

**RFP #19-032—Emergency Medical System
Billing and Collection Services
Durham County, NC
Due: April 5, 2019 @2:00pm EST**

**County of Durham Purchasing Division of Finance
Attn: Ms. Hilda Williams, Senior Procurement Specialist
1st Floor / 200 East Main Street
Durham, NC 27701**

COPY

**Proposer: Greg Carnes
Chief Executive Officer
2540 Empire Drive, Suite 100
Winston-Salem, NC 27103
P (336) 397-3975
F (336) 347-9705
Greg.Carnes@emsbilling.com**

April 5, 2019

County of Durham Purchasing Division of Finance
Attn: Ms. Hilda Williams, Senior Procurement Specialist
200 East Main Street
Durham, NC 27701
Re: RFP No. 19-032 Emergency Medical System Billing and Collection Services

Dear Ms. Williams,

EMS Management & Consultants is very pleased to submit our response to Durham County's RFP 19-032 for EMS Billing and Collection Services. Now in our 23rd year, EMS|MC knows North Carolina's EMS billing industry like no other. Processing over 600,000 transports annually in North Carolina and over 1.6 million nationally, EMS|MC is uniquely positioned to bring the best EMS billing and collections solution to Durham County. We deliver the most compliant and optimized collections, enabled by industry leading process and technology innovation along with attentive client care.

We have carefully reviewed the requirements of RFP 19-032 and will meet and exceed the County's expectations should we be privileged to partner with Durham County. In the last 3 years, over 50 new agencies have entrusted EMS|MC with their EMS billing needs, including agencies formerly with your current billing provider. As a result of these transitions, compliant collections increased for every agency. EMS|MC is projecting a significant increase in collections for Durham County, in excess of **\$600k annually**, should we be chosen as your new billing partner.

Headquartered in Winston-Salem, EMS|MC can deliver to the County the highest collection possible based on industry leading compliant billing practices coupled with a Strategic Account Manager that is based in Raleigh, NC to ensure a hands-on account management approach.

EMS|MC stands as the only EMS billing company that can offer:

- **Innovation** – EMS|MC's proprietary claims processing platform, EMSmart, brings the best human judgement and automation together to ensure the highest clean-claim rate and cash-per-trip results in the industry.
- **Dedicated Account Management** – Erica Sanders, based in Raleigh, will be focused on your business providing on-site interaction and feedback, tailoring our solution to fit the needs of your organization and community. Erica brings extensive EMS billing

knowledge and an attentive, personal approach to the account management for Durham County.

- **Onboarding** – EMS|MC’s proven project management driven onboarding process, EMStart, ensures that Durham County will not see a disruption in cash flow during the transition from your current billing partner to EMS|MC.
- **Compliance** – Headed by Chief Compliance Officer, Kim Stanley, EMS|MC’s compliance team is dedicated to ensuring the unmatched awareness and adherence to the unique regulatory environment of North Carolina, representing your agency fully in the case of an audit.
- **Advocacy** – Headed by Advocacy Liaison, Regina Godette-Crawford (formerly the chief of NCOEMS), EMS|MC’s advocacy efforts go beyond the needs of just our clients. Aiming to educate and empower all EMS agencies, EMS|MC advocates on behalf of all organizations and their communities and will ensure that Durham County will be well represented at the state and national levels.
- **Stability** – EMS|MC is financially stable and organizationally stable as we are not a division of a larger conglomerate or subject to constant changes of ownership. EMS|MC’s success is based on innovation, advocacy, compliance which leads to natural growth through referrals from existing clients rather than through acquisition activity.

Throughout our proposal to Durham County, we will demonstrate that with our experience and disciplined approach to EMS billing, we would be the right choice as your EMS billing and collections partner. Durham County will find us to be trustworthy, dedicated, and tireless in our relationship with the County to deliver the industry’s best value-to-cost ratio, and always improving as we customize our solution to fit the County’s unique needs. We sincerely hope to earn the right to be your future EMS billing partner and look forward to the next steps.

Sincerely,



Greg Carnes, Chief Executive Officer
EMS Management & Consultants, Inc.
2540 Empire Drive, Suite 100
Winston-Salem, NC 27103

As Chief Executive Officer for EMS|MC, I am authorized to make representations on behalf of EMS Management & Consultants, Inc. EMS|MC does not have any ethical conflicts that would interfere with a contractual obligation with Durham County.

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Tab 1 – Signed Forms

Addendum Acknowledgement Form

Non-Collusion Affidavit

MWBE Forms (Affidavit A and C)

Vendor Application/W-9 Form

Affidavit of Compliance (E-Verify)

Signed Proposal Sheet

Proposal Form

Attachment A

**ADDENDUM ACKNOWLEDGEMENT
(RFP NO. 19-032)**

Receipt of the following Addendum is acknowledged:

Addendum no. 1 Date 3/29/19

Addendum no. _____ Date _____

Addendum no. _____ Date _____

Addendum no. _____ Date _____

Addendum no. _____ Date _____

Signature:  Date: 4/5/19

 Greg Carnes, CEO

 Title
 EMS Management & Consultants, Inc.

 Name of Firm

Attachment B

NON-COLLUSION AFFIDAVIT

State of North Carolina
County of Durham

Greg Carnes, being first duly sworn, deposes and says that:

1. He/She is the CEO of EMS Management & Consultants, Inc., 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.

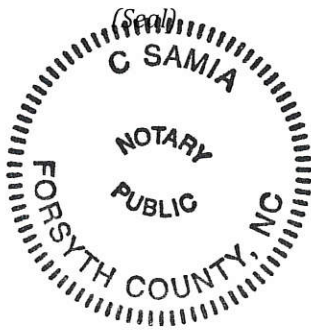
[Signature]
Signature of Proposer

4/5/19
Date

Subscribed and sworn before me,
this 5 day of April, 2019

[Signature]
Notary Public

Notary Public
My Commission Expires: June 1, 2022



Attachment C**Affidavit A****ATTACH TO BID****State of North Carolina AFFIDAVIT A - List of the Good Faith Effort****COUNTY OF DURHAM**

Affidavit of EMS Management & Consultants, Inc.

(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")

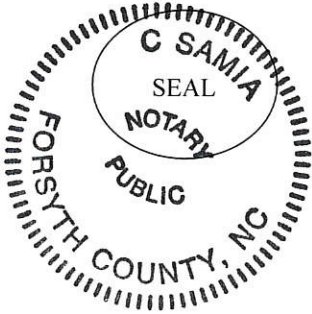
- 1-Contacted minority businesses that reasonably could have expected to submit a quote and that were known to the contractor, or available on State or local government maintained lists, at least 10 days before the bid date and notified them of the nature and scope of the work to be performed.
- 2-Made 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: 4/5/19 Name of Authorized Officer: Greg Carnes

Signature: [Signature] Title: Chief Executive Officer



State of North Carolina, County of Forsyth

Subscribed and sworn to before me this 5 day of April 2019

Notary Public [Signature]

My commission expires June 11, 2022

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 EMS Management & Consultants I do hereby certify that on the EMS Billing and Collections Services
(Name of Bidder) (Project Name)

Project ID No. RFP No. 19-032 Amount of Bid \$ 4.25% of net collections (billing only)

I will expend a minimum of 8.9 % 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.

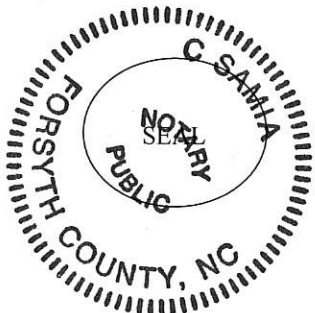
Firm Name (Street Address/Zip/Telephone)	*Minority Category	Work Description	Dollar Value	Percentage of Goal
Technosoft Corporation One Towne Square 6th Floor Southfield, MI 48076	F and A	Payment Posting	\$35,000	8.9%

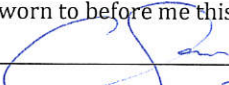
*Minority categories: Black, African American (B), Hispanic (H), Asian American (A), American Indian (I), Female (F)

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: 4/5/19 Name of Authorized Officer: Greg Carnes
 Signature: 
 Title: Chief Executive Officer



State of North Carolina, County of Forsyth
 Subscribed and sworn to before me this 5 day of April 2019
 Notary Public 
 My commission expires June 11, 2022



Vendor Application

IT IS CRITICAL TO THE COUNTY THAT YOU COMPLETE ALL DATA - PLEASE PRINT OR TYPE
(A W-9 FORM IS REQUIRED AND MUST BE SUBMITTED WITH THIS FORM)

1. Vendor Name: EMS Management & Consultants, Inc.
Do you require a 1099? Yes No
2. Mailing address for payments: P.O Box 863
Lewisville, NC 27023
3. Mailing address for purchase orders, proposals and bids: 2540 Empire Drive, Suite 10
Winston-Salem, NC 27103
4. Contact Person Greg Carnes, CEO Phone #: 336.397.3975
Email: Greg.Carnes@emsbilling.com Fax #: 336.347.9705
5. In what City and State is your firm licensed? Winston-Salem, NC
If licensed in NC, indicate County (for tax purposes) Forsyth
6. Indicate your firm's organizational type:
Individual Partnership Corporation Governmental Agency Other _____
7. Is your firm a large business? Yes No 8. Is your firm a small business? Yes No
9. Is your firm 51 percent or more owned and operated by a woman? Yes No
If yes, with what governmental agencies are you certified? _____
10. Is your firm 51 percent or more owned and operated by a minority? Yes No
If yes, with what governmental agencies are you certified? _____
Identify appropriate minority group:
Black American Native American Hispanic Asian/Pacific Asian Indian
11. Is your firm incorporated? Yes No
12. Is your firm a not-for-profit concern? Yes No
13. Is your firm a handicapped business concern? Yes No
14. Give a brief description of goods or services your firm provides:
EMS Management & Consultants provides revenue cycle management and consulting services for EMS agencies

Signature: 

Title: Chief Executive Officer

Print name: Greg Carnes

Date: 4/5/19

If you have any questions concerning this form, call Durham County Purchasing Division - (919) 560-0051.

FOR DEPARTMENT COMPLETION
(Prior to Vendor Distribution)

Email to:

or

Fax to:

Department Contact Email

Department Contact Fax No.

Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. EMS MANAGEMENT & CONSULTANTS, INC.		
	2 Business name/disregarded entity name, if different from above		
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ▶ _____		
	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) <u>5</u> Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>		
	5 Address (number, street, and apt. or suite no.) See instructions. 2540 EMPIRE DRIVE, SUITE 100	Requester's name and address (optional)	
	6 City, state, and ZIP code WINSTON-SALEM, NORTH CAROLINA 27103		
	7 List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number	
[] [] [] - [] [] - [] [] [] []	
or	
Employer identification number	
56 - 1969494	

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶ <u>2/1/18</u>
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

Attachment F

**STATE OF NORTH CAROLINA
COUNTY OF DURHAM**

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

I, Greg Carnes, CEO (hereinafter the "Affiant"), being duly authorized by and on behalf of EMS Management & Consultants (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 X
 - 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 5 day of April, 2019.

[Signature]

Signature of Affiant

Print or Type Name: Greg Carnes

State of North Carolina
County of Forsyth

Signed and sworn to (or affirmed) before me, this the 5
day of April, 2019.

My Commission Expires:
June 11, 2022

[Signature]

Notary Public

(Affix Official/Notarial Seal)





REQUEST FOR PROPOSALS

EMERGENCY MEDICAL SYSTEM BILLING AND COLLECTION SERVICES

(RFP No. 19-032)

ISSUE DATE:

Date: March 18, 2019

ISSUING DEPARTMENT:

**County of Durham Purchasing Division of Finance
1st Floor / 200 East Main Street
Durham, NC 27701**

Proposals will be received until 2:00 P.M., on April 05, 2019. The purpose and intent of the Request for Proposals (RFP) is to solicit Proposals from qualified firms to provide assistance in updating 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:

**Hilda Williams, Senior Procurement Specialist, (919) 560-0054
Purchasing Division
Email: purchasinggroup@dconc.gov**

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: EMS Management & Consultants, Inc.

Date: April 4, 2019

Address: 2540 Empire Drive, Suite 100

By: Greg Carnes, CEO

Winston-Salem, NC 27103

(Name Typed/Printed)

Phone: 336.397.3975

(Signature in Ink)



PROPOSAL FORM
RFP 19-032

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

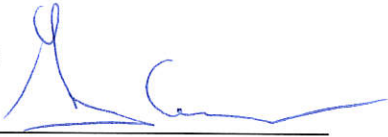
Proposers should submit a project cost Proposal using the grid below as a guide for services/cost breakdown.

Patient Billing, Collection and Subscription Services	Count	Cost (Indicate percentage or fixed cost)
Implementation	One Time	Included in EMS Service Fee
EHR Interface Development	One Time	\$0
HDE Hospital Interface Development	One Time	\$2,495
Data Conversion	One Time	Included in EMS Service Fee
Training	One Time	Included in EMS Service Fee
EMS service billing	\$22,000,000 Estimated Annual	4.25% and includes NPP

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: 4/5/19

Authorized Signature: 

Greg Carnes

Name

Chief Executive Officer

Title

EMS Management & Consultants, Inc

Firm Name

Tab 2 – Executive Summary

EXECUTIVE SUMMARY

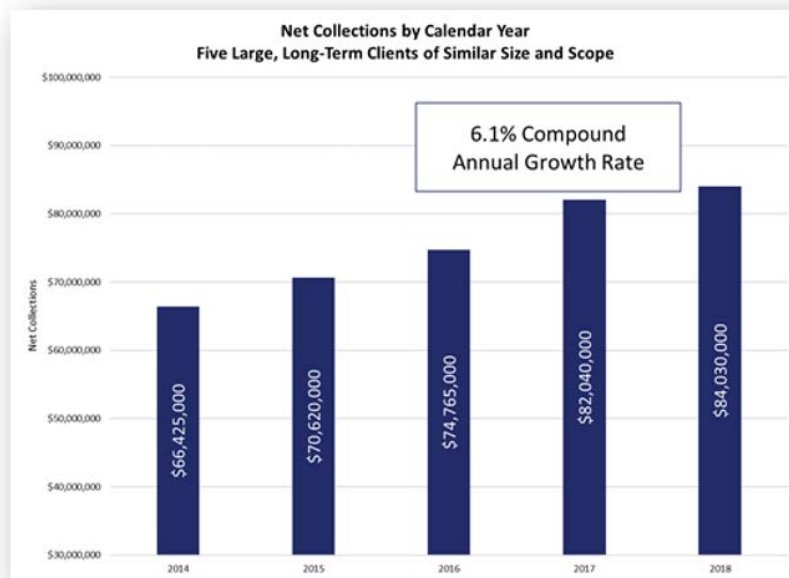
EMS|MC understands the Scope of Work for RFP No. 19-032 and we are fully prepared to meet and exceed the needs of Durham County. EMS|MC is the industry leader in providing HIPAA-compliant revenue cycle management that delivers optimized collections to our clients in North Carolina and across the nation. EMS|MC realizes the importance of Durham County’s mission to compassionately provide critical medical care to its citizens, and our solution described in the response will detail how we will be a partner you can trust to support that mission. EMS|MC is unique in the industry. While experiencing steady growth in our 23 year history, beginning in North Carolina and expanding across the nation, we have gained significant momentum in the last three years. Our increased investments in technology-driven innovation and human talent within our team has allowed us to build the most effective and scalable solution for agencies looking for an EMS billing partner.

The key elements of EMS|MC’s billing solution include:

Collections Maximization

EMS|MC’s claims management methodology is a multi-step process built around EMS|MC’s processing platform, **EMSmart**. EMSmart delivers the industry’s best rule-based process automation while retaining human judgement at the appropriate points in the billing cycle to maximize your reimbursements.

EMS|MC collects more for our clients through our eligibility process, a compliant billing and coding process and exhausted denial and claim management process that is HIPAA compliant. As the largest, sole EMS billing agency, our team of industry leading experts are dedicated to maximizing your revenue.



Compliance

EMS|MC has a dedicated internal compliance staff that is committed to ethical, well-documented process of compliance, risk management and professional billing practices.

EMS|MC is dedicated to maintaining a deep knowledge of our clients' payors and EMS legislation on both the state and national levels. EMS|MC not only has monthly internal and external audit programs in place for our staff and our client base, our experienced compliance staff will defend clients in the event of a Medicare or Medicaid CMS audit. EMS|MC has saved **millions** and counting in repayments for clients due to proving inaccurate audits.

SSAE No. 18 SOC I, Type 2 Certified

EMS|MC completes a SSAE No. 1 SOC I, Type 2 audit each year to ensure quality, confidence and consistency in our processes. As a result of this audit, many reconciliation points throughout our processes are well documented and are properly executed.

Transparency

EMS|MC's client portal, EMSight, provides real-time data about your agency's performance in a user-friendly platform 24/7.

EMSight offers:

- **Reporting** – Provides financial ad-hoc reporting packages that can be downloaded in Microsoft Excel and Adobe PDF file formats
- **Crew Analysis** – Provides measurable quantitative data on crew member documentation practices to drive crew accountability and future training
- **Patient Notes** – Encourages users to add notes, including supporting documentation, to specific patient accounts driving transports to a new billing schedule
- **Payment Summary** – An interactive dashboard with one click access to powerful, transaction level detail with supporting documentation
- **Accounts Receivable Return to Provider** – An interactive tool that allows you to review trips with insufficient information to bill
- **Surveys** – A valuable-added tool designed for you to gain insights from your patients

Patient Services

EMS|MC will provide Durham County with a **dedicated toll-free patient service telephone**. Durham County's patients will be provided with the best customer service in the industry with an average speed of answer of 35 seconds in 2018.

EMS|MC encourages our patient representatives to help the patient resolve all questions until they are fully satisfied. EMS|MC's patient portal, **EMSecurePay** is set up to receive patient payments, missing insurance information, and patient survey results.

North Carolina Experience

EMS|MC is positioned to successfully partner with Durham County. Currently partnering with over 85 North Carolina agencies and billing more than 600,000 transports annually in just North Carolina, EMS|MC has proven expertise with the NC Debt Setoff Program, NC Medicaid Reform and NCTracks, and Palmetto MAC.

Since January of 2019, EMS|MC has received four NC DSO payments totaling over \$1.1 million dollars.

Advocacy

EMS|MC advocacy liaison and former Chief of the NC Office of EMS, Regina Crawford advocates for all EMS agencies on the state and national level ensuring that EMS gets a seat and voice in the discussions that can affect your community. EMS|MC actively engages in industry events and advocacy efforts across North Carolina, as partners with the NC Association of EMS Administrators, the NC Office of EMS, the NC Association of County Commissioners, the NC Government Finance Officers Association, and others.



In February of 2019, EMS|MC and the NCAEMSA held the first North Carolina EMS Day at the Capitol to empower NC agencies to advocate for the issues that are important to EMS and their communities.

EMS|MC is proud to help lead these efforts in North Carolina and nationally because EMS deserves a 'seat at the table' from local to national levels.

Continuous Innovation

EMS|MC’s investments will continue in technology-driven process improvement. Durham can count on staying at the forefront of the industry as a partner with EMS|MC. This year, EMS|MC has released **Crew Analysis** which provides measurable quantitative data on crew member documentation practices to drive crew accountability and future training

Seamless transition

EMS|MC creates customized seamless transition plans for new clients, including 50 agencies in just the past 3 years – that is project management driven and structured so that Durham County’s revenue won’t drop during the onboarding process. For over 23 years, EMS|MC has been committed to providing innovative billing solutions to over 230 clients in 19 states. We understand that no two agencies are alike, yet each of our clients benefits from the benchmarking and trending information from neighboring localities or municipalities of similar size. We have tremendous depth in the North Carolina EMS marketplace, and are well-versed in legislation and compliance issues that matter to our clients across the nation.

EMS|MC’s compliant methodologies, consultative decision-making, innovative technology solutions, and a patient-centric process is designed to maximize Durham County’s revenue because we understand the demographics, patient outcomes, cultural billing practices, industry developments and what is important to Durham County’s patient community like no other billing agency can.

EMS revenue cycle management requires a deep level of expertise, given the ever-changing regulatory environment and requirements from payors. EMS|MC has developed a system of compliance, billing expertise and automation designed to maximize recovery.



EMS|MC's Commitment to Service and Communication for Durham County

Our firm commitments to implementing the very latest in secure, automated technology and client/patient friendly processes for Durham County. We will establish a record of consistent performance enhancement; offer proven **value-added customer service** and develop a relationship built upon **trust, dependability, and full accountability**. Our experience, knowledge, and leadership have helped set the standard in professional EMS billing practices. With over 23 years of proven experience, EMS|MC is committed to continually providing this same value-added service to you.

Durham County's Executive Champion

Kim Stanley, CAC - Chief Compliance Officer

Kim.Stanley@emsbilling.com

336.714.9091



Durham County's Advocacy Liaison

Regina Crawford – Advocacy Liaison

Regina.Crawford@emsbilling.com

336.508.8856



Durham County's Strategic Account Manager

Erica Sanders – Strategic Account Manger

Erica.Sanders@emsbilling.com

336.934.4276



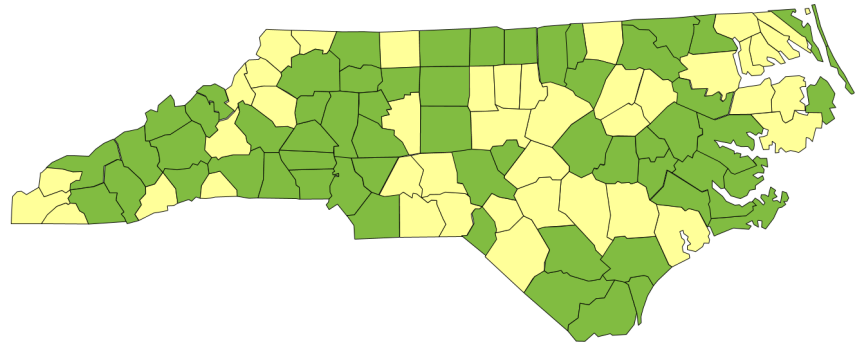
Tab 3 – Corporate Overview

CORPORATE OVERVIEW

Founded in 1996 by a Paramedic, EMS Management & Consultants is dedicated to maximizing EMS reimbursements. Headquartered in Winston-Salem, North Carolina, EMS|MC serves communities, like yours, across the United States with over 230 clients and processes more than 1.6 million claims annually.

EMS|MC is positioned to successfully partner with Durham County. Currently partnering with over 85 NC agencies and billing more than 600,000 transports annually in just North Carolina, EMS|MC has proven expertise with the NC Debt Setoff Program, NC Medicaid Reform and NCTracks, and Palmetto MAC.

EMS|MC actively engages in industry events and advocacy efforts across North Carolina, as partners with the NC Association of EMS Administrators, the NC Office of EMS, the NC Association of County Commissioners, the NC Government Finance Officers Association, and others to ensure that our clients have a “seat at the table” for EMS legislative representation.



