

**DURHAM COUNTY
NORTH CAROLINA**



REQUEST FOR PROPOSALS
EMERGENCY MEDICAL SYSTEM BILLING AND COLLECTION SERVICES
RFP No. 25-047

Proposals Due:
May 13, 2025
2:00 P.M. Eastern Time

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EMERGENCY MEDICAL SYSTEM BILLING AND COLLECTION SERVICES
RFP No. 25-047

PROPOSAL SCHEDULE

(Note: The below dates are subject to change)

Advertisement Date	April 13, 2025
Last Date for Questions	April 29, 2025, at 3:00 pm
Proposal Due Date	May 13, 2025, at 2:00 pm



REQUEST FOR PROPOSALS

EMERGENCY MEDICAL SYSTEM BILLING AND COLLECTION SERVICES

RFP No. 25-047

ISSUE DATE:

Date: April 13, 2025

ISSUING DEPARTMENT:

**County of Durham Purchasing Division of
Finance, 201 Est Main Street, 7th Floor,
Room 703, Durham, NC 27701**

Sealed Proposals will be received until **2:00 pm**, Eastern Time on **May 13, 2025**. The purpose and intent of the Request for Proposals (RFP) is to solicit proposals from qualified firms to provide Durham County's Emergency Medical System (EMS) Billing and Collection Services

All inquiries concerning the Scope of Services, Proposal Submission Requirements or Procurement Procedures should be directed to:

Senior Procurement Specialist: Delta Farrington
Purchasing Division
Email: purchasinggroup@dconc.gov
Telephone: 919-560-0054

Sealed proposals shall be mailed and/or hand delivered to the Issuing Department shown above, and the envelope shall bear the name and number of this Request for Proposals (RFP). It is the sole responsibility of the Proposer to ensure that his/her Proposal reaches the Purchasing Division by the designated date and hour indicated above.

In compliance with this Request for Proposals and to all the terms and conditions imposed herein, the undersigned offers and agrees to furnish the goods and services described in accordance with the attached signed proposal.

Firm Name: _____

Date: _____

Address: _____

By: _____

(Name Typed/Printed)

Phone: _____

(Signature in Ink)



LEGAL NOTICE

REQUEST FOR PROPOSALS

EMERGENCY MEDICAL SYSTEM BILLING AND COLLECTION SERVICES

RFP No. 25-047

The County of Durham will receive sealed proposals for Durham County Emergency Medical System Billing and Collection Services on May 13, 2025, at 3:00 pm in the Durham County Purchasing Division, 201 East Main Street, 7th Floor, Room 703, Durham, North Carolina 27701. No proposals will be accepted after the official time and date.

An electronic copy of this Request for Proposal (RFP) can be obtained from Durham County's eBid System located under Bid Opportunities at <https://www.dconc.gov/county-departments/departments-f-z/finance/bid-opportunities>. Proposers can download a copy of the solicitation and all addenda without registering in the system. However, in order to **automatically** receive email notifications of solicitations and addenda issued by the Purchasing Division, Proposers **MUST** register in the eBid system.

Proposals are encouraged and welcome from historically underutilized businesses (HUBs).

The County reserves the right to accept or reject, in whole or in part, such proposals as appears in its judgment to be in the best interest of the County.

Publication Date: **April 13, 2025**

INSTRUCTIONS TO PROPOSERS

EMERGENCY MEDICAL SYSTEM BILLING AND COLLECTION SERVICES

RFP No. 25-047

1. In order for a proposal to be considered, it must be based on the terms, conditions and Scope of Services contained herein and must be a complete response to this RFP. **One (1) hard copy Original, five (5) hard “copies” of the Original shall be submitted to the Issuing Department. The original Proposal should be marked “Original”. The copies must consist of all documents that are included in the “Original” Proposal.** No other distribution of the Proposal shall be made by the Proposer. Proposals shall be limited **to Fifty (50), double-sided or (25) single-sided** pages or less and must be signed by an authorized representative. Each Proposal should be bound in a single volume with all relevant documentation. The letter of introduction, section dividers, detailed Résumés, forms and dividers are not included in this page limit. The County may elect to require oral presentations after receipt of the proposals.
2. **COMMUNICATION WITH PROPOSERS:** All communications between the Purchasing Division and prospective Proposers shall be in writing. Questions should be emailed to purchasinggroup@dconc.gov. Any inquiries, requests for interpretation, technical questions, clarification, or additional information shall be directed to Delta Farrington, Senior Procurement Specialist, at the email address above. All questions concerning this RFP shall reference the RFP number, section number and paragraph. Questions and responses affecting the Scope of Services will be provided to all Proposers by issuance of an Addendum. **All questions shall be received by the Purchasing Division no later than 3:00 pm, Eastern Time on April 29, 2025. NO EXCEPTIONS.**
3. **PROPOSAL DUE DATE:** Proposals will be received **until 2:00 pm, Eastern Time, on May 13, 2025.**

Proposals must be mailed, or hand delivered to:

Durham County Purchasing Division,
Attn: Delta Farrington, Senior Procurement Specialist
201 East Main Street, 7th Floor, Room 703, Durham, NC 27701

Proposals shall be duly marked and/or identified with Proposer name, address and RFP number.
4. **LATE PROPOSALS:** Proposals received after the date and time specified will not be considered for award and will be returned to the Proposer unopened.
5. **VENDOR APPLICATION:** All Proposers shall complete and submit the Vendor Application along with the W-9 Form. This information will be used to create or update the County's electronic vendor database upon award of contract.

