end of this notice.

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**Uses and Disclosures of Medical Information**

**Treatment:** We may use your medical information, without your permission, to treat you. We may disclose your medical information, without your permission, to a physician or other health care provider for your treatment. These treatment activities include coordination of your care with other providers, with health plans and with others, consultation with other providers, and referral to other providers related to your care.

**Payment:** We may use and disclose your medical information, without your permission, to obtain or provide reimbursement for health care we provide to you, including submitting claims to health plans, other insurers or others. These payment activities include justifying our charges for and demonstrating the medical necessity of the care we deliver to you, determining your eligibility for health plan benefits for the care we furnish to you, obtaining precertification or preauthorization for your treatment or referral to other health care providers, participating in utilization review of the services we provide to you, and the like. We may disclose your medical information to another health care provider or to a health plan for that provider or plan to obtain payment or engage in other payment activities with respect to your health care.

**Health Care Operations:** We may use and disclose your medical information, without your permission, for health care operations. Health care operations include:

- Health care quality assessment and improvement activities;
- Reviewing and evaluating health care provider and health plan performance, qualifications and competence, health care training programs, health care provider and health plan accreditation, certification, licensing and credentialing activities;
- Conducting or arranging for medical reviews, audits, and legal services, including fraud and abuse detection and prevention; and
- Business planning, development, management, and general administration, including customer service, de-identifying medical information, and creating limited data sets for health care operations, public health activities, and research.

We may disclose your medical information to a health plan or another health care provider who is subject to federal privacy protection laws, as long as the provider or plan has or had a relationship with you and the medical information is for that provider’s or plan’s health care quality assessment and improvement activities, competence and qualification evaluation an review activities, or fraud and abuse detection and prevention.

**Your Authorization:** You may give us written authorization to use your medical information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosure permitted by your authorization while it was in effect. Unless you give us a written authorization, we will not use or disclose your medical information for any purpose other than those described in this notice.

**Family, Friends, and Others Involved In Your Care or Payment for Care:** We may disclose your medical information to a family member, friend or any other person you involve in your health care or payment for your health care. We will disclose only the medical information that is relevant to the person’s involvement. We may use or disclose your name, location, and general condition to notify, or to assist an appropriate public or private agency to locate and notify, a person responsible for your health care in appropriate situations, such as a medical emergency or during disaster relief efforts.

Before we make such a disclosure, we will provide you with an opportunity to object. If you are not present or are incapacitated or it is an emergency or disaster relief situation, we will use our professional judgment to determine whether disclosing your medical information is in your best interest under the circumstances.

**Facility Directories:** Unless you object when we ask you, we may list your name, your general medical condition, your religious affiliation, and your location in our facility in our facility directories. We will disclose your religious affiliation only to clergy. We will disclose the other information only to persons who ask for you by name.
We support your right to the privacy of your medical information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, Washington, D.C. 20201. You may contact the Office of Civil Rights' Hotline at 1-800-368-1019.

Questions and Complaints

If you want more information about our privacy practices or have questions or concerns, please contact us using the information at the end of this notice.

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your medical information, in response to a request you made to amend, restrict the use or disclosure of, or communicate in confidence about your medical information, you may complain to us using the contact information at the end of this notice. You also may submit a written complaint to the Office for Civil Rights of the United States Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, Washington, D.C. 20201. You may contact the Office of Civil Rights’ Hotline at 1-800-368-1019.

We support your right to the privacy of your medical information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.
<table>
<thead>
<tr>
<th>Action</th>
<th>Days</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dispatch date</td>
<td>1</td>
<td>Actual ACR in emscharts - CCEMS</td>
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<tr>
<td>FTO review</td>
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<td>ACR closed via QI - CCEMS</td>
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<tr>
<td>Data pulled to PREMIS</td>
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<td>PREMIS - PREMIS</td>
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<tr>
<td>Data pulled to biller</td>
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<td>Billing company import - Billing Company</td>
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<tr>
<td>NPP</td>
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<td>NPP sent by Billing Company</td>
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<tr>
<td>NPP Returned</td>
<td>19</td>
<td>Search - Billing Company</td>
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<tr>
<td>Readdressed</td>
<td>26</td>
<td>NPP resent-Billing Company</td>
</tr>
<tr>
<td>1st Bill</td>
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<td>Billing Company</td>
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<tr>
<td>1st Bill returned</td>
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<td>Search - Billing Company</td>
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<tr>
<td>Readdressed</td>
<td>44</td>
<td>1st bill resent - Billing Company</td>
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<tr>
<td>2nd Bill</td>
<td>60</td>
<td>Billing Company</td>
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<tr>
<td>3rd Bill</td>
<td>90</td>
<td>Billing Company - Delinquent letter/Garnishment verbage/det-Set off Verbage</td>
</tr>
<tr>
<td>Electronic export</td>
<td>110</td>
<td>Billing Company - Electronic FTP NC Dept-Setoff XML file</td>
</tr>
</tbody>
</table>
**Complete the following and return this page with your bid. **

References:

1. Name of Company __________________________________________________
   Number of Employees under Contract ___________________
   Name & Phone # of Contact Person _______________________

2. Name of Company __________________________________________________
   Number of Employees under Contract ___________________
   Name & Phone # of Contact Person _______________________

3. Name of Company __________________________________________________
   Number of Employees under Contract ___________________
   Name & Phone # of Contact Person _______________________

**Complete the following and return this page with your bid. **

Bidder’s Company Name: __________________________________________________

Bidder has read and understands the above requirements:  ☐ YES. Initial here: ______

Bidder’s response:  ☐ Meets the requirements stated herein

☐ Exceeds the requirements stated herein (explain below)

________________________________________________________________________

________________________________________________________________________

☐ Takes exception with the requirements stated herein (explain below)

________________________________________________________________________