EMS Management & Consultants, Inc. (EMS|MC)

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Winston-Salem, NC 27103
Phone (336) 397-3975
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Representatives for the Proposal

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Tab 4 – Approach

APPROACH

Work Requirements	Details	Does EMS MC Acknowledge & Comply
1	Provide excellent customer service to the patients of the Durham County EMS System	Yes
2	Certify 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 promulgated by the Federal Trade Commission pursuant to the Fair and Accurate Credit Transactions Act of 2003, and other applicable state and federal laws and regulations. Execute a HIPAA Business Associate Agreement in a form prescribed by the County.	Yes
3	Sufficient support and capacity to assist with credentialing and Medicare / Medicaid revalidation.	Yes
4	An internal Compliance Program that meets all Office of Inspector General (OIG) and other associated federal program requirements shall be maintained by the vendor at all times.	Yes
5	Dedicated representative to Durham County will be required.	Yes
6	Invoicing patients and/or third parties responsible for ambulance services for the amount owed to the County.	Yes
7	<p>Providing Durham County EMS and/or Durham County Finance Department with all daily and monthly financial, billing, receivable, collections and other reports as stated herein as well as any ad hoc reports that Durham County deems necessary.</p> <ul style="list-style-type: none"> a. Current Month Collections & Fiscal YTD summary and detail b. Current Month Billings & Fiscal YTD summary and detail c. Accounts Receivables Summary to include Prior Month Balance, Billings (e.g., Beginning Balance, Collections, any Adjustments, and Ending Balance) d. Aged Receivable Report Summary & Detail e. Other reports as may be deemed necessary in the future that have not been specifically listed to include ad hoc reports 	Yes

8	Conduct any follow-up required to obtain the necessary insurance information to process invoices for payment. Provide Electronic Claims Processing for Medicare, Medicaid and any private or commercial insurance, which accepts electronic claims.	Yes
9	Provide complete access to the ESO EHR system without interruption for the duration of this Contract, including payment of all involved fees to ESO SOLUTIONS INC.	Yes
10	Provide complete interfaces required for data exchanges between receiving hospitals using the Elderly Pharmaceutical Insurance Coverage (EPIC) healthcare medical patient management system (Duke Health System, UNC Health Care, and Wake Medical Hospital).	Yes
11	Review and code each EHR appropriately.	Yes
12	The Contractor shall be responsible for the invoicing, collection, and generation of all insurance forms and filings, record maintenance and reports.	Yes
13	The invoices for services rendered shall contain the following information: <ul style="list-style-type: none"> a. Durham County Logo b. Account number c. Account Invoice Date d. Name of Patient e. Name of responsible person if different from patient f. Complete address g. Date of transport h. Call Center Hours of Operation i. Cost of transport (including cost breakdown, if necessary) j. Transport from and to including ZIP Code Number k. Payment method(s) l. Insurance coverage and instructions (if applicable) m. Durham County EMS Privacy policy 	Yes
14	Provide customers access to billing information on-line and over the phone to include payments. Contractor shall provide either toll-free or local	Yes


	Durham telephone number access for customers. Provide customers access to billing and collections staff for at least 12 hours a day. Records of all customer contacts shall be maintained by account.	
15	Ensure that all invoicing and reporting systems are automated and data is updated in real time.	Yes
16	Mail bill (including a return envelope) to the patient/debtor within no more than ten (10) days of receiving the transport information from Durham County when a valid patient address exists at the time of information receipt.	Yes
17	When a valid address is present, the contractor shall be responsible for sending a second notice within forty-five (45) days from the first mailing, a third notice within forty-five (45) days from the second notice, and a fourth (final) notice within forty-five (45) days from the third notice. If new information is obtained by the billing and collections company, an additional notice (within forty-five (45) days of the previous) should be mailed out again and this process should continue as long as new or different information is obtained. This will ensure that patient/debtor is kept informed on the account balance and what is going on with the account.	Yes
18	Accounts will become eligible to be sent to the collection agency contracted with Durham County within forty-five (45) days from mailing of the final notice when no additional information or payment has been received.	Yes
19	Accounts sent to the collection agency must be electronically transferred to the collection agency contracted with Durham County. The County and Contractor will mutually agree on a file format to be used prior to the effective date of this contract.	Yes
20	Option for the selected vendor to buy old Durham County debt.	Yes
21	Manage uncollected accounts associated with the NC Debt Setoff Program.	Yes
22	Deposit funds received daily into a bank account or lockbox designated by the County, to which the County alone will have signature authority.	Yes
23	Agree to negotiate and arrange modified payment schedules for those individuals unable to pay the full amount when billed, subject to such policy guidelines as the County may establish. If patient/debtor makes monthly payments, a statement should be mailed out monthly showing the balance still due.	Yes
24	Maintain all documentation, records, and patient information in a safe and secure manner that will allow inspection and audit by Durham County or its agents upon proper notification.	Yes

25	Provide and furnish all materials and personnel required for the performance of the Agreement.	Yes
26	The Contractor must provide the County with a bi-weekly refund request including all pertinent information relating to refunds, overpayments, or other associated billing and collection reversions.	Yes
27	The Contractor shall allow for an external audit of Durham County's accounts each year by the accounting agency of the County's choice. The audit will not be at the cost of the County.	Yes
28	Establish internal performance metrics, monitor compliance and report on same. Conduct quarterly updates on revenue statuses and provide electronic database access for regular administrative review.	Yes
29	Provide Durham County yearly revenue projections.	Yes
30	<p>Properly manage special billing situations Durham County currently has and may be involved in including but not limited to:</p> <ul style="list-style-type: none"> 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 	Yes
31	Provide access to third party data systems selected by the County	Yes
32	Conduct the conversion of data from legacy systems to the selected solution working with the appropriate/designated staff of the County.	Yes
33	Archival of County data in the system	Yes

ONBOARDING

EMStart is EMS|MC's methodical and meticulous deployment process. **EMS|MC can assure Durham County with an onboarding process of 60 days and a go-live date of July 1, 2019 if an executed contract is completed 60 days prior to July 1, 2019.**

EMStart is a proactive, collaborative process driven by critical deployment milestones that we accomplish together with our clients. We track the progress and successful completion of each milestone on a 300+ line project plan that is tailored to your agency. Deadlines are carefully established for each deployment task so that we meet our target completion dates for each milestone and ultimately commence billing on the go-live date jointly agreed upon with your agency. Your dedicated EMStart team closely monitors the implementation timeline and project plan and provides ongoing visibility and critical milestone status updates to your agency. The EMStart critical deployment milestones are as follows:

 EMS MC EMS MANAGEMENT & CONSULTANTS RESULTS SERVICE COMMUNITY		EMStart Critical Milestones		
Milestone Task	Responsible Party	Start Date	End Date	Time Frame
Milestone A: Contract and BAA are fully executed.	EMS MC and Client	*Day 1	Day 5	**5 days
Milestone B: Project plan is created and reviewed with client.	EMS MC	Day 1	Day 10	10 days
Milestone C: Client communication plan is finalized.	EMS MC and Client	Day 1	Day 10	10 days
Milestone D: EMStart Questionnaire is completed and Client Specifications are finalized.	EMS MC and Client	Day 5	Day 20	15 days
Milestone E: Provider enrollment and deposit method setup are completed.	EMS MC and Client	Day 10	Day 60	50 days
Milestone F: Technology requirements are established and configuration is completed.	EMS MC	Day 20	Day 40	20 days
Milestone G: Reporting needs are established and configuration is completed.	EMS MC	Day 40	Day 50	10 days
Milestone H: Training is completed.	EMS MC	Day 45	Day 50	5 days
Milestone I: System testing is completed.	EMS MC	Day 25	Day 50	25 days
Milestone J: Final pre-go live review is completed with internal teams and client.	EMS MC and Client	Day 50	Day 60	10 days

*Day 1 is the day the contract is signed.
 **Days are business days and do not include weekends or holidays.

EMStart anticipates your business and training needs. While our team proactively addresses technical matters, we also focus heavily on training and education during the EMStart deployment process. EMS|MC provides on-site documentation training, complemented by our EMScholar online documentation training platform, and we also provide in-depth training on our interactive applications available to you 24/7, including EMSight and our secure FTP

Client training is a critical milestone of the EMS|MC onboarding process and once the engagement begins, EMS|MC will connect your team to EMScholar, our education platform, which offers onsite and online training with 24/7 access to courses anywhere an Internet connection is available. Our courses are taught by knowledgeable instructors who average 20 years of experience and/or education. Our online format gives you the opportunity to further your knowledge while fulfilling your other responsibilities by allowing you to choose when and where you learn.

Data Conversion

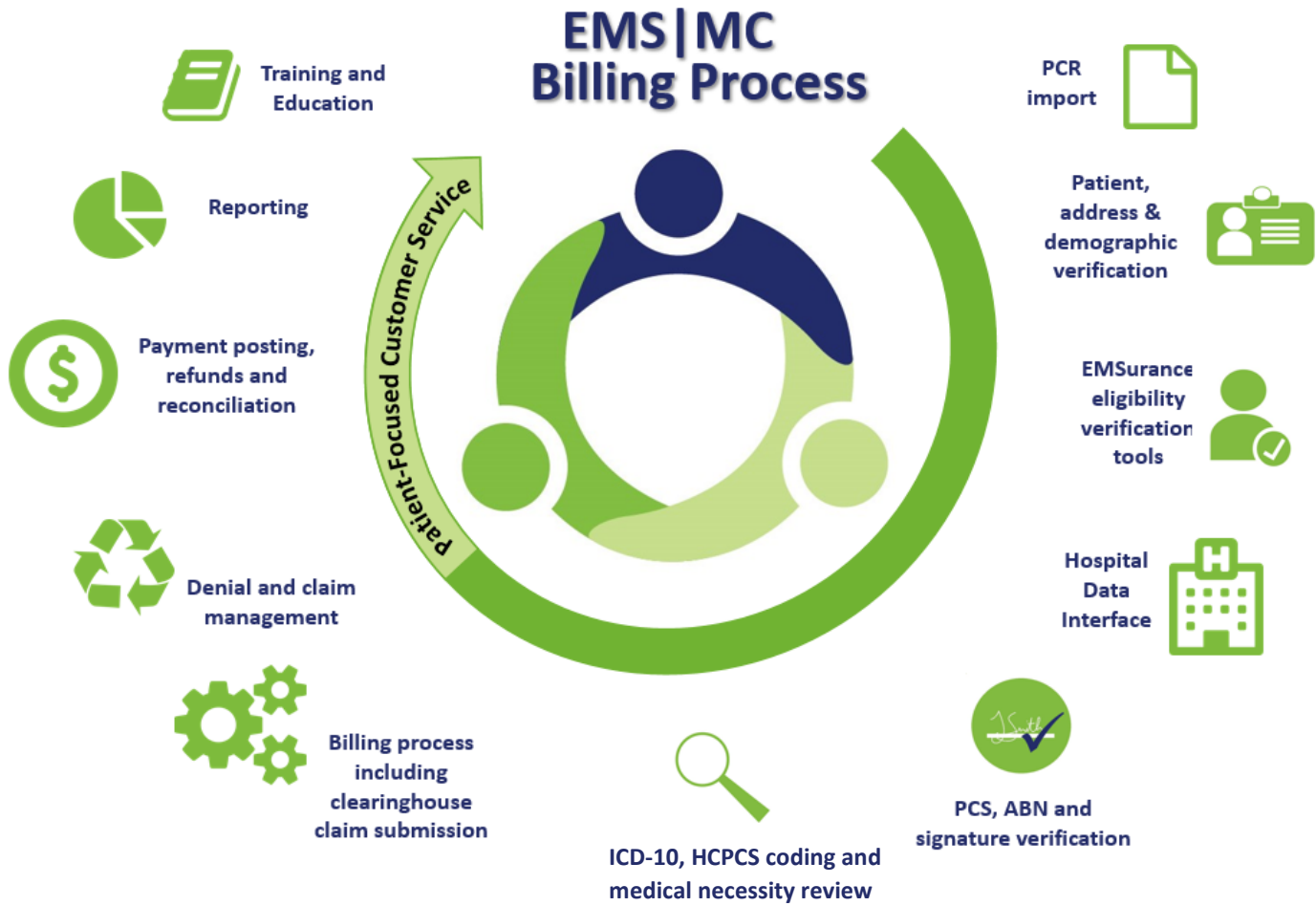
Led by CIO, Jake Vizner, EMS|MC has a staff of 8 IT professionals dedicated to the successful onboarding of Durham County in the implementation time mutually agreed upon by the County and EMS|MC. Our Data Management Team will work with the County to perform the conversion requirements set by the County. Our staff is knowledgeable with all ePCR vendors and works to ensure that electronic communication between Durham County, ESO and EMS|MC is secure and working.



Jake Vizner, Chief Information Officer

Jake joined EMS|MC in September 2014 with 20 years of experience providing technology solutions for start-ups, Fortune 500 companies, and multi-billion-dollar organizations in the healthcare and financial industries. At EMS|MC, Jake provides strategic IT analysis and vision for improving technology processes that increase internal efficiencies and the performance of clients. Jake has a master's degree from Slovak University of Technology. Other experience includes senior management positions with LendingTree.com, Transamerica Reinsurance and Premier Inc., where he led the enterprise development projects for large healthcare clients.

EMS|MC knows billing. We have developed a multi-step claims management process with a focus on automation that minimizes human “touch points” and increases approved claims. Durham County will benefit from EMS|MC’s proven practices and expertise.



The above EMS|MC process depicts a comprehensive overview of the cycle of claims processing. The following pages will provide detail on each step – ensuring compliant and successful billing.

ePCR Partnerships

EMS|MC’s established ePCR vendor partnerships utilizes automation designed to provide minimal manual intervention by both clients and the EMS|MC team – thus reducing the opportunities for human error and denied claims. Durham County is guaranteed efficient and accountable imports of the electronic Patient Care Records (PCR), and EMS|MC will provide an Import Confirmation Report (ICR) to Durham County that accounts for each transport’s successful transmission.

EMS|MC and ESO



EMS|MC’s and **ESO’s Platinum Partnership** ensures a smooth transition for Durham County. EMS|MC’s data management team’s developed deployment plan, with a proven track record of success to each of our ESO clients, ensures that our data transmission process is consistent and stable.

EMSmart

EMSmart is EMS|MC’s propriety intelligent billing/workflow platform that is a ruled based processing engine allows EMS|MC to analyze multiple ePCR data points to aid in the determination of claim level of service and priority and is also the intersection of technology and human judgement to ensure an accurate and compliant coding process.

Once a claim is imported into EMSmart, a rules-based engine completes automated assessment of the claim and then a Billing Specialist reviews 100% of imported claims to ensure accuracy. After that review, the claim then moves to the appropriate workflow – Medical Necessity Review for example. Patient Care Reports missing critical information sent on ACR RTP on



EMSight, billing specialists updates patient demographic information and insurance as necessary, coding suggestions are reviewed by billing specialist, and all trips are reviewed for signatures.

Ensuring complete and accurate information on every claim, prior to sending a bill, reduces the likelihood of a claim denial or returned mail, and significantly accelerates payments.

EMSSurance™

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

- Internal Search Engine – EMS|MC runs all new patients across our existing patient and client database to see if the patient is already in the system.
- Retroactive Eligibility – All self-pay accounts are submitted to the Medicaid eligibility database on a monthly basis for up to 12 months to identify retroactive Medicaid eligibility.
- Outgoing Telephone Calls – Our staff can place outgoing courtesy calls to the patient for the purposes of obtaining insurance information.
- Request for Insurance Statement – EMS|MC mails a “Request for Insurance Statement” to the responsible party. Patient addresses are verified against the National Change of Address (NCOA) database to obtain current address information and reduce returned mail.
- HIPAA Eligibility Transaction System (HETS) – EMS|MC runs all patients age 65 and older across the HETS system to identify Medicare coverage.
- Hospital Data Exchanges (HDE) through ESO Solutions

Working with Durham County, EMS|MC will be able to build trust with facilities in order to establish and maintain the proper data channels. The result is improved billing success and maximized revenue for the County.

All of these connections lead to our hospital data warehouse. A daily process compares the data with our billing system and, using a proprietary matching algorithm, moves the matching data into a workflow that is processed daily.

The Path of a Claim

The claims coding and billing process for all payors begins with a thorough review of the PCRs. The imported patient record requires a billing specialist to review and make the coding decisions, based on the information contained in the ePCR. The patient narrative is a critical element in these coding decisions and is imported into the EMS|MC billing system.

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

Upon completion, all claims are processed through our proprietary automated quality check. This audit process uses logic that can identify potential errors that could lead to denials/rejections.

EMS|MC's management of call reports that lack sufficient information begins during the initial billing process. EMS|MC staff reviews each portion of the transport, including all attachments and narratives, to determine whether any information required for billing is missing. Below is a list of the most common missing information on call reports:

- Missing Pick-up Location
- Missing Drop-off Location
- Conflicting gender-based information on the Medicare Number suffix
- Non-covered transports with a destination of scene
- Missing Patient Demographic Information
- Unspecified Chief Complaint/Condition for Transport
- Poorly Documented or Unclear Medical Necessity
- Missing or Non-Compliant PCS Form
- Missing or non-Compliant Signature Authorization Forms

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

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

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

EMS|MC understands that obtaining a valid signature at the time of service is not always possible. If signatures are not acquired at the time of service, EMS|MC offers **EMSign**, a signature wizard, whereby authorized parties can submit a digital signature online. This feature helps keep transports off of the ACR and moving through the EMS|MC billing process. We also utilize mailed letters to obtain missing signatures, giving every opportunity for the missing information to be obtained.

Upon receiving the requested information, the claim is processed and submitted to the appropriate payor for payment, in compliance with insurance programs. Our interactive feedback loop ensures that every billable trip is sent to insurance and decreases the number of non-billable trips, resulting in increased revenue to Durham County.

Once the claim has passed through the patient verification, insurance eligibility, and/or the ACR-RTP schedules, EMS|MC will process claims within 72 hours of receipt.

This is done only after the run report is imported, confirmed, reviewed for completeness, data entry completed, and quality assurance performed. While many companies focus on how quickly they can get a claim submitted, it is our experience that by spending extra time on the front end, we can greatly increase the success rate in getting the claim paid in the first submission.

Our billing system is schedule-driven to ensure accountability for each claim and to prevent loss. Schedules are a vital part of our client setup and software configuration process and dictate the internal workflow and follow-up activity required on each claim at very specific time intervals. Claims that are ready to be billed are placed on a schedule according to primary payor.

As an example, a Medicare claim typically pays in 14-17 days. If we do not receive payment by 21 days, a follow-up process begins as follows:

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

We utilize electronic claim submission in every case possible. Medicare, Medicaid and most commercial insurance carriers currently accept electronic claims. The faster that claims are batched and submitted to payors, the faster they will be paid to the provider. The result is maximized cash flow and accuracy in claims.



EMS|MC's average time to file a claim is **two days**

EMS|MC has a 99% Clean Claim Rate

Clean claims equal faster reimbursement, and at EMS|MC, we are committed to maintaining the highest clean claim rate possible. Clean claims mean faster reimbursement for our clients. EMS|MC maintains a high clean claim percentage by ensuring that every claim is verified through the use of a proprietary automated quality validation system. This validation system uses complex logic that can identify many potential errors that could lead to claim rejections or denials.

Denied or returned claims requesting additional information are assigned “reason codes” in order to track trends on specific payors and to provide internal auditing. As a result, we can easily provide analytical feedback to our staff and the County on potential issues with field documentation and/or payor-specific approval requirements.

If a claim is denied or rejected, EMS|MC has an appeal process in place for each claim to be reviewed by a Revenue Cycle Specialist to determine the root cause for denial or rejection, correct the claim if possible, and then resubmit to the appropriate payor. This EMS|MC process has proven to increase revenue. Exhaustive measures are taken to ensure that monies are not left uncollected and unnecessarily written off to bad debt. Because of the timely filing period required of most payors, follow up procedures are critical and are a top priority for EMS|MC.

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

As an added value, the EMS|MC billing system has the ability to track denial codes and reason codes for internal quality assurance analysis. Denial reports are routinely reviewed by the billing Operations Manager for payor denial trends and potential coding issues. This reporting allows our team to stay informed and make the necessary adjustments to our processes to avoid duplication and maintain exceptional collection performance.

Once a claim is researched and is fully determined to be non-covered, an invoice is submitted directly to the patient. The patient will also receive a denial letter with an explanation of benefits directly from their insurance carrier.

PATIENT FOCUSED SERVICE

EMS|MC understands the importance of patient satisfaction and provides multiple payment methods to patients. In addition, our Contact Center is staffed to handle calls and questions regarding EMS billing just as Durham County would, acting as an extension of you. Telephone conversations are handled politely, professionally, and with full knowledge that we are representing your service and community.

Durham County will receive a Dedicated Toll-Free Patient Customer Service Line



35 Second
2018 Average Speed of Answer



Patient Service – EMS|MC Style

EMS|MC will work directly with Durham County to provide a patient invoice and the standard intervals for mailing. As mentioned above, when it is determined that the patient is responsible for the remaining balance, our customized invoicing cycle is activated.

EMS|MC will provide a customized invoice to meet Durham County's invoicing requirements

Private pay accounts are handled through initial invoicing and are followed up with monthly statements reflecting all payments and credits. When no additional information or payment has been received after the last agreed upon invoicing schedule, EMS|MC will provide the County's Collection Agency within 45-days from the mailing of the final notice.

As one of our many payment options, EMS|MC offers an online patient portal, **EMSecurePay**, where patients can make payments in full or set up a payment plan to pay the remaining balance.

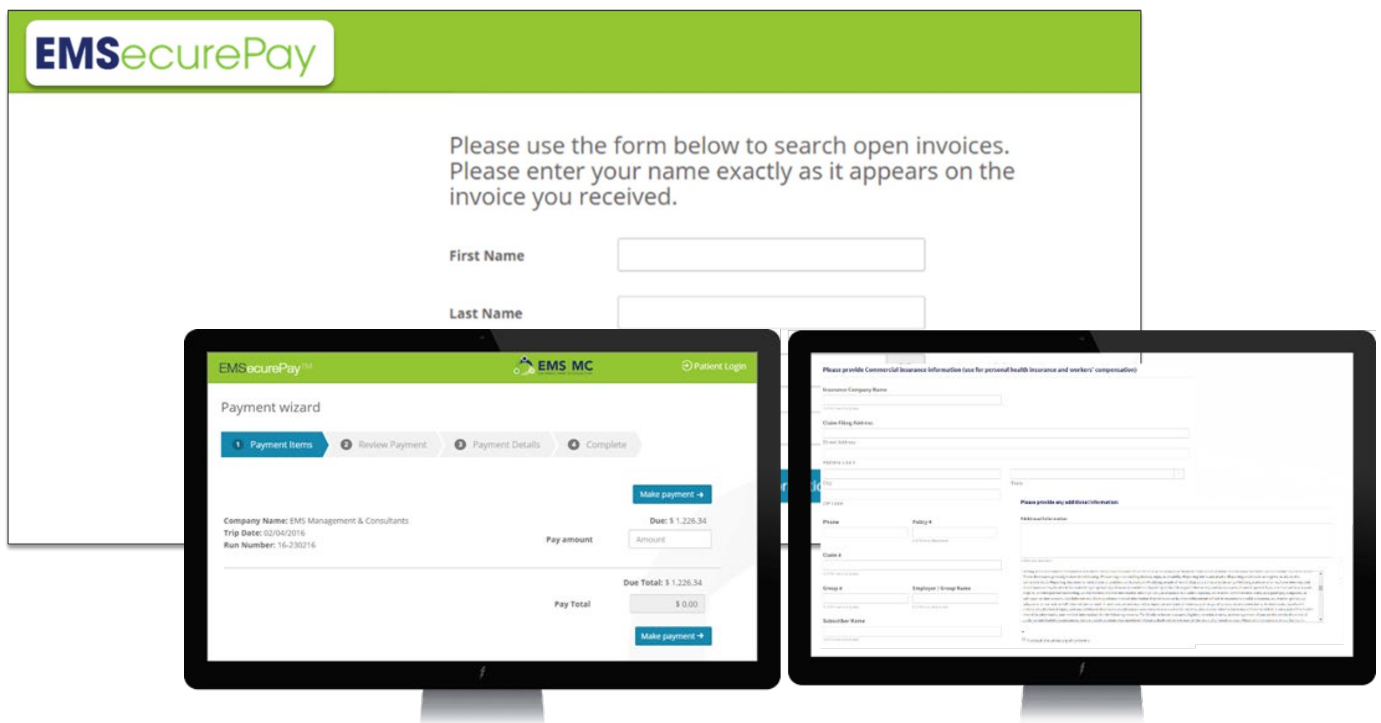
EMSecurePay
processes over
\$1 million
in patient payments
per month

EMSecurePay is EMS|MC’s high-volume payment portal that processes over \$1 million in patient payments per month. Through **EMSecurePay**, patients have the ability to create an account to access their payment history and invoices while **EMSecurePay** is automated to issue client specific discounts based on prompt payments if requested.