6. **MWBE REQUIRMENTS:** Proposals are required to make a good faith effort to include Minority and Women Business Enterprises (MWBEs) as part of their Proposal to provide services to the County.

Durham County hereby establishes the following goals for the expenditure of funds with MWBE firms. Questions concerning MWBE should be directed to Rick Greene, Assistant Procurement Manager, at rgreene@dconc.gov or (919) 560-0059.

Categories	Construction	Architect/ Engineer	Services	Goods	MWBE Availability % (Median Availability)
Black American	14.6	9.8	10.9	2.8	10.4%
Asian American	1.3	3.0	1.1	.43	1.3%
Hispanic American	4.2	1.8	1.1	.43	1.5%
American Indian	.65	.75	1.0	.5	.70%
White Female	13.8	11.0	9.5	7.1	10.3%
Overall MWBE Participation Goal =					25.0%

MWBE is a business that is at least 51% owned and controlled by minority group members or women. MWBE is bona fide only if the minority group or female ownership interests are real and continuing and not created solely to meet the MWBE requirement. In addition, the MWBE shall itself perform satisfactory work or service or provide supplies under the contract and not act as a conduit. The contractual relationship shall be bona fide owned and controlled as: (1) a sole proprietorship legitimately owned by an individual who is a minority group member or female; (2) a partnership or joint venture controlled by minorities and/or females; (3) a corporation or other entities controlled by minorities or females, and in which at least 51% of the voting interests and 51% of the beneficial ownership interests are legitimately held by minorities and/or females. These persons shall control the management and operations of the business on a day-to-day basis:

A person who is a citizen or lawful permanent resident of the United States and who is:

“Black American”; a person having origins in any of the black racial groups of Africa;

“Asian American”; A person having origins in any of the original peoples of the Far East, Southeast Asia, Asia, Indian continent, or Pacific islands;

“Hispanic American”; a person of Spanish culture with origins in Mexico, Central or South America, or the Caribbean, regardless of race;

“Native American Indian tribe”; a federally recognized Indian tribe means an Indian tribe, or band, nation, rancheria, pueblo, colony, or other organized group or community, including any Alaska native village, which is recognized by the Secretary of the Interior on October 1, 1985 as having special rights and is recognized as eligible for service provided by the United States to Indians because of their status as Indians, a tribe that has a pending application for Federal recognition on October 1, 1985.

7. **DISCREPANCIES AND OMISSIONS:** Should a Proposer find discrepancies in, or omissions from the documents, or should be in doubt as to their meaning, he/she should at once notify the County, and a written Addendum shall be issued. The County will not be responsible for any oral instructions. Acknowledgment of any Addendum received shall be noted on the Addendum Acknowledgement Form included in the Proposal. In closing of a contract, any Addendum issued shall become a part thereof.
8. **SECURITY OF NON-PUBLIC RECORDS:** Pursuant to N.C.G.S. § 132-1.7, entitled, “Sensitive Public Security Information”, public records, as defined in G.S. 132-1, shall not include information containing specific details of public security plans and arrangements or the detailed plans and drawings of public buildings and infrastructure facilities. Therefore, all information provided, received, gathered or obtained by BIDDER containing specific details of public security plans and arrangements or the detailed plans and drawings of public buildings and infrastructure facilities shall be held confidential and shall be used by the BIDDER only for the purpose of responding to this bid. All plans and drawings shall be returned to the County. Any breach of this paragraph by the BIDDER may result in BIDDER being barred from being awarded any contracts with the COUNTY.
9. **E-VERIFY:** As a condition of payment for services rendered under this agreement, CONTRACTOR shall comply with the requirements of Article 2 of Chapter 64 of the General Statutes. Further, if CONTRACTOR provides the services to the County utilizing a subcontractor, CONTRACTOR shall require the subcontractor to comply with the requirements of Article 2 of Chapter 64 of the General Statutes as well. CONTRACTOR shall verify, by affidavit, compliance of the terms of this section upon request by the COUNTY.

END OF INSTRUCTIONS TO PROPOSERS

EQUAL EMPLOYMENT OPPORTUNITY

During the performance of this contract, the contractor agrees as follows:

- A. The contractor will not discriminate against any employee or applicant for employment because of race, handicap, age, color, religion, sex, or national origin. The contractor will take affirmative action to ensure that applicants are employed and that employees are treated during employment without regard to race, handicap, age, color, religion, sex or national origin. Such action shall include but not be limited to the following: employment, upgrading, demotion or transfer, recruitment or recruiting advertising, layoff or termination rates of pay or other forms of compensation, and selection for training including apprenticeship. The contractor agrees to post in conspicuous places available to employees and applicants for employment notices setting forth the provisions of the nondiscrimination clause.
- B. The contractor will in all solicitations or advertisements for employees placed by or on behalf of the contractor state that all qualified applicants will receive consideration for employment without regard to race, handicap, age, color, religion, sex, or national origin.
- C. The contractor will send to each labor union or representative of workers with which he has a collective bargaining agreement or other contract or understanding a notice to be provided advising the labor union or workers' representative of the contractor's commitments under the Equal Employment Opportunity section of this contract and shall post copies of the notice in conspicuous places available to employees and applicants for employment.
- D. In the event of the contractor's noncompliance with nondiscrimination clauses of this contract or with any such rules, regulations or orders, this contract may be canceled, terminated, or suspended in whole or in part and the contractor may be declared ineligible for further County contracts.
- E. The contractor will include the provisions of this section in every subcontract or purchase order unless exempted by rules, regulations, or orders of the Board of County Commissioners of the County of Durham, North Carolina so that such provisions will be binding such Subcontractor or Proposer.