Our billing system is capable of managing scheduled payments, or payment plans. Once an account is on a payment plan, the patient will receive an invoice indicating that a time payment arrangement has been established, and also a statement of understanding for the patient to sign. Each month, the patient receives a cumulative invoice reflecting the historical credits and dates posted.

EMSecurePay gives patients the ability to provide feedback about their EMS experience with patient care and billing, via an online survey. EMS|MC aggregates survey data and provides valuable insights into patient feedback, all available on **EMSight**, our 24/7 client business intelligence web portal.

EMSecurePay is EMS|MC’s user-friendly, online patient portal, which is accessible through and is linked prominently highlighted on our website. Patients can review the status of their account, provide additional insurance information, or make a credit card payment using a secure HIPAA compliant web server.



In cases where a refund is needed, EMS|MC has procedures to identify credit balances. Our refund team thoroughly researches over-paid accounts or accounts with credit balances and will provide Durham County with the proper documentation and assure a quality of all refunds processed.

The documentation for each refund is combined into a single PDF file and will be forwarded to Durham County for the refund check issuance. In the case of certain insurers, the insurer's refund request form will be required to be submitted with the refund check to ensure proper posting. In these cases, this refund request form will be included in the PDF file.

The EMS|MC full-service solution also includes the cost of EMS|MC functioning as a lockbox for Durham County or we can integrate with a Lockbox of Durham County's choosing. All payments, collateral and documentation are handled using our thorough process, complete with technology enablement. EMS|MC images all documents and securely manages workflow, facilitating fast time to payment, posting and viewing. Payment documents are accessible using the Payment Posting feature of **EMSight**, giving Durham County full visibility to supporting documents.

Based on Medicare guidelines, we are not allowed to deposit payments into the EMS|MC bank account. Payments are made in the name of Durham County and deposited directly to the bank of your choice. Our local depositing process includes a documented Chain of Custody for physical payments to national banks. If Durham County uses a non-national bank that does not have branches in our area, EMS|MC utilizes iStream for remote deposit capture.

Patient Service

Client Focused

Superior Training

Patient Service – Client Focused

As part of our offering to Durham County, EMS|MC will provide a toll-free patient customer service telephone line.

While some EMS billing vendors measure performance of their patient service representatives by the length of the call, EMS|MC encourages our patient representatives to help the patient resolve all questions until they are fully satisfied. Each member of our customer service team has received rigorous training on patient management, in all aspects of troubleshooting concerns and EMS billing practices.

EMS|MC records all incoming and outbound calls, therefore providing metrics for the variety of questions and requests from patients, clients and all others. After assisting the caller and resolving the call, the customer service representative determines the call disposition, which drives the aforementioned call trending data. This reporting gives our clients visibility into monthly patient call volume, as well directional data on the reasons for the calls. EMS|MC also tracks the “Average Speed of Answer” as an important metric.

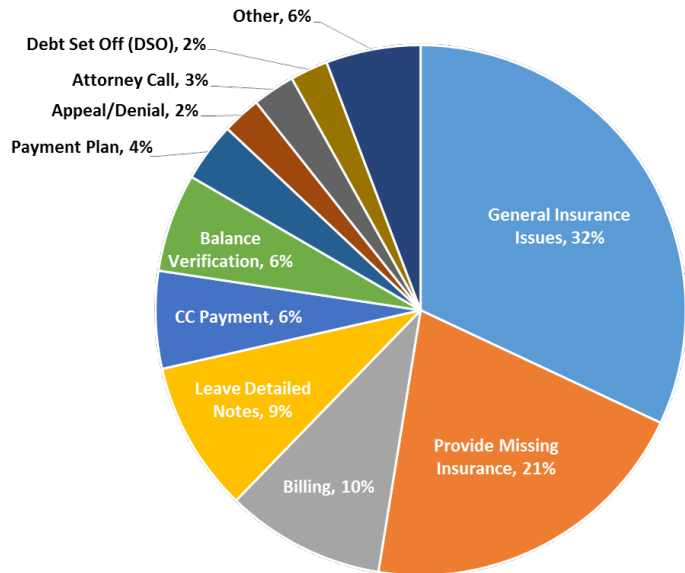
With this reporting, EMS|MC can provide insight on what topics are driving calls and consult Durham County on how to improve the patient experience.

Customer service statistical data is monitored on a daily basis and all calls are recorded for quality assurance, auditing and training. In addition, we track our average speed of answer for all calls and are proud to say that 88% of our calls in 2018 were answered in 35 seconds or less. We regularly and consistently monitor customer service metrics to ensure that patients are able to contact us with ease to get the information they need.

EMS|MC provides every client with outbound customer service. If the patient’s insurance information is not found using our typical resources/eligibility databases and there is a valid phone number, our customer service team reaches out to the patient to further attempt to collect insurance information. We believe that the timing of outbound calls, coupled with asking appropriate questions about insurance and address information, delivers faster results and higher possibility of collection on claims.

EMS|MC believes that customer service and account resolution is a critical component of a successful EMS billing program. When a patient raises an issue that requires an urgent resolution, EMS|MC immediately escalates the concern and these incidents are responded to within 24 hours.

Top Reasons for Customer Service Calls



EMS|MC – Patient Service Standards

Specialized language services

We employ bilingual (English/Spanish) staff members to speak with Spanish speaking customers directly, and our firm also provides interpreter services through Language Line Services with access to translators for over 200 languages.

Durham County's Toll-free number

EMS|MC has a toll-free number in place specifically for customer inquiries between 8:00 a.m. and 8:00 p.m. Eastern Time Monday – Friday.

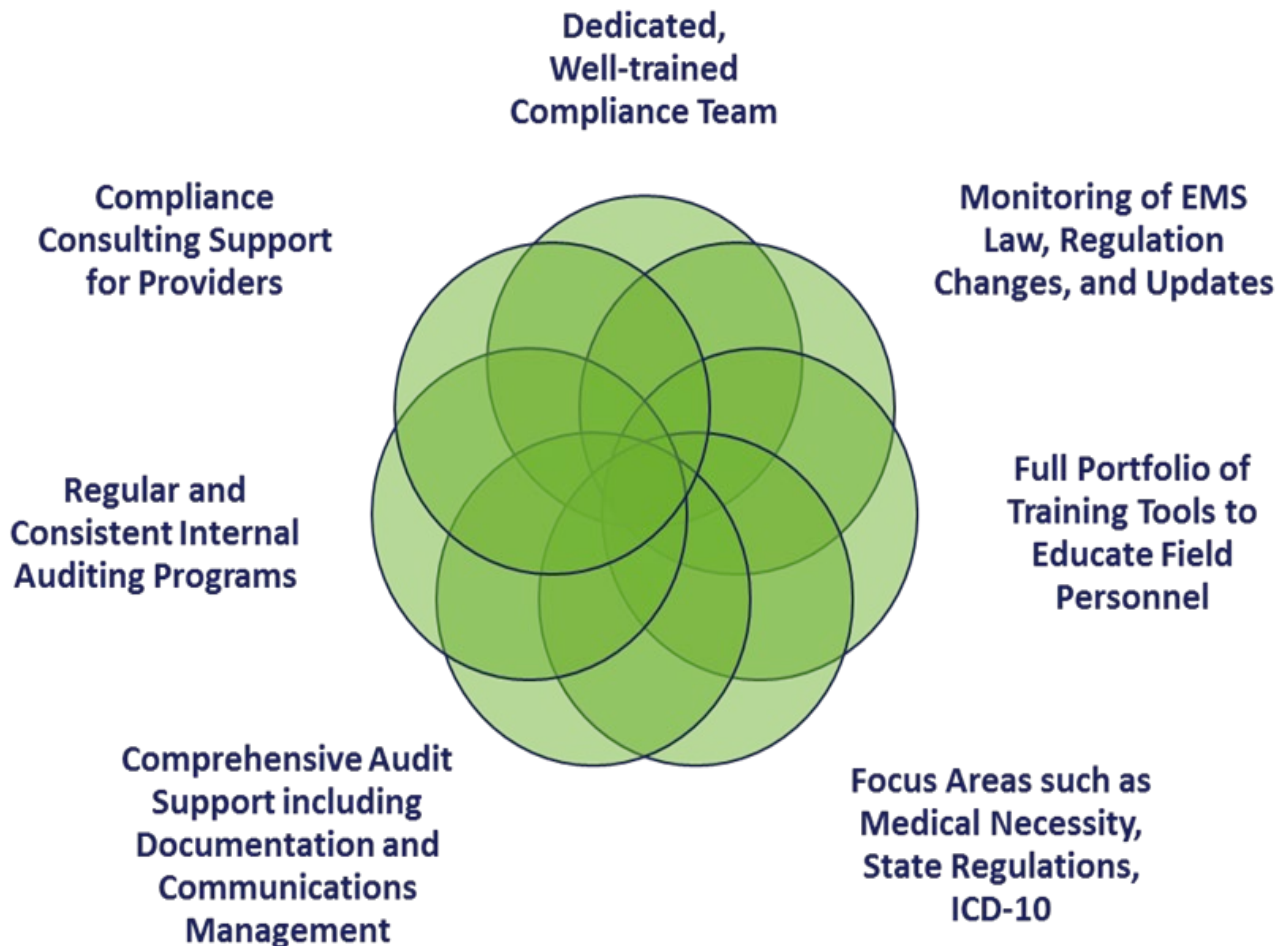
Voicemail

During times of higher call volume, patients are able to leave a voicemail if they prefer not to hold. Once leaving a voicemail, the patient still maintains his/her place in queue, and the call is returned within minutes.

COMPLIANCE

Our dedication to Compliance sets EMS|MC apart in the industry. EMS|MC has developed a culture of Compliance throughout our organization. Beyond the annual training and quality assurance process, EMS|MC has embedded compliance into our daily workflows that sets the foundation and expectations across our organization.

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



Durham County's Compliance Team

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



Kim Stanley, CAC – Chief Compliance Officer

Kim has been with EMS|MC since 2003 and serves as our Chief Compliance Officer. For more than a decade, Kim was employed with Medicare as the EMS Policy Liaison. Working in conjunction with CMS and various State committees, she developed many key reimbursement policies at both the carrier and Federal levels. As an advocate for EMS Providers, she continues to serve on various reimbursement committees and contract advisory groups at the state and national level. Kim is a frequent presenter at EMS conferences and a nationally recognized

expert on EMS billing practices, compliance and Medicare policy.



Debbie Hoffman, CAC, CPCH – Compliance Manager

Debbie Hoffman brings more than 26 years of experience in Billing, Reimbursement, and Compliance to EMS|MC. Prior to joining EMS|MC, Ms. Hoffman worked as a Patient Accounts Manager with NC Baptist Hospital, Novant Health and High Point Regional Medical Center. While in these roles she worked closely with Government and Managed Care payors challenging regulation interpretation to maximize reimbursement. Debbie served as a Committee member for Corporate

Compliance and Investigational Review Board making decisions based on Federal and State Statutes. Currently she serves on the Executive Board for North Carolina Healthcare Financial Management Associated and is NAAC certified.



Eric McClain, CAC, NCEMT-B – Compliance Analyst

Eric has been with EMS|MC since 2016 and serves as our Compliance Analyst. Eric has a combined 11 years of EMS clinical and administrative experience. He has been a certified NCEMT-B since 2007 and maintained his NAAC CAC certification since 2015. In addition to his compliance duties, Eric also served as a Legal Liaison and is currently a part of EMS|MC's Project Management team.

EMS|MC Partners



EMS|MC partners with Page, Wolfberg, and Wirth, LLC, a nationally recognized law firm with special emphasis in billing and compliance issues for the EMS industry. PWW conducts an annual regulatory compliance audit for EMS|MC and provides valuable consultation in establishing our billing policies and procedures. In addition, PWW has successfully vetted both our New Hire Training Program and our External Client Documentation Education programs. As a client of EMS|MC, you will directly benefit from our partnership with PWW through access to their legal and compliance consultations.

EMS|MC partners with Akerman, LLP, a leading healthcare law firm with special emphasis in Healthcare and Government Affairs. William J. Spratt, Jr., Partner, has been a long-term liaison with the EMS|MC Compliance team to assist in regulatory healthcare operations and governmental payors. As a former healthcare administrator, Mr. Spratt has extensive experience in complex state and federal laws and regulations, with a special emphasis on HIPAA.



EMS|MC partners with BSA Healthcare, a Florida based physician-owned healthcare consulting firm that provides quality assurance audits on a monthly basis to ensure 100% compliant billing practices. BSA Healthcare helps hospitals, academic medical centers, private medical practices, and outpatient facilities improve quality, financial performance, operations, organizational structure, and strategic direction.

EMS|MC's Compliance Program

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

- Designation of Chief Compliance Officer, Compliance Manager, Information Technology Security Officer and attorney oversight who oversee all compliance related activities
- Development of written Compliance policies and procedures that are reviewed and updated regularly as regulatory changes are made

- Open lines of communication between all employees and the Compliance Team with the expressed intent of non-retaliation for reporting issues in good faith. EMS|MC provides multiple mechanisms for reporting compliance related concerns to include anonymous reporting options
- Annual Mandatory Compliance Training and Education Programs with signed acknowledgement of understanding and commitment for all employees
- Signed Employee Confidentiality Agreement, Confidentiality and Dissemination of Confidentiality Attestation Statement, and Compliance Code of Conduct
- Employment Background Checks, Criminal History Checks, and OIG Exclusion Database Verifications for all employees
- Daily quality assurance program in which all employees are provided scorecards of their quality assessments
- Annual SSAE No. 18 SOC I Type 2 Certification
- Data Disaster Recovery Plan and Data Backup Policies
- Secure FTP for sharing files with clients and external partners
- Secure Network and Email Encryption with Virus and Firewall Protection
- Secure Work Environment with key fob entry system, building security alarm system, and locked offices, storage areas and other areas in which PHI may be stored
- Data Destruction Policies for all sources of PHI to include paper, electronic, and/or hardware devices
- Prohibited printing capabilities from VPN, Citrix and Telecommuting Systems
- Breach Notification Policy to immediately notify patients when their data may have been compromised
- PCI Compliance to ensure that credit card information is not stored after the transaction has been completed
- Red Flag Policies and Identify Theft safeguards to ensure that the patient's data has not been compromised

Compliance Training

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

Excellence in ambulance billing and coding is what drives our business and, in-turn, your revenue.

EMS|MC's Learning Development team has designed and implemented an in-house coding certification course that meets national standards in ambulance coding excellence. The Certified Ambulance Coding Specialist (CACS) course enables our employees to successfully code trips with an in-depth auditing and feedback process for 100% of trips billed to ensure accuracy training process. This allows our team to gain actionable insight into each employee's understanding of billing concepts, future course development and continuing education opportunities.

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

EMS|MC and HIPAA

We take seriously the responsibility to protect patient information. Our team is committed to assuring that all of our employees, agents, providers and business partners conduct themselves ethically and in conformance with all applicable laws and regulations. Our Compliance Program is designed to safeguard the provider from unintentional billing practices that violate Federal law.

Overseeing this program is our Compliance Manager, Debbie Hoffman, who has over 25 years of experience in billing, reimbursement and compliance. To date, our billing systems, accounting records, document management and disaster recovery systems, along with operational policies, meet or exceed the requirements set forth by the Department of Health and Human Services (DHHS) and the Office of the Inspector General (OIG) for safeguards, security and recoverability.

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

Our billing platform and ePCR software vendors are in compliance with the National EMS Information System, and they maintain their own compliance with NEMESIS.

Quality Assurance - Auditing Process

EMS|MC has an internal auditing quality assurance department, led by our dedicated compliance team, who performs daily pre-billing audits. Our audits are designed to uncover potential compliance issues before we submit claims, preventing potential declined claims. EMS|MC has extensive policies and procedures to adhere to Privacy and Security Regulations guidelines. Employees are given direct feedback in the form of quality scorecards to manage their performance. These scorecards are used for employee development as well as to identify the need for additional training by our Learning and Development.

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

Government Payor Audits

EMS|MC takes on the responsibility of submitting a comprehensive and accurate package of documentation upon the initial submission.

If the audit determination results in a denial of claims, the audit results are contested to the highest level of appeal applicable. EMS|MC represents our clients in Administrative Law Judge (ALJ) and Administrative Hearings when the claims have been denied inappropriately. EMS|MC maintains a retainer agreement with several law firms across the country in order to solicit their assistance related to OIG compliance, Ambulance Regulations, HIPAA, and Red Flag Alerts.

Our assistance in this area has overturned millions of dollars in unwarranted denials from Medicare and Medicaid related to medical necessity and level of service down-coding.

Legal Requests

Outsourcing your EMS billing includes the value add of EMS|MC handling the fulfillment of all attorney requests for reports. We partner with Chart Swap to process requests for records from a lawyer or court. This HIPAA-compliant universal platform provides attorneys with fast, efficient fulfillment and provides visibility into what has been requested and received.

OIG Exclusions

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

SSAE No. 1 SOC I, Type 2 Certified

EMS|MC completes a SSAE No. 1 SOC I, Type 2 audit each year to ensure quality, confidence and consistency in our processes. As a result of this audit, many reconciliation points throughout our processes are well documented and are properly executed.

EMS|MC Key Audit Controls



Records

EMS|MC will maintain all documentation, records, and patient information in a safe and secure manner that will allow inspection and audit by Durham County or its agents upon proper notification.

Payment Card Industry (PCI) Compliance

EMS|MC collects over \$1M in credit card transactions per month on behalf of our clients and is fully compliant with Payment Card Industry (PCI) Standards. We utilize our proprietary, EMSecurePay payment portal to collect and process credit card information that provides a paperless process with no storage of the cardholder data. These payments are accepted through our secure online patient portal or through our Customer Service representatives. As all Customer Service calls are recorded, our Customer Service professionals utilize a feature on our telephone system that records white noise in place of credit card data.

Annual Third-Party Regulatory Audit

EMS|MC also participates in a third-party compliance audit conducted by Page, Wolfberg and Wirth (www.pwwemslaw.com) on an annual basis. The purpose of this audit is to verify that our billing practices are in compliance with governmental and commercial payors, as well as industry regulation. This audit provides an additional layer of compliance in our billing methodologies and provides our clients with the peace-of-mind that outsourcing to EMS|MC helps to minimize risk.

We will always comply with HIPAA rules and regulations. Our billing systems, accounting records, document management and disaster recovery systems, along with operational policies, meet or exceed the requirements of HIPAA for safeguards, security and recoverability. EMS|MC is in compliance with the Health Information Technology for Economic and Clinical Health Act of 2009 (HITECH).

Tab 5 – Proposed Billing and Collection Computer System

PROPOSED BILLING AND COLLECTIONS SYSTEM

EMS|MC uses third-party Zoll Rescue Net Billings as our primary billing software coupled with proprietary EMS|MC software. This software is used by our team at our corporate headquarters. EMS|MC does not require the County to purchase any software or hardware.

EMSmart, EMS|MC's proprietary claims processing platform, delivers the industry's best rules-based process automation while retaining human judgement at the appropriate point in the revenue cycle process.

EMSmart works by using rules-based automation to review ePCR information and pre-determine key elements of the billing process, which virtually eliminates the possibility for errors in the revenue cycle steps most prone to human error. EMSmart maintains human judgement where it's needed in the process, giving our clients the best blend of technology and human talent available in the industry.

EMSmart:

- Increases overall coding and billing quality levels
- Reduces claim touchpoints and potential fault points
- Maximized collections
- Maximized compliance
- Increases EMS|MC flexibility and speed to grow with our clients and to integrate on-going processes



ADMINISTRATIVE TOOLSETS – REPORTING TOOLS

EMSight

What is EMSight?

EMSight is secure online client portal allowing clients to access their information in real time, 24/7, eliminating a need for daily or monthly reports. Clients see the same information EMS|MC staff does making transparency our #1 goal while focusing on maximizing the revenue cycle management using functionality of ACR Return to Provider and Crew Analysis.

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

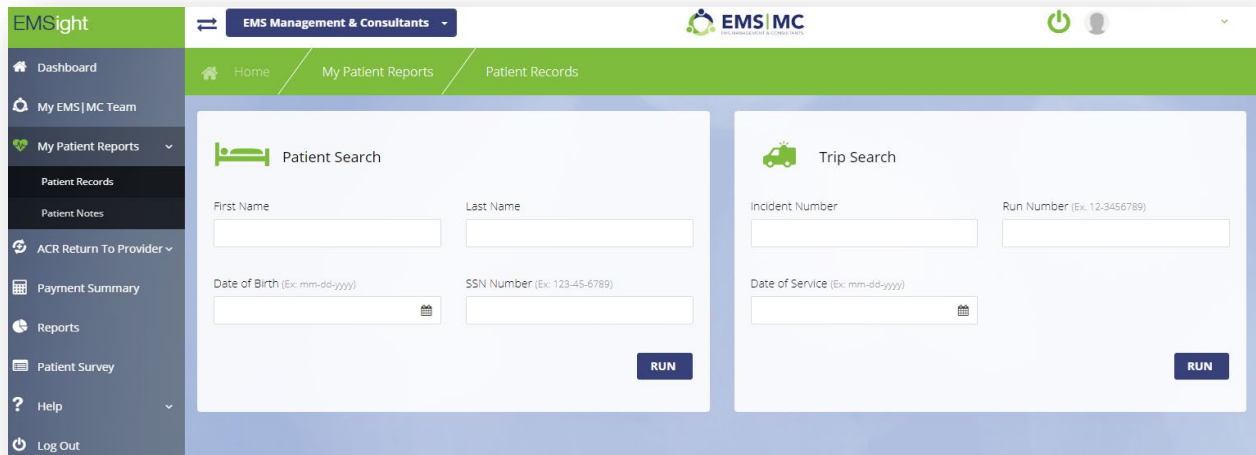
How does EMSight work?

Each client’s key personnel have their own login ID and password for secure client online portal website. There is no limit on number of licenses or client employees accessing EMSight. After login to portal, client is presented with drillable dashboard divided into four subject areas: Billable Trips, Gross Charges, Net Collections, and Account Receivables. Each icon or number displayed on the dashboard is drillable and will promptly display second or third level report. Reports can be filtered by various criteria and exported to Excel or PDF format.