QUALIFICATIONS AND SUBMISSION REQUIREMENTS

EMERGENCY MEDICAL SYSTEM BILLING AND COLLECTION SERVICES

RFP No. 25-047

The Proposal must include all of the information set forth in this Section and other Sections of this RFP and should be organized and tabbed appropriately. Unnecessary elaborate brochures or other materials beyond those sufficient to present a complete and effective response to this solution are not desired and may be construed as an indication of the Proposer's lack of cost consciousness. Therefore, elaborate artwork, expensive paper and bindings, etc., are strongly discouraged.

One (1) Original hard copy and Five (5) hard copies of the Original of your proposal shall be submitted to the Issuing Department.

Tab 1 – Signed Forms

This Tab should include the following forms and information.

- a. Proposal Form**
- b. No Proposal Reply Form (if applicable)**
- c. Addendum Acknowledgement Form**
- d. Non-Collusion Affidavit Form (*Notarized*)**
- e. Affidavit of Compliance (E-Verify) Form (*Notarized*)**
- f. Vendor Application/W-9 Form**
- g. MWBE Forms:**

Affidavit A – List of the Good Faith Efforts

DUE WITH BID

All Bidders are required to make good faith efforts and to demonstrate that they have made such efforts. Affidavit A is a tool for Bidders to use to show that they have made good faith efforts. Affidavit A is required to be submitted with your bid.

Affidavit B – Intent to Perform Contract with Own Workforce

DUE WITH BID

Affidavit B is required if your company has no opportunity to sub-contract and will complete all work with Bidder's own workforce. Even if utilizing your own workforce, Affidavit A is also required.

Affidavit C - Portion of Work to be Performed by Certified MWBE Businesses

DUE WITH BID

Bidders shall complete Affidavit C to identify the minority business that it will use on the project. Affidavit C is required to be submitted with your bid. Even if your company has MWBE participation, Affidavit A is also required.

Affidavit D – Good Faith Efforts

DUE 72 HOURS AFTER NOTIFICATION

Affidavit D is to be submitted **only** by the apparent lowest, responsible, responsive bidder within 72 hours after notification.

The apparent lowest, responsible, responsive Bidder shall file within 30 days after the award of the contract, a list of all identified subcontractors that the Contractor (Bidder) will use on the project.

IMPORTANT MWBE INSTRUCTIONS: It is mandatory for all Bidders to demonstrate their good faith efforts in seeking MWBE participation and provide supporting documentation upon request. The MWBE supporting documentation and information is still required even if using your own workforce. MWBE Prime Contractors will also be required to document good faith efforts.

The above information must be provided as required. Failure to submit these MWBE documents may be grounds for rejection of the bid.

Tab 2 – Executive Summary

This Tab should provide a brief summary of the Proposer's understanding of the Scope of Services presented in this RFP and emphasize any unique aspects or strengths of the Proposal.

Tab 3 – Corporate Overview

This Tab should present an overview of the Proposer's organization and should include the firm's name, address, phone and fax numbers, firm history, email address and phone number of the firm's representative for the Proposal.

Tab 4 – Approach

This Tab should present the Proposer's approach to providing the services specified in this RFP. This Tab should describe the services to be provided, who will provide the services, how the services will be provided, etc. This Tab should include a description of activities, such as the project methodology and timeline for project completion, etc. The Proposer should also include in this Section its plan for managing the work requirements. Most of the proposed responses to the requirements found in Work Requirements, should be included under this Tab.

Tab 5 – Organization and Staffing

This Tab should present the Proposer's proposed organization structure and staffing chart showing specific job classifications, number of employees and full-time equivalent employees by position and reporting relationships. Résumés for all managerial and key personnel should be provided in sufficient detail to be able to determine the nature and depth of each individual's relevant experience. This Tab should also identify any of the required services that the Proposer intends to subcontract, if any, providing for each (i) the reasons for subcontracting, (ii) the proposed subcontractor's responsibilities, and (iii) information identifying proposed subcontractor's name, location, relevant personnel and experience. The Proposer's proposed MWBE utilization and explanation of their involvement on this project must also be included under this Tab.

Tab 6 – Qualifications and Experience

In this Tab, the Proposer should describe its track record in performing services comparable to those

specified in this RFP and other information relevant to making a determination as to the ability of the Proposer to perform these services. This tab should also include a list of all similar work performed by your firm over the past five (5) years. This list should include the name of each client, the client's contact and telephone number, the size and Scope of Work provided, effective dates of the contract(s) with this client, and the annual contract amount.

Tab 7 – MWBE Participation

Describe the program (plan) that your firm has developed to encourage participation by MWBEs to meet or exceed the goals set by the County of Durham's MWBE Program Ordinance. If your firm has no opportunity to contract with MWBEs please explain why.

Tab 8 – Conflict of Interest

In this Tab the Proposer should describe any involvement that your firm, its employees, or its owner(s) have that may constitute a conflict of interest.

EVALUATION AND AWARD CRITERIA

EMERGENCY MEDICAL SYSTEM BILLING AND COLLECTION SERVICES

RFP No. 25-047

Based on the evaluation criteria outlined below, all Proposals will be evaluated and scored by the Evaluation Committee designated by the County of Durham. Written or oral discussions may be requested to resolve issues relating to individual proposals.

1. Evaluation Criteria

Proposals will be evaluated using the following criteria:

- a) Experience in providing this type of service for this size contract.
- b) Public Sector Experience
- c) Demonstrated ability to meet commitments requested in the RFP
- d) Qualifications of staff to be assigned to this project
- e) Specific plans and methodology for providing the proposed services
- f) References from at least **Five (5)** similar clients
- g) Compliance with Durham County MWBE requirements
- h) Financial stability
- i) Training
- j) Price

2. Award of Contract

The County reserves the right to award to a single contractor or multiple contractors deemed to be fully qualified and best suited among those submitting proposals on the basis of the evaluation factors included in the Request for Proposals. Price shall be considered but shall not be the sole determining factor. Once the proposals are ranked and the most qualified firm(s) are determined, the County may conduct further negotiations, and/or request presentations from firm(s) to further assist in the clarification of information and selection process.

The County reserves the right to accept or reject, in whole or in part, such proposals as appears in its judgment to be in the best interest of the County.

SCOPE OF SERVICES

EMERGENCY MEDICAL SYSTEM BILLING AND COLLECTION SERVICES

RFP No. 25-047

This Scope of Services will become an integral part of the contract between the County of Durham and the Contractor. The Contractor hereby agrees to provide services and/or materials to the County pursuant to the provisions set forth below.

- 1.0 **PURPOSE:** The purpose of this Request for Proposals (RFP) is to invite qualified firms to submit proposals for providing Ambulance Transportation Billing, Accounts Receivable Management, and Medical Records System services (including Emergency Medical Services (EMS) billing and collections) for the Durham County EMS System. This RFP aims to identify qualified entities capable of delivering these services and to select a contractor who can offer the highest quality EMS billing and collections services for the benefit of Durham County's residents and visitors.
- 2.0 **INVOICE PAYMENT:** Invoices submitted will be paid net 30 days. Invoices shall be forwarded to the County's Designated Representative for review and payment approval.
- 3.0 **TERMS OF CONTRACT:** The term of the contract will be from **Date of Award** through **June 30, 2026**, with the option for annual renewal at the sole discretion of the County. The County shall make notice of such intent to renew approximately sixty (60) days prior to the expiration of the current term. Any renewal shall be based on satisfactory performance by the Contractor during the previous years for the EMS billing and collection services provided. Price increases may only be considered within what is presented as a part of the RFP response.
- 4.0 **CANCELLATION OF CONTRACT:** The County of Durham reserves the right to cancel and terminate any resulting contract(s), in part or in whole, without penalty, upon 30 days written notice to the Contractor. Any contract cancellation shall not relieve the Contractor(s) of the obligation to deliver and/or perform services on all outstanding orders issued prior to the effective date of cancellation.
- 5.0 **COUNTY DESIGNATED REPRESENTATIVE:**

Marc Ferguson, Business Operations Supervisor
Phone: 919-560-8238
Email: mrferguson@dconc.gov
- 6.0 **BACKGROUND:**
The Durham County EMS System is an advanced, progressive Life Support Emergency Medical System serving both residents and visitors of Durham County, North Carolina. As the sole provider of 911 emergency ambulance services within the county, Durham County EMS operates in the Triangle region of east-central North Carolina, covering an area of 299 square miles and serving a population of approximately 336,892. The system currently operates advanced life support (paramedic) ambulances and is expected to respond to around 61,000

service requests in the upcoming fiscal year, leading to approximately 40,000 ambulance transports. The County's historical EMS revenues are detailed in the tables and charts below.

Durham County utilizes the ESO Solutions Electronic Health Record (EHR) system, and it is essential for the selected vendor to have a robust interface with this platform. Since Fiscal Year 2020, the County has contracted with EMS Management and Consultants to handle EMS billing and collection services. EMS fees are structured based on the Medicare flat rate, and the County does not itemize charges or charge for rural miles. In the past year, the average loaded miles billed was 5.82 miles.

Current Fees

BLS E	\$843.00
BLS NE	\$527.00
ALS E	\$1,001.00
ALS NE	\$632.00
ALS 2	\$1,449.00
Loaded Miles	\$18.00/mile
Special Event Coverage	\$250.00/Hour/ambulance
Special Event QRV	\$150.00
QRV Non Transport	\$125.00/Hour
Foot Medic Supervisor	\$150.00/Hour
Bike Team/Foot Patrol	\$150.00/Hour

In addition to emergency EMS response, the Durham County EMS System offers community paramedicine services through the Durham County Community Paramedic Program. Future billing structures may incorporate new funding models and mechanisms to support this program, including charges for alternate destination diversion and data collection, which are facilitated by our billing and collections vendor.