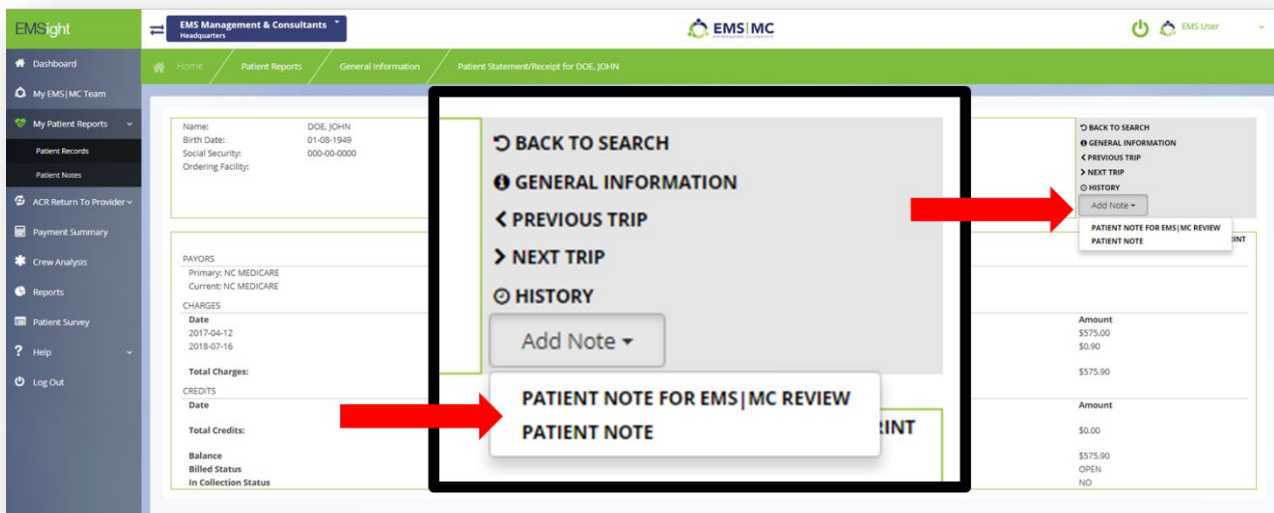
Besides drillable dashboards, clients have access to different modules using the left navigational menu. The following is the list of the most frequently used functionality:

My Patient Reports



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

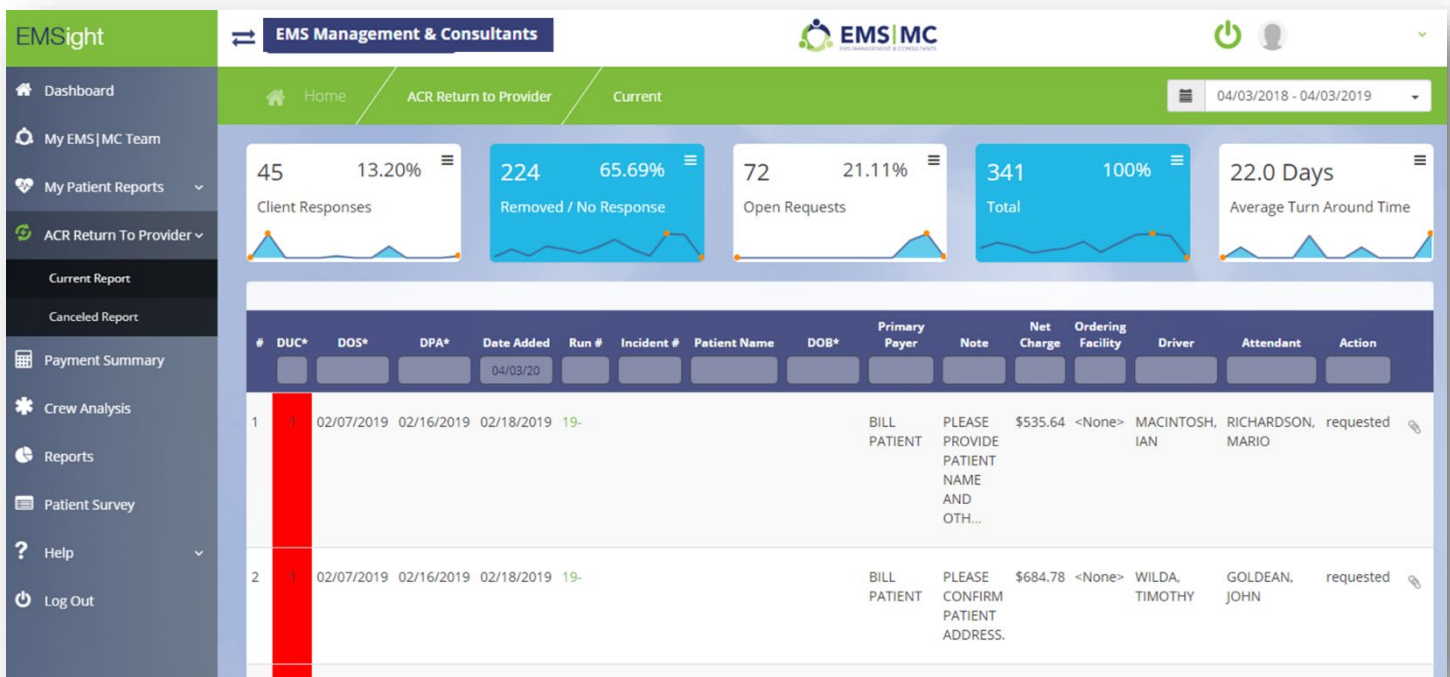
Patient Notes – Patient Notes encourages users to add notes to specific patient accounts to drive transports to a new billing schedule. Users will be able to immediately note individual patient accounts, and specific transports, of any updates there might be related to that account



ACR Return to Provider (ACR RTP)

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

Clients can access all the information under their fingertips, upload missing file or correct the information on the portal and send the trip back to EMS|MC to continue with billing process.

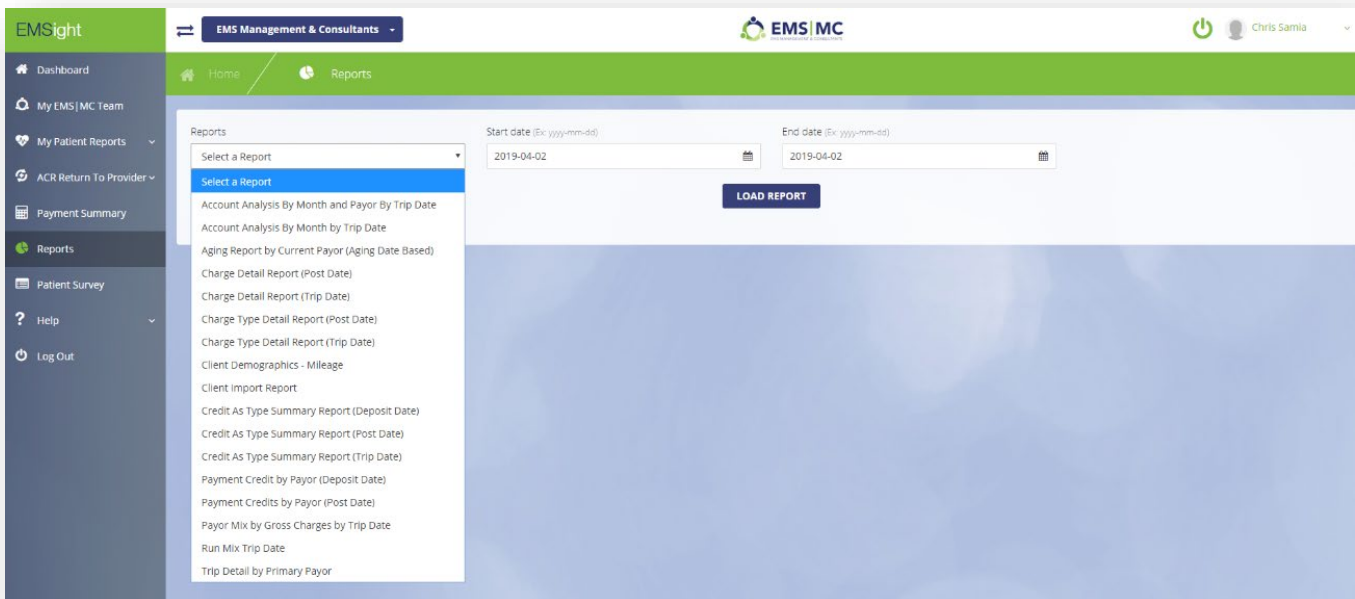


#	DUC*	DOS*	DPA*	Date Added	Run #	Incident #	Patient Name	DOB*	Primary Payer	Note	Net Charge	Ordering Facility	Driver	Attendant	Action
1	1	02/07/2019	02/16/2019	02/18/2019	19-				BILL PATIENT	PLEASE PROVIDE PATIENT NAME AND OTH...	\$535.64	<None>	MACINTOSH, IAN	RICHARDSON, MARIO	requested
2	1	02/07/2019	02/16/2019	02/18/2019	19-				BILL PATIENT	PLEASE CONFIRM PATIENT ADDRESS.	\$684.78	<None>	WILDA, TIMOTHY	GOLDEAN, JOHN	requested

Reports

EMS|MC knows that business happens during non-traditional business times and built **EMSight for real-time availability** with access 24/7/365. Beyond the standard EMS|MC month-end reports that Durham County will receive, EMSight provides reliable ad-hoc reporting packages including:

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

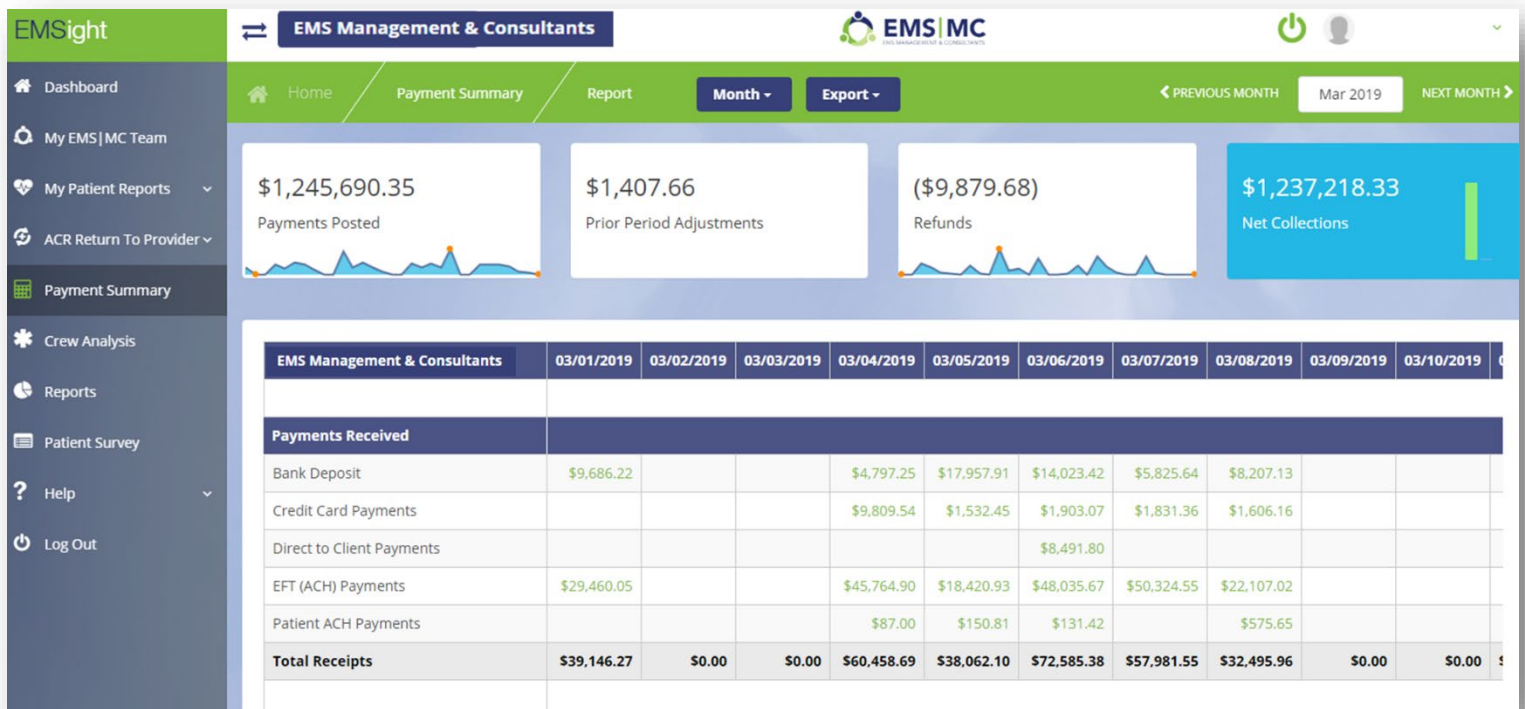


The screenshot shows the EMSight web application interface. The top navigation bar includes the EMS|MC logo and the user name 'Chris Samia'. The left sidebar contains a menu with options: Dashboard, My EMS|MC Team, My Patient Reports, ACR Return To Provider, Payment Summary, Reports (highlighted), Patient Survey, Help, and Log Out. The main content area is titled 'Reports' and features a dropdown menu for selecting a report type, with the following options listed: Account Analysis By Month and Payor By Trip Date, Account Analysis By Month by Trip Date, Aging Report by Current Payor (Aging Date Based), Charge Detail Report (Post Date), Charge Detail Report (Trip Date), Charge Type Detail Report (Post Date), Charge Type Detail Report (Trip Date), Client Demographics - Mileage, Client Import Report, Credit As Type Summary Report (Deposit Date), Credit As Type Summary Report (Post Date), Credit As Type Summary Report (Trip Date), Payment Credit by Payor (Deposit Date), Payment Credits by Payor (Post Date), Payor Mix by Gross Charges by Trip Date, Run Mix Trip Date, and Trip Detail by Primary Payor. The interface also includes input fields for 'Start date (Ex: yyyy-mm-dd)' and 'End date (Ex: yyyy-mm-dd)', both set to '2019-04-02', and a 'LOAD REPORT' button.

Payment Summary

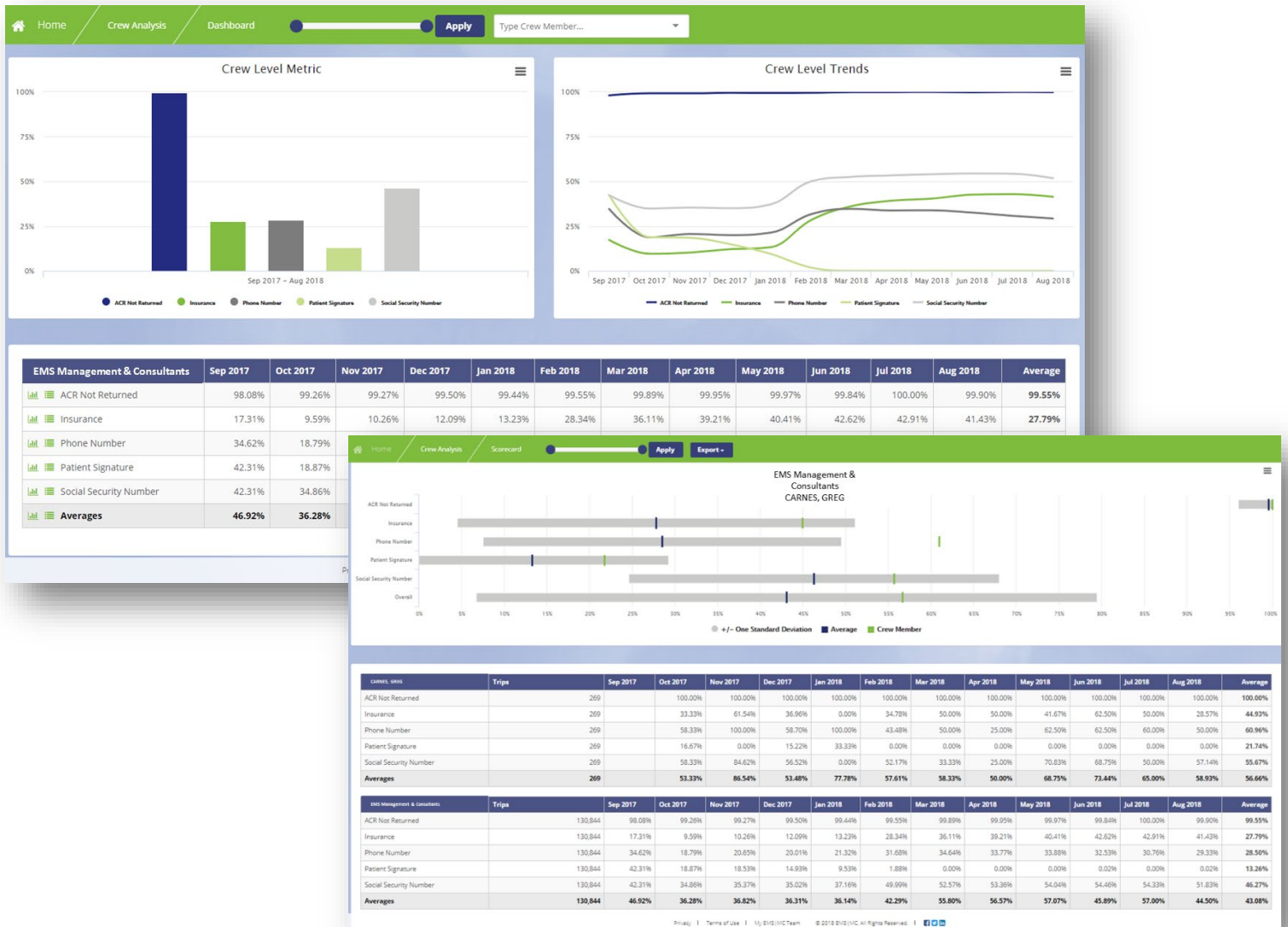
Payment Summary provides clients with access to financial dashboards and reports. Clickable dashboards show several financial metrics for any given month - the amount of posted payments, prior period adjustments, refunds, and net collections.

Payments Received section shows daily amounts for bank deposits, credit card payments, Direct to Client payments, EFT payments and Patient ACH payments. Each daily amount is clickable value that will show the detailed report of all payments comprising the total amount. Similar to Payments Received, Payment Posted section is broken down to 14 subcategories with daily totals, followed by Reconciliation and Refunds sections.



Crew Analysis

Crew Analysis section provides the ability to quantify how often crew members are documenting specific data points on their ACR's: Patient signature, Phone number, Insurance with policy number: Social Security Number and whether the trip was returned on the ACR RTP report. This information is available in a report form that can be downloaded and printed. This report is to aid in crew level performance review and training resulting in providing information needed to maximize revenue collection.



SECURITY – DATA CENTER STORAGE – DISASTER RECOVERY – DATA BACKUP

EMS|MC adheres to a defense in depth strategy to protect the confidentiality, integrity and available of information across our networks. This includes both policy and technical controls to mitigate the risks of unauthorized access and allowing access only to the minimum necessary for a particular role.

Availability, Fault Tolerance

- Dual-redundant Cisco ASA next-generation firewalls
- Dual-redundant Internet service providers
- VMWare private cloud and AWS public cloud environments architected for high-availability and fault tolerance
- Storage area network (SAN) utilizes dual-controller in active-passive configuration
- Cisco switch stack power distribution and configuration replication enable strict control of configuration drift on individual switches and mitigate the impact of port or switch failures
- Redundant power infrastructure for critical information systems and redundant multi-pathed uninterruptible power supplies (UPS)
- Quarterly generator tests to simulate partial and full building power failures

Security Systems and Mitigations

- Microsoft Windows servers use a suite of security software to protect against unknown (zero-day) vulnerabilities, ransomware, untrusted applications, malicious traffic, and known threat indicators
- Microsoft Windows user endpoints (desktops, laptops) utilize Bitlocker full disk encryption via trusted platform module (TPM) and Windows Intune for endpoint security and patch management
- Linux servers utilize AppArmor to enforce mandatory access controls on applications
- Regular server patching, with emergency patching or hotfixes possible within hours across entire infrastructure
- Office365 Message Encryption for secure transport of ePHI via email
- Secure email gateway and Office365 mailflow policies aggressively mitigate risks of email-borne malware as well as social engineering attacks (e.g. phishing)
- VLAN and subnet segregation between business departments
- Cisco VPNs over IPSec to encrypt communications between datacenters and strategic partners
- Our Cisco ASA firewalls also perform stateful packet inspection to identify and block malicious traffic and intrusion attempts at the network edge
- Quarterly full user audits for all internal and external accesses

Backup and Disaster Recovery

- Critical information systems are pushed to AWS S3 to be auto-replicated to AWS ec2 with server-level recovery granularity
- Periodic dry-run tests of failover are conducted to ensure reliability
- Daily block storage snapshots, as well as 3-hour incremental file snapshots on critical file storage with 2-week retention of previous versions, with current version retention policies based on file type (financial, ePHI, etc.)

Datacenter Controls

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

Fire Protection, Temperature Control, and Access Control

- Fire Protection
- Temperature Controls
- Access Control

Physical Security

The physical safety of our employees and the healthcare information in our custody is paramount at EMS|MC. Each entrance is guarded by electronic security measures and video surveillance.

- RFID cards with photo ID provide secure access for employees
 - Stringent procedure controls (SSAE18) ensure the validity of issue
 - Required for entering the building and high security areas
- Visitors are required to have an escort while in the building. Some areas are restricted from visitors altogether
- Video Surveillance of each entrance and selected high security areas
- Monitored alarm system automatically dispatches the police or fire department when incidents occur

Threat protection

The only sure way to protect your data is to detect threats before they happen. EMS|MC uses a variety of tools to ensure safety and integrity of the data left in our care. In addition to IT tools, we also have fostered a culture of responsibility within our employees.

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

**EMS|MC knows that
the only sure way to
protect your data is
to detect threats
before they happen.**

Device Security

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

Datacenter Redundancies

To maintain Internet availability, EMS|MC utilizes 2 separate Internet Service Providers (ISPs). Our servers have redundant power supplies and have RAID enabled which allow for redundant hard drives. The switches and routers are redundant and they also have redundant power supplies.

- Redundant Internet Services Providers (ISPs)
- RAID – Redundant Disks in servers
- Power Supplies for Servers, Switches, and Routers
- Switches
- Routers/Firewalls
- HVAC - Redundant Cooling Systems for datacenter

Monitoring

EMS|MC currently monitors internal VPN connections, applications, servers, and services, including but not limited to SQL database services. EMS|MC monitors our internet connections, websites, and select 3rd party websites. If alerts are triggered, technical support will be notified.

- Applications/Services
 - SQL Server Databases
- VPN Connections to websites
- ePCR websites

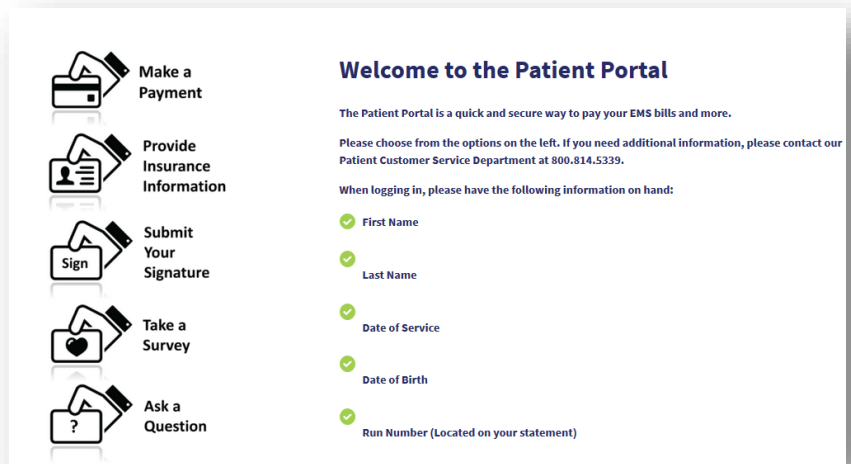
EMSecurePay

What is EMSecurePay?

EMSecurePay is EMS|MC’s secure online web portal allowing patients to pay their invoices. EMSeurePay is a PCI DSS compliant web portal tested and certified quarterly by independent third-party vendor.

How does EMSecurePay work?

For payments, patients enter a few key pieces of information from there invoice to a simple EMSecurePay form. Patient balance(s) are then retrieved in real-time from our billing system and displayed to patient. The rest of payment process uses checkout online wizard. Patients can select to pay one, few or all outstanding invoices, the can setup payment plan, enter credit card/bank information and pay the invoice. Optionally, they can print a copy of the receipt and create new account. Patients who created account on EMSecurePay can manage their existing recurring payment plans and access past receipts.