7.0 WORK REQUIREMENTS:

Durham County is seeking a firm that can deliver the highest quality EMS billing and collection services for both the citizens and visitors of Durham County. The selected firm will be expected to perform the following duties:

1. Provide exemplary customer service to the patients of the Durham County EMS System.
2. Ensure compliance with the Health Insurance Portability and Accountability Act (HIPAA), the Health Information Technology for Economic and Clinical Health (HITECH) Act, the Red Flag Rules set by the Federal Trade Commission under the Fair and Accurate Credit Transactions Act of 2003, and other relevant state and federal laws and regulations. Additionally, execute a HIPAA Business Associate Agreement in the form prescribed by the County.
3. Offer adequate support and capacity to assist with credentialing and Medicare/Medicaid revalidation.
4. Maintain an internal Compliance Program that meets all Office of Inspector General (OIG) and other applicable federal program requirements.
5. Assign a dedicated representative to Durham County for continuous communication and support.

6. Invoice patients and/or responsible third parties for the ambulance services rendered to the County.
7. Provide Durham County EMS and/or the Durham County Finance Department with daily and monthly reports, including financial, billing, receivables, collections, and any ad hoc reports deemed necessary by the County. a. Current Month Collections & Fiscal Year-to-Date (YTD) summary and detail b. Current Month Billings & Fiscal YTD summary and detail c. Accounts Receivables Summary (including Prior Month Balance, Billings, Collections, Adjustments, and Ending Balance) d. Aged Receivable Report Summary & Detail e. Other reports as needed, including ad hoc reports.
8. Conduct follow-up to obtain necessary insurance information for processing invoices and provide Electronic Claims Processing for Medicare, Medicaid, and any private or commercial insurance that accepts electronic claims.
9. Ensure uninterrupted access to the ESO EHR system for the duration of this contract, including payment of all associated fees to ESO Solutions, Inc for ESO EHR system, ESO HDE Connection to the hospitals, ESO Snowflake reader, and ESO / Julota interface.
10. Provide necessary interfaces for data exchanges with hospitals using the EPIC healthcare management system (e.g., Duke Health System, UNC Health Care, and Wake Medical Hospital).
11. Review and accurately code each EHR.
12. Be responsible for invoicing, collection, insurance filings, record maintenance, and reporting.
13. Ensure invoices include the following details: a. Durham County Logo b. Account number c. Invoice date d. Patient's name e. Responsible person's name (if different from patient) f. Complete address g. Date of transport h. Call center hours of operation i. Transport cost (including breakdown if necessary) j. Transport origin and destination, including ZIP code k. Payment methods l. Insurance coverage and instructions (if applicable) m. Durham County EMS Privacy policy
14. Provide customers with online and phone access to billing information, including payments. Provide toll-free or local Durham telephone access and ensure customers can contact billing and collections staff for at least 12 hours per day. Maintain records of all customer interactions by account.
15. Ensure all invoicing and reporting systems are automated and updated in real-time.
16. Mail invoices (with return envelope) to patients/debtors within 10 days of receiving transport information from Durham County, provided a valid patient address is available.
17. When a valid address exists, send a second notice within 45 days of the first mailing, a third notice within 45 days of the second notice, and a fourth (final) notice within 45 days of the third notice. If new information is received, continue the notification process with additional notices.
18. Accounts will be sent to the collection agency contracted with Durham County within 45 days of mailing the final notice if no payment or new information is received.
19. Accounts sent to the collection agency must be electronically transferred in a mutually agreed-upon file format.
20. Offer the option to purchase older Durham County debt.
21. Manage uncollected accounts through the NC Debt Setoff Program.
22. Deposit funds received daily into a County-designated bank account or lockbox, with the County holding sole signature authority.
23. Negotiate and arrange modified payment schedules for individuals unable to pay in full, following the County's established policy guidelines. Monthly statements should be sent to those making installment payments.
24. Maintain all documentation, records, and patient information securely, available for inspection and audit by Durham County or its agents upon proper notification.
25. Provide all necessary materials and personnel to fulfill the terms of this agreement.

26. Submit bi-weekly refund requests to the County, including detailed information related to refunds, overpayments, or other billing and collection adjustments.
27. Allow for an external audit of Durham County's accounts each year by the County's chosen accounting agency, at no cost to the County.
28. Establish and monitor internal performance metrics, ensure compliance, and report quarterly on revenue statuses. Provide electronic access for regular administrative reviews.
29. Provide Durham County with annual revenue projections.
30. Effectively manage special billing situations for Durham County, including but not limited to:
 - a. On-Duty Public Safety Transport
 - b. Emergency Triage, Treat, and Transport (ET3) Model (CMS Innovation Grant)
 - c. Organ Transport
 - d. Community Paramedicine Services
 - e. Physician Services Billing
 - f. Ad-hoc Billing
 - g. Special Event Billing
31. Provide access to third-party data systems selected by the County.
32. Facilitate the conversion of data from legacy systems to the selected solution in collaboration with designated County staff.
33. Ensure proper archival of County data within the system.

8.0 **SCHEDULES/TIMELINES:**

The Contractor must propose a timeline for the project in their Proposal responses under Tab 4. The timeline shall address data conversion process, implementation time, IT Staff dedicated to the conversion and internal capabilities etc.

ATTACHMENTS AND AFFIDAVITS

Attachment A



PROPOSAL FORM
EMERGENCY MEDICAL SYSTEM BILLING AND COLLECTION SERVICES
RFP No. 25-047

In accordance with the attached instructions, terms, conditions, and Scope of Services we submit the following proposal to the County of Durham.

TOTAL PROPOSED COST

\$ _____

(Total Proposed Cost in Writing)

The above Total Proposed Cost should be based on being awarded the entire project.

I certify that the contents of this proposal are known to no one outside the firm, and to the best of my knowledge all requirements have been complied with.

Date: _____

Authorized Signature:

Name

Title

Firm Name

Attachment B

NO PROPOSAL REPLY FORM

TO: Durham County
Purchasing Division
201 East Main Street, 7th Floor, Room 703
Durham, NC 27701

PROPOSAL #: RFP No. 25-047

**PROPOSAL TITLE: EMERGENCY MEDICAL SYSTEM
BILLING AND COLLECTION SERVICES**

To assist us in obtaining good competition on our Request for Proposals, we ask that each firm that has received an invitation, but does not wish to submit a proposal, state their reason(s) below and return to this office. This information will not preclude receipt of future invitations unless you request removal from the Bidders' List by so indicating below, or do not return this form or bona fide proposal.

Unfortunately, we must offer a "No Proposal" at this time because:

- _____ 1. We do not wish to participate in the proposal process.
- _____ 2. We do not wish to submit a proposal under the terms and conditions of the Request for Proposal document. Our objections are:

- _____ 3. We do not feel we can be competitive.
- _____ 4. We cannot submit a Proposal because of the marketing or franchising policies of the manufacturing company.
- _____ 5. We do not wish to sell to the Durham County. Our objections are:

- _____ 6. We do not sell the items/services on which Proposals are requested.
- _____ 7. Other: _____

FIRM NAME

DATE

SIGNATURE

PHONE

- _____ We wish to remain on the Bidders' List.
- _____ We wish to be deleted from the Bidders' List.

Attachment C

ADDENDUM ACKNOWLEDGEMENT
EMERGENCY MEDICAL SYSTEM BILLING AND COLLECTION SERVICES
RFP No. 25-047

Receipt of the following Addendum is acknowledged:

Addendum no. _____ Date _____

Addendum no. _____ Date _____

Addendum no. _____ Date _____

Addendum no. _____ Date _____

Addendum no. _____ Date _____

Signature: _____ Date: _____

Print Name _____

Title _____

Name of Firm _____

Attachment D

NON-COLLUSION AFFIDAVIT

State of North Carolina
County of Durham

_____, being first duly sworn, deposes and says that:

1. He/She is the _____ of _____ the Proposer that has submitted the attached proposal;
2. He/She is fully informed respecting the preparation and contents of the attached Proposal and of all pertinent circumstances respecting such Proposal;
3. Such Proposal is genuine and is not a **collusive** or **sham** Proposal;
4. Neither the said Proposer nor any of its officers, partners, owners agents, representatives, employees or parties of interest, including this affidavit, has in any way colluded, conspired, connived or agreed, directly or indirectly, with any other Proposer, firm or person to submit a **collusive** or **sham** Proposal in connection with the contract for which the attached Proposal has been submitted or to refrain from bidding in connection with such contract, or has in any manner, directly or indirectly, sought by agreement or collusion or communication or conference with any other Proposer, firm or person to fix the price or prices in the attached Proposal or of any other Proposer, or to fix any overhead, profit or cost element of the Proposal price of any other Proposer or to secure through collusion, conspiracy, connivance or unlawful agreement any advantage against the County of Durham or any person interested in the proposed contract; and
5. The price or prices quoted in the attached Proposal are fair and proper and are not tainted by any collusion, conspiracy, connivance or unlawful agreement on the part of the Proposer or any of its agents, representatives, owners, employees, or parties in interest, including this affidavit.

Signature of Proposer

Date

Subscribed and sworn before me,
this ____ day of _____, 20__

(Seal)

Notary Public

Notary Public
My Commission Expires: _____

Attachment E

M/WBE FORMS

(Affidavits A-D and Appendix E)

Affidavit A

ATTACH TO BID

State of North Carolina AFFIDAVIT A - List of the Good Faith Effort

COUNTY OF DURHAM

Affidavit of _____

(Name of Bidder)

I have made a good faith effort to comply under the following areas checked:
(A minimum of 5 areas must be checked in order to have achieved a "good faith effort")

- ☐ 1-Contacted minority businesses that reasonably could have expected to submit a quote and that were known to the contractor, or available on State or local government-maintained lists, at least 10 days before the bid date and notified them of the nature and scope of the work to be performed.
- ☐ 2-Made the construction plans, specifications and requirements available for review by prospective minority businesses or providing these documents to them at least 10 days before the bids are due.
- ☐ 3-Broken down or combined elements of work into economically feasible units to facilitate minority participation.
- ☐ 4-Worked with minority trade, community, or contractor organizations identified by the Office of Historically Underutilized Businesses and included in the bid documents that provide assistance in recruitment of minority business.
- ☐ 5-Attended pre-bid meetings scheduled by the public owner.
- ☐ 6-Provided assistance in getting required bonding or insurance or provided alternatives to bonding or insurance for subcontractors.
- ☐ 7-Negotiated in good faith with interested minority businesses and did not reject them as unqualified without sound reasons based on their capabilities. Any rejection of a minority business based on lack of qualification should have the reasons documented in writing.
- ☐ 8-Provided assistance to an otherwise qualified minority business in need of equipment, loan capital, lines of credit, or joint pay agreements to secure loans, supplies, or letters of credit, including waiving credit that is ordinarily required. Assisted minority businesses in obtaining the same unit pricing with the Bidder's suppliers in order to help minority businesses in establishing credit.
- ☐ 9-Negotiated joint venture and partnership arrangements with minority businesses in order to increase opportunities for minority business participation on a public construction or repair project when possible.
- ☐ 10-Provided quick pay agreements and policies to enable minority contractors and suppliers to meet cashflow demands.