How will EMSecurePay affect you?

EMS|MC collects close to \$1M in patient payments each month on behalf of all clients. EMSecurePay helps maximizing our clients’ revenue by offering various payment options and payment plans. In addition, our customer service representatives are available to take patient calls and complete the payment process over the phone.

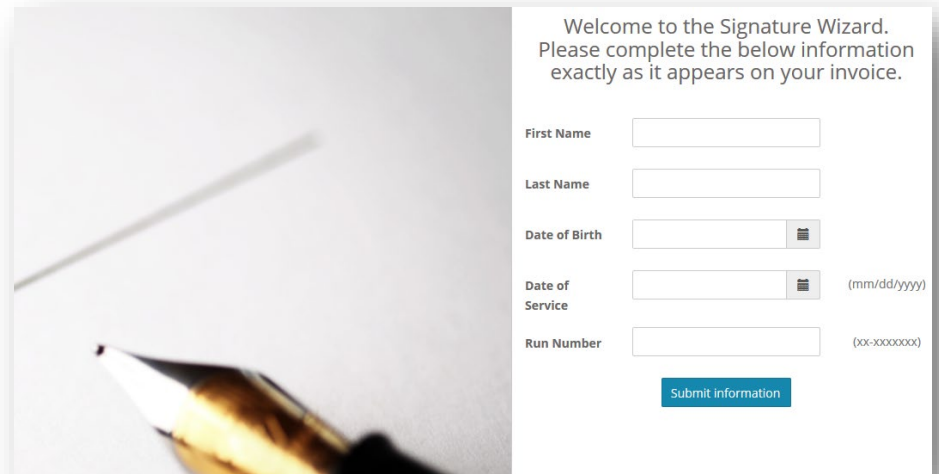
EMSign

What is EMSign?

EMSign is secure online web portal allowing patients or their legal representatives electronically sign Ambulance Signature/Claim Submission Authorization Form.

How does EMSign work?

Patients will receive a mailing with the request to sign Ambulance Signature/Claim Submission Authorization Form. Patients or their legal representatives can sign the form and mail it back to EMS|MC or they can sign the form electronically using EMSign online portal. Completed forms are automatically converted to PDF files and saved to EMS|MC document



management system where they can be retrieved by EMS|MC billing or compliance staff.

How will EMSign affect you?

EMSign helps maximizing and accelerating our clients' revenue by replacing regular mail option with convenience of using online electronic signature. Because the process is fully automated the human error of manually retrieving and processing forms is greatly reduced.

Report Samples



EMS|MC
EMS MANAGEMENT & CONSULTANTS

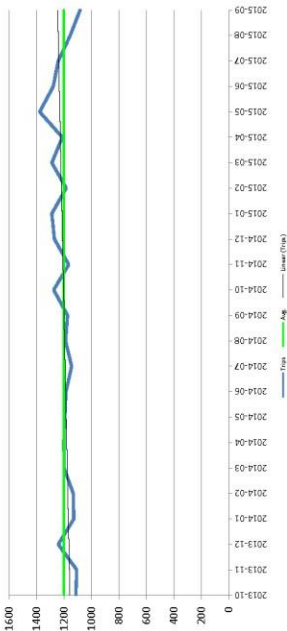
Sample

	Trips	Net Coll.	CPT	AR Days
Average	1,202	346,570	270	82
Standard Dev	71	34,208	11	6
SD as % of Avg	6%	10%	4%	8%
Max			284	

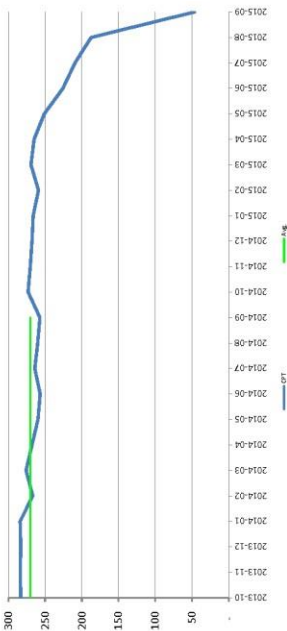
Billing Period	Trips	Net Coll.	CPT	AR Days
2013-10	1174	335,132	293	86
2013-11	1108	348,855	284	88
2013-12	1243	325,686	283	69
2014-01	1129	279,436	284	81
2014-02	1134	361,356	267	75
2014-03	1201	299,809	276	84
2014-04	1203	380,825	268	81
2014-05	1186	397,916	260	76
2014-06	1187	297,071	257	86
2014-07	1145	373,109	264	86
2014-08	1190	331,100	260	81
2014-09	1175	319,405	257	88
2014-10	1276	344,487	273	98
2014-11	1167	297,471	270	79
2014-12	1271	350,276	268	77
2015-01	1180	308,103	266	79
2015-02	1186	308,103	266	79
2015-03	1280	302,979	269	78
2015-04	1213	374,717	265	79
2015-05	1378	365,377	251	79
2015-06	1279	345,397	226	87
2015-07	1243	398,025	209	84
2015-08	1156	370,546	187	90
2015-09	1084	378,012	46	79

12-Month
 12-Mth Rolling Avg. 355,685
 3-Mth Rolling Avg. 382,194
 3-Mth (12) 26,529
 % 3 of 12 107%

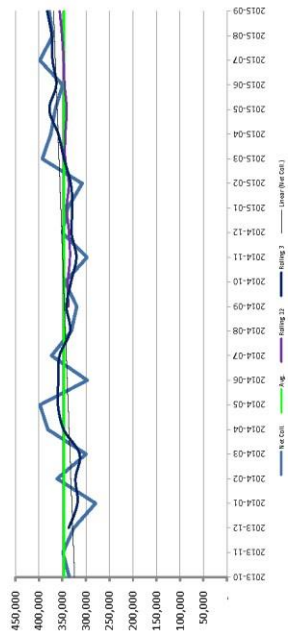
Trips by Month - DOS



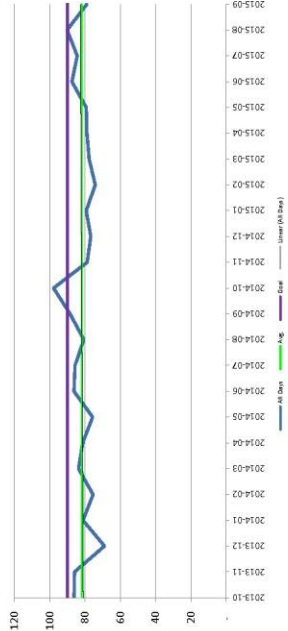
Net Collections per Trip by Month - DOS



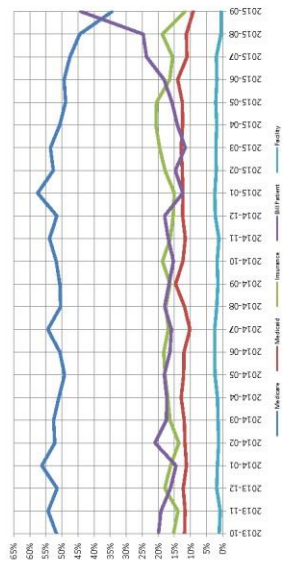
Net Collections by Month - Billing Period



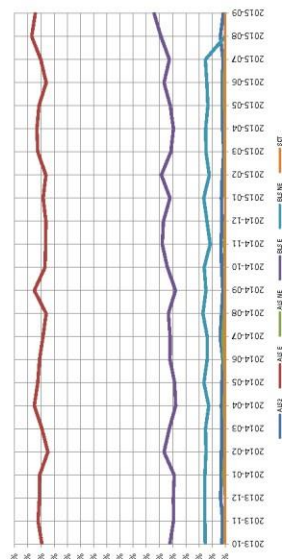
A/R Days



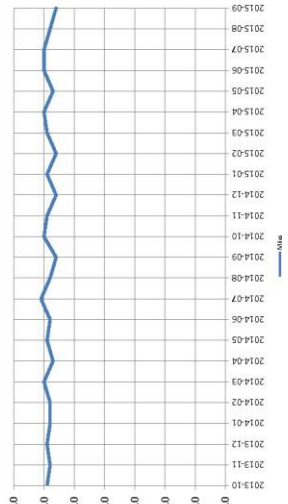
Payor Mix (Gross Charges Based)



Run Mix



Average Loaded Miles per Trip



Account Analysis by Month (Date of Service Based)

Month	# of Trips	Gross Charges	Contractual Allowances	Net Charges	Rev Adis	Payments	Writeoffs	Refunds	Balance Due	Gross Chrg / Trip	Net Chrg / Trip	Cash Coll / Trip	Net Coll %
2015-06	957	464,928.40	176,504.09	288,424.31	-0.66	276,536.59	10,933.41	1,321.85	2,276.82	485.82	301.38	287.58	95.4%
2015-07	963	467,079.80	186,088.66	280,991.14	2.97	264,345.70	13,152.56	961.03	4,450.94	485.03	291.79	273.50	93.7%
2015-08	923	450,404.10	175,161.12	275,242.98	-0.02	260,829.74	9,416.21	443.31	5,440.36	487.98	298.20	282.11	94.6%
2015-09	924	446,624.20	176,523.68	270,100.52	2.99	250,037.69	15,082.50	157.61	5,134.95	483.36	292.32	270.43	92.5%
2015-10	949	463,062.00	180,419.39	282,642.61	6.30	269,509.41	7,471.56	464.36	6,119.70	487.95	297.83	283.50	95.2%
2015-11	969	468,975.30	173,355.73	295,619.57	8.33	280,274.75	9,963.94	1,015.84	6,388.39	483.98	305.08	288.19	94.5%
2015-12	1,020	492,136.70	190,160.62	301,976.08	-1.39	281,320.70	7,086.15	490.11	14,060.73	482.49	296.05	275.32	93.0%
2016-01	1,021	489,869.20	224,359.42	265,509.78	-40.68	244,907.69	7,199.97	1,199.07	21,121.87	479.79	260.05	238.70	91.8%
2016-02	958	459,862.30	187,384.30	272,478.00	-66.61	235,855.46	560.00	137.95	36,267.10	480.02	284.42	246.05	86.5%
2016-03	1,032	499,006.20	192,300.27	306,705.93	-54.94	252,332.25	496.78	491.23	54,423.07	483.53	297.20	244.03	82.1%
2016-04	988	469,448.00	116,950.15	352,497.85	-16.66	222,867.60	0.00	0.00	129,646.91	475.15	356.78	225.57	63.2%
2016-05	948	445,598.86	25,824.71	419,774.15	0.00	66,924.66	0.00	0.00	352,849.49	470.04	442.80	70.60	15.9%
Total	11,652	5,616,995.06	2,005,032.14	3,611,962.92	-160.37	2,905,742.24	74,883.08	6,682.36	638,180.33	482.06	309.99	248.80	80.3%

Prepared by: EMS Management & Consultants, Inc.

Printed on: 6/3/2016 at 1:11:55PM

Account Analysis by Month and Payor Type (Date of Service Based)

Month	# of Trips	Gross Charges	Contractual Allowances	Net Charges	Rev Adjs	Payments	Writeoffs	Refunds	Balance	Gross Chg / Trip	Net Chg / Trip	Cash Coll / Trip	Net Coll %
Medicare													
2015-06	469	231,383.60	49,561.88	181,821.72	-0.28	180,356.71	1,563.07	350.60	252.82	493.36	387.68	383.81	99.0%
2015-07	472	231,121.80	47,880.92	183,240.88	0.00	182,363.73	719.84	167.00	324.31	489.66	388.22	386.01	99.4%
2015-08	449	223,391.20	44,991.63	178,399.57	-0.02	178,011.41	460.10	71.92	0.00	497.53	397.33	396.30	99.7%
2015-09	433	213,860.60	44,181.00	169,679.60	2.99	167,947.61	664.99	91.50	1,155.51	493.90	391.87	387.66	98.9%
2015-10	436	215,148.20	43,279.81	171,868.39	6.34	170,613.73	83.22	0.00	1,165.10	493.46	394.19	391.32	99.3%
2015-11	467	227,216.40	48,638.62	178,577.78	8.33	176,137.99	506.00	183.54	2,109.00	486.54	382.39	376.78	98.5%
2015-12	488	238,351.00	50,166.34	188,184.66	2.56	183,262.96	0.00	81.44	5,000.58	488.42	385.62	375.37	97.3%
2016-01	512	249,149.10	64,878.84	184,270.26	-0.61	182,057.50	236.47	124.04	2,100.94	486.62	359.90	355.34	98.7%
2016-02	465	227,186.10	48,164.33	179,021.77	5.78	176,797.00	0.00	137.95	2,356.94	488.57	384.99	379.91	98.7%
2016-03	507	246,551.00	55,300.24	191,250.76	-0.38	185,664.26	100.00	0.00	5,486.88	486.29	377.22	366.20	97.1%
2016-04	488	236,322.80	39,813.28	196,509.52	0.00	172,704.50	0.00	0.00	23,805.02	484.27	402.68	353.90	87.9%
2016-05	488	233,404.99	7,349.45	226,055.54	0.00	50,080.40	0.00	0.00	175,975.14	478.29	463.23	102.62	22.2%
Ttl Medicare	5,674	2,773,086.79	544,206.34	2,228,880.45	24.71	2,005,997.80	4,333.69	1,207.99	217,316.26	488.74	392.82	353.33	89.9%

Medicaid													
2015-06	105	42,780.00	32,824.25	9,955.75	0.00	9,955.75	0.00	0.00	0.00	407.43	94.82	94.82	100.0%
2015-07	123	51,879.00	39,386.55	12,492.45	0.00	12,492.45	0.00	0.00	0.00	421.78	101.56	101.56	100.0%
2015-08	105	44,267.00	34,432.82	9,834.18	0.00	9,834.18	0.00	0.00	0.00	421.59	93.66	93.66	100.0%
2015-09	105	45,213.00	34,215.55	10,997.45	0.00	10,997.45	0.00	0.00	0.00	430.60	104.74	104.74	100.0%
2015-10	94	39,695.00	30,763.39	8,931.61	0.00	8,931.61	0.00	0.00	0.00	422.29	95.02	95.02	100.0%
2015-11	114	48,121.00	36,207.62	11,913.38	0.00	11,388.38	0.00	0.00	525.00	422.11	104.50	99.90	95.6%
2015-12	130	54,929.00	42,743.34	12,185.66	0.00	11,660.66	0.00	0.00	525.00	422.53	93.74	89.70	95.7%
2016-01	139	57,999.00	44,062.32	13,936.68	0.00	12,986.68	0.00	0.00	950.00	417.26	100.26	93.43	93.2%
2016-02	123	51,459.00	39,169.83	12,289.17	0.00	11,039.17	0.00	0.00	1,250.00	418.37	99.91	89.75	89.8%
2016-03	130	55,108.00	40,959.21	14,148.79	0.00	11,878.79	0.00	0.00	2,270.00	423.91	108.84	91.38	84.0%
2016-04	124	50,994.00	34,042.52	16,951.48	0.00	9,889.48	0.00	0.00	7,062.00	411.24	136.71	79.75	58.3%
2016-05	91	36,359.04	12,241.55	24,117.49	0.00	3,709.81	0.00	0.00	20,407.68	399.55	265.03	40.77	15.4%
Ttl Medicaid	1,383	578,803.04	421,048.95	157,754.09	0.00	124,764.41	0.00	0.00	32,989.68	418.51	114.07	90.21	79.1%

Account Analysis by Month and Payor Type (Date of Service Based)

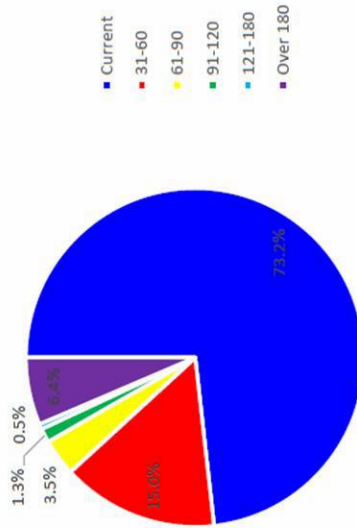
Month	# of Trips	Gross Charges	Contractual Allowances	Net Charges	Rev Adjs	Payments	Writeoffs	Refunds	Balance	Gross Chg / Trip	Net Chg / Trip	Cash Coll / Trip	Net Coll %
Insurance													
2015-06	227	113,892.10	26,748.87	87,143.23	0.00	83,889.74	2,200.74	971.25	2,024.00	501.73	383.89	365.28	95.2%
2015-07	200	101,639.20	28,088.82	73,550.38	0.00	67,257.87	2,882.42	700.91	4,111.00	508.20	367.75	332.78	90.5%
2015-08	202	101,415.40	22,495.98	78,919.42	0.00	71,473.89	2,012.51	7.34	5,440.36	502.06	390.69	353.79	90.6%
2015-09	197	99,982.90	25,373.11	74,609.79	0.00	68,174.55	2,521.91	66.11	3,979.44	507.53	378.73	345.73	91.3%
2015-10	258	128,571.10	36,312.69	92,258.41	-0.04	86,226.87	1,541.34	464.36	4,954.60	498.34	357.59	332.41	93.0%
2015-11	249	125,260.50	31,922.88	93,337.62	0.00	90,342.29	1,497.34	757.30	2,255.29	503.05	374.95	359.78	96.0%
2015-12	245	121,507.10	32,855.56	88,651.54	-3.95	84,004.78	275.05	408.67	4,784.33	495.95	361.84	341.21	94.3%
2016-01	186	91,292.20	30,186.96	61,105.24	-40.07	48,759.81	0.00	1,075.03	13,460.53	490.82	328.52	256.37	78.0%
2016-02	208	103,334.00	34,645.32	68,688.68	-72.39	46,954.81	560.00	0.00	21,246.26	496.80	330.23	225.74	68.4%
2016-03	221	109,073.20	27,175.92	81,897.28	-54.56	54,029.90	396.78	491.23	28,016.39	493.54	370.58	242.26	65.4%
2016-04	221	109,407.60	23,670.55	85,737.05	-16.66	39,135.62	0.00	0.00	46,618.09	495.06	387.95	177.08	45.6%
2016-05	202	95,788.18	6,133.71	89,654.47	0.00	13,134.45	0.00	0.00	76,520.02	474.20	443.83	65.02	14.7%
Ttl Insurance	2,616	1,301,163.48	325,610.37	975,553.11	-187.67	753,384.58	13,888.09	4,942.20	203,525.91	497.39	372.92	286.10	76.7%
Facility Contract													
2015-08	1	479.00	92.44	386.56	0.00	386.56	0.00	0.00	0.00	479.00	386.56	386.56	100.0%
Ttl Facility Contra	1	479.00	92.44	386.56	0.00	386.56	0.00	0.00	0.00	479.00	386.56	386.56	100.0%
Bill Patient													
2015-06	156	76,872.70	67,369.09	9,503.61	-0.38	2,334.39	7,169.60	0.00	0.00	492.77	60.92	14.96	24.6%
2015-07	168	82,439.80	70,732.37	11,707.43	2.97	2,231.65	9,550.30	93.12	15.63	490.71	69.69	12.73	18.3%
2015-08	166	80,851.50	73,148.25	7,703.25	0.00	1,123.70	6,943.60	364.05	0.00	487.06	46.41	4.58	9.9%
2015-09	189	87,567.70	72,754.02	14,813.68	0.00	2,918.08	11,895.60	0.00	0.00	463.32	78.38	15.44	19.7%
2015-10	161	79,647.70	70,063.50	9,584.20	0.00	3,737.20	5,847.00	0.00	0.00	494.71	59.53	23.21	39.0%
2015-11	139	68,377.40	56,586.61	11,790.79	0.00	2,406.09	7,960.60	75.00	1,499.10	491.92	84.83	16.77	19.8%
2015-12	157	77,349.60	64,395.38	12,954.22	0.00	2,392.30	6,811.10	0.00	3,750.82	492.67	82.51	15.24	18.5%
2016-01	184	91,428.90	85,231.30	6,197.60	0.00	1,103.70	483.50	0.00	4,610.40	496.90	33.68	6.00	17.8%
2016-02	162	77,883.20	65,404.82	12,478.38	0.00	1,064.48	0.00	0.00	11,413.90	480.76	77.03	6.57	8.5%
2016-03	174	88,274.00	68,864.90	19,409.10	0.00	759.30	0.00	0.00	18,649.80	507.32	111.55	4.36	3.9%
2016-04	155	72,723.60	19,423.80	53,299.80	0.00	1,138.00	0.00	0.00	52,161.80	469.18	343.87	7.34	2.1%
2016-05	167	80,046.65	100.00	79,946.65	0.00	0.00	0.00	0.00	79,946.65	479.32	478.72	0.00	0.0%
Ttl Bill Patient	1,978	963,462.75	714,074.04	249,388.71	2.59	21,208.89	56,661.30	532.17	170,983.76	487.09	126.08	10.45	8.3%

Account Receivables Aging by Current Payor Report (Aging DateBased)

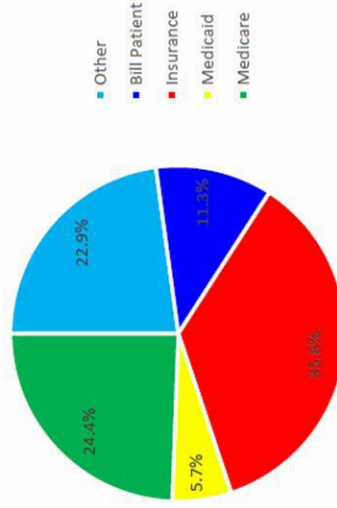
For Accounting Period Ended: May 31, 2016

<u>Current Payor</u>	<u>Current</u>	<u>31-60</u>	<u>61-90</u>	<u>91-120</u>	<u>121-180</u>	<u>Over 180</u>	<u>Total</u>
Other	142,411.90	23,280.56	1,006.60	-	-	625.00	167,324.06
Bill Patient	30,750.06	16,960.36	7,835.62	9,426.52	-	17,525.00	82,497.56
Insurance	168,592.61	56,088.05	16,125.61	1,908.51	1,724.29	17,456.59	261,895.66
Medicaid	31,359.82	9,292.93	1,375.00	(1,981.62)	(66.54)	1,653.30	41,632.89
Medicare	162,935.17	4,001.20	(490.01)	481.24	2,008.38	9,829.90	178,765.88
Total	536,049.56	109,623.10	25,852.82	9,834.65	3,666.13	47,089.79	732,116.05

AR Aging Percent



AR by Current Payor Category



Accounts Receivables Reconciliation Report

For accounting period ended: **May 31, 2016**

Month	Beginning A/R	Revenue Billed	Contractual Allowances	Net Charges	Rev Adj's	Payments	Write-offs	Refunds	Ending A/R
2015-07	764,876.82	486,183.40	187,522.39	298,661.01	(5.62)	291,218.93	10,765.66	(2,028.51)	763,587.37
2015-08	763,587.37	412,733.60	197,974.92	214,758.68	(9.43)	283,452.09	10,358.71	(2,005.68)	686,550.36
2015-09	686,550.36	463,082.70	168,444.51	294,638.19	(0.02)	247,583.62	10,403.75	(1,174.15)	724,375.35
2015-10	724,375.35	448,882.90	167,330.45	281,552.45	(30.49)	271,007.24	9,285.27	(456.09)	726,121.87
2015-11	726,121.87	427,530.30	184,064.90	243,465.40	(84.44)	256,215.60	12,142.23	(618.86)	701,932.74
2015-12	701,932.74	578,641.90	188,708.15	389,933.75	18.40	294,653.22	14,396.03	(524.00)	783,322.84
2016-01	783,322.84	475,911.70	179,391.05	296,520.65	(1.02)	276,377.99	9,516.85	(1,657.81)	795,607.48
2016-02	795,607.48	442,591.10	156,448.79	286,142.31	1.18	242,448.60	13,270.31	(1,326.16)	827,355.86
2016-03	827,355.86	511,715.30	254,833.08	256,882.22	94.64	281,974.94	11,948.69	(1,021.27)	791,241.08
2016-04	791,241.08	476,469.00	240,792.87	235,676.13	(90.58)	263,301.01	11,538.52	(1,600.16)	753,768.42
2016-05	753,768.42	436,549.48	192,473.54	244,075.94	(14.07)	258,101.18	9,239.40	(1,598.20)	732,116.05
FY16 Tot	764,876.82	5,160,291.38	2,117,984.65	3,042,306.73	(121.45)	2,966,334.42	122,865.42	(14,010.89)	732,116.05

The Accounts Receivable Reconciliation Report provides a reconciliation of the beginning and ending AR balance. The numbers on this report reflect the transactions that took place during the accounting period (ie: month) regardless of the date of service of an account (trip). This report can be thought of as the "checking account" report.