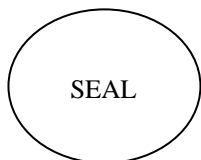
In accordance with GS 143-128.2(d) the undersigned will enter into a formal agreement with the firms listed in the Identification of Minority Business Participation schedule conditional upon execution of a contract with the Owner. Failure to abide by this statutory provision will constitute a breach of the contract.

The undersigned hereby certifies that he or she has read the terms of the minority business commitment and is authorized to bind the bidder to the commitment herein set forth.

Date: _____ Name of Authorized Officer: _____

Signature: _____

Title: _____



State of North Carolina, County of _____

Subscribed and sworn to before me this ____ day of _____ 20__

Notary Public _____

My commission expires _____

Affidavit B

ATTACH TO BID – IF YOU ARE NOT UTILIZING SUBCONTRACTORS

State of North Carolina AFFIDAVIT B - Intent to Perform Contract with Own Workforce

COUNTY OF DURHAM

Affidavit of _____
(Name of Bidder)

I hereby certify that it is our intent to perform 100% of the work required for
he _____ contract.
(Name of Project)

In making this certification, the Bidder states that the Bidder does not customarily subcontract elements of this type project, and normally performs and has the capability to perform and will perform all elements of the work on this project with his/her own current work forces; and agrees to provide any additional information or documentation requested by the owner in support of the above statement.

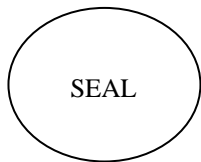
The undersigned hereby certifies that he or she has read this certification and is authorized to bind the Bidder to the commitments herein contained.

Date: _____

Name of Authorized Officer: _____

Signature: _____

Title: _____



State of North Carolina, County of _____

Subscribed and sworn to before me this ____ day of _____ 20__

Notary Public _____

My commission expires _____

Affidavit C**ATTACH TO BID - IF YOU HAVE MWBE PARTICIPATION****State of North Carolina AFFIDAVIT C - Portion of the Work to be Performed by Minority Firms****COUNTY OF DURHAM**

Durham County Goals for MWBE Participation in the Procurement of Goods, Services and Construction

Categories	Construction	Architect/ Engineer	Services	Goods	MWBE Availability % (Median Availability)
Black American	14.6	9.8	10.9	2.8	10.4%
Asian American	1.3	3.0	1.1	.43	1.3%
Hispanic American	4.2	1.8	1.1	.43	1.5%
American Indian	.65	.75	1.0	.5	.70%
White Female	13.8	11.0	9.5	7.1	10.3%
Overall MWBE Participation Goal =					25.0%

Affidavit of _____ I do hereby certify that on the
(Name of Bidder)_____
(Project Name)

Project ID No. _____ Amount of Bid \$ _____

I will expend a minimum of _____% of the total dollar amount of the contract with minority businesses enterprises. Work will be subcontracted to the following firms listed below. Attach additional sheets if needed.

Firm Name (Street Address/Zip/Telephone)	*Minority Category	Work Description	Dollar Value	Percentage of Goal

***Minority categories:** Black, African American (**B**), Hispanic (**H**), Asian American (**A**), American Indian (**I**), Female (**F**)

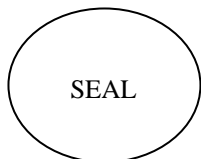
Pursuant to GS 143-128.2(d), the undersigned will enter into a formal agreement with Minority Firms for work listed in this schedule conditional upon execution of a contract with the Owner. Failure to fulfill this commitment may constitute a breach of the contract.

The undersigned hereby certifies that he or she has read the terms of this commitment and is authorized to bind the bidder to the commitment herein set forth.

Date: _____ Name of Authorized Officer: _____

Signature: _____

Title: _____



State of North Carolina, County of _____
 Subscribed and sworn to before me this ____ day of _____ 20__
 Notary Public _____
 My commission expires _____

DO NOT SUBMIT WITH THE BID DO NOT SUBMIT WITH THE BID DO NOT SUBMIT WITH THE BID
(NOTE: This form is to be submitted only by the apparent lowest responsible, responsive bidder.)

If you do not meet the MWBE Goal, the Bidder shall provide the following documentation of his Good Faith Efforts within **72 hours** after notification of being the low bidder.

State of North Carolina AFFIDAVIT D – Good Faith Efforts
COUNTY OF DURHAM

Durham County Goals for MWBE Participation in the Procurement of goods, Services, and Construction

Categories	Construction	Architect/ Engineer	Services	Goods	MWBE Availability % (Median Availability)
Black American	14.6	9.8	10.9	2.8	10.4%
Asian American	1.3	3.0	1.1	.43	1.3%
Hispanic American	4.2	1.8	1.1	.43	1.5%
American Indian	.65	.75	1.0	.5	.70%
White Female	13.8	11.0	9.5	7.1	10.3%
Overall MWBE Participation Goal =					25.0%

Affidavit of _____
 _____ (Name of Bidder)

I do certify the attached documentation as true and accurate representation of my good faith efforts.