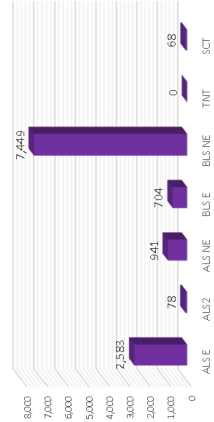
EMS Ambulance Service - Overall Projections

MONTH	TRIPS	ALS E	ALS2	ALS NE	BLS E	BLS NE	TNT	SCT	Gross Charges	Net Charges	Net Collection	DSO Collection	Net Collection with DSO
Oct-16	1,004	219	7	80	60	633	0	6	\$555,342	\$423,609	\$310,192	0	\$310,192
Nov-16	972	212	6	77	58	612	0	6	\$537,427	\$409,945	\$313,920	0	\$313,920
Dec-16	1,004	219	7	80	60	633	0	6	\$555,342	\$423,609	\$309,914	0	\$309,914
Jan-17	1,004	219	7	80	60	633	0	6	\$555,342	\$423,609	\$314,867	0	\$314,867
Feb-17	907	198	6	72	54	571	0	5	\$501,599	\$382,615	\$312,946	20,594	\$333,540
Mar-17	1,004	219	7	80	60	633	0	6	\$555,342	\$423,609	\$297,784	44,371	\$342,155
Apr-17	972	212	6	77	58	612	0	6	\$537,427	\$409,945	\$310,534	8,224	\$318,758
May-17	1,004	219	7	80	60	633	0	6	\$555,342	\$423,609	\$308,747	962	\$309,709
Jun-17	972	212	6	77	58	612	0	6	\$537,427	\$409,945	\$313,260	251	\$313,511
Jul-17	1,004	219	7	80	60	633	0	6	\$555,342	\$423,609	\$309,655	24	\$309,679
Aug-17	1,004	219	7	80	60	633	0	6	\$555,342	\$423,609	\$314,569	438	\$315,007
Sep-17	972	212	6	77	58	612	0	6	\$537,427	\$409,945	\$314,942	243	\$315,185
Total	11,823	2,583	78	941	704	7,449	0	68	\$6,538,699	\$4,987,658	\$3,731,329	\$75,107	\$3,806,436
Total Percent	21.8%	0.7%	8.0%	6.0%	63.0%	0.0%	0.6%	100.0%					

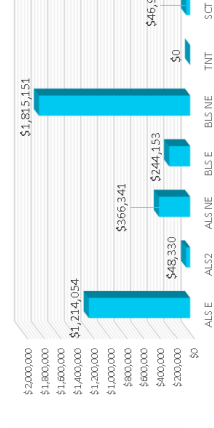
Payor Category	Trips		Gross Charges		Net Collection		Gross Collection %		Loaded Miles
	Trips	% Trips	Gross Charges	% of Total	Net Collection	% of Total	Net Collection %	%	
Medicare	5,987	50.6%	\$3,075,469	47.0%	\$1,873,694	49.2%	\$312.96	60.9%	14.90
Medicare ADV	2,096	17.7%	\$1,113,305	17.0%	\$611,743	16.1%	\$291.92	54.9%	15.10
Medicaid	656	5.5%	\$456,214	7.0%	\$80,486	2.1%	\$122.69	17.6%	24.10
Insurance	1,895	16.0%	\$1,275,323	19.5%	\$1,104,983	29.0%	\$583.10	86.6%	20.10
Facility	227	1.9%	\$76,054	1.2%	\$30,903	0.8%	\$136.14	40.6%	11.60
Patient	963	8.1%	\$542,334	8.3%	\$29,522	0.8%	\$30.66	5.4%	16.20
DSO Collection					\$75,107				
TOTAL	11,823	100.0%	\$6,538,699	100.0%	\$3,806,436	100.0%	\$321.94	44.4%	17.00

Collection Ratio	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12
Receipts Flow %	10.5%	61.0%	16.7%	5.8%	2.6%	1.3%	1.2%	0.6%	0.3%	0.1%	0.0%	0.0%
Accumulative	10.5%	71.5%	88.1%	93.9%	96.5%	97.8%	98.9%	99.5%	99.8%	99.9%	99.9%	99.9%

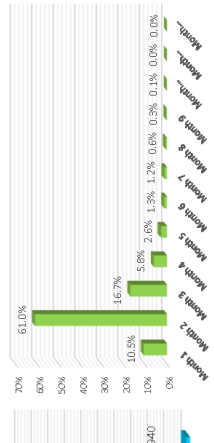
Total Trips by Run Mix



Total Net Collection by Run Mix



Total Collection Curve



Credit As Type Summary Report (Deposit Date)

Deposit Date IS BETWEEN 05/31/2016 AND 05/31/2016; AND Company IS EMS; AND Credit Type IS Payment

EMS

<u>Credit Type/Credit Code</u>	<u>Transactions</u>	<u>Dollars</u>
Payments		
Payment - Credit Card	1	10.00
Payment - Facility	1	322.08
Payment - Insurance	16	1,366.87
Payment - Liability/Attorney	2	1,907.78
Payment - Medicare	10	2,067.97
Payment - Patient	12	700.00
Totals For Type	42	\$ 6,374.70

Company Totals

	42	\$ 6,374.70
Grand Totals	32	\$ 6,374.70

Payment Credits by Payor (Deposit Date)

Deposit Date IS BETWEEN 05/31/2016 AND 05/31/2016; AND Company IS EMS; AND Credit Types IS Payment

EMS

Payment - Credit Card

Customer Name	Date of Service	Trip #	Run #	Check #	Deposit Date	Credit Amount
	2015-12-05	015055604B	1183359	CC	2016-05-31	\$10.00
						10.00

Payment - Facility

Customer Name	Date of Service	Trip #	Run #	Check #	Deposit Date	Credit Amount
	2015-06-19	2015025160	597108	480845	2016-05-31	\$322.08
						322.08

Payment - Insurance

Customer Name	Date of Service	Trip #	Run #	Check #	Deposit Date	Credit Amount
	2016-04-29	2016022294	404146	F0005691389	2016-05-31	\$148.70
	2016-04-27	2016021848	393418	53860178	2016-05-31	\$102.10
	2016-04-27	2016021851	393438	F0005691389	2016-05-31	\$119.46
	2016-03-16	2016013963	247362	53860178	2016-05-31	\$98.62
	2016-04-24	2016021216	380103	68110755	2016-05-31	\$90.94
	2016-04-28	2016022003	403582	53860178	2016-05-31	\$120.92
	2016-05-09	2016024186	452053	001290027239908	2016-05-31	\$108.60
	2016-05-09	2016024186	452053	001290027239908	2016-05-31	\$182.68
	2016-05-09	2016024186	452053	001290027239908	2016-05-31	-\$108.60
	2016-05-09	2016024186	452053	001290027239908	2016-05-31	-\$182.68
	2016-04-23	2016021089	379739	6457622	2016-05-31	\$84.35
	2016-04-23	2016021089	379739	F0005691389	2016-05-31	\$84.35
	2016-04-23	2016021120	388504	6457622	2016-05-31	\$147.57
	2016-04-23	2016021120	388504	F0005691389	2016-05-31	\$147.57
	2016-03-30	2016016518	301153	2807754	2016-05-31	\$109.41
	2016-03-30	2016016505	305351	53860178	2016-05-31	\$112.88
						1,366.87

Payment - Liability/Attorney

Customer Name	Date of Service	Trip #	Run #	Check #	Deposit Date	Credit Amount
	2016-03-09	2016012627	227486	6855952	2016-05-31	\$1,166.00

2015-07-17 015030506A 686233 6641 2016-05-31 \$741.78
1,907.78

EMS (cont.)

Payment - Medicare

Customer Name	Date of Service	Trip #	Run #	Check #	Deposit Date	Credit Amount
	2016-05-08	2016024002	430241	897257797	2016-05-31	\$322.09
	2016-05-08	2016024002	430241	897257797	2016-05-31	\$77.40
	2016-05-08	2016024029	434215	890341049	2016-05-31	\$322.09
	2016-05-08	2016024029	434215	890341049	2016-05-31	\$8.60
	2016-05-09	2016024159	430622	890341049	2016-05-31	\$322.09
	2016-05-09	2016024159	430622	890341049	2016-05-31	\$51.61
	2016-05-08	2016024065	434255	890341049	2016-05-31	\$322.09
	2016-05-08	2016024065	434255	890341049	2016-05-31	\$208.10
	2016-04-07	2016017935	325212	890341049	2016-05-31	\$322.09
	2016-04-07	2016017935	325212	890341049	2016-05-31	\$111.81
						2,067.97

Payment - Patient

Customer Name	Date of Service	Trip #	Run #	Check #	Deposit Date	Credit Amount
	2012-06-11	2012025386	457946	233947	2016-05-31	\$25.00
	2012-10-10	2012046048	832733	1226	2016-05-31	\$15.00
	2016-04-17	2016019838	355523	1136	2016-05-31	\$75.00
	2016-04-04	2016017444	315091	1767	2016-05-31	\$25.00
	2015-12-10	2015056585	1210480	7769	2016-05-31	\$300.00
	2014-04-14	2014015037	353979	3402	2016-05-31	\$20.00
	2015-03-12	2015010029	234964	20653403845	2016-05-31	\$25.00
	2016-01-07	2016001221	19212	2095	2016-05-31	\$50.00
	2014-11-12	2014046116	1121873	6729	2016-05-31	\$50.00
	2014-02-21	2014007509	169887	5615	2016-05-31	\$20.00
	2016-04-25	2016021431	392926	2061	2016-05-31	\$50.00
	2015-01-15	2015001938	37740	5046	2016-05-31	\$45.00
						700.00

Company Subtotal:
Total Credit Amount:

\$6,374.70
\$6,374.70

Invoice



Page 1/1
 Invoice 012345
 Date 1/31/2016
 Invoice Questions:
 (336)714-9082

Bill To: Sample Client
 PO Box 1234
 Winston-Salem, NC 27103

Item Number	Description	Payment Terms	Due Date	Customer ID	Purchase Order No.
8.00% MGMT FEE	Total collections and A/R managed	Net 20	6/10/2016	0231	
			Receipts	% Rate	Amount
			220,266.69	0.0800	\$17,621.33

Subtotal \$17,621.33
 Payments/Credits \$0.00
 Total \$17,621.33

Thank you for your continued business. We appreciate it very much.
Please reference your Customer Number on your check.

Please remit payment to:
 EMS Management & Consultants, Inc.
 PO Box 863, Lewisville, NC 27023

Process Refund Request

EMS Management and Consultants, Inc.
 PO Box 863 * Lewisville, NC 27023
 1-800-814-5339

Provider: **ABC EMS** Date: **1/10/2015**
 Patient Name: **MINNIE MOUSE** Your Trip #: **86321**
 Social Security: **XXX-XX-XXXX** Our Trip #: **15-01234**
 Date of Service: **2014-07-24**
 Primary Payor: **BLUE MEDICARE HMO/PPO (MCR)**

Account Statement					
Post Date	Description	Amount	Running Balance	Payor	Check #
2014-07-30	Charge	365.00	365.00		
2014-07-30	Charge	264.50	629.50		
2014-08-25	Contractual Allow - Commercial	-26.36	603.14		
2014-08-25	Contractual Allow - Commercial	-99.82	503.32		
2014-08-25	Payment - Insurance	-164.68	338.64	BLUE MEDICARE HMO/PPO (MCR)	9003963676
2014-08-25	Payment - Insurance	-238.64	100.00	BLUE MEDICARE HMO/PPO (MCR)	9003963676
2014-12-03	Payment - Patient	-25.00	75.00	BILL PATIENT	4934
2014-12-03	Payment - Patient	-100.00	-25.00	BILL PATIENT	4933
2015-01-02	Payment - Patient	-25.00	-50.00	BILL PATIENT	4946
2015-01-10	Refund - Patient	50.00	0.00		

Refund Details
 Refund Amount: \$50.00

Notes: Patient Overpayment

Please make check payable to: **MINNIE MOUSE**
123 MICKEY BLVD
DISNEY WORLD, USA

Processed by: **DONALD DUCK**

ACR RETURN TO PROVIDER

DOS	Company	Run #	Incident #	Note	Event	Net Charge	Ordering Facility
2016-04-22	EMS	16-374337	030566	PLEASE PROVIDE PATIENT NAME AND OTHER DEMOGRAPHIC INFO.	Sent to Provider	\$1,100.46	EMS AMBULANCE
2016-04-23	EMS	16-374486	030774	PLEASE CONFIRM PICKUP LOCATION.	Sent to Provider	\$568.20	EMS AMBULANCE
2016-04-23	EMS	16-375594	030814	PLEASE CONFIRM PICKUP TIME.	Sent to Provider	\$881.75	EMS AMBULANCE
2016-04-23	EMS	16-382086	030822	PLEASE PROVIDE PATIENT NAME AND OTHER DEMOGRAPHIC INFO.	Sent to Provider	\$729.71	EMS AMBULANCE
2016-04-24	EMS	16-377360	030935	PLEASE CONFIRM PATIENT ADDRESS.	Sent to Provider	\$557.34	EMS AMBULANCE
2016-04-24	EMS	16-377361	030936	PLEASE CONFIRM PATIENT ADDRESS.	Sent to Provider	\$904.99	EMS AMBULANCE
2016-04-25	EMS	16-383589	031172	PLEASE CONFIRM LEVEL OF SERVICE/CREDENTIALS.	Sent to Provider	\$686.27	EMS AMBULANCE
2016-04-25	EMS	16-383704	031311	PLEASE PROVIDE PT FULL ADDRESS	Sent to Provider	\$653.69	EMS AMBULANCE
2016-04-25	EMS	16-383793	031421	PLEASE CONFIRM PICKUP LOCATION. (SNF, HOSPITAL, REHAB)?	Sent to Provider	\$621.11	EMS AMBULANCE
2016-04-26	EMS	16-387898	031566	PLEASE CONFIRM PATIENT ADDRESS.	Sent to Provider	\$524.76	EMS AMBULANCE
2016-04-27	EMS	16-398519	031966	PLEASE CONFIRM PATIENT ADDRESS.	Sent to Provider	\$601.87	EMS AMBULANCE
2016-04-28	EMS	16-398549	032015	MISSING PATIENT ADDRESS.	Sent to Provider	\$794.87	EMS AMBULANCE
2016-04-28	EMS	16-399377	032212	PLEASE PROVIDE MILEAGE TO NEAREST APPROPRIATE FACILITY.	Sent to Provider	\$884.35	EMS AMBULANCE
2016-04-28	EMS	16-399424	032969	PLEASE CONFIRM PATIENT ADDRESS.	Sent to Provider	\$546.48	EMS AMBULANCE
2016-04-29	EMS	16-399629	032294	PLEASE CONFIRM EMT ROBERT WESSON CREDENTIALS.	Sent to Provider	\$740.57	EMS AMBULANCE
2016-04-30	EMS	16-400011	032811	PLEASE PROVIDE PATIENT NAME AND OTHER DEMOGRAPHIC INFO.	Sent to Provider	\$653.69	EMS AMBULANCE
2016-05-01	EMS	16-402629	032968	MISSING PATIENT ADDRESS	Sent to Provider	\$667.81	EMS AMBULANCE
2016-05-02	EMS	16-408168	033269	MISSING PATIENT ADDRESS.	Sent to Provider	\$740.57	EMS AMBULANCE
2016-05-02	EMS	16-408240	033371	PLEASE PROVIDE PATIENT NAME AND OTHER DEMOGRAPHIC INFO.	Sent to Provider	\$631.97	EMS AMBULANCE
2016-05-03	EMS	16-412859	033657	PLEASE PROVIDE PATIENT NAME AND OTHER DEMOGRAPHIC INFO.	Sent to Provider	\$547.57	EMS AMBULANCE
2016-05-04	EMS	16-417736	033721	PLEASE CONFIRM PATIENT ADDRESS.	Sent to Provider	\$642.83	EMS AMBULANCE
2016-05-04	EMS	16-417922	033952	PLEASE CONFIRM PICKUP LOCATION.	On Hold	\$513.90	EMS AMBULANCE
2016-05-05	EMS	16-425076	034019	PLEASE PROVIDE PATIENT NAME AND OTHER DEMOGRAPHIC INFO.	On Hold	\$642.83	EMS AMBULANCE
2016-05-05	EMS	16-425082	034025	PLEASE PROVIDE MILEAGE TO NEAREST APPROPRIATE FACILITY.	On Hold	\$513.90	EMS AMBULANCE
2016-05-07	EMS	16-425551	034630	PLEASE CONFIRM CREDENTIALS. EMS PERSONNEL WYATT SIGNED	On Hold	\$568.20	EMS AMBULANCE
2016-05-07	EMS	16-427919	034804	PLEASE CONFIRM PATIENT ADDRESS.	On Hold	\$653.69	EMS AMBULANCE
2016-05-07	EMS	16-427926	034818	MISSING PATIENT ADDRESS.	On Hold	\$937.56	EMS AMBULANCE
2016-05-11	EMS	16-441576	035647	PLEASE CONFIRM PATIENT ADDRESS.	On Hold	\$653.69	EMS AMBULANCE
2016-05-11	EMS	16-441610	035690	PLEASE CONFIRM MILEAGE TO NEAREST APPROPRIATE FACILITY.	On Hold	\$718.85	EMS AMBULANCE
2016-05-11	EMS	16-441704	035814	PLEASE CONFIRM DROP OFF LOCATION. PLEASE CONFIRM PATIENT	On Hold	\$557.34	EMS AMBULANCE
2016-05-17	EMS	16-460992	037531	PLEASE CONFIRM IF MEDS WERE GIVEN IN OR BY IV. FLOW CHART	On Hold	\$546.48	EMS AMBULANCE
2016-05-17	EMS	16-464666	037570	PLEASE CONFIRM IF THE IV WAS FEMORAL.	On Hold	\$1,002.72	EMS AMBULANCE
2016-05-20	EMS	16-472605	038295	PLEASE PROVIDE PATIENT'S ADDRESS	On Hold	\$660.21	EMS AMBULANCE
2016-05-20	EMS	16-472630	038331	ON HOLD FOR PRIOR AUTH #	On Hold	\$664.55	EMS AMBULANCE
2016-05-21	EMS	16-472837	038604	PLEASE PROVIDE PATIENT NAME AND OTHER DEMOGRAPHIC INFO.	On Hold	\$784.01	EMS AMBULANCE
2016-05-21	EMS	16-472861	038644	PLEASE CONFIRM PATIENT'S ADDRESS	On Hold	\$610.25	EMS AMBULANCE
2016-05-21	EMS	16-474913	038651	FLOW CHART HAS IV WAS PERFORMED BUT NARRATIVE HAS NO IV	On Hold	\$664.55	EMS AMBULANCE
2016-05-22	EMS	16-474938	038683	PLEASE PROVIDE PATIENT ADDRESS.	On Hold	\$546.48	EMS AMBULANCE
2016-05-22	EMS	16-474967	038721	FLOW CHART HAS VERSED WAS GIVEN 3X PER IV. THE NARRATIVE	On Hold	\$1,024.44	EMS AMBULANCE
2016-05-23	EMS	16-480131	038961	PLEASE CONFIRM PATIENT ADDRESS.	On Hold	\$697.13	EMS AMBULANCE
2016-05-24	EMS	16-484557	039342	PER THE FLOW CHART IV WAS GIVEN. PER THE NARRATIVE IV WAS	On Hold	\$641.74	EMS AMBULANCE
2016-05-25	EMS	16-487853	039459	PLEASE PROVIDE NARRATIVE FROM EMS 7	On Hold	\$651.52	EMS AMBULANCE



EMS MANAGEMENT & CONSULTANTS
 PO BOX 863
 LEWISVILLE, NC 27023-0863

Immediate Action Required

FEDERAL TAX ID: 56-1969494
 INCIDENT NUMBER: 180007

NEED TO PROVIDE INSURANCE OR MAKE A PAYMENT?

ONLINE: www.emsbilling.com/patient

BY MAIL: Complete the reverse side of this statement and return or send check/money order and include the lower portion. An enclosed envelope has been provided for your convenience.

BY PHONE: Call 1 (800) 814-5339 Monday through Friday 8 am to 8 pm EST.

Para asistencia en español, por favor llame a servicio al cliente al 1 (800) 814-5339 .

ACCOUNT DETAILS

STATEMENT DATE: 03/02/2018
 RUN NUMBER: 18-1098902
 DATE OF SERVICE: 01/17/2018

BILL TO:
 MICKEY MOUSE

PATIENT NAME:
 MICKEY MOUSE

TO: CAROLINAS HEALTHCARE SYSTEM-BLUE RIDGE

FROM: 123 TEST ST
 MORGANTON, NC 28655

ACCOUNT ACTIVITY

TOTAL CHARGES	\$444.40
AMOUNT DUE UPON RECEIPT	\$444.40

This notice is being sent to you regarding your overdue amount for ambulance services. According to our records, we have filed all appropriate claims with your insurance company (if applicable). The balance shown is now past due and is your responsibility. We request that you pay this amount in full to avoid further collection proceedings which could adversely affect your credit rating. If you have recently paid this bill, please disregard this notice.

If you are unable to pay the remaining balance, you may be eligible for a reasonable payment plan if you contact us immediately.

If we do not receive any response from you within 15 days of the statement date on this letter, we will consider further action that may impact your credit rating. Such collection actions may include collection fees, liens, judgments, and garnishments. Fees may be applied to recover the costs associated with collection towards delinquent accounts. Where applicable, unpaid invoices may be submitted to the state's Tax Garnishment Program to recover delinquent debts. Once your account has been submitted for additional collection efforts, we are unable to stop the collection proceedings. Please pay now to avoid a negative impact on your credit rating, as well as fees, penalties and interest. Thank you for your prompt attention to this important matter.

**PAYMENT DUE
FINAL NOTICE**

TRA1-D-000000/18 RCW8CD S1 3

▼ PLEASE DETACH AND RETURN THE BOTTOM PORTION WITH YOUR PAYMENT. ▼ LC002



EMS MANAGEMENT & CONSULTANTS
 PO BOX 863
 LEWISVILLE, NC 27023-0863

FEDERAL TAX ID: 56-1969494
 INCIDENT NUMBER: 180007

Please see reverse side for details. We accept:



AMOUNT ENCLOSED

\$

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Please make check or money order payable to: Ems Management & Consultants

00019/000000/000019 0000 1 RCW8CD
 MICKEY M MOUSE
 123 TEST STREET
 MORGANTON NC 28655

EMS MANAGEMENT & CONSULTANTS
 PO BOX 863
 LEWISVILLE NC 27023-0863





EMS MANAGEMENT & CONSULTANTS
 PO BOX 863
 LEWISVILLE, NC 27023-0863

SIGNATURE REQUEST FORM 94

FEDERAL TAX ID: 56-1969494
INCIDENT NUMBER: 181213

NEED TO CONTACT US:

ONLINE: Visit us online at www.emsbilling.com/patient
BY PHONE: Call us at 1 (800) 814-5339 for questions regarding your account Monday through Friday 8am to 8pm EST.