I will expend a minimum of ____% of the total dollar amount of the contract with minority businesses enterprises. Work will be subcontracted to the following firms listed below. Attach additional sheets if needed.

Name and Phone Number	*Minority Category	Work description	Dollar Value	Percentage of Goal

***Minority categories:** Black, African American (**B**), Hispanic (**H**), Asian American (**A**), American Indian (**I**), Female (**F**)

Documentation of the Bidder's good faith efforts to meet the goals set forth in the provisions. Examples of documentation include, but are not limited to, the following evidence:

- A. Copies of solicitation for quotes to at least three (3) minority business firms from the source list provided by the State for each subcontract to be let under this contract (if 3 or more firms are shown on the source list). Each solicitation shall contain a specific description of the work to be subcontracted, location where bid documents can be reviewed, representative of the Prime Bidder to contact, and location, date and time when quotes must be received
- B. Copies of quotes or responses received from each firm responding to the solicitation.
- C. A telephone log of follow-up calls to each firm sent a solicitation.
- D. For subcontracts where a minority business firm is not considered the lowest responsible sub-bidder, copies of quotes received from all firms submitting quotes for that particular subcontract.
- E. Documentation of any contacts or correspondence to minority business, community, or contractor organizations in an attempt to meet the goal.
- F. Copy of pre-bid roster.
- G. Letter documenting efforts to provide assistance in obtaining required bonding or insurance for minority business.
- H. Letter detailing reasons for rejection of minority business due to lack of qualification.
- I. Letter documenting proposed assistance offered to minority business in need to equipment, loan capital, lines of credit, or joint pay agreements to secure loans, supplies, or letter of credit, including waiving credit that is ordinarily required.

Failure to provide the documentation as listed in these provisions may result in rejection of the bid and award to the next lowest responsible and responsive bidder.

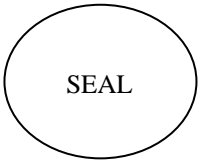
Pursuant to GS143-128.2(d), the undersigned will enter into a formal agreement with Minority firms for work listed in this schedule conditional upon execution of a contract with the Owner. Failure to fulfill this commitment may constitute a breach of the contract.

The undersigned hereby certifies that he or she has read the terms of this commitment and is authorized to bind the bidder to the commitment herein set forth.

Date: _____ Name of Authorized Officer: _____

Signature: _____

Title: _____



State of North Carolina, County of _____

Subscribed and sworn to before me this ____ day of _____ 20__

Notary Public _____

My commission expires _____

Appendix E

MWBE DOCUMENTATION FOR CONTRACT PAYMENTS

Prime Contractor/Architect: _____

Address & Phone: _____

Project Name: _____

Pay Application #: _____ Period: _____

The following is a list of payments to be made to minority business contractors on this project for the above-mentioned period.

Firm Name	*Minority Category	Total Contract Amount	Amount Paid this Period	Total Payment Amount to date	Percentage of Work Completed	Scheduled Start Date	Scheduled End Date

***Minority categories:** Black, African American (**B**), Hispanic (**H**), Asian American (**A**), American Indian (I), Female (**F**)

Date: _____ Approved/Certified By: _____

Name

Title

Signature

THIS DOCUMENT MUST BE SUBMITTED WITH EACH PAY REQUEST & FINAL PAYMENT

Attachment F

AFFIDAVIT OF COMPLIANCE

**STATE OF NORTH CAROLINA
COUNTY OF DURHAM**

**AFFIDAVIT OF COMPLIANCE
with N.C. E-Verify Statutes**

I, _____ (hereinafter the "Affiant"), being duly authorized by and on behalf of
_____ (hereinafter "Contractor") after first being duly sworn hereby swears or
affirms as follows:

1. Contractor understands that E-Verify is the federal E-Verify program operated by the United States Department of Homeland Security and other federal agencies, or any successor or equivalent program used to verify the work authorization of newly hired employees pursuant to federal law in accordance with Article 2 of Chapter 64 of the North Carolina General Statutes; and
2. Contractor understands that an "Employer", as defined in NCGS§64-25(4), is required by law to use E-Verify to verify the work authorization of its employees through E-Verify in accordance with NCGS§64-26(a). The term "Employer" does not include State agencies, counties, municipalities, or other governmental bodies.
3. Contractor is a person, business entity, or other organization that transacts business in this State and that employs 25 or more employees in the state of North Carolina. (mark Yes or No)
 - a. YES ____
 - b. NO ____
4. Contractor will ensure compliance with E-Verify to the extent applicable and will ensure compliance by any subcontractors subsequently hired by Contractor to perform work under Contractor's contract with Durham County.

This ____ day of _____, 20__.

Signature of Affiant

Print or Type Name: _____

State of _____

County of _____

Signed and sworn to (or affirmed) before me, this the ____
day of _____, 20__.

My Commission Expires:

Notary Public

(Affix Official/Notarial Seal)

Attachment G

VENDOR APPLICATION & W-9 FORM

[Vendor Application and W9 Form | Durham County](#)