Para asistencia en español, por favor llame a servicio al cliente al 1(800) 814-5339.

ACCOUNT DETAILS

STATEMENT DATE: 03/02/2018
RUN NUMBER: 18-109872
DATE OF SERVICE: 01/17/2018

Dear MICKEY MOUSE:

On the date of service listed, ambulance services were provided to you. We must have your signature in order to submit a claim on your behalf. If you are unable to sign, a representative such as a family member, guardian or other person who arranges for your care, or handles your affairs may sign. The request for authorization to submit a claim in no way represents a guarantee of claim submission or payment by your insurer.

**SIGNATURE REQUIRED IN
 ORDER TO FILE
 AMBULANCE CLAIM**

For your convenience, visit www.emsbilling.com/patient to provide your signature electronically.

PATIENT SIGNATURE STATEMENT

I authorize the submission of a claim for payment to Medicare, Medicaid, or any other payor for any services provided to me in the past, present or in the future, until such time as I revoke this authorization in writing. I understand that I am financially responsible for the services and supplies provided to me, regardless of my insurance coverage and in some cases, may be responsible for an amount in addition to that which was paid by my insurance. I agree to immediately remit any payments that I receive directly from insurance or any source whatsoever for the services provided to me and I assign all rights to such payments. I authorize the agency to appeal payment denials or other adverse decisions on my behalf. I authorize and direct any holder of medical, insurance billing or other relevant information about me to release such information and its billing agents, the Centers for Medicare and Medicaid Services, and/or any other payers or insurers, and their respective agents or contractors, as may be necessary to determine these or other benefits payable for any services provided to, now, in the past, or in the future. I also authorize to obtain medical insurance, billing and other relevant information about me from any party, database or other source that maintains such information.

X _____
 PATIENT SIGNATURE DATE

PATIENT REPRESENTATIVE

If the patient is unable to sign, please complete the section below. **If the reason the patient is unable to sign is not listed below, the patient will remain responsible for the full balance.** Please note, the Patient Representative is not financially liable for services rendered to the patient.

Unable to sign because (REQUIRED): _____

I am signing on behalf of the patient to authorize submission of the claim. By signing below, I acknowledge that I am one of the authorized signers listed below.

OR

- Patient Legal Guardian
- Person receiving governmental benefits on behalf of patient
- Person who arranges for patient's treatment or exercises other responsibilities for their affairs
- Representative of a medical facility that provides other care, services or assistance to the patient

REPRESENTATIVE NAME _____
X _____
 REPRESENTATIVE SIGNATURE DATE

▼ PLEASE DETACH AND RETURN THE BOTTOM PORTION WITH YOUR PAYMENT. ▼ LC072



EMS MANAGEMENT & CONSULTANTS
 PO BOX 863
 LEWISVILLE, NC 27023-0863

FEDERAL TAX ID: 56-1969494
INCIDENT NUMBER: 181213

00002/000000/000002 0000 1 RCW8CD
 MICKEY M MOUSE
 123 TEST STREET
 MORGANTON NC 28655



EMS MANAGEMENT & CONSULTANTS
 PO BOX 863
 LEWISVILLE NC 27023-0863



I request that payment of authorized Medicare, Medicaid, or any other insurance benefits be made on my behalf to the EMS provider for any services provided to me now, in the past, or in the future. I understand that I am financially responsible for the services provided to me regardless of my insurance coverage and in some cases, may be for an amount in addition to that which was paid by my insurance. I agree to immediately remit any payments that I receive directly from insurance or any source whatsoever for the services provided to me and I assign all rights to such payments to the EMS provider. I authorize the EMS provider to appeal payment denials or other adverse decisions on my behalf without further authorizations. I authorize and direct any holder of medical information or documentation about me to release such information to the EMS provider, and its billing agents, and/or the Centers for Medicare & Medicaid Services and its carriers and agents, and/or any other payers or insurers as may be necessary to determine these or other benefits payable for any services provided to me now or in the future. A copy of this form is as valid as an original.

Please visit us online at www.emsbilling.com/patient to sign electronically.

Patient signature: _____ Date: _____

Patient Representative: If the patient is unable to sign, please complete the section below. **If the reason the patient is unable to sign is not listed below, the patient will remain responsible for the full balance.** Please note, the Patient Representative is not financially liable for services rendered to the patient.

Unable to sign because (REQUIRED): _____

I am signing on behalf of the patient to authorize submission of the claim. By signing below, I acknowledge that I am one of the authorized signers listed below.

- Patient Legal Guardian Person receiving governmental benefits on behalf of patient
- Person who arranges for patient's treatment or exercises other responsibilities for their affairs
- Representative of a medical facility that provides other care, services or assistance to the patient

Representative Name _____ Representative Signature _____
Contact Phone # _____ Date _____

INSURANCE INFORMATION

TYPE: MEDICARE MEDICAID INSURANCE

NAME _____
NAME OF INSURED/GUARANTOR _____
POLICY HOLDER _____
POLICY HOLDER'S _____
SOCIAL SECURITY # _____
INSURANCE POLICY # _____
GROUP # _____

ANY ADDITIONAL INSURANCE

TYPE: MEDICARE MEDICAID INSURANCE

NAME _____
NAME OF INSURED/GUARANTOR _____
POLICY HOLDER _____
POLICY HOLDER'S _____
SOCIAL SECURITY # _____
INSURANCE POLICY # _____
GROUP # _____

THIRD PARTY LIABILITY INSURANCE

IF ACCIDENT RELATED, WHAT TYPE OF INSURANCE ARE YOU PROVIDING ?

WORKERS COMPENSATION AUTO OTHER INSURANCE

NAME OF INSURED/ POLICY HOLDER _____ POLICY HOLDER'S DATE OF BIRTH _____
CASE/CLAIM NUMBER # _____ POLICY HOLDER'S EMPLOYER (IF APPLICABLE) _____
EMPLOYER'S NAME AND ADDRESS _____ EMPLOYER'S TELEPHONE # _____
CLAIM MAILING ADDRESS: _____ INSURANCE CO. TELEPHONE # _____

Need to make a payment?

Credit card or check (ACH) payments can be made at www.emsbilling.com/patient or by calling 1 (800) 814-5339. Payments made via our website will provide a confirmation number and option to receive the confirmation by email.

Credit card payments returned by mail will not be processed.

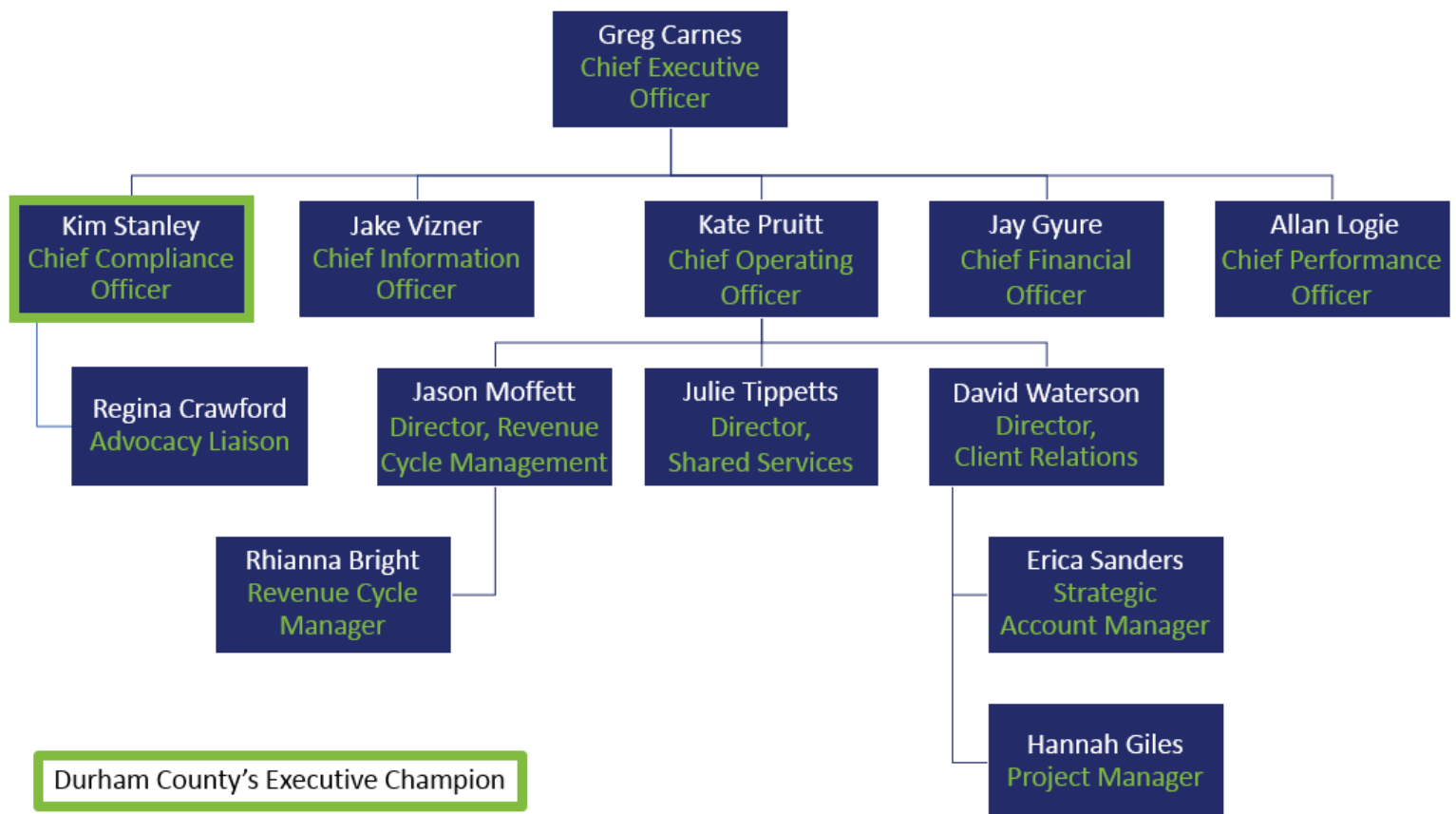
There is a flat \$5.00 non-refundable convenience fee applied to each credit card transaction. To avoid this fee, please pay by check (online/mailed) or money order.

Tab 6 – Organization and Staffing

ORGANIZATION & STAFFING

Headquartered in Winston-Salem, NC, EMS|MC currently has 179 full-time and 2 part-time employees and is an active participant in E-Verify.

Durham County will receive the highest collections possible with our compliant billing methodologies and technologies because we work as one team. EMS|MC prides ourselves on the dedicated account management focus that our Client Relations team provides our clients that is the gold standard in the EMS billing marketplace. Durham County will be provided with an Executive Champion, Kim Stanley, a Strategic Account Manager, Erica Sanders, a Revenue Cycle Manager, Rhianna Bright, and a Project Manager, Hannah Giles.



SENIOR LEADERSHIP



Greg Carnes, Chief Executive Officer

greg.carnes@emsbilling.com

336.714.9085

Greg Carnes joined EMS|MC in October 2015, bringing more than 28 years of experience in the healthcare and government sectors. Prior to joining EMS|MC, Greg was Executive Vice President at SourceHOV. He has a vast background in operations, finance, business development, and consulting across a number of industries, with a particular focus on healthcare. Prior to his tenure at SourceHOV, Greg spent three years in senior leadership at Accenture after spending more than 22 years at EDS (Electronic Data Systems), where he had a diverse career culminating in leadership roles covering overall business unit leadership, global IT and process solution development, as well as business development for all of North America. Greg earned his undergraduate degree in Finance from the University of Michigan, and an MBA at Wayne State University.



Jay Gyure, Chief Financial Officer

jay.gyure@emsbilling.com

336.575-7079

Jay joined EMS|MC in July 2017, bringing more than 25 years of financial management, project management and public accounting experience. Prior to joining EMS|MC, Jay was the Corporate Controller at Remington Outdoor Company where he was responsible for the company's accounting and specialized in the financial operations integration of over a dozen mergers and acquisitions. Prior to his tenure at Remington, Jay spent four years at Avery Dennison Corporation where he had various roles and responsibilities including Division Controller and Project Manager for an ERP systems implementation across the country. Additionally, he worked as International Operations Auditor leading reviews and financial systems integrations for acquisitions of companies in Australia and China. Jay began his career in the national office of Ernst & Young LLP in Cleveland, Ohio where he worked for four years as an auditor of various SEC clients primarily in banking, manufacturing and healthcare sectors. Originally from Cleveland, Ohio, Jay earned his undergraduate degree in Accounting from Indiana University, and obtained his CPA license in Ohio in 1993.



Kim Stanley, CAC - Chief Compliance Officer

kim.stanley@emsbilling.com

336.714.9091

Kim Stanley was employed with Medicare as the EMS Liaison for more than a decade. Working in conjunction with CMS and various State committees, Kim developed many key reimbursement policies at both the carrier and federal levels. Kim has been with EMS|MC since 2010 and serves as Chief Compliance Officer. As an advocate for EMS providers, she continues to serve on various reimbursement committees and contractor advisory groups at the state and national level. Kim is a frequent presenter at EMS conferences and a nationally recognized expert on EMS billing practices, compliance and Medicare policy. Kim holds her CAC certification from the NAAC.



Allan Logie, Chief Performance Officer

allan.logie@emsbilling.com

336.714.9090

Allan Logie has been with EMS|MC since 2002 and serves in strategic planning, technical, financial and process improvement capacities. Allan plays a vital role in analytical data management and qualitative/quantitative trending and benchmarking for our clients. Prior to EMS|MC, Allan was Vice President/General Manager of Unifi, Inc.'s non-woven division where he directly participated in the division's sale and all operational aspects following the acquisition. He holds a bachelor's degree in business from Wake Forest University and an MBA from the University of North Carolina at Chapel Hill.



Kate Pruitt, Chief Operating Officer

kate.pruitt@emsbilling.com

336.245.6036

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

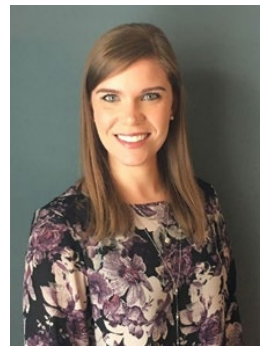
EMS|MC TEAM EXPERIENCE

EMS|MC maintains a personal, client-focused approach, organizing our infrastructure so that every client has a dedicated Strategic Account Manager (SAM), Revenue Cycle Manager (RCM) and Project Manager (PM). The SAM serves as the client advocate, ensuring maximum account performance and full client satisfaction, while the RCM is the client’s day-to-day contact ensuring revenue cycles are managed at the optimal level, and the PM leads the onboarding process.

All current employees have been vetted through E-Verify. Your dedicated account management team will be with Durham County for each phase of the deployment phase and beyond.

Erica Sanders, Strategic Account Manager

As Durham County’s Strategic Account Manager, Erica will work closely with all the departments within EMS|MC to help the County maximize revenue recovery and ensure they have all the necessary documentation and resources for daily, weekly and monthly reconciliation. Based in Raleigh, NC, Erica monitors account performance to include trip imports, collections, A/R Days, cash per trip, run mix, and payor mix. Erica provides on-site business reviews to review data, trends and best practices. Erica joined EMS|MC in 2016 and has bachelor’s degree from Kent State University in Communications with a focus on Healthcare and Conflict Management.



Rhianna, Revenue Cycle Manager

As Durham County’s Revenue Cycle Manager (RCM), Rhianna will ensure that optimal performance, industry best practices and compliance are adhered to for the County. Rhianna acts as the key operational point of contact for day-to-day needs and is accountable for successful management of the revenue cycle process. She is your contact for questions about your ambulance trips, billing and coding, denials and areas in between. Rhianna joined EMS|MC in 2009 and has held positions in different areas including Training Specialist, Collections Specialist and Claims Management Supervisor. Rhianna is RCM for 14 North Carolina clients, including Forsyth and Union County, ensuring that Durham County will be well taken care of.



Hannah Giles, Project Manager/Business Analyst

Hannah will be the Onboarding Project Manager and Business Analyst. As the Manager of Client Relations, Hannah has been responsible for successful deployments and will do the same for Durham County. She is responsible for achieving critical milestones throughout the **EMStart** Onboarding process. Hannah joined EMS|MC in 2015 and has deployed several EMS providers, of similar size and many other municipal entities across the country. Hannah holds her Bachelor’s in Communication Studies and Political Science from the University of North Carolina at Chapel Hill, and her Master’s in Management from Wake Forest University.



Tab 7 Qualifications and Experience

QUALIFICATIONS & EXPERIENCE

For 23 years, EMS|MC has been providing our full revenue cycle management and consulting services for agencies in North Carolina and across the country. Annually billing over 1.6 million claims for our 230+ client base, EMS|MC can guarantee that Durham County will be beyond satisfied with our performance if we are chosen as your billing partner.

EMS|MC is the largest EMS billing provider to NC agencies processing over 600,000 claims from our NC agencies alone and can not be matched by any other EMS billing provider.

EMS|MC offers a customized “best practice” approach to each client. Our emphasis on technology and applications, based on client needs, helps us deliver the highest quality of service and performance.

Our firm strictly adheres to the philosophy of separation of duties between each function of the claim’s management cycle. This separation allows us to monitor, measure and maximize performance at each level of the billing process. Separation of duties ensure that all claims throughout the billing cycle are being properly managed. The result our clients gain from this strict process management are increased cash flow and higher collection percentages.

Similar Work Over the Past 5 Years

EMS|MC has provided the same revenue cycle management and consulting services to the following agencies of similar demographics to Durham County. These clients contacts and phone numbers should remain confidential.

Agency	Transports	Start Date	Annual Contract Value	Contact	Phone
Regional Paramedical Services Inc.	64,751	08/2010	\$1,275-\$1,350K	Lee Wills	205.295.3008
Richland County EMS	58,000	07/2009	\$850-\$1,000K	Alonzo Smith	803.576.3412
UT Health East Texas EMS	54,000	10/2016	\$775-\$875K	John Smith	903.535.5820
Greenville County EMS	50,036	03/2005	\$1,000-\$1,300K	Sally Warwick	864.467.5628
Guilford County EMS	46,713	07/2000	\$725-\$775K	Jim Albright	336.641.6573
Medical Center EMS	44,100	09/2017	\$520-\$550K	Kevin Deaton	731.423.4230
Mercy Ambulance Service Inc	42,000	05/2018	\$500-\$550K	Chuck Kearns	912.354.1011
Gaston County Emergency Medical Services	32,000	11/2016	\$500-\$550	Jamie McConnell	704.866.3218
Forsyth County Ambulance	28,602	03/2007	\$375-\$423K	Carr Boyd	336.703.2753
Birmingham Fire & Rescue Service	28,000	07/2016	\$325-\$375K	Buddy Scales	205.254.2665
Mission Health	15,000	01/2015	\$ -3 5K	Charles Blankenship	828.213.9040

NC Debt Set-Off

EMS|MC will continue to play an integral role in Durham County’s participation in the NC Debt Set Off Debt Collection Program through submitting delinquent accounts and communicating with the Program for any account changes, disputes or payments. Since January of 2019, EMS|MC has received four NC DSO payments totaling over \$1.1 million dollars.

EMS|MC currently provides Debt Set-Off services for the following NC clients:

Alexander	Haywood
Ash-Rand/Randolph	Iredell
Bladen	Johnston
Brunswick	Lenoir
Buncombe	Lincoln
Burke	Moore
Cabarrus	New Hanover
Caswell	New Port Fire Department
Catawba	Northampton
City of Washington	Person
Craven	Robeson
Davie	Rockingham
Forsyth	Rowan
Franklin	Rutherford
Gaston	Scotland
Granville EMS	Union
Guilford	Wayne
Havelock	Yadkin
Hertford	Town of Leland

Tab 8 – Unique Offering

Advocacy

Partnering with EMS|MC as your revenue cycle management partner means that we will work with you, and for you, to increase your reimbursements, minimize denials, and maximize your revenue.

We develop relationships throughout the EMS industry keeping us abreast of what's going on in today's EMS landscape. Our advocacy team understands how critical it is to have someone in your corner rallying for the rights of the EMS community. Given our depth in the industry and broad client base spanning across the US, EMS|MC is committed to offering value to our clients that extends far beyond the standard EMS billing service.



Regina Godette-Crawford, retired Chief of NC Office of EMS, serves as EMS|MC's Advocacy Liaison whose role is to drive advocacy and compliance policies. Her presence at the local, state, and federal regulatory affairs gives all of our clients "a seat at the table" in legislative matters. As a lifelong supporter of the EMS Industry, Regina has received numerous awards and recognition to include: Pinnacle EMS: Emerging Leader Award by Fitch and Associates, The Order of the Long Leaf Pine issued by NC Governor Pat McCrory, and numerous recognitions for her support with the Trauma Services, Air and Specialty Care Transport programs, Emergency Response Systems and JEMS Women in EMS.

EMS|MC also takes an active role in state and regional EMS associations and reimbursement committees, allowing us to be directly involved in legislative and regulatory changes that impact our EMS clients.

EMS|MC understand that by entrusting us with your Revenue Cycle Management (RCM) process, it goes beyond just managing the billing. It is the assurance that a qualified business partner is advocating on your behalf for the reimbursement issues that are important to the industry.

A few of our Advocacy Accomplishments:

- Millions of dollars of unnecessary overpayments have been overturned due to the appeal efforts of EMS|MC.
- Representation at AAA and NAEMT's Legislative Events such as EMS on the Hill in Washington, DC.



- Town Hall Events and Open Door Forums to keep our clients apprised of ever changing healthcare marketplace.



- Organization of Statewide Legislative Day for EMS Representation at State Capitals to involve the local legislative representatives.
- Advocating for reimbursement methodology for Mobile Integrated Healthcare (MIH), and Community Paramedicine programs through government and alternative funding options

- Negotiation of Statewide Commercial Payor Contracts to increase reimbursement
- Annual EMSpire Event that brings national speakers with timely subject matter
- Leading Statewide Medicaid Reformation with constant fact sheets to our clients of the changes that will affect their reimbursement and service delivery.

Association	Level of Participation
Healthcare Billing and Management Association	Vendor
International Association of EMS Chiefs	Vendor
American Ambulance Association	Vendor
International Association of Fire Chiefs	Vendor
National Association of Emergency Medical Technicians	Vendor
National Association of Emergency Medical Services Educators	Vendor
National Association of Emergency Medical Services Physicians	Vendor
North Carolina Office of Emergency Medical Services (EMS)	Advocacy
North Carolina Association of EMS Administrators	Vendor/Sponsor/Speaker
North Carolina Association of County Commissioners	Vendor/Sponsor
North Carolina League of Municipalities	Vendor Level
North Carolina City and County Management Association	Vendor Level
North Carolina Government Finance Officers Association	Sponsor
North Carolina Office of Emergency Medical Services (EMS)	Advocacy
North Carolina Association of EMS Administrators	Vendor/Sponsor/Speaker

Beyond EMS Billing

EMS|MC acts in a consultative role in assisting clients with their commercial insurance contracts. Based on our extensive experience in these areas and the ability to provide accurate reimbursement projections, we consult with our clients to determine whether the commercial insurance contract is in the client's best interest. Durham County will make the final decisions related to the contract, and can use the information and data that EMS|MC provides.

EMS|MC has served on several EMS reimbursement committees and has been very successful in guaranteeing payment directly to the provider, including enacting legislation to ensure that emergency ambulance providers are paid directly for their services without having to contract with the commercial payor.

EMS|MC also assists our clients in developing facility contracts to ensure that the contract is compliant with the latest discounting policies, OIG safe harbors, and CMS regulations. EMS|MC often meets with the facilities alongside our clients to ensure prompt payment, and serves as the reimbursement expert in determining the facilities responsibility to pay for services. We often conduct presentations to facilities in our client's service area to educate facility directors and hospital staff on ambulance reimbursement guidelines, such as establishing medical necessity of an ambulance transport, physician certification statement requirements, and facility contracting responsibilities.

Partnering with EMS|MC ensures a compliant relationship in which the facility is well-informed of their financial responsibilities in ambulance transportation.

A Step Ahead

EMS|MC is a technology-driven company that strives to provide the reporting and analytics needed to match the growth of our clients. We are focused on maximizing revenue with a strict adherence to regulatory compliance and risk mitigation.

As a seamless extension of Durham County team, we are here to ensure that your EMS billing is productive, compliant and accurate. Our sincere desire is to build a trusted partnership, eliminate any transition risk, and enhance the most innovative and highest performance in the industry for revenue collections for years to come. We strive to make every encounter meet or exceed your expectations.

We would be very pleased to begin our partnership with Durham County for your revenue cycle management program.

We invite you to watch our five-minute video to learn more about EMS|MC and what makes us so special. <https://www.youtube.com/watch?v=xYc4SMPFokI>

Tab 9 – Initial and On-Going Training and Updates

INITIAL AND ON-GOING TRAINING AND UPDATES

EMS|MC understands how critical convenient, interactive and compliant-focused training is to the EMS community, and that's why we constructed a proprietary education portal, EMScholar, that achieves just that. **Our EMScholar education portal provides up-to-date content verified by industry experts at Page, Wolfberg & Wirth.**

Designed to create consistency and operational efficiencies, EMScholar is comprehensive, all-encompassing and convenient for all users. Available online for all staff allows for 24/7 access, EMScholar empowers users to learn anytime and anywhere. EMScholar creates an audit trail that directly correlates to crew member performance, giving administrators data analytics to improve continuum of care.

EMS|MC's PCR Documentation course specifically focuses and educates staff on:

- Narrative Writing
- Patient Signatures
- Medical Necessity
- Physician Certification Statements

The EMScholar platform is included in your management fee and allows flexibility for your agency as you determine how to roll-out the training—all at once or individual modules. It also allows you to add new EMTs as needed. Once completed, staff will receive a certificate of completion and earn 3 CEU's of continuing education in the State of North Carolina.



Onsite and Online Training

As part of EMS|MC's offering to Durham County, Erica Sanders, will provide all initial and on-going training on-site as needed by Durham County in addition to the access all staff will get to our online learning platform, EMScholar. This process begins during our EMStart onboarding process.

Kim Stanley and our learning and development team annually audits and updates EMS|MC's PCR documentation course. Kim also provides additional compliance training and updates on an as needed basis as new compliance regulations are put into place.

EMSpire

EMS|MC's annual conference, EMSpire, provides our clients with a full day of industry updates. **Attendees of EMSpire will earn 3 CEUs for the State of North Carolina for their continuing education.**






Updates

EMS|MC is committed to keeping Durham County, and all of our clients, up-to date on all compliance and industry updates. Kim Stanley, Chief Compliance Officer, and Regina Crawford, Advocacy Liaison, sends quarterly updates on topics that can impact your community. In 2018 EMS|MC sent out updates on:

- New Medicare Cards and How to Prepare
- Ground Ambulance Providers and Suppliers: Data Collection System
- NC Medicaid Updates
- Treat and Release and Transpiration to Alternative Destination Updates (ET3)
- And others

Please Join the North Carolina Association of EMS Administrators and EMS Management & Consultants for First Annual North Carolina EMS Day at the Capitol

<p>Pre-Legislative Day Briefing</p> <p>When: Monday, February 18, 2019</p> <p>Time: 5:30 — 7:30 pm</p> <p>Location: DoubleTree by Hilton 500 Caitboo Avenue Cary, NC 27518</p> <p>Hotel: DoubleTree by Hilton 919.239.4777</p> <p>Rate: \$129 - Book by January 21, 2019 to receive our discounted rate by telling them you are with EMS MC</p> <p>Registration: \$0</p>	<p>Legislative Day</p> <p>When: Tuesday, February 19, 2019</p> <p>Time: 7:00 am — 1:00 pm</p> <p>Location: 16 West Jones Street Raleigh, NC 27601</p> <p>Registration: \$0</p> <p>Dress: Class A Uniforms</p> <p>Details: 7:00: Registration 7:30-9:00: Breakfast with the NC General Assembly 9:30-10:00: Photo-Op 11:00: Courtesy of the Chamber 11:00-1:00 : Visit legislative members/key staffers</p>
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RESULTS | SERVICE | COMMUNITY


Last week the Centers for Medicare and Medicaid Services (CMS) announced the new payment model: Emergency Triage, Triage, and Transport Model (ET3). This week the ET3 Model team is hosting a webinar to give an overview of the model, including a timeline for release of the Request for Applications (RFA) and the Notice of Funding Opportunity (NOFO).

EMS | MC encourages all EMS providers and other interested stakeholders to attend this free webinar on Wednesday, February 27, 2019 from 1-2pm.


To sign up for the webinar just click here: [Registration Link](#)

If you have any further questions, please refer to the ET3 model website by [clicking here](#) or send your inquiries to the ET3 model inbox at: ET3Mode@cms.hhs.gov.

Thank you,



Chief Customer Officer
EMS Management & Consultants, Inc.



Tab 10 – Client References

CLIENT REFERENCES

EMS|MC has over two decades of experience helping many large EMS systems navigate their complex business needs related to EMS billing, revenue and growth, while still focusing on the importance of the communities that they serve. While our response to Durham County includes detailed information about our capabilities and experience, we also feel it is best to hear it directly from our client partners - our references.

Guilford County EMS

Contact:

Jim Albright, Director of Emergency Management

P: 336.641.6573

E: jalbrig@guilford-es.com

Address:

1002 Meadowood Street

Greensboro, NC 27409

Length of Partnership:

19 years

Mission Health Regional Transport Services

Contact:

Charles Blankenship, Manager Systems EMS Transport

P: 828.778.0512

E: Charles.Blakenship@msj.org

Address:

509 Biltmore Avenue

Asheville, NC 28801

Length of Partnership:

4 years

Catawba County EMS

Contact:

Bryan Blanton, Director

P: 828.465.823

E: bblanton@catawbacountync.gov

Address:

100 Government Drive

Newton, NC 28658

Length of Partnership:

18 years

Greenville County EMS

Contact:

Sally Warwick, Deputy Director

P: 864.467.5628

E: swarwick@greenvillecounty.org

Address:

301 University Ridge, Suite 1100

Greenville, SC 29601

Length of Partnership:

14 years

Gaston County EMS

Contact:

James (Jamie) McConnell, Major

P: 704.866.3202

E: Jamie.McConnell@gastongov.com

Address:

615 North Highland Street

Gastonia, NC 28052

Length of Partnership:

2 years

Tab 11 – Financial Stability

FINANCIAL STABILITY

EMS|MC is financially stable and organizationally stable as we are not a division of a larger conglomerate or subject to constant changes of ownership. EMS|MC's success is based on innovation, advocacy, compliance which leads to natural growth through referrals from existing clients rather than through acquisition activity.

Please see the follow pages for EMS|MC's audited financial statements and audit opinions from 2017 and 2018.



Crowe Horwath LLP
Independent Member Crowe Horwath International

INDEPENDENT AUDITOR'S REPORT

Board of Directors and Shareholders
EMSMC Holdings, Inc.
Winston-Salem, North Carolina

Report on the Consolidated Financial Statements

We have audited the accompanying consolidated financial statements of EMSMC Holdings, Inc. (EMSH) which comprise the consolidated balance sheets as of December 31, 2017 and 2016, and the related consolidated statements of income, changes in stockholders' equity, and cash flows for the years then ended, and the related notes to the consolidated financial statements.

Management's Responsibility for the Consolidated Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of EMSMC Holdings, Inc. as of December 31, 2017 and 2016, and the consolidated results of its operations and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

A handwritten signature in black ink that reads "Crowe Horwath LLP".

Crowe Horwath LLP

Chicago, Illinois
February 13, 2018

EMSMC HOLDINGS, INC.
CONSOLIDATED BALANCE SHEETS
December 31, 2017 and 2016

ASSETS	<u>2017</u>	<u>2016</u>
Current assets:		
Cash and cash equivalents	\$ 2,182,214	\$ 1,089,422
Accounts receivable, net	2,566,734	1,935,635
Capitalized billing costs	3,613,863	3,627,358
Cash held for others	643,866	604,595
Income taxes receivable (Note 6)	162,674	171,541
Prepaid expense and other current assets	<u>799,377</u>	<u>596,671</u>
Total current assets	9,968,728	8,025,222
 Property and equipment, net (Note 3)	 1,551,418	 1,567,482
 Other assets:		
Goodwill	5,981,568	6,836,078
Customer base, net	<u>1,420,094</u>	<u>1,741,010</u>
Total other assets	<u>7,401,662</u>	<u>8,577,088</u>
 Total assets	 <u>\$ 18,921,808</u>	 <u>\$ 18,169,792</u>
 LIABILITIES AND STOCKHOLDERS' EQUITY		
Current liabilities:		
Accounts payable	\$ 692,173	\$ 583,526
Accrued expenses	1,968,174	1,841,613
Current portion of long-term debt (Note 5)	<u>1,867,976</u>	<u>1,867,976</u>
Total current liabilities	4,528,323	4,293,115
 Long-term debt, net of current portion (Note 5)	 3,235,922	 5,091,595
Deferred income taxes (Note 6)	<u>1,901,842</u>	<u>3,013,927</u>
Total liabilities	9,666,087	12,398,637
 Stockholders' equity:		
Common stock - 10,000,000 shares authorized; \$.0001 par value	577	575
Additional paid in capital	6,499,423	6,399,425
Retained earnings	<u>7,266,011</u>	<u>3,831,445</u>
	13,766,011	10,231,445
Stockholder note receivable	(150,000)	(100,000)
Treasury stock	<u>(4,360,290)</u>	<u>(4,360,290)</u>
Total stockholders' equity	<u>9,255,721</u>	<u>5,771,155</u>
 Total liabilities and stockholders' equity	 <u>\$ 18,921,808</u>	 <u>\$ 18,169,792</u>

See accompanying notes to the consolidated financial statements.

EMSMC HOLDINGS, INC.
 CONSOLIDATED STATEMENTS OF INCOME
 Years ended December 31, 2017 and 2016

	<u>2017</u>	<u>2016</u>
Revenues	\$ 26,547,975	\$ 21,684,461
Operating expenses	<u>19,902,195</u>	<u>16,997,661</u>
Income from operations before other expense	6,645,780	4,686,800
Other expense		
Management fees	354,962	359,446
Depreciation	998,405	1,066,789
Amortization	1,187,729	1,187,729
Interest expense	<u>342,332</u>	<u>423,360</u>
Total other expense	<u>2,883,428</u>	<u>3,037,324</u>
Income before provision for income taxes	3,762,352	1,649,476
Provision for income tax expense (Note 6)	<u>327,786</u>	<u>574,257</u>
Net income	<u><u>\$ 3,434,566</u></u>	<u><u>\$ 1,075,219</u></u>

See accompanying notes to the consolidated financial statements.

EMSMC HOLDINGS, INC.
CONSOLIDATED STATEMENTS OF CHANGES IN STOCKHOLDERS' EQUITY
Years ended December 31, 2017 and 2016

	Common Stock A		Treasury Stock		Stockholder	Paid-In Capital	Retained Earnings	Stockholders' Equity
	Shares	Amount	Shares	Amount	Capital Note			
Balance, January 1, 2016	5,677,309	\$ 568	914,107	\$ (4,360,290)	\$ (100,000)	\$ 6,049,432	\$ 2,756,226	\$ 4,345,936
Stock issuance	73,378	7	-	-	-	349,993	-	350,000
Net income	-	-	-	-	-	-	1,075,219	1,075,219
Balance, December 31, 2016	5,750,687	575	914,107	(4,360,290)	(100,000)	6,399,425	3,831,445	5,771,155
Stock issuance	20,000	2	-	-	(50,000)	99,998	-	50,000
Net income	-	-	-	-	-	-	3,434,566	3,434,566
Balance, December 31, 2017	<u>5,770,687</u>	<u>\$ 577</u>	<u>914,107</u>	<u>\$ (4,360,290)</u>	<u>\$ (150,000)</u>	<u>\$ 6,499,423</u>	<u>\$ 7,266,011</u>	<u>\$ 9,255,721</u>

See accompanying notes to the consolidated financial statements.

EMSMC HOLDINGS, INC.
CONSOLIDATED STATEMENTS OF CASH FLOWS
Years ended December 31, 2017 and 2016

	<u>2017</u>	<u>2016</u>
Cash flows from operating activities:		
Net income	\$ 3,434,566	\$ 1,075,219
Adjustments to reconcile net income to net cash provided by operating activities:		
Recovery for bad debt	(60,000)	(11,000)
Depreciation	998,405	1,066,789
Amortization of customer contracts	320,916	320,916
Amortization of deferred financing expenses	12,303	12,303
Amortization of goodwill	854,510	854,510
Change in deferred taxes	(1,112,085)	98,493
Changes in operating assets and liabilities		
Accounts receivable	(571,099)	(242,896)
Prepaid expenses and other current assets	(202,706)	(118,149)
Cash held for others	(39,271)	(102,096)
Income tax receivable	8,867	(164,610)
Capitalized billing costs	13,495	(643,174)
Accounts payable	108,647	80,563
Accrued expenses	<u>126,561</u>	<u>275,795</u>
Net cash provided by operating activities	3,893,109	2,502,663
Cash flows from investing activities:		
Purchases of property and equipment	<u>(982,341)</u>	<u>(848,943)</u>
Net cash used in investing activities	(982,341)	(848,943)
Cash flows from financing activities:		
Payments on notes payable	(1,867,976)	(2,945,763)
Proceeds from issuance of common stock	<u>50,000</u>	<u>350,000</u>
Net cash used in financing activities	<u>(1,817,976)</u>	<u>(2,595,763)</u>
Net increase (decrease) in cash and cash equivalents	1,092,792	(942,043)
Cash and cash equivalents at beginning of period	<u>1,089,422</u>	<u>2,031,465</u>
Cash and cash equivalents at end of period	<u>\$ 2,182,214</u>	<u>\$ 1,089,422</u>
Supplemental disclosures of cash flow information:		
Cash paid during the period for:		
Interest	\$ 342,332	\$ 423,360
Income taxes paid	\$ 1,434,613	\$ 641,190

Supplemental disclosures of other non-cash activity

During 2017, the Company issued a \$50,000 note receivable to a stockholder for the purchase of Company stock.

See accompanying notes to the consolidated financial statements.



Crowe LLP
Independent Member Crowe Global

INDEPENDENT AUDITOR'S REPORT

Board of Directors and Shareholders
EMSMC Holdings, Inc.
Winston-Salem, North Carolina

Report on the Consolidated Financial Statements

We have audited the accompanying consolidated financial statements of EMSMC Holdings, Inc. (EMSH) which comprise the consolidated balance sheets as of December 31, 2018 and 2017, and the related consolidated statements of income, changes in stockholders' equity, and cash flows for the years then ended, and the related notes to the consolidated financial statements.

Management's Responsibility for the Consolidated Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of EMSMC Holdings, Inc. as of December 31, 2018 and 2017, and the consolidated results of its operations and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Crowe LLP
Crowe LLP

Chicago, Illinois
February 15, 2019

EMSMC HOLDINGS, INC.
CONSOLIDATED BALANCE SHEETS
December 31, 2018 and 2017

	<u>2018</u>	<u>2017</u>
Current assets:		
Cash and cash equivalents	\$ 5,223,322	\$ 2,182,214
Accounts receivable, net	2,815,883	2,566,734
Capitalized billing costs	3,607,417	3,613,863
Cash held for others	757,197	643,866
Income taxes receivable (Note 6)	165,318	162,674
Prepaid expense and other current assets	<u>967,226</u>	<u>799,377</u>
Total current assets	13,536,363	9,968,728
Property and equipment, net (Note 3)	1,611,957	1,551,418
Other assets:		
Goodwill	5,127,059	5,981,568
Intangible	155,214	-
Customer base, net	<u>1,099,178</u>	<u>1,420,094</u>
Total other assets	<u>6,381,451</u>	<u>7,401,662</u>
 Total assets	 <u>\$ 21,529,771</u>	 <u>\$ 18,921,808</u>
 LIABILITIES AND STOCKHOLDERS' EQUITY		
Current liabilities:		
Accounts payable	\$ 851,785	\$ 692,173
Accrued expenses	2,469,613	1,968,174
Current portion of long-term debt (Note 5)	<u>1,645,313</u>	<u>1,867,976</u>
Total current liabilities	4,966,711	4,528,323
Long-term debt, net of current portion (Note 5)	12,152,915	3,235,922
Deferred income taxes (Note 6)	<u>1,914,310</u>	<u>1,901,842</u>
Total liabilities	19,033,936	9,666,087
Stockholders' equity:		
Common stock - 10,000,000 shares authorized; \$.0001 par value	577	577
Additional paid in capital	6,499,423	6,499,423
Retained earnings	<u>506,125</u>	<u>7,266,011</u>
	7,006,125	13,766,011
Stockholder note receivable	(150,000)	(150,000)
Treasury stock	<u>(4,360,290)</u>	<u>(4,360,290)</u>
Total stockholders' equity	<u>2,495,835</u>	<u>9,255,721</u>
 Total liabilities and stockholders' equity	 <u>\$ 21,529,771</u>	 <u>\$ 18,921,808</u>

See accompanying notes to the consolidated financial statements.

EMSMC HOLDINGS, INC.
CONSOLIDATED STATEMENTS OF INCOME
Years ended December 31, 2018 and 2017

	<u>2018</u>	<u>2017</u>
Revenues	\$ 27,931,758	\$ 26,547,975
Operating expenses	<u>20,199,485</u>	<u>19,902,195</u>
Income from operations before other expense	7,732,273	6,645,780
Other expense		
Management fees	382,868	354,962
Depreciation	977,420	998,405
Amortization	1,197,606	1,187,729
Loss on debt extinguishment	20,505	-
Interest expense	<u>615,891</u>	<u>342,332</u>
Total other expense	<u>3,194,290</u>	<u>2,883,428</u>
Income before provision for income taxes	4,537,983	3,762,352
Provision for income tax expense (Note 6)	<u>1,087,869</u>	<u>327,786</u>
Net income	<u>\$ 3,450,114</u>	<u>\$ 3,434,566</u>

See accompanying notes to the consolidated financial statements.

EMSMC HOLDINGS, INC.
CONSOLIDATED STATEMENTS OF CHANGES IN STOCKHOLDERS' EQUITY
Years ended December 31, 2018 and 2017

	Common Stock A		Treasury Stock		Stockholder	Paid-In	Retained	Stockholders'
	<u>Shares</u>	<u>Amount</u>	<u>Shares</u>	<u>Amount</u>	<u>Capital</u>	<u>Capital</u>	<u>Earnings</u>	<u>Equity</u>
Balance, January 1, 2017	5,677,309	\$ 575	914,107	\$ (4,360,290)	\$ (100,000)	\$ 6,399,425	\$ 3,831,445	\$ 5,771,155
Stock issuance	73,378	2	-	-	(50,000)	99,998	-	50,000
Net income	-	-	-	-	-	-	3,434,566	3,434,566
Balance, December 31, 2017	5,750,687	577	914,107	(4,360,290)	(150,000)	6,499,423	7,266,011	9,255,721
Dividends paid	-	-	-	-	-	-	(10,210,000)	(10,210,000)
Net income	-	-	-	-	-	-	3,450,114	3,450,114
Balance, December 31, 2018	<u>5,750,687</u>	<u>\$ 577</u>	<u>914,107</u>	<u>\$ (4,360,290)</u>	<u>\$ (150,000)</u>	<u>\$ 6,499,423</u>	<u>\$ 506,125</u>	<u>\$ 2,495,835</u>

See accompanying notes to the consolidated financial statements.

EMSMC HOLDINGS, INC.
CONSOLIDATED STATEMENTS OF CASH FLOWS
Years ended December 31, 2018 and 2017

	<u>2018</u>	<u>2017</u>
Cash flows from operating activities:		
Net income	\$ 3,450,114	\$ 3,434,566
Adjustments to reconcile net income to net cash provided by operating activities:		
Recovery for bad debt	9,129	(60,000)
Depreciation	977,420	998,405
Amortization of customer contracts	320,916	320,916
Write-off of deferred loans costs related to old debt	20,505	-
Amortization of deferred financing expenses	22,180	12,303
Amortization of goodwill	854,510	854,510
Change in deferred taxes	12,468	(1,112,085)
Changes in operating assets and liabilities		
Accounts receivable	(258,278)	(571,099)
Prepaid expenses and other current assets	(167,849)	(202,706)
Cash held for others	(113,331)	(39,271)
Income tax receivable	(2,644)	8,867
Capitalized billing costs	6,446	13,495
Accounts payable	159,612	108,647
Accrued expenses	<u>501,439</u>	<u>126,561</u>
Net cash provided by operating activities	5,792,637	3,893,109
Cash flows from investing activities:		
Purchases of property and equipment	(1,037,978)	(982,341)
Capitalized labor on software development	<u>(155,214)</u>	-
Net cash used in investing activities	(1,193,192)	(982,341)
Cash flows from financing activities:		
Proceeds from issuance of note payable	9,964,515	-
Payments on notes payable	(1,198,224)	(1,867,976)
Deferred financing fees	(114,628)	-
Distributions to stockholders	(10,210,000)	-
Proceeds from issuance of common stock	-	<u>50,000</u>
Net cash used in financing activities	<u>(1,558,337)</u>	<u>(1,817,976)</u>
Net increase (decrease) in cash and cash equivalents	3,041,108	1,092,792
Cash and cash equivalents at beginning of period	<u>2,182,214</u>	<u>1,089,422</u>
Cash and cash equivalents at end of period	<u>\$ 5,223,322</u>	<u>\$ 2,182,214</u>
Supplemental disclosures of cash flow information:		
Cash paid during the period for:		
Interest	\$ 680,143	\$ 342,332
Income taxes paid	\$ 1,075,726	\$ 1,434,613

See accompanying notes to the consolidated financial statements.

Tab 12 – Cost Proposal



PROPOSAL FORM
RFP 19-032

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

Proposers should submit a project cost Proposal using the grid below as a guide for services/cost breakdown.

Patient Billing, Collection and Subscription Services	Count	Cost (Indicate percentage or fixed cost)
Implementation	One Time	Included in EMS Service Fee
EHR Interface Development	One Time	\$0
HDE Hospital Interface Development	One Time	\$2,495
Data Conversion	One Time	Included in EMS Service Fee
Training	One Time	Included in EMS Service Fee
EMS service billing	\$22,000,000 Estimated Annual	4.25% and includes NPP

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: 4/5/19

Authorized Signature:

Greg Carnes

Name

Chief Executive Officer

Title

EMS Management & Consultants, Inc

Firm Name

Tab 13 – Conflict of Interest

CONFLICT OF INTEREST

EMS|MC is not involved in any activity that would constitute a conflict of interest in doing business with Durham County.